

Adult Social Care and Public Health Committee

Monday, 10 September 2018 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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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 9 July 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)

Joyce Bosnjak
Boyd Elliott
Sybil Fielding
David Martin

Francis Purdue-Horan
Andy Sissons
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Kerrie Adams, Senior Public Health Commissioning Manager, Adult Social Care & Health

Kate Allen, Consultant in Public Health, Adult Social Care & Health

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's

Sue Batty, Service Director, Adult Social Care & Health

Nathalie Birkett, Group Manager, Public Health Performance and Contracts, Adult Social Care & Health

Sherrel Dudley, General Manager Universal and Targeted Services

Cherry Dunk, Group Manager, Quality & Market Management, Adult Social Care & Health

Jonathan Gribbin, Director of Public Health, Adult Social Care & Health

Paul Johnson, Service Director, Strategic Commissioning Adult Access & Safeguarding, Adult Social Care & Health

Jennie Kennington, Senior Executive Officer, Adult Social Care & Health

Ainsley MacDonnell, Service Director, Adult Social Care & Health

Paul McKay, Deputy Director South Nottinghamshire and Public Protection, Adult Social Care & Health

David Pearson, Corporate Director, Adult Social Care & Health

Kimberley Oram, Senior Public Health Practitioner

Bridgette Shilton, Team Manager Adult Care Financial Services, Adult Social Care & Health

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 11 June 2018 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

None

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

4. PROGRESS OF PUBLIC HEALTH COMMISSIONED SERVICES: HEALTHY FAMILIES PROGRAMME

Kate Allen, Kerrie Adams, Sherrel Dudley and Kimberley Oram introduced the report, gave a presentation and responded to questions.

RESOLVED 2018/055

That no further actions were required in relation to the targeted support provided by the Healthy Family Teams to local families as part of the Nottinghamshire County Council's Healthy Families Programme.

5. PROGRESS ON A RANGE OF PREVENTION SERVICES

Councillor Stuart Wallace and Paul Johnson introduced the report and responded to questions.

RESOLVED 2018/056

That no further actions were required arising from the progress update on the range of prevention projects and services contained in the report.

6. ADULT SOCIAL CARE AND HEALTH – CHANGES TO THE STAFFING ESTABLISHMENT

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

RESOLVED 2018/057

- 1) That the disestablishment of 1.5 FTE (full time equivalent) Community Care Officer posts (Grade 5) and the establishment of 1 FTE Social Worker (Band B) post in the Adult Access Service be approved.
- 2) That the disestablishment of 7 hours per week social work post (Band B) at Broxtowe and Hucknall Community Mental Health Team (CMHT) and establishment of 1 FTE Social Worker (Band B) post at Rushcliffe CMHT, through the transfer of the 7 hours.

7. DIRECT PAYMENTS POLICY REFRESH

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

RESOLVED 2018/058

That the proposed changes to the Direct Payments Policy, attached as Appendix 1 to the report, be recommended to Policy Committee for approval.

8. FINDINGS OF PILOT OF SOCIAL CARE ASSISTANTS WITHIN LOCALITY TEAMS

Councillor Tony Harper and Paul McKay introduced the report and responded to questions.

RESOLVED 2018/059

- 1) That approval be given to trial a tailored business support offer using existing business support staff with operational teams to incorporate more social care related support tasks but less generic business support.
- 2) That the outcome of this trial be evaluated and brought back to Committee with recommendations.

9. UPDATE ON TENDER FOR HOME BASED CARE AND SUPPORT SERVICES

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

RESOLVED 2018/060

- 1) That the temporary establishment of the following posts at a cost of £121,200 and ICT development costs of £264,000 for implementation and delivery of the new service be approved:
 - 3 FTE (full time equivalent) Community Partnership Officer (Grade 4) posts for 12 months
 - 3 FTE Data Input Team (Grade 3) posts for four months.
- 2) That the annual licencing costs of £53,000 per annum be approved.

10. CHANGES TO THE WAY THE COUNCIL CALCULATES INDIVIDUAL CONTRIBUTIONS TOWARDS THE COST OF CARE AND SUPPORT

Councillor Stuart Wallace and Paul Johnson introduced the report and responded to questions.

RESOLVED 2018/061

- 1) That approval be given to hold an eight week consultation on the proposal to take into account the higher rate for Disability Living Allowance, Attendance Allowance and Personal Independence Payment, and to adopt the Minimum Income Guarantee levels recommended by the Department of Health, when calculating the amount a service user can afford to pay towards their care costs.
- 2) That a further report be brought to Committee on the outcome of the consultation process.

Councillors Joyce Bosnjak, Sybil Fielding, David Martin, Muriel Weisz and Yvonne Woodhead requested that their votes against the resolution be recorded.

11. PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT JANUARY TO MARCH 2018

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

RESOLVED 2018/062

That there were no further actions arising from the contents of the report.

12. QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY – CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT TERMINATION/SUSPENSIONS

Councillor Stuart Wallace and Paul Johnson introduced the report and responded to questions.

RESOLVED 2018/063

That there were no further actions arising from the contents of the report.

13. ADULT SOCIAL CARE AND PUBLIC HEALTH: EVENTS, ACTIVITIES AND COMMUNICATIONS

RESOLVED 2018/064

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

14. WORK PROGRAMME

RESOLVED 2018/065

That the work programme be updated to include:

- A report on the evaluation of the trial of a tailored business support offer with recommendations.
- A report on the outcome of the consultation process regarding proposed changes to the way the Council calculates individual contributions to the cost of care and support.
- An update on the tender for home based care and support services within 4 months and then a rolling quarterly update to be included with the Quality and Market Management Team Quality Auditing and Monitoring Activity report.
- Adult Social Care Strategy complementary video to be shown at a future meeting

15. EXCLUSION OF THE PUBLIC

RESOLVED 2018/066

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.

16. EXEMPT APPENDIX TO ITEM 11: PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT JANUARY TO MARCH 2018

RESOLVED: 2018/067

That the information in the exempt appendix be noted.

17. EXEMPT APPENDIX TO ITEM 12: QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY – CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT SUSPENSIONS

RESOLVED: 2018/068

That the information in the exempt appendix be noted.

The meeting closed at 12.50 pm.

CHAIR

10 September 2018**Agenda Item: 4**

REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH OUTCOMES OF THE ADULT SOCIAL CARE PEER REVIEW

Purpose of the Report

1. The report informs the Committee of the outcomes of the Adult Social Care Peer Review that took place in March 2018 and asks the Committee to identify any further work required following consideration of these outcomes.

Information

2. Peer Reviews are part of the East Midlands sector led improvement process and take place every two years. They are delivered from the position of a 'critical friend' with the central aim of helping the Council to improve. It is not an inspection nor does it award any form of rating, judgement or score.
3. This year's review took place at the end of March and was led by the Director of Adult Social Care at Leicester City Council, Steven Forbes, alongside senior managers from other councils in the region, including Leicestershire County Council and Rutland County Council.
4. The department asked the Peer Review Team to focus on two key areas:
 - A review of the department's current workforce strategy and plans to support the workforce to deliver the requirements of the Adult Social Care Strategy and integration with health, with a focus on whether the department has the right priorities in place
 - How well Nottinghamshire is responding to the commissioning requirements of the Care Act, market shaping and integrated commissioning with health.
5. The areas of commissioning that the Review Team was asked to focus on were mental health, falls prevention, Notts Help Yourself and home based care.
6. During the three days that the Team spent in the department, they spoke to around 100 people across 25 separate meetings and interviews, including the Senior Leadership Team, the Chairman and Vice Chairs of the Adult Social Care and Public Health Committee, social care and other Council officers, representatives from key partner organisations and a member of the Experts by Experience Group.

7. On the final day of the Team's visit they provided some initial feedback to the Senior Leadership Team and this was subsequently followed up with a letter outlining their findings and recommendations in more detail.

Workforce Strategy – areas of strength

8. The Team was impressed with the workforce strategy being developed, which they felt had a strong focus on professional development. They reported that through this and the Delivering Excellence in Practice programme, the department appeared to have the right tools in place to deliver the Adult Social Care Strategy and was providing the workforce with confidence to be able to deliver the required outcomes. The Team also commented that there was a good balance between target-based practice and practice quality, which was positive and welcomed by staff.
9. The Team also reported that in meetings with frontline staff it was clear that the Adult Social Care Strategy was well-understood and embedded in practice, and they were very impressed at how staff could articulate it in a way that was relevant to their own good practice.
10. The feedback also acknowledged the importance of the roles of the Principal Social Worker and the Principal Occupational Therapist. They reported that the post holders are well-regarded, valued and visible and that it felt like they were at the core of the development of the Delivering Excellence in Practice programme.
11. This programme provides a framework with the aim of improving front line service delivery through sharing best practice and providing training activities that support successful delivery of Nottinghamshire's Adult Social Care Strategy. There are four work themes that sit within it: access to a good core training programme; ensuring good quality assurance; ensuring staff feeling confident about defensible decision-making; and development of best practice through more opportunities for critical reflection and improved supervision.

Workforce strategy – areas for development

12. The Peer Review Team suggested it would be helpful to consider how the development of the Council's workforce linked in to development of health colleagues in order to maximise any opportunities for more integrated working and outcomes.
13. The Team also reported that there seemed to be more of an expectation that staff would be proactive in ensuring their own self-development than may have been the case in the past. Whilst the Team did not see this as an issue of concern, they suggested that there may be an inconsistent understanding of this amongst the workforce and that it would benefit from better articulation.
14. There was a recommendation that further work is required on the training and development offer for staff based in the Council's Direct Services (e.g. day services, supported employment and residential services) in relation to supporting their understanding and delivery of the Adult Social Care Strategy. This has already been recognised within the department and work is underway to address this. There is already a comprehensive core training framework for staff that provide direct services that relates more specifically to the nature of their roles.

15. The Peer Review Team also suggested that the Workforce Strategy could include a greater focus on succession planning, with more opportunities presented by the Council to develop the leaders of the future. In relation to the development of the workforce, the Review Team suggested that the department might wish to consider how it would evaluate that the culture of the workforce had successfully changed in the way that was required.

Commissioning – areas of strength

16. The Peer Review Team highlighted the ‘very strong person-to-person relationships within the footprint of Nottinghamshire’. They described the department as the ‘glue’ that holds together a complex social care and health system. They also found that staff felt enough ownership to take action and progress with the services required, even when it is not always clear where the strategic leadership should reside.
17. The Team acknowledged the Council’s strength in doing things with a good evidence base around the intended outcomes, and a realistic approach to what the service focus is.
18. The department received positive feedback about its structured plans and programmes, and the Team felt that strategic commissioning appeared to be at the core of what the Council is doing. The involvement of Experts by Experience in the planning and development of some services also received positive feedback, as did the Notts Help Yourself website and its promotion of accredited Personal Assistants. The Team also recognised the commitment to future market shaping and development through the Notts Help Yourself directory.

Commissioning – areas for development

19. The Peer Review Team acknowledged that regarding the health footprints Nottinghamshire has two Sustainability and Transformation Partnerships (STPs)/ Integrated Care Systems, both of which are accelerator sites, and five Vanguards, so there is considerable complexity in relation to social care and health integrated working. In relation to joint working around mental health the Team felt that this would benefit from a clearer articulation of the ‘social model’, and the key priorities for the Council in this area, when entering into discussions with health partners. There is currently work underway in the Nottingham and Nottinghamshire Integrated Care System to develop a new strategy around mental health, and the Council will use this opportunity to provide a strong social care input.
20. The Team also felt that in some of their discussions the STPs/Integrated Care Systems had been heralded as the ‘solution’ to areas of challenge and that this was something that the Council needed to manage carefully.
21. The Team highlighted the innovation and transformational projects that the Council had undertaken, with a recommendation that more could be done to evaluate and provide the evidence where this has led to embedded change in the way staff and the department operates. Whilst there is always more that can be done, the department feels that evaluation and learning from pilots and projects is an integral part of the way it works. By way of example, there is regular and comprehensive evaluation of the services commissioned using the Better Care Fund and Improved Better Care Fund, and this is subject to reports to Committee and the Health and Wellbeing Board. The work of the Transformation team includes evaluating the pilots that have been rolled out across the

County; such as the IT developments supporting better liaison between health and social care staff in hospitals, enabling services, scheduling arrangements in the reablement service, three tier conversations at the point of contact with the Council and the Home First scheme. The evaluation of the social care role in integrated primary care teams, prepared for the Local Government Association Care and Health Improvement Programme, was the first research of its kind in this field.

22. The Team also suggested that the department could consider strengthening the interaction between the commissioning, transformation and operational functions. The Team praised the involvement of service users and carers in designing and commissioning the services they will use and identifying the outcomes they require, and queried whether there was scope for expanding this.
23. Finally, the Team recommended that the department considers how care and support planning for individual service users could be used to inform and enhance the wider social care market development. It also felt it was important to ensure some clarity about the main purpose of the Notts Help Yourself directory so this is not lost as a result of being used for too many different things.
24. As a result of feedback received from the Peer Review Team in March work has already taken place in response to the recommendations, particularly in relation to the future of mental health services and the further development of the Adult Social Care workforce strategy – which is the subject of a separate Committee report on this agenda.
25. The Senior Leadership Team will review progress on work undertaken since the Peer Review findings were shared with the department through existing mechanisms, such as the Performance Board and Senior Leadership Team meetings.

Other Options Considered

26. No other options have been considered.

Reason/s for Recommendation/s

27. The report is presented for Members to consider the outcome of the Peer Review and any specific actions required by the Committee as a result of this.

Statutory and Policy Implications

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

Financial Implications

29. There are no specific financial implications related to this report.

Human Resources Implications

30. The implications of the department's workforce strategy will be covered in detail by the associated report on agenda of this meeting.

Implications for Service Users

31. The purpose of the Peer Review, as part of the sector-led improvement process, is to review aspects of current service and performance with a view to improving the service that the department provides to people who require care and support services.

RECOMMENDATION/S

- 1) That the Committee identifies any further work required following consideration of the outcomes of the Adult Social Care Peer Review in March 2018.

David Pearson CBE

Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LM 03/08/18)

32. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report. Members should consider whether there are any actions they require in relation to the issues contained within the report.

Financial Comments (DG 08/08/18)

33. The financial implications are contained within paragraph 29 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.

ASCPH574 final

10 September 2018**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE****ADULT SOCIAL CARE WORKFORCE PLAN – 2018-2020****Purpose of the Report**

1. To seek approval of the new Adult Social Care Workforce Plan 2018-2020, attached as **Appendix A**, which sets out the workforce priorities in response to the challenges faced by the Department.

Information

2. Progress updates on the Adult Social Care Workforce Plan 2016-18 were presented to the Committee on 6 February 2017 and 8 January 2018. Significant progress has been made and the current plan sets out the revised workforce priorities.
3. The current plan seeks to broaden the scope of the previous plan and consider the wider workforce issues and how the Council will deliver market facilitation and duties under the Care Act 2014. Nottinghamshire's Independent and Voluntary Adult Social Care sector faces challenges around capacity and the skills set of the workforce, particularly in care homes and homecare.
4. The core workforce groups in this sector to be prioritised for development will comprise:
 - Homecare staff
 - Nurses in care homes
 - Managers and leaders in care homes
 - Volunteers
 - Personal Assistants.
5. Demand for care and support is increasing. The mean age of the Nottinghamshire population is predicted to continue to increase: specifically, by 2030 the number of people aged 65-84 years is expected to increase by over 30% and people aged 85+ by over 90%. Older people are more likely to experience disability and limiting long-term illnesses. By 2030 the total number of people in Nottinghamshire with learning disabilities is also expected to increase. This increase is expected to be concentrated in the older age range, with 48% growth in people with learning disabilities aged over 65.
6. The profile of the Council workforce is also steadily ageing, with many of the workforce approaching the age of 50 or already age 60.

7. The Core Skills levels required for Adult Social Care work is rising as the needs of those members of the population requiring care are becoming more extensive and complex. The Department needs to be able to recruit and retain the existing key knowledge and skills base and prepare for the future with robust integrated workforce planning combined with modern and flexible learning to support a culture of continuous learning.
8. In the context of ongoing transformational change, the Department has an aspiration to engage and develop the workforce and create the right environment for staff to implement change and embed the Adult Social Care Strategy, thereby fulfilling statutory functions as a local authority under the Care Act.
9. A draft Workforce Plan was considered by the Adult Social Care Leadership Team on 7th March 2018 and by the recent Peer Review, which took place from 20th to 22nd March 2018, through which the Department's current workforce priorities and plans to support the workforce to fully embed the Adult Social Care strategy were reviewed. The conclusion was that the Department has the correct priorities in place.
10. The Peer Review panel felt there was a strong focus on professional development to deliver the Adult Social Care Strategy and that a good workforce framework has been developed to give the workforce the right tools and confidence to do their work. However, the offer for directly delivered services staff and the links with EPDR (Employee Performance Development Reviews) require strengthening and the success factors identifying. The delivery plan addresses the issues raised.
11. A copy of the Workforce Plan is attached as **Appendix A** to this report.
12. **The key Department priorities identified are:**

Priorities	Expected Outcomes
1. To continue to develop and maintain a workforce data and intelligence library	<ul style="list-style-type: none"> • Improvement of workforce data and intelligence and highlight key emerging themes and the impact on the Council's social care workforce (qualified and directly delivered services workforce) • Improve the collation of NMDS (National minimum data set) with the independent sector
2. To build capacity - in support of this, the Department will focus on recruitment and retention of core roles , ensure effective leadership and succession planning in relation to ageing workforce and career pathways	<ul style="list-style-type: none"> • Reviewed recruitment strategy for Approved Mental Health Practitioners/Best Interest Assessors • Engagement of TMs (Team Managers) and SP (Senior Practitioners), and development and implementation of quality management practices that facilitate high performance • Attraction of suitable candidates maximised

	<ul style="list-style-type: none"> • Improvement in the number and range of apprenticeships and range of work experience available in the Department • Redesign and implementation of succession plans for key roles: Social workers/Occupational Therapists/Care workers/Leadership
3. To build capability - in support of this priority, the Department will focus on developing the workforce - qualified and directly delivered services staff - with core skills: a leadership/management approach that includes coaching, mentoring and use of Apprenticeships standards; and reviewing training and development plans identified as part of EPDRs (Employee Performance & Development Reviews).	<ul style="list-style-type: none"> • Adult Social Care staff and managers will be equipped with the core skills needed to deliver high quality and consistently to apply strengths-based approaches • All managers taking a consistent proactive approach to the management of sickness absence in accordance with the established policies • Demand for Adult Social Care is prevented, reduced or delayed • Creation of a workplace learning culture and shared learning opportunities, guidance and resources for leadership.
4. To develop the workforce to deliver integrated models of care: in support of this priority the Department will continue to work within the Nottingham and Nottinghamshire ICS (Integrated Care System) and Bassetlaw ACP(Accountable Care Partnership Workforce and Organisational Development (OD) work stream	<ul style="list-style-type: none"> • Integrated teams working well and adding measurable value to deliver timely hospital discharges, hospital admissions and re-admissions • Demand for Adult Social Care is prevented, reduced or delayed • Forging of a closer working relationship between the Council and the (ICS) HR / OD Collaborative in order to achieve stronger traction on the OD cross-organisation workforce agenda for the ICS.

13. The plan is underpinned by a Department Delivery Plan which has been developed in conjunction with the Department's Workforce Delivery Group, formed of leads from teams.
14. It is proposed that there will be engagement with managers in order to ensure that there are clear arrangements for communication and dissemination to staff.
15. The Key Performance Indicators specified in the plan cover the following criteria:

Group Managers and Team Managers engagement; Staff engagement and Staff overall satisfaction levels (Staff survey results)
Workforce Data specification delivered
Supply and Demand analysis of skills to deliver the Adult Social Care Strategy
Improve consistencies of use of best practice of Support Plans
Reduction in average number of days sickness per Adult Social Care employee
Percentage of managers who have completed EPDRs by end of the period

Percentage of EPDRs completed and training identified and submitted
Number of staff utilising the Apprenticeship Levy in priority areas
Number of staff attending the Delivering Excellence Practice Programme

Other Options Considered

16. The Workforce Lead has liaised with the Extended Leadership Team, the Workforce Delivery Group, Workforce Planning and Organisational Development, the Principal Social Worker and the Principal Occupational Therapist to ensure that the specific skill shortages, recruitment and retention and workforce planning issues are appropriately reflected in the Plan. The Workforce Lead will continue to work closely with managers to ensure that skills are effectively deployed to meet the departmental priorities.

Reason/s for Recommendation/s

17. The Workforce Plan provides a framework to enable and empower the Department to engage and develop the workforce and equip them with the resources needed to fully embed the Adult Social Care Strategy.

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. The full financial costs of developing and implementing a training programme to support the Adult Social Care workforce is covered within the Corporate Workforce Planning and Organisational Development training budget. The Department is also considering how to utilise the Apprenticeship Levy for staff development. Therefore there are no direct financial implications of the workforce plan.

Human Resources Implications

20. These are contained within the body of the report.

RECOMMENDATION/S

- 1) That the Adult Social Care Workforce Plan 2018-2020, attached as **Appendix A**, be approved.

Sue Batty
Service Director, Mid Nottinghamshire

For any enquiries about this report please contact:

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Constitutional Comments (SLB 23/08/18)

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

Financial Comments (AGW 24/08/18)

22. The financial implications are contained in paragraph 19 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.

Adult Social Care Workforce Plan – progress update – report to Adult Social Care and Health Committee on 6 February 2017

The health and development of the Adult Social Care and Public Health Workforce – report to Adult Social Care and Public Health Committee on 8 January 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH577 final

Adult Social Care Workforce Plan

2018 - 2020

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Introduction

Nottinghamshire Adult Social Care faces increasing need and demand due to more people living longer and also living for more of their life with multiple complex long-term conditions at the same time national funding for Local Authorities continues to reduce significantly. Our population is predicted to continue to age and by 2030 the number of people aged 65-84 is expected to increase by over 30% and people aged 85+ by over 90%. Older people are more likely to experience disability and limiting long-term illnesses. By 2030 there is also an expected increase in people with learning disabilities which equates to a total of 17,000 people in Nottinghamshire. The increase is expected to be concentrated in the older age range, with 48% growth in people with learning disabilities aged over 65. The profile of our workforce is also steadily aging with any of our workforce are approaching the age 50 and or already age 60.

In 2016/17 over 10000 people received care and support services.

What does the demographic changes mean for the Council?

- Further increase in demand for care and support services
- Increase in the number of adult social care jobs required
- Potential increase in the number of self-funders presenting for assessments in response to phase 2 of the Care Act which is due to be implemented in April 2020
- Stretched capacity in the provider market unless current issues of recruitment and retention can be resolved
- Additional and different skills and knowledge requirements for workers in older adults services
- Increased need for brokerage and coordination
- Potential increase in the number of direct payments and demand for personal assistants

The new Council Plan '[Your Nottinghamshire Your Future](#)' sets out an ambitious vision for the future of Nottinghamshire in which the county is at the forefront of modern Britain. It outlines the priorities and programmes of activity that will support the Council's ambition to shape the environment in which we live, and create the right conditions for a strong local economy. The Plan aims for Nottinghamshire to stand out as:

- **A great place to bring up your family**
- **A great place to fulfil your ambition**
- **A great place to enjoy your later life**
- **A great place to start and grow your business**

The Departmental Strategy sets out the purpose as to provide and commission advice, support and services which improve health and wellbeing, and prevent ill health and loss of independence. <http://home.nottscc.gov.uk/working/policies-performance/policy/policy-library/ascph-departmental-strategy>

In order to provide an ethical and equitable way forward to the challenges facing social care, Nottinghamshire County Council has developed an Adult Social Care Strategy. The Council published an updated [Adult Social Care Strategy](#) in December 2017. It describes how social care support for adults is provided in Nottinghamshire in future.

The Adult Social Care Strategy, the Charter for the Future of Adult Social Care and the Health and Wellbeing Strategy provide the strategic context within which the department operates. The Adult Social Care Strategy is focused on:

- **Helping people to help themselves**
- **Helping people when they need it**
- **Maximising Independence and reviewing progress**

Ensuring that the right workforce, with the right skills and training is in place is fundamental to delivering all these objectives. The skills, knowledge and abilities of the Adult Social Care workforce need to align with the Council's continuous drive to be a modern, smart and flexible organisation as identified in the [Corporate Workforce Strategy 2016-2018](#).

The report [The State of Adult Social Care sector Workforce in England 2017](#)¹ analyses the workforce across all sectors, including not for profit, private, public and people employed as personal assistants. The national profile reflects the workforce profile in Nottinghamshire; it is predominantly white, predominantly female and aging. Nationally, the Adult Social Care workforce remains one where females made up the majority of the workforce, with 82% females and 18% males. The average age of a worker is 43 years old and a fifth were over 55 years old. Skills for Care estimates that the staff turnover rate of directly employed staff working in the Adult Social Care sector was 27.8%. The staff vacancy rate across the whole of the care sector was 6.8% (up from 4.5% in 2012/13), rising to 11.4% for home care staff. During the same period, the Adult Social Care sector contributed an estimated £41.8bn to the English economy and estimated required growth is forecast.

Skills for Care estimates that the turnover rate in Nottinghamshire for 2017-18 was 27%. This was similar to the East Midlands region average of 28% and similar to England at 28%. Not all turnover results in workers leaving the sector. Of new starters in this area, over two thirds (66%) were recruited from within the Adult Social Care sector, therefore although employers need to recruit to these posts, the sector benefits from retaining their skills and experience.

Skills for Care estimates that in Nottinghamshire, Adult Social Care workforce (Local Authority and Wider Social Care), 6.8% of roles in were vacant in 2017, which gives an average of approximately 1,500 vacancies at any one time. This vacancy rate was similar to the regional average, at 6.9% and similar to England at 6.6%.

Using both workforce intelligence evidence and the links with employers and stakeholders across England, we know that recruitment and retention is one of the largest issues faced by employers.

Other workforce data for all Adult Social Care workforce shows that:

- Nottinghamshire lost approximately 127,400 days to sickness in 2016/17
- Around a fifth (19%) of the workforce in Nottinghamshire were on zero-hours contracts
- Approximately half (57%) of the workforce worked on a full-time basis; 37% were part-time and the remaining 7% had no fixed hours
- The majority (84%) of the workforce in Nottinghamshire were female and the average age was 42 years old. Those aged 24 and under made up 14% of the workforce and those aged over 55 represented 21%. Given this age profile, approximately 4,650 people will be reaching retirement age in the next 10 years
- An estimated 94% of the workforce in Nottinghamshire were British, 2% were from within the EU and 3% from outside the EU, therefore there was a similar reliance on both EU and non-EU workers

¹ The state of Adult social care workforce September 2017

Purpose

The purpose of the Council's Adult Social Care workforce;

'Our purpose for Adult social care at all levels, is to work with people to promote their independence and well-being.

We will do this by helping people to maximise their opportunities for independence so they can live good lives, or the best they can, in a variety of circumstances. We will also work alongside local communities and providers of health and social care to build stronger and more resilient communities. This helps to keep people connected with their own communities and can prevent people needing formal social care services'.

The workforce plan recognises the pressures and the financial constraints that the workforce have to operate under in Nottinghamshire. We are committed to ensuring that our workforce is appropriately trained, and with opportunities for career development. We believe that workforce empowered and supported will allow us to achieve better outcomes for the citizens of Nottinghamshire.

In order to achieve this the Council will ensure that:

- Staff have manageable workloads so they have time to work differently and creatively
- Staff have a formal departmental induction to supplement the corporate online induction programme so that they understand the expectations and culture of the Authority
- Staff feel valued and supported in the work they do, so that we retain experienced staff and attract a new generation of social care workers
- Staff are appropriately trained and have opportunities for career development, including a clear career pathway and core training
- Staff have clarity about their work roles and what is expected of them
- Staff can use their experience to influence improvements and changes to the way social care is arranged or provided in Nottinghamshire
- Staff are both empowered and supported to work more efficiently
- Staff are supported to make decisions so services users receive the right support at the right time in the right place
- Newly qualified social workers are appropriately supported and trained for the work expected of them, by working with local training providers so that we get applications from suitable candidates.

Scope

Like all Councils, in Nottinghamshire Adult social care is changing rapidly in response to the challenges it is facing across the sector. This plan therefore covers both the Council's internal workforce, as well as the independent and voluntary sector adult social care workforce which we know is experiencing significant issues attracting, recruiting and retaining staff to ensure sufficient capacity and skills set in the local workforce. The Council has a duty under the Care Act 2014 to 'facilitate the market' and will use this market and its place-shaping role. The Council will work in partnership with commissioners and providers to ensure there is a workforce fit for the future in Nottinghamshire.

Principles

The workforce development plans for both Council's and the wider Adult Social Care staff will be delivered according to the following principles:

- support staff and enable them to deliver the Adult Social Care Strategy
- embed a culture of 'one' Nottinghamshire workforce, which incorporates all professionals working to secure wellbeing and improved outcomes for vulnerable adults and their carers
- deliver workforce development activity to the integrated workforce wherever possible, so as to maximise opportunities for relationship building and develop consistency in our approach to working with vulnerable adults and their carers
- value and make the most of the skills, experience and expertise already within the workforce
- use our resources efficiently and effectively
- develop plans in collaboration with the operational staff to ensure it is fit for purpose on the frontline and will look internally to find local solutions to local problems
- challenge practice and the status quo at all levels to ensure the workforce plan is relevant in the current climate and can be responsive to future changes
- ensure our workforce adopts smart and flexible working practices to improve our service offer to vulnerable adults and their carers

National Drivers

a. Financial

The ADASS annual Budget Survey 2018 Report concludes that the financial impact of these pressures are:

'Cost pressures relating to the increased numbers of older and disabled people needing care have increased from 2.8% of adult social care net budget in 2017/18 to 3.3% in 2018/19. This equates to £448m additional pressure in 2018/19, of which 94% has funding identified by councils (£420m). This is an increase from last year, when the proportion funded was 81%. Local Authorities commitment to protecting adult social care was helped by the additional temporary funding from the Improved Better Care Fund and adult social care precept'.

In addition to the growing demand as a result of demographic pressures, Councils have faced significant legislative change that has brought new duties and extended new responsibilities, including the Care Act and the Supreme Court judgment on Deprivation of Liberty.

A green paper is expected from the Government in 2018 to include proposals on sustainable funding for social care.

b. Legislation

The social care reforms of the Care Act from 1 April 2015 have widened the responsibilities of the local authority increasing the demand for Adult Social Care Services. On 17 July 2015 the Government announced the postponement of Part 2 of the Care Act until 2020. Although this reduces some of the anticipated demand for self-funder assessments, demand related to Part 1 of the Care Act implemented in April 2015 had workforce implications.

In summary, Part 1 of the Care Act introduced a range of new and extended responsibilities:

- to provide information and advice to citizens of Nottinghamshire to help them to access the support they need
- to increase the responsibility to support carers
- to extend the responsibility of Councils to provide a range of preventative services to people at risk of developing social care needs and for those with social care needs to prevent such needs becoming long-term
- to assess all those with an appearance of care and support needs including self-funders, and extend this right to assessment and services to eligible carers
- to assess prisoners and people living in approved premises
- to provide access to independent advocacy for those people who need support to participate fully in their assessment
- to extend the criteria for safeguarding
- to provide a deferred payment scheme
- to proactively manage provider failure and manage the market

There are also funding reforms scheduled under Care Act (Part2) to be implemented from April 2020. The new and extended responsibilities will have an impact on future workforce development needs.

c. Partnership and Integration

Sustainability and Transformation Partnerships

Nottinghamshire Adult Social Care is a key partner in the Sustainability and Transformation Partnerships (STP) for Nottingham and Nottinghamshire and, South Yorkshire and Bassetlaw. These partners in health and social care are leading a five-year plan for the future of health and social care and their integration by 2020.

All partners in Nottingham and Nottinghamshire have signed up to all the workforce priorities which are:

- Systematic Approach to Prevention and Promoting independence and self-care
- Developing a Population/Place-based Approach to Workforce Redesign
- Building capacity, capability and resilience in the primary care workforce
- Supporting System Effectiveness through Organisational Development
- Development of Collaborative HR Solutions

The Department is engaged with and delivering interventions towards a common STP objectives. One such key objective is following an evidenced-based approach and with a focus on increasing healthy life expectancy. This will require a systematic, consistent approach to ensuring that the workforce coming into contact with those needing care and support have the skills and confidence to discuss lifestyle issues, provide brief interventions or signpost people to appropriate support from the community and voluntary or statutory sectors. The aim is to build prevention into everyday work rather than it being seen as an add-on.

The overall aim is to embed and reflect in all transformation work streams across the system to ensure delivery of the mind-set and cultural shift in our approach to interactions with residents of Nottingham and Nottinghamshire. The work will transcend health and social care boundaries and be embedded in the wider workforce who come into contact with the population as part of their role, for example, housing, fire, police and voluntary sector support organisations.

What is workforce integration?

Integration is an enabler for transformational change. It is not an end in itself and will operate at different levels:

- Strategic place-based integration
- Organisational and individual level e.g. Personal Health Budgets and Personal Budgets

There are also many different forms that workforce integration can take including;

- aligned staff/teams/services
- co-located staff/teams/services
- staff working to aligned, shared pathways
- holistic worker roles, where staff take on tasks that cut across individual agency responsibilities or staff are trained to have awareness other agencies responsibilities
- joint appointments to strategic commissioning and managerial posts, as well as more formal integration, such as single line management structures
- new organisations and
- pooled workforce budgets

Formal, organisational restructuring can be an enabler, but it is also known to be resource- intensive and too often becomes the focus of any change, rather than this being on developing and embedding new ways of working and cultural change. So, form should follow function and major structural re-organisation only be embarked on if it is clear that there are benefits that cannot be achieved without doing this. A good starting point therefore, should be to clarify what any new integrated workforce model aims to achieve.

What will indicate a successful integrated workforce model from a social care perspective?

It will;

- enable people to achieve better individual health and wellbeing outcomes
- enable individuals to experience input from different professionals, services and agencies as an integrated, holistic service
- promote good quality of care
- demonstrate value for money and make best use of public money across the system
- be evidence-based, or, if innovating, evaluate the purpose and impact of the model with regard to social care, as well as health objectives
- blend health, social care and other professional roles such as housing in balance, maintaining the core professional knowledge and skills that social care offers, whilst enabling some tasks to be completed across roles
- have a clear joint workforce delivery plan that includes supporting and facilitating the local provider market workforce
- be supported by clear governance arrangements for monitoring delivery of the workforce model and plan, managing performance, risks and rewards
- be supported by a joint workforce learning and development plan that promotes the delivery of core social care strategic objectives, as well as health and other agencies. This will include;
 - an improved integrated information and advice offer as a first option for people
 - embedding a focus on prevention at all stages of working with people through, for example, reablement, promoting independence, technology enabled care and self-care
 - a shared understanding, framework and tools to proactively manage risks to maintaining independence
 - targeted, proactive multi-agency work that includes factors to predict people at risk of requiring social care packages and residential care, as well as using health data to prevent hospital admissions
 - promoting the increased resilience of people who use services, their carers and communities
 - enabling staff to access a shared information system/ IT platform on how to do good support planning with people, in order to achieve the best outcomes possible from their integrated Personal Health and Social Care budgets.

Local Drivers

Like all Councils, Nottinghamshire County Council has had to deliver a high level of savings to meet the challenges of reduced funding. Between 2011/2012 and 2014/2015 the Adult Social Care and Health Department made savings of £58,580,000. There is a target of £28,300,000 for the years 2015/16-2019/20 and a further target of £11,691,000 for the years 2016/17 – 2018/19. This totals £98,571,000 over an eight-year period.

The Adult social care strategy is informed by and aligned with national policy, strategies, plans and initiatives related to Adult Social Care. The outcomes sought for citizens of Nottinghamshire are:

- **Helping people to help themselves** – connecting people with solutions and support available in their local communities, and helping them to make the best use of their existing support networks
- **Helping people when they need it** – working with people in a timely and proportionate way to meet their care and support needs, and helping to restore, maintain or increase their independence
- **Support to maximise independence** – working with people in a personalised and meaningful way with a clear plan for achieving their desired outcomes and maximising their independence
- **Keeping things under review** – working with people to ensure that desired outcomes are achieved and that care and support is reduced, maintained or increased according to assessed need

The Teaching Partnership

The D2N2 Teaching Partnership brings together 10 local organisations from across the statutory, private and voluntary sector. They are;

- Nottinghamshire County Council
- Nottingham City Council
- Derbyshire County Council
- Derby City Council
- Framework Housing Association
- Nottinghamshire Healthcare NHS Trust
- Nottingham Trent University
- University of Nottingham
- Making Waves
- SEA(Services for Employment and Advocacy)

The Partnership's mission is to deliver excellent professional social work practice and education (Adults and Children's social work) in the East Midland's region. The vision is for social work excellence that can be co-produced, recognised and evidenced as achieving better outcomes for service users.

A partnership to improve the quality of Social Work for the local population through the integration and exchanging of values, knowledge and skills gained from experience, practice and research to sustain and improve the local workforce, through:

- Training high quality Social Workers to address local need
- Enhancing opportunities for ongoing learning and career development
- Using research to understand 'what works' and achieves good outcomes

The 7 objectives of the Teaching Partnerships are:

- Admissions - we want to recruit the best students into social work training and offer a range of routes to qualification, including well established degree courses and accelerated progression routes
- Placements and curriculum – we want to ensure that all social work students have two statutory placements in their preferred area of specialism, embedded within a curriculum that reflects social work practice and research that is relevant and rigorous, useable and actionable
- Academic delivery – academic delivery needs to be co-designed, co-delivered and co-evaluated by employer partners and service users and carers
- Practice support and development – we want to train, develop and accredit our Practice Educator workforce to promote the highest standards of support - indicative of the modern social work profession
- Workforce and labour market planning – we need to ensure that our local workforce reflects and maintains the Partnership's standards and provides a consistent and sustainable service to the communities it serves
- Progression – we want to raise standards to excellent in respect of qualifying social work education, CPD, recruitment and retention – to support the progression and development of the East Midlands social work workforce

- Academics' experience of practice engagement – we will be creating the systems and structures that will support more fluid workforce development opportunities, so that practitioners contribute their direct experience to the education and training of social workers, and social work academics retain currency with frontline practice.

The Partnership supports Social Workers to get the most out of their careers. It also supports the Council with attracting quality of students by providing the required number of statutory placements.

What the workforce data tells us

The last Local Government Association (LGA) Social Care employee Health Check was in 2015. The Health Check covers those staff in the district and countywide teams and not direct services or strategic commissioning staff. This is because the LGA developed the Health Check specifically for Qualified Social workers. ASCH have broadened this to cover all staff including Occupational therapists and non-qualified staff in those teams. For the next phase it will cover directly delivered services staff.

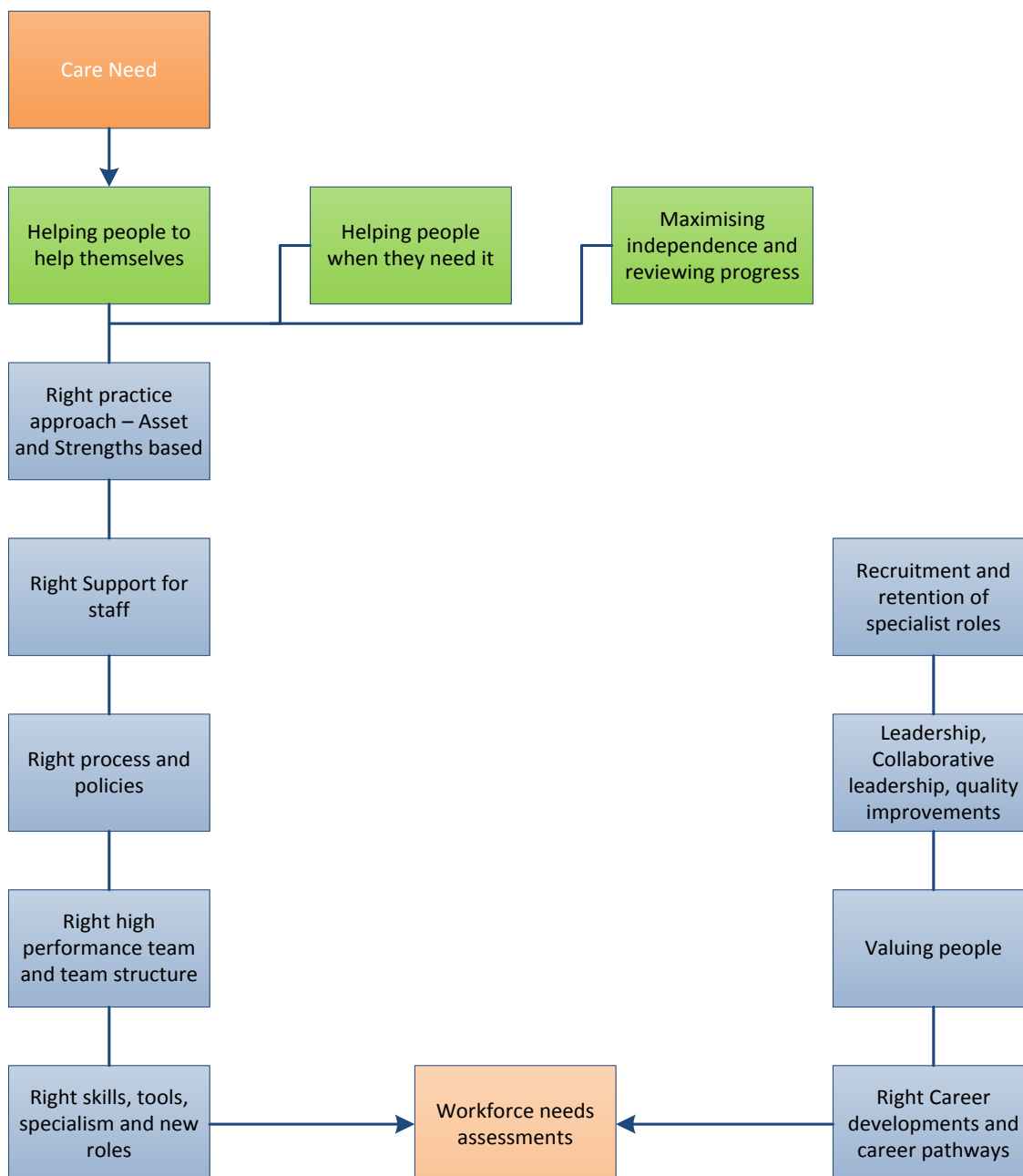
The Health Check is comprised of the retrieval of specific data, a staff survey and focus groups. The themes that the Health Check covers are prescribed by a template that we adapt for our local needs and includes:

- Workload Management
- Proactive Management of the 'workflow'
- Having the right tools to do the job
- A healthy workplace
- Effective service delivery

A 2018 health check is currently underway. The focus groups have taken place and the survey closed in April 2018. Work is currently in progress to complete a technical report with all the data and to draw out themes from the focus groups and survey. From this, a summary report and action plan will be developed to look at areas of strength and areas for further development. This will be available in autumn 2018.

Workforce needs assessment

Assuming that the patterns of service continues at a constant rate, workforce needs assessment will continue to focus on particular areas such as connecting people with support and information they can access in their local communities, supporting them to make their own decisions about what is important to them and keeping it under review. To achieve this, we will need the right approach, right leadership, right processes and policies from high performance teams delivering excellence practice together with a supportive culture recognising and valuing excellence in all staff. The flow of activities to achieve a good workforce assessment could be represented as:



What the workforce data tells us:

The Headline Statistics from the workforce data summary (available as Appendix 1)

- 8 out of 10 the workforce are female
- 8.16% of the workforce are BaME, and this is greater than Nottinghamshire population sample. The ethnic profile of NCC's adult social care workforce is less diverse than the national profile which is made up of 20% BaME workers. The proportion of BaME adult social care workers for the East Midlands is 15%
- 90% staff have updated their personal records information
- Over a quarter of the workforce could retire anytime from now if they choose to
- Nearly 40% are not far away from retirement
- 55% have got a significant service(10 or more) which links very closely to the age profile
- Full-time and part-time roles reflect the nature of the area of work with more people on part-time roles in Direct Services.

Significant progress has been made since the launch of the Adult Social Care Workforce Plan 2016-2018, there are key areas that the Department will continue to develop around key pressure areas.

Department Workforce Priorities: 2018-2020 (full implementation plan has been developed)

Priorities	Expected Outcomes
1. To continue to develop and maintain a workforce data and Intelligence library	<ul style="list-style-type: none"> • Improvement of workforce data and intelligence and highlight key emerging themes and the impact on the Council's social care workforce (qualified and directly delivered services workforce) • Improve the collation of NMDS (National minimum data set) with the Independent sector
2. To Build Capacity: - in support of this, the department will focus on recruitment and retention, ensure effective leadership and succession planning in relation to ageing workforce and career pathways	<ul style="list-style-type: none"> • Reviewed recruitment strategy for AMHPs/BIAs-(Approved Mental Health Practitioner/Best Interest Assessors) • Engaged TMs(Team managers and SPs(Senior Practitioners) and quality management practices that facilitates high performance • Attraction of suitable candidates maximised • Number and range of apprenticeships and work experience available in the Department • Redesigning and implementing succession plans for key roles - Social worker/OT/Care workers/Leadership

<p>3. To Build Capability: - in support of this priority, the department will focus on developing the workforce with core skills, leadership/management approach that includes coaching, and mentoring and use of Apprenticeships standards, reviewing training and development plans identified as part of EPDRs(Employee Performance Development Reviews).</p>	<ul style="list-style-type: none"> • Adult social care staff and managers equipped with the core skills needed to deliver high quality and consistently applying strengths based approaches. • All managers to take a consistent proactive approach to the management of sickness absence in accordance with the established policies • All managers proactively undertaking EPDR with their staff • Demand for Adult social care is prevented, reduced or delayed • Creation of a workplace learning culture and shared learning opportunities, guidance and resources for leadership
<p>4. To develop the workforce to deliver integrated models of care: - in support of this priority the department will continue to work within the Nottingham and Nottinghamshire STP and Bassetlaw ACP workforce and OD work stream</p>	<ul style="list-style-type: none"> • Integrated teams working well and adding measurable value to deliver timely prevention, hospital discharges and hospital admission • Demand for Adult social care is prevented, reduced or delayed • To forge a closer working relationship between the Council and the(STP) HR / OD Collaborative to achieve stronger traction on OD cross-organisation workforce agenda for the ICS(Integrated Care system)

Key performance Indicators (KPIs) measured using the following criteria:
GMs and TMs engagement - Staff engagement and Staff overall satisfaction levels (Staff survey results)
Workforce data specification delivered
Supply and demand analysis of skills to deliver the ASC strategy
Improve consistencies of use of best practice of Support Plans
Reduction in average number of days sickness per ASC employee
% number of managers who have completed EPDR by end of the period
% number of EPDRs completed and training identified and submitted
Number of staff utilising the Apprenticeship levy in priority areas
Number of staff attending the Delivering Excellence Practice Programme

The Independent and Voluntary Adult Social Care Workforce

Key pressures

The Independent and Voluntary Adult social care sector in Nottinghamshire also faces significant challenges around workforce **capacity** and **capability**. These challenges arise from the following:

- Demand for care and support is increasing, as the number of people aged 65-84 increases
- Skill levels required for adult social care work are rising, as the work itself becomes more complex and integrated
- The profile of the workforce is also steadily ageing

The core workforce groups in this sector to be prioritised for development will comprise;

- Homecare staff
- Nurses in care homes
- Managers and leaders in care homes
- Volunteers

To build **capacity**, the sector will need to attract and retain more of the key workforce and maximise productivity with increased support from partners.

How the Council is supporting the Independent sector to increase capacity

- To support recruitment and retention of staff and building a sustainable market within the independent sector is central to the Council's vision for home-based care. 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. These have been addressed within the recommissioning process which seeks to implement a viable pricing strategy and payment model going forward
- To gather Intelligence data to support decision making. Currently there are 345 establishments in Nottinghamshire registered with NMDS-SC (National Minimum Data Set for Social Care) and with data in their accounts however many of them are not updating their information. As new contracts are developed for externally commissioned services, the Council will consider inclusion of a requirement for providers to complete the National Minimum Data Set for social care, alongside other reporting of other workforce monitoring information. This will enable the development of robust, baseline information across the wider workforce to support future workforce planning across the sector in an integrated way. New home based care contracts already include completion of the NMDS as a mandatory requirement
- Implementing the Nursing Associate pilot. The pilot is underway and it will support the recruitment gaps of Nurse in Care homes. Whilst the first phase recruited 8 nursing Associates, the second recruited 3 Associates. The Council will continue to promote the new roles
- To continue to work with Job Centres, Futures, D2N2 and the STP Talent Academy, promote Health and Social care Apprenticeships
- To promote careers in care through the Landermeads Care Home 'working in social care' video for residential and nursing care and bid for funds to develop career/recruitment videos for homecare and Younger Adults
- To support care providers to improve their recruitment and retention practices by engaging with 'Sticky People' to provide an insight to managers based on a sound research base. Outcome will be workshops, guidance, weekly top tips sent to those who opt in, development of a mentoring initiative to train in-house buddies

- Efficient use of Skills for Care Workforce Development Innovation Fund Bid – ‘How to become Astounding’ workshops for residential, homecare, younger adults and supported living to develop and shout about their best practice initiatives and how to link these to their evidence for the CQC KLOEs(Care Quality Commission- Key Lines of Enquiry)
- To continue to encourage to share good practice and work collaboratively to develop strategies to improve recruitment and retention of care staff. The Quality and Market Management team have facilitated regular Care Home Provider Forums and in the last 12 months these well attended events have included:
 - A presentation from a care home rated ‘outstanding’ by the Care Quality Commission to share ideas and practices, including how staff are empowered and valued resulting in low turnover
 - The gathering and sharing of ideas and good practice under the branding ‘how do we keep staff caring?’ initiative
- To continue to encourage providers to participate in the development of the ‘Finders Keepers’ recruitment initiative led by Skills for Care that produced the Values Based Recruitment toolkit that is available through the Skills for Care website
- To review the existing ‘fair price for care’ framework for care home fees to ensure it supports a sustainable social care market through:
 - Being informed by a transparent and up to date view of costs
 - Linking the fee structure to quality of provision
- Community Partnership Officers will continue to monitor the implementation of new home care contracts to ensure new ways of working are embedded, and there is the necessary support for workforce recruitment and retention through:
 - Regular meetings with home care lead and additional providers
 - Promoting sharing of good practice among providers and joint working/liaison between lead and additional providers within each lot
 - Feedback from providers regarding staff turnover, recruitment and best practice.

How the Council is supporting the Independent sector to increase capability

- Working with Skills for Care to encourage employers to support their staff to achieve recognised qualifications by disbursing Skills for Care £122k funds to employers in Nottingham City and Nottinghamshire
- Encouraging access to the Skills for Care Information and Learning Services (SCILS) website for general learning and development needs
- Increasing the number of employers using the Optimum Medicines Management person-centred competence framework and Moving and Handling person centred competence framework
- Increasing the uptake of the toolkit resources for Continuous Professional Development (CPD) on Dysphagia, Delirium, Dementia, Rarer forms of Dementia, Acute Kidney Injury (AKI) and Mental Capacity Act and Deprivation of Liberty Safeguards(DoLS)
- Developing Trusted Assessor Champions in Residential, Nursing and Homecare setting
- Supporting the development of holistic worker competences for residential and homecare providers
- Joint working between the Quality Market Management Team and Optimum to improve the quality of services through linking to Optimum best practice resources and signposting to other organisations
- Working in partnership with Nottinghamshire Care Association to join membership databases so both sets of membership have access to resources and funding opportunities
- Working with the Work Experience Co-ordinator, Sherwood Forest Hospitals NHS Foundation Trust to include care provider placements in their database of opportunities
- Supporting Workforce Planning through use of bespoke toolkit and consultancy

- Promoting qualification and placement opportunities for Trainee Nursing Associate places with Derby University
- Continuing to support the development of the Frailty Modules for Registered Nurses and promote the opportunity for them to access
- Using the Quality & Market Management quality audit process to ensure staff training and development are embedded within provider policies and practices.

Appendix 1

What the workforce data tells us:

Adult Social Care and Health Workforce Headline statistics

Gender	Female	Male
Fieldwork	657	140
Direct Services	804	126
Catering	6	24
Finance	31	13
Mosaic	5	4
Public Health	38	8
Safeguarding	2	4
STP	1	0
Strategic Commissioning and Market Development	48	20
Transformation	13	4
	1605	343
	82.39%	17.61%

Ethnicity	Non BaME	BaME	No Information
Fieldwork	644	85	68
Direct Services	782	59	89
Catering	25	2	3
Finance	38	5	1
Mosaic	9	0	0
Public Health	20	1	25
Safeguarding	5	0	1
STP	1	0	0
Strategic Commissioning and Market Development	61	5	2
Transformation	14	2	1
	1599	159	190
	82.08%	8.16%	9.75%

Age ranges	16-25	26-35	36-45	46-55	56-65	65+
Fieldwork	18	110	179	303	178	9
Direct Services	21	81	167	357	286	18
Catering	1	5	8	14	2	0
Finance	1	7	11	18	7	0
Mosaic	0	0	3	2	4	0
Public Health	0	6	16	17	7	0
Safeguarding	0	0	4	0	2	0
STP	0	1	0	0	0	0
Strategic Commissioning and Market Development	2	14	12	27	13	0
Transformation	1	6	5	5	0	0
	44	230	405	743	499	27
	2.26%	11.81%	20.79%	38.14%	25.62%	1.39%

Length of Service (years)	Less than 1 year	1-2	2-5	5-10	10-20	20+
Fieldwork	111	71	92	101	284	138
Direct Services	65	64	101	149	370	181
Catering	3	0	5	4	9	9
Finance	2	4	1	6	22	9
Mosaic	0	0	0	3	3	3
Public Health	7	2	30	1	4	2
Safeguarding	0	0	2	2	1	1
STP	0	0	1	0	0	0
Strategic Commissioning and Market Development	10	2	5	15	24	12
Transformation	1	0	2	4	9	1
	199	143	239	285	726	356
	10.22%	7.34%	12.27%	14.63%	37.27%	18.28%

Contract type	Permanent	Temporary
Fieldwork	627	170
Direct Services	782	148
Catering	24	6
Finance	40	4
Mosaic	5	4
Public Health	44	2
Safeguarding	5	1
STP	0	1
Strategic Commissioning and Market Development	44	24
Transformation	5	12
	1576	372
	80.90%	19.10%

Full time or part time	Full time	Part time
Fieldwork	491	306
Direct Services	280	650
Catering	21	9
Finance	32	12
Mosaic	6	3
Public Health	22	24
Safeguarding	6	0
STP	1	0
Strategic Commissioning and Market Development	52	16
Transformation	14	3
	925	1023
	47.48%	52.52%

Grade	NJE GR 1	NJE GR 2	NJE GR 3	NJE GR 4	NJE GR 5	HAY A	HAY B	HAY C	HAY D	HAY E	HAY F	HAY H	HAY I	HAY J	Other
Fieldwork	0	0	23	20	282	95	220	79	70	0	7	0	2	0	0
Direct Services	81	447	210	7	117	38	10	2	5	5	2	0	1	0	4
Catering	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Client Finance	0	0	0	25	8	4	5	1	1	0	0	0	0	0	0
Mosaic	0	0	0	1	2	0	3	2	1	0	0	0	0	0	0
Public health	0	0	0	0	1	0	8	3	17	2	11	3	0	1	0
Safeguarding	0	0	0	0	2	0	2	0	1	0	1	0	0	0	0
STP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Strategic Commissioning and Market Development	0	0	2	2	2	21	1	24	3	11	1	0	1	0	0
Transformation	0	0	1	0	0	0	2	4	5	4	0	1	0	0	0
	111	447	236	55	414	158	251	115	103	22	22	4	4	1	5
	5.70%	22.95%	12.11%	2.82%	21.25%	8.11%	12.89%	5.90%	5.29%	1.13%	1.13%	0.21%	0.21%	0.05%	0.26%

10 September 2018**Agenda Item: 6****REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****ADULT SOCIAL CARE AND HEALTH CORE DATA SET PERFORMANCE FOR
QUARTER 1****Purpose of the Report**

1. To provide the Committee with a summary of performance for Adult Social Care and Health for quarter 1 (1st April to 30th June 2018) and seek comments on any actions required.

Information

2. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing its performance to deliver effective and responsive services to service user and their carers.
3. The Council has agreed that the key measures of its performance will be defined through a number of core data sets which are detailed in its Council Plan and each of its Departmental Strategies.
4. Performance against these core data sets is reported to Committee every three months (quarterly) to support the performance management of the delivery of services.
5. This report provides a summary of the quarter 1 position for the Adult Social Care and Health Core Data Set performance measures that fall within the responsibility of the Adult Social Care and Public Health Committee. The full Core Data Set is attached at **Appendix A**.

National Key Performance Indicators**Long term residential and nursing care (younger adults aged 18 – 64 years)**

6. The Council monitors admissions per 100,000 population, as part of a national Adult Social Care Outcomes Framework (ASCOF) definition, which allows for comparison (benchmarking) with other councils. The Council has maintained the ambitious annual target of 13 (which was just missed for 2017/18). As at the end of quarter 1, outturn against the target was 5.

7. During quarter 1 there were 24 new younger adults' admissions. This equates to 8 admissions per month on average during quarter 1. The target for 2018/19 has been set at 60 and, in order to meet this, average admissions will need to reduce to 4 per month for the rest of the year.
8. Each new admission to long-term care continues to be scrutinised at the Long Term Care Panel and an admission to long-term care is only made where there are no suitable alternative services or accommodation available to meet the person's needs.
9. The overall number of younger adults being supported by the Council in long-term residential or nursing care placements was 640 on 30th June 2018. This is just over the annual target which has been set at 635.

Long term residential and nursing care (older adults aged 65 years and over)

10. Admissions for older adults are also monitored per 100,000 population.
11. Admissions into long-term care are being avoided where possible through scrutiny of all cases at accommodation panels and the provision of alternatives within the community including Extra Care, telecare and short-term assessment beds for those older people leaving hospital.
12. The number of admissions for older adults was 202 at quarter 1 against an annual target of 948. This equates to 67 new admissions per month on average. To meet the target admissions for the rest of the year need to be maintained within 83 per month.
13. The number of older adults supported by the Council in long-term residential or nursing care placements was 2,278 on 30th June 2018, slightly over the annual target of 2,275. There has been a reduction during the year so far compared to 31st March. This follows on from the trend during 2017/18 when the number of people supported decreased on the previous year (2016/17).

Delayed Transfers of Care

14. A Delayed Transfer of Care (DToC) from an acute or non-acute hospital setting occurs when "a patient is ready to depart from such care and is still occupying a bed". Any patients falling within this definition are classified as a reportable delay and the information collected includes patients in all NHS settings.
15. As part of measuring DToC, the total number of days delayed per month per 100,000 population is monitored and this is a key national indicator. Nottinghamshire was ranked 8th best performing council nationally (out of 151) for delays attributed to social care in May 2018.
16. As part of the improved Better Care Fund, a rate of DToC bed days is now being monitored on a monthly basis. Delays attributed to social care are showing consistently good performance and continue to be better than target. Latest data available to the end of May show delays due to social care reduced positively to 0.0 compared to a target of 0.7.

Older people at home 91 days after discharge from hospital into reablement type services

17. Reablement type services seek to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services and health staff, as well as adult social care reablement. This is a two part indicator and monitors the effectiveness (part one) and the availability (part two) of the services delivered.
18. Included in this indicator are reablement type services such as:
 - START – short term assessment and reablement service provided in a service user's own home, for example to help them regain their independence following a stay in hospital
 - intermediate care – may be provided in a service user's own home or in a residential setting and can be used either as a short term intensive service to avoid a hospital admission, for example where a service user is suffering from a temporary illness, or can also be used to help a service user regain their independence following a stay in hospital
 - assessment beds – assessment and reablement service delivered in a residential setting following a stay in hospital.
19. This indicator is produced on a rolling three-month snapshot basis. Results to date include people discharged from hospital into reablement services in December, January and February and checks if these people were still at home during the months to May. Reasons for people not being at home include being admitted to long term residential or nursing care or being re-admitted to hospital or having deceased.
20. At quarter 1 part one this indicator was slightly below target at 78% against a target of 80%. In this period out of 317 older adults who received a reablement type service on discharge from hospital, 247 people were still at home 91 days after.
21. Part two of this indicator is also now being monitored and is expected to improve as more reablement type services have been commissioned (such as the Home First Response Service). This part of the indicator measures how many people were offered reablement type services over the number of hospital discharges (hospital discharges data provided by the NHS).
22. An internal review of the indicator is being led by the Adult Social Care and Health Senior Leadership Team with specific analysis of those service areas where performance is lower. In addition, new contracted reablement type services are now being commissioned and it is expected that these will have a positive effect on the indicator.

Adults with a Learning Disability in paid employment and settled accommodation

23. These measures are intended to improve the quality of life for adults with a Learning Disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life and the nature of accommodation for people with a Learning Disability has a strong impact on their safety and overall quality of life.

24. At quarter 1 performance for service users in paid employment was 2.9% against an increased target of 3.3% for 2018/19. This is an improvement on 2017/18 (2.8%) and shows a continued move in the right direction and closer to the national average.
25. The figure for service users in settled accommodation positively increased to 74% in quarter 1 against a target of 76% (maintained from 2017/18).

Service users and Carers receiving a Direct Payment

26. Research has indicated that personal budgets provided to service users impact positively on wellbeing, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services.
27. The percentage of service users receiving a direct payment was 44% against a target of 46%. Performance for quarter 1 remains at around the same level as at the end of 2017/18. Benchmarking shows that the Council remains a high performer in this area, the latest national average being 18%. The Council currently supports 2,925 service users with a direct payment.
28. Carers are provided with a range of support, including respite and information, advice and support services. Some carers are assessed as eligible for Local Authority support, and are offered a direct payment to support their wellbeing, usually a small payment of £150 or £200. This equates to 100% of carers receiving a direct payment which has remained consistent in recent years.

Adults where the outcome of a safeguarding assessment is that the risk is reduced or removed

29. This is a measure of the effectiveness of the safeguarding process and could help to prevent repeat enquiries for individuals.
30. The percentage of completed safeguarding assessments where the risk was reduced or removed is just below target at 68% against a target of 70%. Quarter 1 results show an improvement on 2017/18 and Nottinghamshire is in line with the national average.
31. As part of Making Safeguarding Personal, staff are supporting people to manage existing risks where this is in line with people's 'desired outcomes'. Therefore, this indicator is expected to fluctuate as people are supported to take risks.

Local Key Performance Indicators

New assessments – average time to complete

32. The former internal measure of assessment timescales has been replaced to reflect changed working practices and processes in the Adult Social Care and Health Department. Previously, all new assessments (social work or occupational therapy) were measured to give an overall percentage completed within 28 days. This has been replaced with two measures which track the average number of days taken to complete care and support (social work) assessments and occupational therapy assessments.

33. The new measures, measuring care and support and occupational therapy assessments separately, allow for easier tracking of these separate types of assessments which have shown different performance rates.
34. For social work assessments the average time from the person contacting the Department to having a completed assessment, where required, was 25 days. For occupational therapy assessments the average time from contact to completion was 29 days.
35. Targets have not yet been set for these measures and performance is being monitored by the Adult Social Care and Health Senior Leadership Team.

Reviews of Long Term Services completed in year

36. It is important that people who receive support are reviewed in a timely manner. This maximises people's independence and ensures people only receive the services and support they need.
37. During quarter 1 23% of service users received a review and this is higher than during the equivalent period last year (1,711 compared to 1,566). The rate of activity seen so far this year is compatible with achieving the 80% target set for the full year.

Percentage of older adults admissions direct from hospital

38. This indicator measures the number of admissions to long term residential or nursing care direct from a hospital setting where the service user did not have access to any reablement type activity beforehand.
39. For 2018/19 the target has been maintained at a challenging 18% and the result to date is that the indicator is just missing target at 19% up to quarter 1.

Safeguarding service user outcomes

40. With changes to Mosaic (the social care record management system) it is not currently possible to report on this indicator. A revised report is in development and will be available for quarter 2 reporting.

Percentage of completed Deprivation of Liberty Safeguards assessments

41. The number of referrals received so far this year is 1,353 and 900 of these have already been completed, giving a percentage of 67% complete. Performance on this indicator will improve as the year progresses and there has been time for assessments to be completed.

Other Options Considered

42. This report is provided as part of the Committee's constitutional requirement to consider performance of all areas within its terms of reference on a quarterly basis. The departmental strategy was agreed on 24 January 2018 and the format and frequency of performance reporting were agreed by Improvement and Change Sub Committee on 12 March 2018. Due to the nature of the report no other options were considered appropriate.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

44. 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

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

RECOMMENDATION

- 1) That Committee considers whether there are any actions it requires in relation to the performance information for Adult Social Care and Health for the period 1st April to 30th June 2018.

Paul Mckay

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Constitutional Comments (EP 21/08/18)

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

Financial Comments (DLM 21/08/18)

47. As confirmed in paragraph 45, there are no financial implications arising from the report.

Background Papers and Published Documents

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

The performance measures included within Appendix A are linked to the Departmental Core Data Set as detailed in the Adult Social Care and Public Health Departmental Strategy which was approved by Full Council on 18 January 2018.

Electoral Division(s) and Member(s) Affected

All.

ASCPH582 final

National Key Performance Indicator	Nottinghamshire									Comparator Data
	Current Value	Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q4)	Previous Annual	National Average	
Admissions of Younger Adults per 100,000 popn (ASCOF 2A)	5	+	Low	13	Jun 2018	24	479,962	17.4	17.4	13.3
Admissions of Older Adults per 100,000 popn (ASCOF 2A)	123	+	Low	598	Jun 2018	202	164,517	600.0	600	628
Number of Younger Adults supported in residential or nursing placements (Stat return)	640	+	Low	635	Jun 2018	640	N/A	644	644	n/a
Number of Older Adults supported in residential or nursing placements (Stat return)	2,278	+	Low	2275	Jun 2018	2278	N/A	2307	2307	n/a
Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	7.9	+	Low	5.5	May 2018	n/a	n/a	9.9	9.9	n/a
Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)	0.0	+	Low	0.7	May 2018	n/a	n/a	0.20	0.20	n/a
Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)	0.5	+	Low	0.55	May 2018	n/a	n/a	0.70	0.70	n/a
Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)	78.0%	-	High	80%	May 2018	247	317	78.8%	78.8%	82.7%
Proportion of older people at home 91 days after discharge from hospital (availability of the service) (ASCOF 2B)	1.3%	(-)	high	2%	Jun-18	317	24443	1.9%	1.8%	2.9
Percentage of adults with Learning Disability in paid employment (ASCOF 1E)	2.9%	+	High	3.3%	Jun 2018	58	2,009	2.82%	2.8%	5.8%
Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)	74.0%	+	High	76%	Jun 2018	1,491	2,009	73.1%	73.1%	75.4%
Proportion of service users receiving a direct payment (ASCOF 1C part 2a)	44%	-	High	46%	Jun 2018	2,925	6,700	44.2%	44.2%	18.10%
Proportion of carers receiving a direct payment (ASCOF 1C part 2b)	100%	=	High	90%	Jun 2018	957	957	100%	100%	67.40%
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	68.0%	+	High	70%	Jun 2018	415	609	66.9%	66.9%	67%
Local Key Performance Indicator	Nottinghamshire									Comparator Data
	Current Value	Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q4)	Previous Annual Performance	National Average	
Average time taken to complete social care assessment (days)	25	(n/a)	Low	new	Jun 2018	779	N/A	n/a	n/a	n/a
Average time taken to complete occupational therapy assessment (days)	29	(n/a)	Low	new	Jun 2018	884	N/A	n/a	n/a	n/a
Percentage of reviews of Long Term Service Users completed in year	23%	-	High	80%	Jun 2018	1,711	7,400	73.0%	73.0%	n/a
Percentage of older adults admissions direct from hospital	19%	+	Low	18%	Jun 2018	205	987	20.8%	20.8%	n/a
Percentage of safeguarding service users who were asked what outcomes they wanted	76.8%	+	High	80%	Jun 2018	1837	2424	75.0%	75.0%	n/a
Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved	51%	-	High	80%	Jun 2018	239	468	73.8%	73.8%	n/a
Percentage of DoLS assessments received and completed in year	67%	(n/a)	High	new	Jun 2018	900	1353	94.9%	94.9%	n/a
The most recent data for national average is reported, where available. Where Nottinghamshire performance meets or exceeds the latest national performance information, this is highlighted by the emboldened boxes. Key: (p) = provisional data; (+) = better than previous value; (-) = worse than previous value; (=) = same as previous value; (n/a) = not comparable to previous value										

National Key Performance Indicator	Monitoring rationale	Target rationale
1 Admissions of Younger Adults per 100,000 popn (ASCOF 2A)	This is a national ASCOF indicator. Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.	Target from previous year maintained as this was not achieved. Given that the Council continues to experience difficulties with developing support living, we are restricted in terms of having alternatives to residential and nursing care.
2 Admissions of Older Adults per 100,000 popn (ASCOF 2A)		Target from previous year maintained as this was not achieved and the target is challenging given the population pressures
3 Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	These indicators are the Improved Better care Fund indicators for Delayed Transfers of Care. This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.	Targets for the Improved Better care Fund indicators have been set as part of the national programme.
4 Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)		
5 Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)		
6 Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)	This is a national ASCOF indicator and forms part of our BCF submission. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement. This is a two part indicator and measures both the availability and the effectiveness of services.	Target for part one reduced to 80%. A new target for part two has been set to bring us closer to the national average.
7 Percentage of adults with Learning Disability in paid employment (ASCOF 1E)	This is a national ASCOF indicator. The measure is intended to improve the employment outcomes and quality of life for adults with a LD, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life.	Target set at 3.3% to bring us closer in line with the East Midlands average and closer to the national average which is higher.
8 Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)	This is a national ASCOF indicator. The measure is intended to improve the outcomes and quality of life for adults with a LD. The nature of accommodation for people with a LD has a strong impact on their safety and overall quality of life and the risk of social exclusion.	Target set to maintain current performance, which benchmarking shows is positive
9 Proportion of service users receiving a direct payment (ASCOF 1C part 2a)	This is a national ASCOF indicator. Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services.	Target set to maintain current performance, which benchmarking shows is positive
10 Proportion of carers receiving a direct payment (ASCOF 1C part 2b)		
11 Number of Younger Adults supported in residential or nursing placements	The overall number of adults supported in long term care is important for the department not only because this is a key area of spend but also because along with admissions monitoring it is an indicator of the effective development of available alternatives to residential care. This information is collected on the SALT return.	The target has been set at 635 (just below last year's outturn) which will mean that we are operating around one in/ one out basis. The Council continues to experience difficulties with developing support living, we are restricted in terms of having alternatives to residential and nursing care.
12 Number of Older Adults supported in residential or nursing placements		Maintained at 2275.
14 Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	This information is collected on the annual SAC return. This is a measure of the effectiveness of the safeguarding process and could help prevent repeat enquiries for individuals.	This target has been set to improve and achievement will put the department ahead of the national average. It will not be possible to achieve 100% here as there may be reasons why a risk remains in place following the assessment.

	Local Key Performance Indicator	Monitoring rationale	Target rationale
15	Average time to complete assessment for new user (days)	These indicators are a signpost to pressures in the system, timeliness of assessment/review highlights areas for discussion around resources	Targets for new assessment measure are subject to review. Reviews - target maintained at 80% as just missed last year. Good progress achieved and if this level of improvement is maintained it is possible the target met this year.
16	Percentage of reviews of Long Term Service Users completed in year		
17	Percentage Older Adults admissions direct from hospital	This indicator forms part of our BCF submission. It is accepted that hospital is not the best place to make an assessment or decision about a person's long term care needs and wherever possible people should be given the opportunity to regain their independence following a hospital stay. It is also an indicator of effective joint working with health colleagues.	This target was set to reduce as part of the BCF submission.
18	Percentage of safeguarding service users who were asked what outcomes they wanted	These indicators are key to the 'Making Safeguarding Personal' agenda, a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice.	Increased target to 80%. Achieved over 75% for 17/18 so some stretch but potentially achievable.
19	Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved		Target set to improve performance following positive 2017/18 performance.
20	Percentage of completed DoLS assessments	There has been an increase in the number of DoLS referrals received and this indicator monitors how effectively resources allocated are at dealing with the increased demand	Measure changed to look at current in year as all others now completed. TBC

10 September 2018**Agenda Item: 7****REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****ADULT SOCIAL CARE AND HEALTH – CHANGES TO THE STAFFING
ESTABLISHMENT****Purpose of the Report**

1. The report seeks approval for changes required to the staffing establishment in Adult Social Care and Health to meet the legal responsibilities of the Council.

Information

2. The posts in the report, covered in **paragraphs 3 to 17**, are required to meet operational needs and requirements, and to achieve projected savings. Funding for these posts is detailed in each individual section.

County-wide Reviewing Team - Adults aged 18-64

3. This team was established to review packages of care following the success of a similar project in Adults aged 65+. As part of this 2 FTE Occupational Therapist and 1 FTE Physiotherapist posts were established to promote independence using interventions that prevent and delay the need for funded social care, this can include: specialist equipment, assistive technology and adaptations.
4. To date this project has released the following savings:

2017-18
In Year Savings – £5,737
Full Year Savings – £179,129

2018 -19
In Year Savings – £96,550
Full Year Savings – £112,821
5. This report is requesting the disestablishment of the following Physiotherapist post, within the Adults aged 18-64 Reviewing Team, approved by Committee in September 2017:

- 1 fte Physiotherapist (Band B) post – 1 year, at an annual cost of £46,845 (including on-costs)
6. The reason for this change is that recruitment to the Physiotherapist post has proved unsuccessful. Further, a number of cases have been identified by the Review Teams which require the involvement of an Occupational Therapist (OT), and as a consequence a waiting list for referrals has developed.
 7. Therefore this report is requesting that 1 of the current 2 FTE Occupational Therapist (Band B) posts within this Reviewing Team is extended from March 2019 to March 2020. The extension of this post for a further year will ensure sufficient capacity to undertake the referrals and realise the required savings.
 8. It is proposed that the extension of the OT post is funded from the disestablishment of the Physiotherapist post. Additionally, the Council will benefit from the OT review work, that will prevent, delay or reduce the need for social care and improve capacity within the homecare service.

Countywide Reviewing Team – Adults aged 65+

9. The expansion of the countywide reviewing teams has meant that the three existing Team Managers each have 15 members of staff that directly report to them. The report requests approval for three Team Leader posts to be temporarily established to support the Team Managers in providing supervision and day to day operational support to the Reviewing Officers and Social Care Assistants within each of the teams.
10. It is proposed that these posts are funded from the temporary conversion of 2.4 FTE Grade 5 Community Care Officer posts in the Adults aged 65+ Review Teams and the disestablishment of 1.2 FTE temporary Grade 5 Reviewing Officers posts in the Adults aged 18-64 Reviewing Team. The Team Leader posts will only be required whilst additional temporary practitioner posts exist in the teams to support the Team Managers as described above, therefore approval is sought to temporarily amend the establishment until 2020 when the team reverts to its original establishment.
11. This report is proposing the following temporary changes to the staffing establishment, which will be cost neutral:
 - establishment of 3 FTE Team Leader (Band A) posts, one in each of the review teams, to March 2020
 - temporary disestablishment, until March 2020, of 2.4 FTE permanent Community Care Officer (Grade 5) posts in the Adults aged 65+ Review Teams
 - disestablishment of 1.2 FTE temporary Reviewing Officer (Grade 5) posts, funded until March 2020 from the Improved Better Care Fund (iBCF), in the Adults aged 18-64 Reviewing Team.

Data Input Team – additional temporary posts

12. The Countywide Data Input Team (DIT) was established in 2013 to commission the cost of care and support packages. The purpose of the team was to enable the Council to monitor financial commitments to enable robust budget monitoring and forecasting. An additional

benefit of DIT has been the releasing of time for front line social care staff to undertake their social care activities including assessing the needs of service users and carers, reviewing packages of care and undertaking safeguarding activities.

13. The Data Input Team has seen a 42% increase in the volume of work received in relation to commissioning between April and July 2018. During this period the team has been implementing the new Home Based Care contracts and processes.
14. The team has been working with a significant backlog and has seen a significant increase in daily volume of requests from social work teams. Care packages waiting to be commissioned affect the Council's ability to accurately monitor and forecast financial commitment including income generating payments. In addition to the daily intake of commissioning there are numerous periodic and one-off requests relating to re-commissioning and data accuracy which can be of high volume.
15. It is proposed to temporarily increase the DIT staffing establishment by a further 6 FTE (Grade 3) posts to 30th September 2019 at an annual cost of £122,787 including on costs, to aid the increase in work and to cover further changes to processes and contracts anticipated over the coming year. The posts will also assist the financial year end work.

The Council's Reablement Service

16. The Department has plans to build on its successful Reablement service and has already started to implement a major transformation project to deliver additional capacity and efficiencies within the service, including a therapy led approach. To support this transformation, in March 2018 the Committee approved the creation of a fixed term Reablement Service Manager (Band E) post funded from April 2018 to March 2020 pending job evaluation. Following job evaluation, it has been determined that this role should be a Band F Group Manager role. It is therefore proposed to disestablish the fixed term Service Manager vacancy approved by Committee in March 2018 and instead establish a new time-limited Reablement Group Manager (Band F) role.
17. The proposed fixed term Reablement Group Manager role will lead the transformation to the Reablement service. They will be responsible for developing a culture of continuous improvement within the service and embedding a new operating model across the county before transfer of the service back to the existing Group Managers from April 2020.

Other Options Considered

18. Continued recruitment to a Physiotherapist post was considered, however this has so far proved unsuccessful as there is a national shortage of physiotherapists. The extension of the contract for 1 of the existing Occupational Therapists would realise the required savings.
19. Consideration has been given to identifying and training staff from other teams to assist the Data Input Team. However, in the past this has resulted in these staff not being able to complete their business as usual tasks and the volume of packages that they are able to commission and input has been minimal. Further, due to the training required and the complexity of the commissioning episode on Mosaic, the staff from other teams are not able to complete all the tasks required.

20. Consideration was given to the recruitment of additional Social Worker posts to manage the Reviewing Officers and Social Care Assistants within the County Reviewing Teams. However, the Team Leader post would be a more cost effective option and would at the same time provide developmental opportunities for current staff wishing to pursue career progression.
21. Consideration has been given to how best to embed a new operating model across the Council's Reablement service. As identified in a report to Committee in March 2018 'Promoting Independence Interventions', which will generate savings of £12.751m over 2018/19 to 2020/21, includes short term interventions such as reablement. The Council needs to deliver a major change programme consistently across the Reablement service to drive continuous improvement. Job evaluation has determined that this role should be a Group Manager role.

Reason/s for Recommendation/s

22. Without additional Occupational Therapy capacity in the Adults aged 18-64 Reviewing Team the referrals waiting for an OT assessment would need to be picked up by OTs in the district teams. These would not be given priority over other cases that are urgent or have more immediate risks; this would delay the potential to release further savings. The OT would support the Double to Single Project within Adults aged 18-64, which would release further potential savings.
23. A temporary increase to the DIT staffing establishment by a further 6 FTE (Grade 3) posts will address the backlog and ensure that the Council is able to accurately report the financial commitments in adult social care.
24. The recruitment of temporary Team Leaders to the Reviewing Teams will ensure adequate supervision would be in place for Reviewing Officers and Social Care Assistants and will reduce the demands on Team Managers, assuring quality and adequate professional supervision to teams which deliver significant levels of saving through reviewing complex packages of care. As mentioned in paragraph 3, the Team Leader posts will only be required whilst additional temporary posts exist in the teams to support Team Managers as described above, therefore approval is sought to temporarily amend the establishment until 2020 when the team will revert to its original establishment.
25. The creation of a new temporary Reablement Group Manager post is crucial to delivering the transformation and in year savings required.

Statutory and Policy Implications

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

Data Protection and Information Governance

27. The data protection and information governance requirements for each of the savings projects is being considered on a case by case basis and Data Protection Impact Assessments will be completed wherever necessary.

Financial Implications

28. Adults aged 18-64 Reviewing Team: the extension of 1 FTE OT (Band B) post from March 2019 to March 2020 will be cost neutral and can be funded within existing resources by disestablishing the 1 FTE Physiotherapist (Band B) post. (This post is reserves funded)
29. Data Input Team: the introduction of a further 6 FTE temporary DIT (Grade 3) posts will be funded from departmental reserves. Costs for these posts would be £122,787 p.a. (including on costs).
30. The funding approved by Committee in March 2018 for a 2 year Reablement Service Manager (Band E) post (April 2018 to March 2020) is sufficient to cover the cost of the proposed alternative Group Manager for Reablement (Band F) role (October 2018 to March 2020) without the need for Committee to approve any additional funding.
31. Countywide Review Team: the establishment of 3 FTE Team Leader (Band A) posts will be funded in full, until March 2020, from the temporary conversion of 2.4 FTE Community Care Officer (Grade 5) posts in the Adults aged 65+ Review Teams and the disestablishment of 1.2 FTE iBCF-funded temporary Reviewing Officer (Grade 5) posts in the Adults aged 18-64 Reviewing Team.

Human Resources Implications

32. The recruitment of fixed term Data Input Team posts would be more cost effective than the use of locum or agency staff.
33. The posts will be recruited to using the County Council's recruitment procedures.

Smarter Working Implications

34. Existing equipment, mobile working and office accommodation would be utilised for the extension of the 1 FTE Occupational Therapist and the 3 FTE Team Leader posts.
35. Existing equipment, mobile working and office accommodation would be utilised for the 3 FTE Team Leader posts.
36. The 6 FTE DIT posts will need appropriate equipment and flexible use of existing office accommodation.

Implications for Service Users

37. Extension of a current 1 FTE Occupational Therapist post: the current backlog of referrals for an OT assessment will be completed, which means service users will be assessed and,

where applicable, have access to specialist equipment, assistive technology and adaptations.

38. Increased capacity within the Data Input Team: by addressing the existing backlog this will ensure that commissioning is accurate in Mosaic and will enable service users to have their financial contribution assessed in a more timely manner.

RECOMMENDATION/S

That Committee approves the following changes to the staffing establishment in Adult Social Care and Health:

- 1) The extension of 1 of the current 2 FTE Occupational Therapist (Band B) posts for 12 months to March 2020, which will be fully funded by the disestablishment of 1 FTE temporary reserve funded Physiotherapist (Band B) post for 1 year.
- 2) Establishment of 6 FTE temporary Data Input Team (Grade 3) posts until 30th September 2019 funded from reserves.
- 3) The establishment of 3 FTE temporary Team Leader posts (Band A) one in each of the review teams, until March 2020, which will be fully funded by the temporary disestablishment, until March 2020, of 2.4 FTE permanent Community Care Officer (Grade 5) posts in the Adults aged 65+ Review Teams and the disestablishment of 1.2 FTE temporary Reviewing Officer (Grade 5) posts, funded until March 2020 from Improved Better Care Fund (IBCF), in the Adults aged 18-64 Reviewing Team
- 4) Disestablishment of the 1 FTE Reablement Service Manager (Band E) vacant post approved by Committee in March 2018 and establishment of 1 FTE temporary Group Manager for Reablement (Band F) post from October 2018 to March 2020.

Paul McKay

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Constitutional Comments (AK 23/08/18)

39. The recommendation falls within the remit of the ASCPH Committee by virtue of the terms of reference.

Financial Comments (CT 07/08/18)

40. The financial implications are contained within paragraphs 28 to 31 of the report.

HR Comments (SJJ 22/08/18)

41. Any HR implications are implicit in paragraphs 32 & 33, in addition posts that are to be disestablished are currently vacant.

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.

Staffing Capacity to Support Current Demands and Responsibilities in Adult Social Care - report to Adult Social Care and Health Committee on 6th February 2017

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

Supporting the Delivery and Expansion of Assessments and Reviews – report to Adult Social Care and Public Health Committee on 11th September 2017

Assessment and Advice provided by external savings partner Newton to support savings programme – report to Adult Social Care and Public Health Committee on 12th March 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH576 final

10 September 2018

Agenda Item: 8

REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

PROTECTION OF PROPERTY AND FUNERAL ARRANGEMENTS POLICY

Purpose of the Report

1. To request that the Adult Social Care and Public Health Committee:
 - a. approves the commencement of a six week consultation with service users, their carers and the public in relation to a revised Protection of Property and Funeral Arrangements Policy.
 - b. agrees to receive a report on the outcome of the consultation at its meeting on 10 December 2018, and any subsequent proposed changes to the policy as a result.
 - c. approves the tendering for the provision of property and pets storage in cases covered under Section 47 of the Care Act 2014.

Information

2. Under Section 47 of the Care Act 2014, the Council has a duty to arrange for the protection of property for an adult being cared for away from home:
 - a. **either** where the adult has been assessed as eligible for social care support and their needs are met in accommodation, such as a care home, **or** the adult has been admitted to hospital **and**
 - b. it appears to the Council that there is a danger of loss or damage to the movable property because the adult is unable to protect or deal with the property, and no suitable arrangements have been or are being made. Movable property includes pets.
3. Paragraph 10.94 of the statutory guidance states that, *"this duty.....lasts until the adult in question returns home or makes their own arrangements for the protection of property or until there is no other danger of loss or damage to property. Often a one off event is required such as the re-homing of pets or ensuring that the property is secured"*

4. The Council also has a duty under Section 46 of the Public Health (Control of Diseases) Act 1984 to arrange a funeral for any person who dies in residential accommodation where there is no other person willing or able to do so. However, this is out of the scope of this committee report (i.e. there is no proposed consultation or re-tendering on this part of the policy).
5. The current policy, agreed by Policy Committee on 22nd April 2015, provides for the free storage of property or boarding of pets for 28 days, with an extension of a further 28 days if circumstances require.
6. Internal Audit conducted a review of the policy in March 2018, in order to compare the policy with the legislation and assess if the Council was getting value for money. Their relevant recommendations included:
 - a. ensuring that the identification of other people who can take responsibility for looking after property and pets, should the need arise, is always considered before the boarding of pets / protection of property.
 - b. considering a further review of the policy, should it be perceived that the ongoing costs of policy implementation are higher than they need to be.
 - c. undertaking a review of the interpretation of movable property under the legislation (Section 47 of the Care Act 2014), and a more detailed definition of what ought to be stored, and in what circumstances.
7. Therefore, Committee approval is requested for the commencement of consultation with the service users, their carers and the public in relation to a revised policy on the following three options:
 - a. no change to the current policy, i.e. for the Council to continue to pay for the storage of property and care of pets for 28 days, with a possible 28 day extension.
 - b. a change to the current policy, whereby the Council in future would pay for the storage of property and care of pets for a maximum of 7 days, with a possible extension beyond the 7 days for a further 7 days to be considered on a case by case basis, in exceptional circumstances.
 - c. a change to the current policy, whereby the Council in future would pay for the storage of property and care of pets for a maximum of 2 days, with a possible extension beyond the 2 days for a further 2 days to be considered on a case by case basis, in exceptional circumstances.
8. Under the current policy, the Council pays for the storage of property or care of pets during the 28 / 56 days. If a person remains in hospital or in a care home beyond the 56 days, and no alternative arrangements have been made, they are asked to pay the storage or boarding company for the continued storage or pet boarding. The assessment of the person's ability to pay is made by the social worker involved in each case. Where the service user does pay, they are also responsible for transporting their pet or property at the end of the period of boarding or storage. The contract also becomes directly between the storage or boarding provider and the service user.

9. If the person has no-one able to take responsibility for their property or pet and they are unable to pay towards the cost, the Council continues to pay for storage or pet boarding until the person either returns home or their permanent residence in the care home is confirmed.
10. This means that there is currently, in effect, no limit to the maximum number of days that the Council may end up paying storage or boarding costs, for those unable to pay or where there is no one else able to take responsibility for alternative arrangements. Therefore, Committee is also asked to agree to consult on the following additional amendment to the policy – if, after the agreed period of storage / boarding, the individual is unable to take responsibility for this, and there is nobody else available to do so, then the Council would continue to protect property and pets. However, it will bill the individual for any costs incurred beyond the agreed period. Should payment not be received, the Council would implement its agreed arrangements to recover such funds.
11. Regardless of any change in policy, there will be a drive to ensure front line staff:
 - a. work with service users to identify and set in place advance arrangements, as part of any assessment or review, for individuals such as family, relatives, close friends or other representatives who could be called upon to intervene and look after property/pets if required, where service users are unable to fulfil this responsibility themselves.
 - b. signpost service users to other sources of community support, including from the Voluntary and Community Sector, using tools such as Notts Help Yourself.
 - c. are informed by a more detailed definition of movable property and what ought to be stored, and in what circumstances. The use of the County Council secured facilities will be explored to reduce costs.
12. It is proposed that consultation is undertaken over a six week period via established forums. This includes:
 - a. an on-line survey will be made available on the Council's website.
 - b. a link to the survey will be shared with the Mental Health Co-Production Group, Experts by Experience Group, the Home Care Group, the Older People's Advisory Group, and the Citizens' Panel.
 - c. letters to relevant service users over the past 12 months.
13. Letters and copies of the survey will also be made available in an easy read format.
14. The results of the consultation and any proposed changes to the policy will be brought to the Adult Social Care and Public Health Committee on 10 December 2018.

Other Options Considered

15. Section 47 of the Care Act 2014 requires that the Council must take reasonable steps to protect property / pets and mitigate loss or damage to them in the circumstances set out in **paragraph 2**. Therefore, not offering a service is not an option.

Reason/s for Recommendation/s

16. A proposed reduction in the number of days the Council pays for the storage and property and care of pets to a maximum of 2 days, with a possible extension of a further 2 days, would save an estimated range of £15,052 to £16,014 per annum, depending on the update and approval of extension periods. However, this is not the preferred option as it is deemed insufficient time for individuals to make alternative arrangements, particularly those who have been detained under the Mental Health Act 1983 and who might be too ill to make a decision. It would also impact on social worker time who may have to get involved in making arrangements for property or pets.
17. A proposed reduction in the number of days the Council pays for the storage and property and care of pets to a maximum of 7 days, with a possible extension of a further 7 days, would save an estimated range of £9,317 to £13,422 per annum, depending on the update and approval of extension periods. This is the preferred option, as it is felt to offer a suitable balance between the above two options. This would be still be in line with the Council's statutory responsibilities under Section 47 of the Care Act 2014.
18. Tendering for the provision of property and pets storage / protection will ensure best value and is required by procurement regulations due to the levels of spend.

Statutory and Policy Implications

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

Data Protection and Information Governance

20. In line with the Data Protection Act 2018 and General Data Protection Regulations (GDPR), a summary data privacy impact assessment (DPIA) has been completed.

Financial Implications

21. The proposed policy change to funding 7 days, with a possible extension of a further 7 days, is estimated to save a range of £9,317 to £13,422 pa, depending on the update and approval of extension periods.
22. The proposed policy change to funding 2 days, with a possible extension of a further 2 days, is estimated to save a range of £15,052 to £16,014 pa, depending on the update and approval of extension periods.
23. Should there be no change to the policy, then no savings against current levels of expenditure are anticipated.

24. No additional implementation costs are envisaged as the associated work outlined in this report would be undertaken by existing staff.

Public Sector Equality Duty implications

25. This proposal will impact on adults who have been assessed as eligible for social care support and their needs are met in accommodation, such as a care home, the adult has been admitted to hospital, and it appears to the Council that there is a danger of loss or damage to their movable property (including pets) because the adult is unable to protect or deal with the property, and no suitable arrangements have been or are being made.
26. The type of individuals who may be impacted includes:
- Adults aged 65+.
 - Adults aged 18-64 who have learning disabilities, physical disabilities, mental health needs, or those with Asperger's.
27. Most of the people affected by the policy are people with mental health problems, including those detained under the Mental Health Act 1983 or people admitted into hospital in an emergency.
28. An equality impact assessment has been developed to understand the impact of the proposals on those with protected characteristics. This is available as a background paper to this report.
29. Based on the numbers of people who called on the policy over 2017/18, as detailed below, the proposed policy change would impact on a minimal number of people:
- a. Pets were boarded for 43 people at an average of 48 days.
 - b. 8 properties were cleared and property put into storage.

Implications for Service Users

30. The impact of the proposed policy changes outlined in paragraphs 7 to 10 above on these individuals would be that in future, rather than paying for costs for up to 28 / 56 days, the Council will only pay for costs up to either 7 or 2 days (unless extensions are agreed), to allow service users to make alternative arrangements. During this time, social workers would be expected to endeavour to resolve such situations at the earliest opportunity, without the need for the Council to incur additional costs.
31. If at the end of the agreed period of storage / boarding, the individual is unable to take responsibility for this, and there is nobody else available to do so, then the Council would continue to protect property and pets. However, individuals would be billed for any costs incurred beyond the agreed period. Should payment not be received, the Council would implement its agreed arrangements to recover such funds.
32. The proposed change in policy would also put more onus on those caring for affected service users to take on responsibility of pets / property whilst someone is in hospital or residential accommodation.

33. There is a potential that the change in policy may cause stress to people, and hinder their recovery in some cases.
34. This is a particular risk for those who may lack the mental capacity or people with mental health problems.
35. In mitigation:
- a) if there are significant concerns regarding a service user's capacity to make a decision regarding their property (and / or pets) during the revised timescale, their assigned social worker must ensure a capacity assessment is undertaken. If there is a lack of capacity, consideration must be given to an application to the Court of Protection. If the person has either a Deputy or Attorney for their property or financial affairs, the social worker must liaise with this person to make arrangements for the property/pets. The person representing the interests of a person who lacks capacity will be responsible for arrangements for property and pets.
 - b) in order to reduce the risk of individuals not being able to identify and secure alternative arrangements within the revised timescales, as part of a wider promotional drive, social workers will be reminded to work with individuals assigned to them to help identify and set in place advance arrangements, as part of any assessment or review, for other individuals who could be called upon to intervene and look after pets / property / furniture and other personal items, if required, for example family, relatives, close friends or other representatives. This will include signposting service users to other sources of community support, including from the Voluntary and Community Sector, using tools such as Notts Help Yourself. The use of County Council secured facilities will also be explored.
 - c) if, after the agreed period of storage / boarding, the individual is unable to take responsibility for this, and there is nobody else available to do so, then the Council would continue to protect property and pets. However, it will bill the individual for any costs incurred beyond the agreed period. Should payment not be received, the Council would implement its agreed arrangements to recover such funds.
 - d) The assistance of the Nottinghamshire Enablement Service would be requested, to help identify and secure alternative arrangements (i.e. source local providers of pet care / storage care).
36. The proposal to tender the provision of property and pets storage and the proposed budget reduction will have no impact on service users or their families / circles of support.

RECOMMENDATION/S

That the Committee:

- 1) approves the commencement of a six week consultation with service users, their carers and the public in relation to a revised Protection of Property and Funeral Arrangements Policy.

- 2) agrees to receive a report on the outcome of the consultation at its meeting on 10 December 2018, and any subsequent proposed changes to the policy as a result.
- 3) approves the tendering for the provision of property and pets storage in cases covered under Section 47 of the Care Act 2014.

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Constitutional Comments (SLB 09/08/18)

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

Financial Comments (ZB 09/08/2018)

38. The financial implications are contained within paragraphs 21 to 24 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.

- Protection of Property and Funeral Arrangements Policy - report to Adult Social Care and Health Committee on 6 January 2014.
- Protection of Property and Funeral Arrangements Policy - report to Policy Committee on 22 April 2015.
- Equality Impact Assessment – Protection of Property and Funeral Arrangements Policy.
- Protection of Property and Pets, and Funeral Arrangements Policy.

Electoral Division(s) and Member(s) Affected

All.

ASCPH580 final

10 September 2018**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS****REFRESH OF SECTION 117 AFTERCARE LOCAL POLICY AND GUIDANCE****Purpose of the Report**

1. To update Committee on changes made to the Section 117 (s117) Aftercare Local Policy and Guidance, and invite the Committee to recommend the proposed changes to Policy Committee for approval.

Information

2. The purpose of this policy is to summarise the requirements of s117 of the Mental Health Act 1983 (as amended in 2007) and provide operational guidance for implementation across Nottinghamshire County and Nottingham City. The aim is to ensure that a lawful and consistent quality of aftercare services is provided.
3. S117 of the Mental Health Act places a statutory duty of aftercare on Clinical Commissioning Groups (CCGs) and Local Social Service Authorities (LSSAs), in cooperation with voluntary agencies, to provide, or arrange to provide, aftercare services free of charge for all clients who have been detained in hospital under certain qualifying sections of the Mental Health Act 1983.
4. The previous policy was last updated in 2011 and changes to legislation and case law meant an update was required. Nottinghamshire County Council took the lead on this piece of work, however all relevant parties were involved in the refresh.
5. A person is entitled to the provision of aftercare under the following circumstances:
 - When they have been detained in hospital for treatment under sections 3, 37, 45A, 47 or 48 of the Mental Health Act, and then cease to be detained and leave hospital.
 - When they are on a Community Treatment Order (CTO) and then continue to require s117 provision after discharge from the CTO
 - When they are on section 17 Leave of Absence on the above sections.¹
6. The person's entitlement to s117 aftercare continues if:
 - The person is on authorised leave from hospital
 - He/she is discharged from the Section and remains in hospital informally

¹ *R v Richmond LBC ex parte W* [1999] MHLR 149

- He/she is returned to prison following a period of detention in hospital
 - He/she is discharged from the Section and hospital into the community.
7. The Care Act 2014 s75 (5) defines after care services as those services which have both of the following purposes:
- Meeting a need arising from or related to the person's mental disorder; and
 - Reducing the risk of deterioration of the person's mental condition (and, accordingly, reducing the risk of the person requiring admission to a hospital again for treatment for mental disorder).

Summary of amendments made to the policy

8. The proposed amendments are as follows:
- a. Clarification in relation to ordinary residence. The (updated August) 2017 Department of Health Care and Support Guidance (19.654 – 19.66) indicates under s.117 of the Mental Health Act, as amended by the Care Act 2014:
 - If a person is ordinarily resident in Local Authority area A immediately before detention under the 1983 Act, and moves on to be discharged to Local Authority area B and moves again to Local Authority area C, Local Authority A will remain responsible for providing or commissioning their aftercare.
 - Should the person become ordinarily resident after discharge in Local Authority areas B or C, and subsequently detained, it would be B or C who would be responsible for aftercare. If the patient's ordinary residence immediately before detention cannot be established, the Local Authority will be the one for the area in which the patient was resident before detention.
 - Only if that cannot be established either, will the responsible Local Authority be the one for the area to which the patient is sent on discharge. However, this should be relied upon as a last resort.
 - b. Now includes a flowchart which outlines the discharge process and highlights the importance of commencing aftercare planning at the point of admission to hospital. It also confirms that it is the responsibility of Nottinghamshire NHS Foundation Trust to ensure the patient has a s117 meeting and ensure the relevant CCG is aware of individuals' funding requirements arising from the duty to provide s117 services.
 - c. Stresses the importance that all patients who are entitled to aftercare under s117 are identified and that records are kept of what aftercare is provided under that section. There is now a form which needs to be completed and uploaded onto each organisations records. This form also needs to be forwarded to the Mental Health Assessment office by the person completing it.
 - d. There is no change to the local funding arrangements that the City and County CCGs and LSSAs have agreed for new s117 cases and reviews. Joint funding will generally be agreed on one of the following splits:

- i. 70% CCG/30% LSSA – where the assessment indicates that health needs are significantly higher than social care needs
- ii. 30% CCG/70% LSSA – where the assessment indicates that health needs are significantly lower than social care needs.
- iii. 50% CCG/50% LSSA – where the assessment indicates little difference in the respective health and social care needs.

However, a paragraph was included which states that there may be some exceptions so each case should be considered separately. The final decision will be made upon professional judgement of the relevant section 117 panel members from the CCG and LSSA based upon a recommendation from the Nurse Assessor and Social Worker who completed the assessments.

- e. Under the Care Act 2014 a direct payment may be given to a person on a s117, if it is an appropriate way to discharge its duty under s117 of the 1983 Act.
- f. Emphasises the importance of regularly reviewing people receiving services under s117. Eligibility should be a fixed agenda item at review meetings. This will ensure that people are discharged from s117 as appropriate. Currently individuals are very rarely discharged and may therefore receive service without making an assessed contribution.
- g. Provides detailed guidance regarding the factors to be considered when deciding whether or not a discharge from s117 may be appropriate. Also outlines the procedure for ending s117 entitlement and includes a pro-forma that needs to be completed and uploaded on the databases of the relevant organisations when the decision to end s117 has been taken. This pro-forma should also be forwarded to the MHA office by the person completing it and to the relevant CCG Section 117 panel. The patient/their representatives must also be informed of this decision in writing, which should include the relevant factors and reasoning.

- 9. The revised policy and guidance is attached as **Appendix A**.

Other Options Considered

- 10. To not update the policy in line with current legislation and case law which could lead the Council and its partners vulnerable to upheld complaints and potential Judicial Review.

Reason/s for Recommendation/s

- 11. To ensure current local policy is in line with national legislation and all parties agree on the policy to be implemented.

Statutory and Policy Implications

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

Data Protection and Information Governance

13. A Data Protection Impact Assessment will be undertaken in relation to this initiative/arrangement to ensure that all necessary information governance arrangements are in place.

Financial Implications

14. There are no changes to the Health/Social Care split of funding around individual packages. However, being more proactive around discharging people from a s117 may mean that service users pay a contribution for social care services in future. The review of the s117 could also increase or decrease the proportion of CCG funding in a package.

Human Resources Implications

15. No direct impact on staff posts has been identified in any of the changes described.

Implications for Service Users

16. Service users discharged from s117 may become liable for contributions relating to social care services. They would, however, be subject to fairer charging policy, which means that any contribution would be on the basis of a financial assessment.

RECOMMENDATION/S

- 1) That the Committee recommends the proposed changes to the Section 117 Aftercare Local Policy and Guidance to Policy Committee for approval.

Paul Johnson

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Constitutional Comments (AK 23/08/18)

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

Financial Comments (DG 22/08/18)

18. The financial implications are contained within paragraph 14 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.

ASCPH581 final

SECTION 117 AFTER-CARE LOCAL POLICY AND GUIDANCE: NOTTINGHAM CITY AND NOTTINGHAMSHIRE COUNTY COUNCILS, NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST, CLINICAL COMMISSIONING GROUPS

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1. INTRODUCTION

The purpose of this policy is to summarise the requirements of s117 of the Mental Health Act 1983 (as amended in 2007) and provide operational guidance for implementation across Nottinghamshire County and Nottingham City. The aim is to ensure that a lawful and consistent quality of after-care services is provided.

S117 of the Mental Health Act places a statutory duty of aftercare on Clinical Commissioning Groups (CCGs) and Local Social Service Authorities (LSSAs) **in cooperation with voluntary agencies** to provide or arrange to provide aftercare services free of charge for all clients who have been detained in hospital under certain qualifying sections of the Mental Health Act, 1983.

The Health and Social Care Act 2012 inserted a new section (s117 (2D)) into the Mental Health Act which makes it clear that the duty on the CCG or NHS England (formerly known as the NHS Commissioning Board) is to commission rather than provide after – care services.

This guidance must be cross referenced with:

- The Mental Health Act 1983 Code of Practice (2015) Chapter 33
- The Reference Guide to the Mental Health Act (2015) Chapter 29

The Trust referred to in this document is Nottinghamshire Healthcare NHS Foundation Trust.

2. WHO DOES SECTION 117 APPLY TO?

A person is entitled to the provision of aftercare under the following circumstances;

- When they have been detained in hospital for treatment under sections 3, 37, 45A, 47 or 48 of the Mental Health Act, and then cease to be detained and leave hospital.
- When they are on a Community Treatment Order (CTO) and then continue to require s117 provision after discharge from the CTO
- When they are on section 17 Leave of Absence on the above sections.¹

The person's entitlement to s117 aftercare continues if:

- The person is on authorised leave from hospital
- He/she is discharged from the Section and remains in hospital informally
- He/she is returned to prison following a period of detention in hospital
- He/she is discharged from the Section and hospital into the community.

¹ *R v Richmond LBC ex parte W* [1999] MHLR 149

3. THE MEANING AND SCOPE OF SECTION 117 AFTERCARE

The Care Act 2014 s75 (5) defines after care services as those services which have both of the following purposes;

- a) Meeting a need arising from or related to the person's mental disorder;
- and
- b) Reducing the risk of deterioration of the person's mental condition (and, accordingly, reducing the risk of the person requiring admission to a hospital again for treatment for mental disorder)

Further guidance can be taken from the MHA Code of Practice which states that "CCGs and LAs should interpret the definition of after care services broadly...can encompass healthcare, social care...and services to meet the person's wider social, cultural and spiritual needs, if these services meet a need that arises directly from or is related to the particular patient's mental disorder, and help to reduce the risk of deterioration in the patient's mental condition"

In 2002 the House of Lords held that as s117 is a freestanding provision which imposes a duty on LSSAs and CCGs to provide aftercare services until such a time as the person is no longer in need of them free of charge. LSSAs are not entitled to charge for residential accommodation provided by them pursuant to their s117 duty.²

The duty will last until the after-care bodies are satisfied (not just the LSSA) that the patient no longer needs any after-care services for their mental disorder.

3.1. Adaptations

Adaptations to accommodation may also fall within the remit of s117 services, but only where they are related to a person's mental disorder. The Code of Practice, in Chapter 33, makes it clear that after care services are principally concerned with assisting an ex patient to "cope with life outside hospital". If it could be evidenced that a significant element of the patient being able to cope may include suitably adapted accommodation then the duty to provide may arise.

CoP
Chapter
33

4. REFUSAL OF SERVICES

There is no obligation upon the ex-patient to take up s117 after-care services that they are offered, but any decisions they may make to decline them should be fully informed. An unwillingness to accept services should not be equated

² *R v Manchester City Council ex parte Stennett* [2002] UKHL 34

with not needing those services of s117, nor should it preclude them from receiving them under s117 if they change their mind. The refusal does not discharge the s117 duty. A decision by the ex-patient to refuse should be clearly recorded. Where capacity to make that decision is in doubt, there should be evidence of an assessment of capacity in accordance with the Mental Capacity Act 2005. Where capacity is found to be lacking, any decision must be taken with regard to section 4 of the Mental Capacity Act, in the person's best interests.

4.1. Process

A care plan and risk assessment should be completed stating the intervals at which the patient's refusal should be re-assessed. If the person continues to refuse services, a Care Programme Approach review meeting would decide if the person requires after-care services. A Community Treatment Order or Guardianship should be considered at a pre discharge meeting, when planning after-care services for in patients who in the past have refused services and become unwell again.

CoP Chapter 33

5. WHO IS RESPONSIBLE FOR AFTERCARE SERVICES UNDER SECTION 117?

Local Social Services Authorities (LSSAs);

'the duty on LAs to commission or provide mental health after-care rests with the LA for the area in which the person concerned was ordinarily resident immediately before they were detained under any of the relevant sections of the Mental Health Act, even if they are discharged to another LA are upon discharge.'

Only if the person could not be considered ordinarily resident anywhere, at that point, will the original residence rule apply and in default of that, it will be where the person was sent on discharge by the hospital in which the person was detained.

When there is a dispute about ordinary residence in England, Section 40 of the Care Act 2014 provides that the local authorities in England may request a determination of ordinary residence to be made by the Secretary of State. The procedure is contained in the Care and Support (Disputes between Local Authorities) Regulations 2014.

The meaning of 'ordinarily resident'

The House of Lords stated that 'ordinarily resident' "... refers to a person's abode in a particular place or country which the person has adopted voluntarily and for settled purposes as part of the regular order of their life for the time being, whether of short or of long duration... This is not to say that the person intends to stay where they are indefinitely... all that is necessary is

*that the purpose of living where one does have sufficient degree of continuity to be properly described as settled...”*³

The duty under s117 rests with the Local Authority for the area in which the person concerned was ‘ordinarily resident’ immediately before they were detained under the Mental Health Act even if the person becomes ordinarily resident in another area after leaving hospital.

The (updated August) 20176 DOH Care and Support Guidance (19.654 – 19.66) indicates under s.117 of the Mental Health Act, as amended by the Care act 2014:

- If a person is ordinarily resident in Local Authority area A immediately before detention under the 1983 Act, and moves on to be discharged to Local Authority area B and moves again to Local Authority area C, Local Authority A will remain responsible for providing or commissioning their aftercare.
- Should the person become ordinarily resident after discharge in Local Authority areas B or C, and subsequently detained, it would be B or C who would be responsible for aftercare. If the patient’s ordinary residence immediately before detention cannot be established, the Local Authority will be the one for the area in which the patient was resident before detention.
- Only if that cannot be established either, will the responsible Local Authority be the one for the area to which the patient is sent on discharge. However, this should be relied upon as a last resort.

Clinical Commissioning Groups (CCGs);

The identity of the relevant CCG is governed by Regs 14 and 15 NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regs 2013, as amended by 2016 Regs. As detailed in the guidance: ‘Who Pays?’ Determining responsibility for payments to providers’ issued in 2013 and revised in 2016, the responsible CCG will be largely dependent of GP registration.

The guidance notes that the responsible CCG should be established by the usual means (GP registration) but if a patient who is resident in one area (CCG A) is discharged to another area, (CCG B), it is then the responsibility of the CCG in the area where the patient moves (CCG B) to jointly work with CCG A, who will retain the responsibility to pay for their aftercare under s117 of the Act as agreed with the Local Authority.

³ R V Barnet LBC, ex parte Shah [1983] 2 AC 309

If a detained person in receipt of s117 services is subsequently readmitted or recalled to hospital, the responsible CCG will continue to be the CCG that is currently responsible for their s117 aftercare.

If a detained person who was registered with a GP in one area (CCG A) is discharged to another area (CCG B) and in receipt of s117 services is subsequently readmitted or recalled to hospital, the originating CCG (CCG A) would retain responsibility for their s117 aftercare.

The table below provides a distinction of the changing commissioner responsibilities for patients discharged under s117. However, the guidance should not be applied retrospectively in order to rebase or transfer commissioners' responsibilities. As this appears to be quoted from Jones, you will need to reference this

<ul style="list-style-type: none"> Patients discharged pre 1 April 2013 come under the pre August 2013 PCT Who Pays Guidance and the legacy/originating CCG continues to be responsible for subsequent compulsory admissions under the MHA, and current and subsequent S117 services until such time as they are assessed to no longer need these services.
<ul style="list-style-type: none"> Patients discharged between 1 April 2013 and 31 March 2016 fall under August 2013 Who Pays Guidance –CCG B would be responsible if a patient is discharged into a location in CCG B and registers with a GP in CCG B.
<ul style="list-style-type: none"> New revised guidance from 1 April 2016 will revert back to the pre 1 April 2013 position where the legacy/originating CCG continues to be responsible in most cases."

6. AFTERCARE PLANNING

The duty of both the health authorities and the LSSA is to identify appropriate after-care facilities for the patient before his/her actual discharge from hospital, and inform the patient of the options available. Good practice would be to commence after-care planning from the point of admission to hospital (MHA Code 33.10). It is certainly not acceptable to start to address this at the ward discharge meeting. **Appendix 1** outlines the discharge process in the form of a flow chart.

CoP 33.10

It is the Trust's responsibility to ensure the patient has a s117 meeting. The Trust also needs to ensure the relevant CCG is aware of individuals' funding requirements arising from the duty to provide s117 services.

Those patients who do not retain a right to an Independent Mental Health Advocate (IMHA), whose care and support needs are being assessed, planned or reviewed should be considered for an advocate under the Care Act, if they have substantial difficulty in being involved and if there is no appropriate person to support their involvement.

Local Authority staff should be informed of and invited to any s117 planning meetings. It should be noted that the Local Authority cannot be committed to

providing a service and/or funding unless their staff have been involved in the after-care planning meeting. There is no duty to provide s117 services until the patient is discharged but effective planning is imperative so as not to delay a patient's discharge.⁴

The Code of Practice reminds us:

- S117 applies also to the defined categories of patients given leave of absence under s117. We should also ensure some joint planning occurs in this situation.
- There needs to be s117 after-care planning before a First Tier Tribunal (Mental Health) is held. The joint plan should be included in the report to the Tribunal.
- This joint planning would also be required for an Associate Hospital Managers' Panel.

CoP 33.12

7. MONITORING/ RECORDING

It is important that all patients who are entitled to after-care under s117 are identified and that records are kept of what after-care is provided under that section. The after-care planning of detained patients should be included in the general arrangements for implementing Care Programme Approach (CPA), but because of the specific statutory obligation, it is important that the section 117 planning is documented separately. The form attached in **Appendix 2** needs to be completed and uploaded onto each organisations records. This form also needs to be forwarded to the MHA office by the person completing it.

The patient should be fully involved in the after-care planning process and their involvement recorded on the form.

8. FINANCE AND SECTION 117

8.1. Charging

There is no express statutory power to charge for s117 after-care services and as such services must be provided free of charge.⁵ It is therefore the policy of Nottingham City and Nottinghamshire County Councils that no person subject to s117 shall be charged for services relevant to support their assessed mental health needs. This includes:

- Domiciliary services
- Meals at home
- Day Centre services
- Residential services. (*Nottingham City staff: Please complete Exemption form and return to Adult Residential Services, Loxley House, Station*)

⁴ *B v Camden LBC (1) and Camden & Islington Mental Health & Social Care Trust* [2005] EWHC 1366

⁵ *R v Manchester City Council ex parte Stennett* [2002] UKHL 34

Street, Nottingham; Nottinghamshire County staff: please note in relevant section in Mosaic)

The LSSA must have assessed eligibility for these services before they are offered to the patient.

It is worth noting that the DOH LAC 2000(3) guidance states “Occasionally, there may be other non-residential community care services which are not part of the s117 aftercare plan. These may relate to physical disabilities or illnesses which have no direct bearing on the person’s mental health. Such services will generally fall outside s117 after-care.” In those situations it is important to discuss the matter with the relevant manager and it might be appropriate to assess the eligibility of the person for NHS Continuing Healthcare (CHC).

8.2. Key principles in relation to charging:

The following key principles are accepted as Nottingham City and Nottinghamshire County Council policy in regard to financial aspects of s117:

- There will be no retrospective assessments which attempt to remove a person from s117 status in order to avoid local authority liability for charges.
- People who have paid for their own s117 aftercare will receive financial restitution.

The City and County CCGs and LSSAs have agreed local funding arrangements for new s117 cases and reviews which are detailed in separate policies; these were updated in 2016. Joint funding will generally be agreed on one of the following splits:

1. 70% CCG/30% LSSA– where the assessment indicates that health needs are significantly higher than social care needs
2. 30% CCG/70% LSSA– where the assessment indicates that health needs are significantly lower than social care needs.
3. 50% CCG/50% LSSA – where the assessment indicates little difference in the respective health and social care needs.

It is difficult to be prescriptive regarding the above as there may be some exceptions based on national strategic policy developments. Each case should be considered separately and the final decision will be made upon professional judgement of the relevant CHC panel members from the CCG and LSSA based upon a recommendation from the Nurse Assessor and Social Worker who completed the assessments.

8.3. Choice of Accommodation and top up funding

The Care Act Guidance Annex A (Paragraphs 44 – 50) (but also inserted by s.75 (6) of the Care Act 2014 concerns the choice of accommodation and aftercare: The Care and Support and After-Care (Choice of Accommodation)

Regs 2014 made under the Mental Health Act 1983 enable persons who qualify for aftercare under s117 to express a preference for particular accommodation if accommodation of the types specified in the Regulations are to be provided as part of that after-care. (LSSAs) are required to provide or arrange the provision of the preferred accommodation if the conditions in the Care and Support and After-care (Choice of Accommodation) Regulations 2014 are met. Where the cost of the person's preferred accommodation exceeds the standard LSSA rate then a top up agreement must be made with the patient or a third party on their behalf for some or all of the additional cost prior to a placement being made.

Section 39(4) of the Care Act is a deeming provision that applies to any person who is provided with accommodation as part of their after-care. The effect of section 39(4) is that the person is deemed, for the purposes of Part 1 of the Care Act, to be ordinarily resident in the area of the local authority responsible for the person's after-care. There are only three types of accommodation to which this provision applies, which are; nursing and care homes, supported living/ extra care housing and shared lives schemes.

Section 39(4) will apply to any person who receives after-care on leaving hospital on or after 1 April 2015, irrespective of the date that they were discharged from detention under any of the relevant provisions cited in section 117(1).

As the legislative requirement for a care and support plan under the Care Act 2014 does not apply to s117 after-care, the after-care plan should instead be drawn up under guidance on the Care Programme Approach (CPA). Care planning under the CPA should, if accommodation is an issue, include identifying the type of accommodation which is suitable for the person's needs and affording them the right to choice of accommodation set out in the regulations made under s117A. The person should be fully involved in the care planning process.

9. INTERFACE WITH OTHER LEGISLATION AND GUIDANCE

9.1. Section 117 and the Nationality, Immigration and Asylum Act 2002

The duty to provide after-care services applies to patients irrespective of their country of origin. S117 after-care does not exclude services within the meaning of Schedule 3 of the Nationality Immigration and Asylum Act 2002 and therefore nationality and immigration status is irrelevant to the consideration of whether such a duty to provide such services is owed.

It may be necessary to refer to your Legal Services for legal advice on a case by case basis.

9.2. Care Act 2014

As s117 is a freestanding provision, the Care Act (and the eligibility regulations) does not govern who should get what. The question under s117 is; what does a person need to prevent deterioration in their mental condition

and re-admission to hospital having regard to those needs that arise directly from or are related to the patient's particular mental disorder?

A person can qualify for Care Act services in parallel to those provided under s117.

9.3. Supported Housing

If supported living schemes and housing related support are part of a patient's care plan then these costs should be met under s117 responsibilities. Also if accessing such support generates any costs to the person themselves then again these costs should be met under s117 responsibilities.

9.4. Direct Payments

Direct payments are monetary payments made to individuals who request to receive one to meet some or all of their eligible social care and support needs. The legislative context for direct payments in social care is set out in section 75(7) Care Act 2014 which allows a LSSA to discharge its section 117 duty by making direct payments., and also s117 (2C) of the Mental Health Act 1983 and the Care and Support (Direct Payments) Regulations 2014.

Direct payments are also available to meet an individual's health needs. The CCGs are expanding the offer of Personal health budgets to people under s117, and direct payments are one option. The legislative context for direct payments in the NHS is set out in the National Health Service (Direct Payments) Regulations 2013, as amended by the National Health Service (Direct Payments) (Amendments) Regulations 2013. Health and social care are working together to ensure people are able to have an integrated budget and payment, when they opt for a direct payment.

The effect of the Care Act 2014 is that one of the conditions to be met for direct payments is that in respect of after-care services, it is an appropriate way to discharge its duty under s117 of the 1983 Act.

9.5. Part 3 Mental Health Act 1983 patients (concerned in criminal proceedings or under sentence)

If a person is required to live in a residential home as part of the conditions of a section 37/41 restriction order then that placement would not be chargeable.

Entitlement to aftercare applies when patients are released from prison, having spent part of their sentence detained in hospital under a relevant section of the Act.

CoP 33.9

Serving prisoners who were transferred to secure hospital facilities under Part 3 and then returned to prison to complete their sentence following an assessment or treatment episode will require a review following the end of their sentence to assess whether or not there should be a continuation of s117 liability. (See section 10)

Further guidance should be sought from your Legal Services on a case by case basis.

9.6. Care Programme Approach

The Care Programme Approach (CPA) is an overarching system for co-ordinating the care of people with mental disorders. It should be used in secondary mental healthcare to assess, plan, review, and co-ordinate the range of treatment, care and support needs of those people in contact with secondary mental health services. The CPA should be used for individuals who are at high risk of suffering deterioration in their mental condition and who need multi agency support, active engagement, intensive intervention and or support with dual diagnoses.

CoP
34.6 -
34.7

Care Act guidance: Annex A states the following.....the legislative requirement for a care and support plan under the Care Act 2014 does not apply to s117 after-care, the care plan should be drawn up under guidance on the CPA.

9.7. The Mental Capacity Act 2005

The application of the principles and legal requirements of the Mental Capacity Act 2005 must be considered. In particular, health and social care staff need to establish whether a Lasting Power of Attorney is in place for the person concerned (registered at the Office of The Public Guardian) and to consult with them where required and also to be aware of, and take into account relevant advance statements when the person is being considered for s117 after-care services.

CoP
Chapter
9

Where the effect of after-care arrangements might be that the person who lacks capacity is 'deprived of liberty' (continuous supervision/control and not free to leave), such arrangements must be authorised by the Court of Protection or the MCA Deprivation of Liberty Safeguards process as applicable.

9.8. NHS Continuing Healthcare

(See paragraphs 118-122 of the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care, November 2015)

Where a patient is eligible for services under s117, these should be provided under s117 and not under NHS continuing healthcare.

There are no powers to charge for services provided under s117 and it is not necessary to assess eligibility for NHS continuing healthcare if all the services in question are to be provided as aftercare services under s117.

However, a person in receipt of s117 aftercare services may also have needs that are not related to their mental disorder and that may, therefore, not fall within the scope of s117. Also, a person may be receiving s117 services and then develop physical health care needs (e.g. through a stroke) which may then trigger the need to consider NHS continuing healthcare only in relation to

these separate needs, bearing in mind that NHS continuing healthcare should not be used to meet s117 needs.

Where an individual in receipt of s117 services develops physical care needs resulting in a rapidly deteriorating condition which may be entering a terminal phase, consideration should be given to the use of the Fast Track Pathway Tool.

10. SECTION 117 REVIEWS

People receiving services under s117 may be part of the CPA. These people will have a review at least once a year which will include all the people involved in the patient's care (similar to those invited to the original after-care planning meeting) and should include the patient, their carer and an advocate, if requested. 34.15 of the MHA 1983 Code of Practice recommends "the care plan should be regularly reviewed. It will be the responsibility of the care coordinator (or other officer responsible for its review) to arrange reviews of the plan until it is agreed between all parties, including the patient, that it is no longer necessary". The continuing status of s117 eligibility should be a fixed agenda item at these meetings. The outcome of the review, plus any recommendation to discharge from s117 after-care will be submitted to the relevant CHC Panel.

Where people are not part of a CPA they should still have as a minimum an annual review where the continued status of s117 should be considered.

Where these people are in receipt of services commissioned by the LAAS then these reviews will be initiated by the LA as part of the regular review of the care and support services they receive. Again any recommendation to discharge from s117 after-care will be submitted to the relevant CHC Panel.

11. WHEN SECTION 117 RESPONSIBILITY ENDS

S117 (2) imposes the duty to provide services until such time as the CCG and LSSA are satisfied that the person concerned is no longer in need of such services.

The Code of Practice states: '...The duty to provide after-care services exists until both the CCG and the LSSA are satisfied that the patient no longer requires them...' The duty to provide aftercare services includes patients who, following detention under s 3, are granted leave of absence under s 17.⁶

CoP
33.20

Aftercare under s117 may be terminated for the following reasons:

- Death of a service user
- A review has determined that aftercare is no longer required

⁶ *R v Richmond LBC ex p. Watson* [1999] MHLR 155

The authority responsible for commissioning the particular services should consider whether ending s117 is appropriate, closely consulting with the patient, nearest relative and other agencies and individuals involved. S117 obligations end only at the point when both the CCG and LSSA have come to a decision that the person no longer needs any after-care service for their mental health needs (if both involved in provision as would generally be the case). There needs to be positive evidence that a person no longer needs s117 after-care services otherwise their discharge from s117 is considered unlawful.

Aftercare services under s117 should not be withdrawn solely on the grounds that:

- The patient has been discharged from the care of specialist mental health services.
- An arbitrary period has passed since the care was first provided.
- The patient is deprived of liberty under the MCA.
- The patient has returned to hospital informally or under section 2 or
- The patient is no longer on a CTO or section 17 leave.

CoP 33.21

Even where the provision of aftercare has been successful in that the patient is now well settled in the community, the patient may still continue to need aftercare services e.g. to prevent a relapse or further deterioration in their condition.

CoP 33.22

The following guidance is offered about the factors to be considered regarding whether or not discharge from s117 may be appropriate:

- What are the Service User's current assessed mental health needs?
- Have the Service User's needs changed since their discharge from hospital under s117?
- What are the risks of return to hospital/relapse?
- Has the provision of after-care services to date served to minimise the risk of the service user being re-admitted to hospital for treatment for mental disorder/experiencing relapse of their mental illness?
- Are those services still serving the purpose of reducing the prospect of the Service User's re-admission to hospital for treatment for mental disorder/experiencing relapse or has that purpose now been fulfilled?
- What services are now required in response to the Service User's current mental health needs?
- Does the service user still require medication for mental disorder?

- Is there any ongoing need for care under the supervision of a consultant psychiatrist or any ongoing need for involvement of specialist mental health services such as a community mental health team?

The above list is not exhaustive, but indicators that s117 could be discharged may include any of the following:

- Stabilised mental health which no longer requires the level of care that has been provided under s117 in order to be maintained
- Services no longer needed for the purpose of reducing the risk of return to hospital or relapse
- No ongoing need for involvement of a consultant psychiatrist or specialist mental health services or for medication.

However, any decision should be taken with reference to the individual circumstances of each case and none of the indicators above should be used solely as grounds for discharge.

12. PROCEDURE FOR ENDING SECTION 117 ENTITLEMENT

The entitlement to s117 services only ends when it is discharged:

- The initial recommendation to end s117 would be made at a multi-disciplinary CPA / s117 review. The patient and carer should be present or represented and kept informed. Representatives of the LSSA, and the Trust (on behalf of the CCG) must be present in order to formulate the recommendation.
- Any recommendation to discharge must be agreed by the relevant Social Care manager and the Responsible Clinician (Consultant Psychiatrist) on behalf of the CCG.
- If there is a difference of opinion between the Trust and LSSA regarding the decision to discharge from s117, which cannot be resolved at operational level, this will need to be escalated to Senior Management within the CCG and the relevant Adult Social Care & Health department with the LSSA
- Only when representatives from the two separate organisations agree, can s117 be discharged.
- The decision to end s117 must be recorded using the proforma in **Appendix 3** and uploaded on the databases of the relevant organisations. This proforma should also be forwarded to the MHA office by the person completing it and the relevant CCG CHC Panel. The patient/their representatives must be informed of this decision in writing, which should include the relevant factors/reasoning.
- Aftercare services may be reinstated if it becomes obvious that they have been withdrawn prematurely. For example, where a patient begins to deteriorate immediately after services are withdrawn.

13. TRANSFER TO OTHER AREAS

If a person moves to a different area and residence from where s/he was admitted, then the responsible authorities, in the area of the original residence and admission, may need to purchase and /or arrange services in the new area.⁷ The only time the responsibility may change to the authorities in the new area of residence is when the person is detained again under one of the s117 applicable sections.

If the person is leaving the area – it is important to notify the relevant LSSA and Health Trusts of his/her being subject to s117 and it will be the responsibility of the Trust to arrange a joint CPA meeting to arrange the appropriate services.

Special provisions apply to the transfer of patients from England and Wales to Scotland, Northern Ireland, the Channel Islands and the Isle of Man and a pro forma is available on the Department of Health website to complete for cross border patient transfers.

14. RESUMPTION OF SECTION 117 STATUS

If someone has been subject to s117 status in the past and then requires services for his/her mental health again, then their section 117 status should be reviewed. S117 would automatically apply if they were admitted under the qualifying section again. It could apply to informal or patients in the community if the care team considered that the requirement for services was part of the same episode of mental illness and that it was in the patient's best interests to receive the services.

15. COMPLAINTS/APPEALS

LSSAs should show that they have carefully considered the needs of or requests from individual patients arising from or related to their mental disorder and carefully documented the reasons why services are either agreed or refused.

Although there is a positive duty to provide after-care services under s117, there is discretion by the after-care bodies as to level of provision. If there are any concerns regarding the s.117 after-care provision, the patient or their representative should be referred to the relevant after-care bodies complaints procedures.

The patient also has right to apply for consideration by the Local Government Ombudsman and/or Judicial Review.

⁷ *R v MHRT Ex p Hall* [1999] 3 All ER 1323, Department of Health Circular LAC (2000) 3 Paragraph 9.

16. LINKED DOCUMENTS / FURTHER GUIDANCE

Refocusing the Care Programme Approach: Policy and Positive Practice Guidance March 2008.

The National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care - November 2012 (revised)

Department of Health (2015) Code of Practice Mental Health Act 1983

Department of Health (2015) Reference Guide to the Mental Health Act 1983

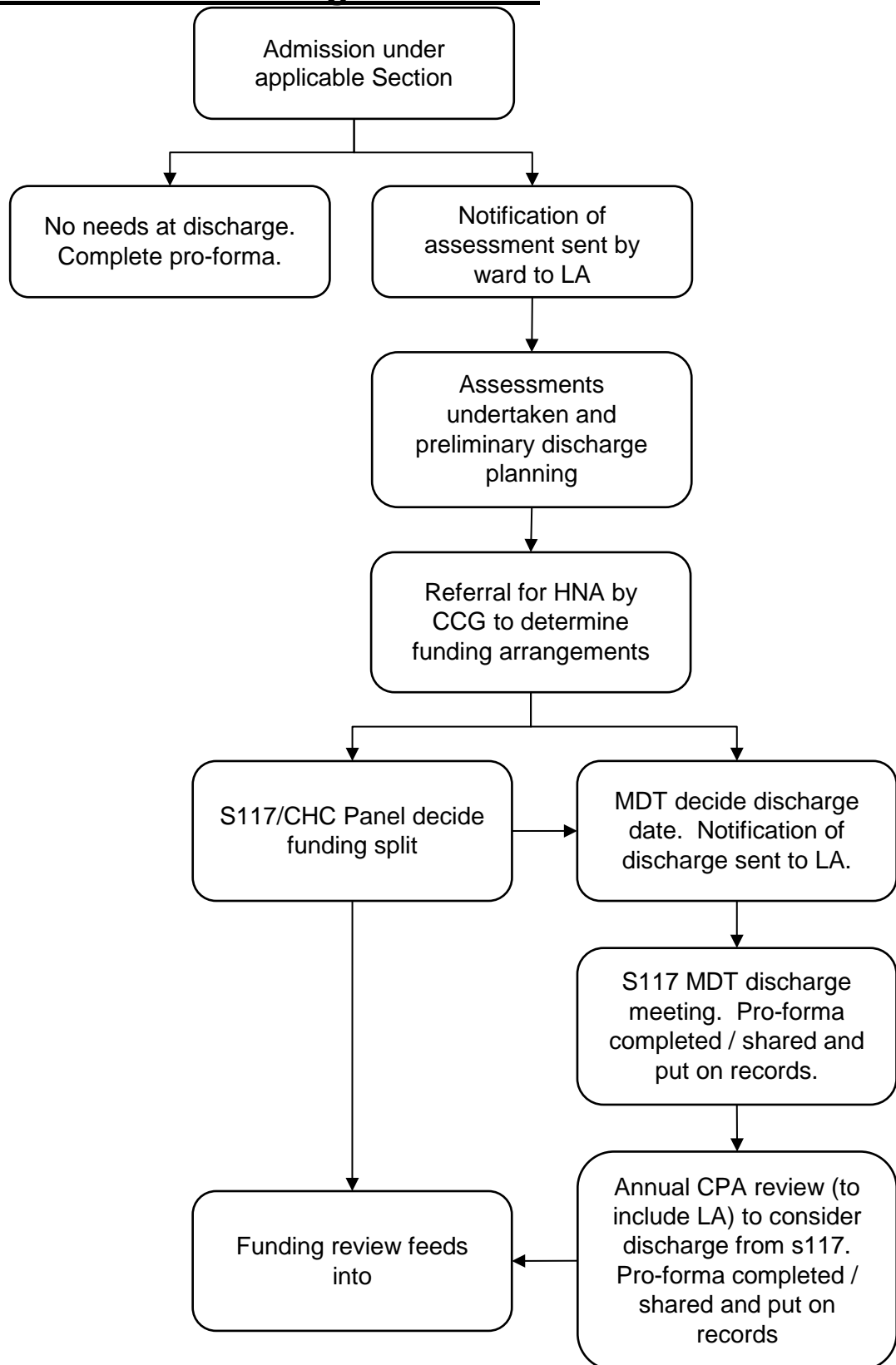
Department of Health (2013) Ordinary Residence: guidance on the identification of ordinary residence of people in need of community care services, England.

Chapter 19 and Annex H of the [Care Act 2014 guidance](#) titled 'Ordinary Residence', provides information and advice on determining ordinary residence for people requiring local community care services from 1 April 2015

Department of Health (2014) Care and Support Statutory Guidance.

'Who Pays' amendment to the section on 'persons detained under the Mental Health Act 1983', April 2016

Appendix 1 Section 117 discharge flowchart



Appendix 2



Section 117 MHA 1983 Form

Patient Name _____ Date of Birth _____

RiO Number _____

Mosaic and/or Liquidlogic number _____

Care Coordinator _____

Responsible Clinician _____

General Practitioner _____

Social Worker _____

Carer _____

Next Review Date _____

People present at the meeting _____

Services identified to meet Section 117 after-care needs:

--

Services identified that are outside of Section 117 after-care arrangements

--

Signed on behalf of the CCG by- name/title/date

Signed on behalf of ASCH by- name/title/date

Appendix 3

Nottinghamshire Healthcare
NHS Foundation Trust



Discharge from Section 117 MHA 1983 Form

Patient Name _____ Date of Birth _____

RiO Number _____

Mosaic and/or Liquidlogic number _____

Care Coordinator _____

Responsible Clinician _____

General Practitioner _____

Social Worker _____

Carer _____

Review Date _____

People present at the meeting _____

Reason for Discharge from Section 117 after-care:

Signed on behalf of the CCG by- name/title/date

Signed on behalf of ASCH by- name/title/date

10 September 2018**Agenda Item: 10****REPORT OF THE CHAIRMAN OF THE ADULT SOCIAL CARE AND PUBLIC
HEALTH COMMITTEE****NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE 2018****Purpose of the Report**

1. The purpose of the report is to seek approval for the Chairman and one of the Vice Chairmen of the Adult Social Care and Public Health Committee to attend the National Children and Adult Services Conference (NCASC) being held in Manchester from 14 – 16th November 2018 and for the outcomes to be reported to the Adult Social Care and Public Health Committee in due course.

Information

2. Members are asked to consider whether attendance at the event should be approved for the Chairman and one of the Vice Chairmen of the Adult Social Care and Public Health Committee together with the necessary travel and accommodation arrangements. The conference is organised by the Association of Directors of Social Services (ADASS), the Association of Directors of Children's Services (ADCS) and the Local Government Association (LGA).
3. This well-established conference is widely regarded as an important event for elected members and senior managers in local authorities with responsibility for the provision of effective services for children, young people and adults who need care and support.
4. This event is well-attended by councillors, directors, senior officers, directors of public health, policy makers and service managers from across the statutory, voluntary and private sector. There will be a mix of keynote and ministerial addresses as well as significant plenary sessions by key players in the adult, children and education sectors.
5. The conference profiles best practice across the country enabling the Council to ensure that it is taking account of the most effective and innovative way of delivering adult social care services in Nottinghamshire.

Other Options Considered

6. The alternative option is to not attend this year's conference, but since this is the main annual event that is focused on the best practice in adult social care now and in the future, attendance of representatives from the Council is recommended as below.

Reason/s for Recommendation/s

7. It is recommended that approval is given for attendance at the conference so that the County Council's representatives can consider issues that are vital to the provision of effective adult social care services. It is also an important opportunity for networking with partners, colleagues and MPs in related fields.

Statutory and Policy Implications

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

Data Protection and Information Governance

9. There are no specific data protection and information governance requirements in relation to attendance at the conference.

Financial Implications

10. The cost of attendance at the conference is £475 plus VAT per person. Three nights' accommodation will also be necessary. Accommodation within reasonable walking distance from the conference venue will cost in the region of £80 to £120 per person per night for bed and breakfast.
11. The costs of attendance for the Chairman and one of the Vice Chairmen of the Adult Social Care and Public Health Committee will be met from the Member Training Budget.

RECOMMENDATION/S

That:

- 1) approval is given for the Chairman and one of the Vice-Chairmen of the Adult Social Care and Public Health Committee to attend the National Children and Adult Services Conference in Manchester from 14th to 16th November 2018, together with any necessary travel and accommodation arrangements
- 2) a report on the key outcomes of the conference is brought back to the Adult Social Care and Public Health Committee in due course.

Councillor Stuart Wallace
Chairman of the Adult Social Care and Public Health Committee

For any enquiries about this report please contact:

Jennie Kennington
Senior Executive Officer
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Constitutional Comments (ADK 21/08/18)

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

Financial Comments (DG 22/08/18)

13. The financial implications are contained within paragraphs 10 and 11 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.

ASCPH578 final

10 September 2018**Agenda Item: 11****REPORT OF THE DEPUTY CORPORATE DIRECTOR FOR 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 - 18**.

Approval of poster submission at Occupational Therapy (OT) show

4. The Committee is asked to give approval for the design and display of a poster at the OT Show in November 2018.
5. The poster is intended to demonstrate the success of the work of the Notts Enabling Service (NES), specifically in relation to enabling young people with disabilities in transition to adulthood. As the transitions element of NES has been overseen by an Occupational Therapist, and managed by an Occupational Therapist Team Manager, the poster will illustrate the unique use of occupational therapy skills in adapting the person, skills and environment to change pathways and improve the lives of young people in Nottinghamshire.

6. The poster is for dialogue purposes, as opposed to dissemination of research, and the target audience is academics and OT professionals/managers. There is no cost attached to the request.

Public mental health population awareness campaigns and events

Movember - 1 to 30 November 2018

7. This is a national month long annual campaign to raise awareness of mental health problems in men <https://uk.movember.com/mens-health/mental-health>:

- 1 in 8 men in the UK have experienced a mental health problem.
- 3 out of every 4 suicides are men.

The objectives are to reduce stigma and highlight sources of professional help, and to encourage men to Talk. Ask. Listen. Take action. Check in.

8. Activities will include distribution of flyers and information highlighting the issues of mental health and suicide in men, the importance of seeking and how to access support and help. Internal distribution will be via workforce health champions and the Council's communications, intranet and social media. There will also be wider promotion to partner organisations such as CCGs/GPs, community health and mental health services and third sector organisations.

9. **Look after your mental health over the festive season (1 December 2018 – 4 January 2019)**

This is a local Nottinghamshire Public Mental Health promotion initiative. At Christmas/New Year there are images everywhere of happy families and groups of friends having a great time. Sadly this is far from reality for many people. Money or health worries, family tensions, loneliness or isolation and mental health problems do not go away in the festive season, and can be worse at this time of the year. The pressure to be festive can make Christmas/New Year a difficult time, increasing risk of crisis and the potential for suicide.

10. Activities will include locally produced leaflets based on information produced by the Mental Health Foundation <https://www.mentalhealth.org.uk/a-to-z/c/christmas-and-mental-health>. This includes information on where to access support, particularly crisis support during the holiday season. Leaflets will be distributed via workforce health champions and the Council's intranet and social media. There will also be wider promotion to partner organisations such as Clinical Commissioning Groups (CCGs)/GPs, community health and mental health services and third sector organisations.

Healthy Start Scheme

11. The Department of Health's Healthy Start programme promotes healthy eating and good nutrition to pregnant women and children under four in low income and disadvantaged families, who are at risk of nutritional insufficiency. The national scheme is in two parts: vouchers that can be exchanged for milk and fresh and frozen fruit and vegetables via stores, and vouchers that can be exchanged for Healthy Start vitamins.

12. Healthy Start women's vitamin tablets contain:

- Folic acid: reduces the chance of spina bifida in babies
- Vitamin C: helps maintain healthy tissue in the body
- Vitamin D: helps the body to absorb calcium, supporting bone development in babies

Healthy Start baby and young children vitamin drops contain:

- Vitamin A: for growth, vision in dim light and healthy skin
- Vitamin C: helps maintain healthy tissue in the body
- Vitamin D: for strong bones and teeth.

13. Locally uptake of the Healthy Start scheme is good, however only a small proportion of families access the vitamin element of the scheme. This is despite the scheme being promoted by midwives and Healthy Family Teams as part of routine practice and vitamins being widely available at health centres and children's centre services. This is in part because the eligibility criteria for the scheme can be complex for families to understand. Arrangements have also been made across Nottinghamshire to make Healthy Start vitamins available for purchase, at cost price, to women and families who are not eligible for the scheme.
14. A poster has been developed by a small multi-agency working group of relevant professionals to simplify the advice for pregnant women and parents of under 5's in relation to Healthy Start, and incorporate the advice around Vitamin D intake for these groups. Pending approval, this poster would be widely displayed in health centres, midwifery clinics, Healthy Family services, and via children's centre services. It would also be used by practitioners across these services to aid their promotion of the scheme.

National Association of Care Catering awards 2018

15. County Enterprise Foods has been successfully nominated for the National Association of Care Catering (NACC) Awards 2018. Jane Parke, Team Manager at County Enterprise Foods, has been shortlisted in the category of Catering Manager of the Year award.
16. This award will be presented to an individual who has demonstrated exceptional leadership qualities and is able to demonstrate tangible improvements to the benefit of the commercial operation and the customer. The judges will evaluate evidence of operational improvements and benefits, value added to the customer experience, originality and innovation and leadership and empowerment.
17. Suzanne Hallgarth of the County Enterprise Foods Meals at Home Service has been shortlisted in the Care Catering Hero award category. This award will be presented to the person whom the judges feel has gone above and beyond the call of duty to ensure and enrich the experience of the people to whom they provide a service in a person-centred manner.
18. The final results will be announced at the NACC Awards Dinner on Thursday 4th October, at the East Midlands Conference Centre in Nottingham.

Other Options Considered

19. 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, lack of engagement with local communities and loss of potential additional income.

Reason/s for Recommendation/s

20. To ensure that people in need of 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.
21. To enable the Local Authority to contribute to public mental health and suicide prevention population awareness campaigns and events described above. Build mental resilience in the community by raising mental health and suicide prevention awareness to support the prevention of ill health.
22. The Healthy Start poster aims to increase uptake of nationally funded Healthy Start vitamins.
23. To make the Committee aware of the awards recognition of County Enterprise Foods and the Meals at Home Service, and the upcoming awards event.

Statutory and Policy Implications

24. 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

25. The costs of the poster promoting the Notts Enabling Service will be met from the service budget. There are no financial implications for the Public Mental Health promotion events described in **paragraphs 7 to 10** above. The financial implications for the design of the Healthy Start poster will be met from the Public Health budget. There are no specific financial implications related to the NACC awards nominations.

Human Resources Implications

26. There are no human resource implications.

Implications in relation to the NHS Constitution

27. The Public Mental Health and Suicide Prevention communications outlined above support the ethos of the NHS constitution to “...*improve our health and wellbeing, supporting us to*

keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives”.

Public Sector Equality Duty implications

28. The aim of the campaigns described above is to educate the population around mental health and suicide prevention supports the principles of reducing stigma and discrimination. There are no public sector equality duty implications for the Healthy Start poster which aims to increase uptake of Healthy Start vitamins. Under the nationally funded scheme, vitamins are available free-of-charge to those in low income and disadvantaged families, and have been made available locally at cost price to families who are not eligible.

RECOMMENDATION/S

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

Paul McKay

Deputy Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LM 02/08/18)

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

Financial Comments (DG 08/08/18)

30. The financial implications are contained within paragraph 25 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.

ASCPH575 final

**REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE &
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

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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
8 October 2018			
Public Health Services Performance and Quality Report for Funded Contracts with Annual Update on performance of Public Health Contracts team	Regular performance report on services funded with ring fenced Public Health Grant (quarterly) and including annual update on performance of the Public Health Contracts Team.	Consultant in Public Health	Nathalie Birkett
Public Health Commissioning Intentions from 2020	Results of initial consultation and decisions on approach	Director of Public Health	Rebecca Atchinson
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Stacey Roe
Progress update on the Integrated care/Personal Health Budgets national pilot		Transformation Programme Director	Jane North/ Steve Jennings-Hough
Outcomes of Targeted Reviews and the Double to Single OT project	Progress report on outcomes of Targeted Reviews and the Double to Single OT Projects.	Deputy Corporate Director	Katherine Smith/ Cate Bennett
Obesity prevention and weight management commissioned service: update and presentation by commissioned provider	Requested in May 2018 to bring a more detailed report with the provider in attendance.	Consultant in Public Health	John Wilcox
Outcome on consultation regarding changes to how the Council calculates individual contributions		Service Director, Strategic Commissioning, Access and Safeguarding	Bridgette Shilton

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
towards the cost of care and support			
Revised Carers Joint Commissioning Strategy for Nottinghamshire		Service Director, Mid-Nottinghamshire	Maggie Pape
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
Adult Social Care and Health – changes to staffing establishment	Report to cover changes required to staffing and structures.	Deputy Corporate Director	Jennie Kennington/ Paul McKay
12 November 2018			
Presentation of Adult Social Care Strategy video and toolkit		Transformation Programme Director	Stacey Roe
Sector-led improvement 2018 – self-assessment and regional challenge	Update on the production of this year's self-assessment and the regional challenge event with other East Midlands Directors.	Service Director, North Nottinghamshire and Direct Services	Ainsley MacDonnell/ Jennie Kennington
Progress update on social care and health integration partnerships in south and mid-Nottinghamshire	Update on the Better Together Alliance in Mid-Nottinghamshire and the South Notts partnership.	Service Director, Mid-Nottinghamshire/Deputy Director	Wendy Lippmann/ Louise Hemment
Implementation of Housing with Care Strategy		Service Director, Mid-Nottinghamshire	Cath Cameron-Jones
Supporting patients' choices to avoid long stays	For Committee to consider and recommend to Policy Committee for approval	Deputy Corporate Director	Nicola Peace
Direct Payments Support Services		Service Director, Strategic Commissioning, Access and Safeguarding	Laura Chambers
User engagement review		Service Director, Strategic	Laura Chambers

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
– permission to consult		Commissioning, Access and Safeguarding	
Progress report on implementation of older people's home based care and support services	Progress report on implementation of the new contracts for these services.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/ Jane Cashmore
Community Living Networks	Progress update on development of Community Living Networks	Service Director, North Notts and Direct Services	Mark Jennison-Boyle
Supported Employment Services	Report in response to a request from the Committee for an overview report on supported employment	Service Director, North Nottinghamshire and Direct Services	Jane McKay / Naomi Russell
Update on Procuring Short Term Beds and next phase of the Care and Support Centre closure programme	Progress update on ST beds and closure programme of Care and Support Centres (e.g. Bishop's Court and James Hince Court)	Service Director, Mid-Nottinghamshire	Sue Batty
Public Health Outcomes Framework: Performance in Nottinghamshire	To provide assurance to Councillors regarding performance relative to Public Health Outcomes Framework	Director of Public Health	Jonathan Gribbin / David Gilding
Obesity work programme: food environment activities	To seek approval for short term activities to be funded via PH reserves	Consultant in Public Health	John Wilcox
Prevention, person and community centred approaches in STP		Director of Public Health/ Transformation Programme Director	
Adult Social Care and Health – changes to staffing establishment	Report to cover changes required to staffing and structures.	Deputy Corporate Director	Jennie Kennington/ Paul McKay
Younger Adults' Accommodation Strategy	To share progress on this Strategy and seek approval from Committee.	Service Director, North Nottinghamshire and Direct Services	Jenni French
Adult Social Care and Public Health Departmental Strategy -	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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Performance report			
10 December 2018			
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
Extension of East Midlands Improvement Programme posts	Report seeking approval to extend regional posts.	Corporate Director, Adult Social Care and Health	Mandy Stott
Outcomes of the consultation on Protection of Property and Pets policy	Feedback on the outcomes of the consultation and recommendations for progression.	Deputy Director	Paul McKay/Ellie Davies/Halima Wilson
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Ellie Davies
7 January 2019			
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
Deprivation of Liberty Safeguards Strategy		Service Director, Mid-Nottinghamshire	Annie Greer
National Children and Adult Services Conference 2018	Report back on attendance at conference.	Corporate Director, Adult Social Care and Health	David Pearson
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity, and to include update on progress with implementation of new home based care contracts.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
4 February 2019			
4 March 2019			
Performance Update for	Quarterly update report on the performance of	Deputy Corporate Director	Celia Morris/ Matthew

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Adult Social Care and Health	Adult Social Care and Public Health.		Garrard
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Ellie Davies
1 April 2019			
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
13 May 2019			
10 June 2019			
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
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Ellie Davies
8 July 2019			
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

