

Adult Social Care and Public Health Committee

Monday, 08 October 2018 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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|----|--|-----------|
| 1 | Minutes of the last meeting held on 10 September 2018 | 5 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Progress with Public Health Commissioned Services - Obesity Prevention and Weight Management Service | 9 - 14 |
| 5 | Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant April to July 2018 | 15 - 34 |
| 6 | Integrated Wellbeing Service | 35 - 54 |
| 7 | Substance Misuse Service | 55 - 64 |
| 8 | Progress Report on Improving Lives Portfolio | 65 - 88 |
| 9 | Nottinghamshire Integrated Accelerator Pilot and Integrated Care Teams Project | 89 - 96 |
| 10 | Changes to the Way the Council Calculates Individual Contributions to the Cost of Care and Support | 97 - 106 |
| 11 | Nottinghamshire Carers Strategy and Revised Carers Support Offer | 107 - 132 |

12	Adult Social Care and Health - Changes to the Staffing Establishment	133 - 140
13	Adult Social Care and Public Health Events, Activities and Communications	141 - 144
14	Quality Auditing and Monitoring Activiy - Care Home and Community Provider Contract Terminations/Suspensions	145 - 148
15	Work Programme	149 - 156
16	EXCLUSION OF THE PUBLIC	

The Committee will be invited to resolve:-

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

Note

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

EXEMPT INFORMATION ITEM

17	Exempt Appendix to Item 14 - Quality Auditing and Monitoring Activity - Care Home and Community Care Provider Contract Termination/Suspensions
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- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

Notes

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

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

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

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

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 10 September 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

OTHER COUNCILLORS IN ATTENDANCE

Errol Henry JP

OFFICERS IN ATTENDANCE

Keith Ford, Team Manager, Democratic Services Officer, Chief Executive's
Sue Batty, Service Director, 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
Ainsley MacDonnell, Service Director, Adult Social Care & Health
David Pearson, Corporate Director, Adult Social Care & Health

Ruth Hollingsworth, Work Experience Student

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 9 July 2018 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

None

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

4. OUTCOMES OF THE ADULT SOCIAL CARE PEER REVIEW

Councillor Tony Harper and David Pearson introduced the report and responded to questions. During discussions Officers confirmed that the draft Mental Health Strategy commissioned through the Integrated Care System would be submitted to a future meeting of the Committee.

RESOLVED 2018/069

That the report on the Mental Health Strategy be submitted to a future meeting of the Committee.

5. ADULT SOCIAL CARE WORKFORCE PLAN – 2018 - 2020

Sue Batty introduced the report and responded to questions.

RESOLVED 2018/070

That the Adult Social Care Workforce Plan 2018-2020 be approved.

6. ADULT SOCIAL CARE AND HEALTH CORE DATA SET PERFORMANCE FOR QUARTER 1

Councillor Tony Harper and David Pearson introduced the report and responded to questions. During discussions members requested more detail about the Deprivation of Liberty Safeguards Assessments be submitted to the next meeting of the Committee. The Chairman underlined that members, following any further considerations of the performance information, could raise any consequent concerns with himself or the Corporate Director.

RESOLVED 2018/071

Report about the Deprivation of Liberty Safeguards Assessments be submitted to a future meeting of the Committee, subject to further consideration of the work programme.

7. ADULT SOCIAL CARE AND HEALTH – CHANGE TO THE STAFFING ESTABLISHMENT

Councillor Stuart Wallace introduced the report and responded to questions.

RESOLVED 2018/072

That the following changes to the staffing establishment in Adult Social Care and Health be approved:

- 1) The extension of 1 of the current 2 Full Time Equivalent (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) The 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) The 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.

8. PROTECTION OF PROPERTY AND FUNERAL ARRANGEMENTS POLICY

Councillor Tony Harper introduced the report and responded to questions.

During discussions, Members requested clarification of the definition of pet within the terms of the policy and also requested that a pdf poster advertising the consultation be shared with Members for wider circulation.

RESOLVED 2018/073

- 1) That a six week consultation with service users, their carers and the public in relation to a revised Protection of Property and Funeral Arrangements Policy be approved.
- 2) That Members be sent:-
 - a. the clarified definition of the term pet within the terms of the policy and
 - b. a poster advertising the consultation process, for wider circulation.
- 3) That a report on the outcomes of the consultation and any subsequent proposed changes to the policy, be submitted to the Committee meeting of 10 December 2018,
- 4) That the tendering for the provision of property and pets storage in cases covered under Section 47 of the Care Act 2014 be approved.

9. REFRESH OF SECTION 117 AFTERCARE LOCAL POLICY AND GUIDANCE

Councillor Stuart Wallace introduced the report and responded to questions.

RESOLVED 2018/074

That the proposed changes to the Section 117 Aftercare Local Policy and Guidance be recommended to Policy Committee for approval.

10. NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE 2018

Councillor Stuart Wallace introduced the report and responded to questions.

RESOLVED 2018/075

- 1) That the attendance of the Chairman and one of the Vice-Chairmen of the Adult Social Care and Public Health Committee at the National Children and Adult Services Conference in Manchester from 14th to 16th November 2018, together with any necessary travel and accommodation arrangements, be approved.
- 2) That a report on the key outcomes of the conference is brought back to a future meeting of the Adult Social Care and Public Health Committee.

11. ADULT SOCIAL CARE AND PUBLIC HEALTH – EVENTS, ACTIVITIES AND COMMUNICATIONS

Councillor Stuart Wallace introduced the report and responded to questions.

RESOLVED 2018/076

That the plan of events, activities and publicity as set out in the report be approved.

12. WORK PROGRAMME

Councillor Stuart Wallace introduced the report and responded to questions. He highlighted the large number of items scheduled for the November meeting and officers underlined that this list had been reassessed with some items rescheduled where appropriate.

During discussions, Members requested that a briefing session be arranged for Members of the Committee and other County Councillors to enable a cross-party response to be considered in response to the Local Government Association's Green Paper consultation and the County Council Network's Green Paper consultation.

RESOLVED 2018/077

- 1) That the work programme be updated as discussed.
- 2) That a briefing session be arranged on the Green Paper consultations by the Local Government Association and the County Councils Network.

The meeting closed at 12.06 pm.

CHAIR

8 October 2018

Agenda Item: 4

REPORT OF DIRECTOR OF PUBLIC HEALTH

PROGRESS WITH PUBLIC HEALTH COMMISSIONED SERVICES: OBESITY PREVENTION AND WEIGHT MANAGEMENT SERVICE

Purpose of the Report

1. To provide further insight into the work of the commissioned obesity prevention and weight management service as requested by the Committee in May 2018.
2. To request that the Committee approve publicity of the Service to help improve awareness and uptake.

Information

Context and Background

3. The County Council Public Health Division commissions an Obesity Prevention and Weight Management Service provided by Everyone Health which is contracted until March 2020. The Service operates across the county and supports people of all ages in a variety of different settings through:
 - Tier 1 Obesity prevention: Targeted public health interventions aimed at preventing obesity through enabling and supporting residents and building community capacity in healthy eating and physical activity.
 - Tier 2 healthy lifestyle weight management: Weight management, healthy eating, physical activity and behaviour change delivered in the community to children, young people, and adults including pregnant women.
4. Public Health provided a report to the Committee in May 2018 on the work undertaken in 2017/18 to improve the performance and value for money of the Service. This report provides further details on the work of the Service as requested by the Committee.

Early Years

5. Good nutrition is vital for the development of babies and infants and can also contribute to the prevention of childhood obesity. The Service supports the County's Health & Wellbeing Strategy *Best Start in Life* Ambition through work in a variety of settings:
 - a) Work with Children's Centres and Healthy Families' teams to promote breastfeeding and good infant feeding practices.

- b) Promotes the NHS Healthy Start Programme, a national scheme enabling women on benefits to get vouchers from their midwife or health visitor for milk, fresh and frozen fruit and vegetables, or vitamins.
- c) Offers support on healthy eating and physical activity for breastfeeding peer support workers,
- d) Embeds positive breastfeeding messages in the delivery of weight management services
- e) Works with colleges to educate on breastfeeding, and
- f) Promotes the Nottinghamshire Breastfeeding Friendly directory.

Children, Young People and Families

6. It is important that we offer support as children get older both in terms of obesity prevention and weight management. The Service works in schools through delivering physical activity and healthy eating sessions, running physical activity challenges and promoting and supporting schools to run the nationally recommended “Mile a Day” scheme. Recent research indicates that work in schools alone is unlikely to result in decreases in obesity. So we are working with the Service to make sure initiatives in schools are better linked into wider Health & Wellbeing Strategy food and physical activity approaches. This will initially include Nottinghamshire County Council school meals and school health hub, Public Health School Nurses, Active Notts and Food For Life. This will enable more coordinated, efficient and consistent health promotion messages and support to be provided to children, families and schools. This has the potential to improve uptake of schools meals, increase the number of schools with policies and curriculum around nutrition and food growing, increase physical activity in schools and engagement of families in these issues. The Service is also setting up new innovative work with local partners in Bassetlaw and Broxtowe linking schools with community food growing and allotments. In Newark and Sherwood the Service is working with partners to develop community cook and eat groups run via youth centres. A similar approach is being developed in Gedling Borough, focusing on more disadvantaged areas and aimed at parents.
7. Public Health have been working with the Service to improve the children and families weight management programme. The Service have relaunched the programme under the name of ‘Alive N Kicking’. The programme will run across the county for children aged 5-17 (split between 5-11 and 12-17). Public Health have facilitated closer working between Everyone Health and the Healthcare Trust Healthy Families team who run the National Child Measurement Programme (NCMP). From the 2018/19 school year, children who are in the obese category will be directly referred from NCMP to Everyone Health for weight management support. This is an approach which has proved successful in other parts of the country to increase access to weight management services and the number of children with improvements to physical activity, dietary and healthy weight outcomes.

Adults

8. The workplace is an important setting for health and wellbeing and there are a variety of measures that employers can take to help people to be more active and eat a more balanced diet. Everyone Health is able to provide activity and support to workplaces and their staff as part of the Nottinghamshire Wellbeing at Work Programme. In addition, as part of the Council coordinated Travel Choices Programme, Public Health working with Council Transport Planning has developed an innovative project to offer obesity prevention initiatives by Everyone Health alongside travel planning support for businesses in the Mansfield and Newark areas, as well as job seekers and individuals who want to change their travel behaviour. From

August Everyone Health started support to these businesses and individuals which can include wellbeing checks, guided workplace bike rides, guided lunchtime walking groups, cycle training and maintenance, and healthy eating/keeping active education.

9. Vulnerable adults such as carers and people with mental health problems or learning disabilities, and long term health conditions, have an increased risk of obesity and the related health consequences. This risk also increases as people get older. Everyone Health offers advice and support to participants by presenting at a range of community groups, often as part of their education programmes.
10. Supporting adults to be more physically active is important for obesity prevention, but also for preventing falls and enabling people to live more independently. The Service runs a programme of walking groups across the county which adults can access. In addition, the Service working with Public Health and Adult Social Care and community partners have now established a programme of evidence based exercise programmes called ENGAGE. This focusses on increasing strength and stability and giving people the confidence to be more active, which reduces the risk of falling. As part of the social prescribing model in Rushcliffe the Service will soon be supporting a pilot NHS community Sport and Exercise Medicine clinic for people with complex medical problems who want to increase their activity levels. In Mansfield, the Service will be adding value to the Mansfield Physical Activity Insight Project in Bellamy which is a project coordinated by Active Notts and funded by Public Health, Mansfield District Council and Active Notts. The Insight Project workers are working with Bellamy residents to identify and address barriers to being physically active. Everyone Health will be helping by running exercise sessions or providing behaviour change or physical activity messages developed together with local residents (co-production approach).
11. The focus for adult weight management has been on improving both access and outcomes. The Service can now offer a wider choice of weight management support for adults, either through the 260 adults per year supported over 12 months by their in house Everyone Health programme, or the additional 1770 adults who can be supported via 12 week weight management on referral via sub-contracted partner organisations, depending on the need and preference of the service user. Public Health continue to work with the Service to ensure ongoing learning and improvement, through effective monitoring, regular review and evaluation of weight management outcomes. Over a third of service users who complete the 12 week programme achieve a clinically significant weight loss at 3 months. The physical activity, dietary and mental wellbeing outcomes of the service are also positive at 3 months. Forty percent of service users who remain in contact in the service at 12 months maintained a clinically significant weight loss. Through ongoing strategic and operational work with midwifery services we are now seeing increased referrals of women during pregnancy to the Service. Public Health will continue to focus on this until the Service is on track with the agreed target number of service users.

Food Environment

12. The Service has been asked to do more to support a new strategic approach to improving the Food Environment in the County's Health & Wellbeing Strategy. In addition to previously mentioned new initiatives on food growing and allotments, the Service is successfully supporting Environmental Health teams by increasing sign up of food establishments to the Healthy Options Takeaway Scheme. By August 2018 Everyone Health has helped recruit 35

additional businesses to the scheme since April 2018 making the total 183 food outlets signed up to the scheme.

Training and Volunteering

13. Research has shown that brief, opportunistic interventions from frontline health and care professionals can result in a five-fold increase in the proportion of patients engaging in weight management services. This *making every contact count* is a key part of local prevention strategies. Everyone Health provides brief intervention face-to-face training for professionals across the county. In addition the Service runs a volunteering programme, where local people are trained and supported to run activities aligned with the Service in their area.

Other Options Considered

14. No other options were considered in the writing of this report as the committee requested further details on the progress of the Service.

Reason for Recommendations

15. Obesity and overweight remain significant public health issues. Securing maximum value for money and health impact from this contract is critical.

16. Whilst the Service continues to publicise its own brand and activity, it is useful for the County Council to be able to support this publicity through its own media channels. This would include using the County Council's social media channels to promote the location of health promotion sessions and events, the availability and location of weight management support, particularly for children, families and pregnant women. It may also include selected proactive press releases to promote specific aspects of the service. These would be developed with the service.

Statutory and Policy Implications

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

Financial Implications

18. No financial implications are contained within this report.

Human Resource Implications

19. There are none to be reported.

Implications in relation to the NHS Constitution

20. The Service is commissioned in line with the NHS Constitution and any directly provided activity is free at the point of access.

RECOMMENDATIONS

- 1) Consider any further action required to secure best outcomes and value for money for residents
- 2) Approve publicity of the Service to help improve awareness and uptake.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

John Wilcox, Senior Public Health and Commissioning Manager
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Constitutional Comments [LMcC 04.09.2018]

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

Financial Comments [DG 04.09.2018]

22. The financial implications are contained within paragraph 18 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.

- Report of the Director of Public Health. Progress with public health commissioned services: obesity prevention and weight management service. 14th May 2018.

Electoral Division(s) and Member(s) Affected

- All

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT APRIL TO JULY 2018

Purpose of the Report

1. To enable Members to scrutinise the performance and quality of services commissioned by Public Health (PH).

Information

2. The Health and Social Care Act 2012 confers general duties on local authorities to improve and to protect the health of their local populations, including specific statutory duties to commission certain mandatory services for residents¹, the provision of specialist advice to the local NHS, and health protection advice to organisations across the local system.
3. In discharging these duties, the Council is currently supported by a ring-fenced grant which must be deployed to secure significant improvements in health, giving regard to the need to reduce health inequalities and to improving uptake and outcomes from drug and alcohol treatment services.
4. Services commissioned by public health contribute to a number of Council commitments (in particular, Commitment 6 – People are Healthier) and are critical for securing improved healthy life expectancy for our residents.
5. Working with colleagues, the Public Health Contract and Performance Team manages the performance of providers to ensure the Authority and the residents of Nottinghamshire are receiving good outcomes, quality services and value for money.
6. Contract management is undertaken in a variety of ways including regular contract review meetings, quality assurance visits to the service and ongoing communication.
7. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in January

¹ These mandatory services include: local implementation of the National Child Measurement Programme, assessment and conduct of health checks, open access sexual health and contraception services

to March 2018 against key performance indicators related to Public Health priorities, outcomes and actions within:

- i) the Public Health Service Plan 2017-2018;
 - ii) the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
 - iii) the Authority's Commitments 2017-21.
8. A summary of the key performance measures is set out on the first page of **Appendix A**. Where performance is at 80% or greater of the target or meets the standard, it is rated green.
9. Appendix A also provides a description of each of the services and examples of the return on investment achievable from commissioning public health services.
10. This report further provides a summary of the work of the Public Health Contract and Performance Team, including efficiencies and value for money achieved in the financial year 2017/18 through effective contract management.

NHS Health Checks (GPs)

11. In quarter one of 2018/19, 5,941 people were invited to attend a health check, which is below target. However, during the same period 5,049 health checks were undertaken, showing that people do attend for the health check when offered, resulting in a high level of uptake across the county.
12. In Nottinghamshire, practices are financially incentivised to target patients at high risk of cardiovascular disease (CVD), who are often harder to reach. This can impact adversely upon performance against regional and national averages, but evidence² indicates that this approach is the most cost effective in the long term.
13. During the last quarter a series of practice liaison visits have been undertaken to support surgeries to undertake fully compliant health checks, to use the associated information technology (IT) correctly and to improve overall performance. There has also been a drive to ensure that every practice in the county is using the dedicated Local Authority-developed template, rather than an individually customised version which may generate incorrect CVD risk scores and lead to patient safety issues.
14. A new IT system to identify the eligible population, record health checks, manage performance and enable payment (e-Healthscope) has been in use over the last year in all districts except Bassetlaw. It is currently in the process of being rolled out in Bassetlaw (where the clinical commissioning group uses a different IT provider) and a new, improved template has now also been installed in the majority of practices across Nottinghamshire. These IT changes will ensure more efficient service delivery, higher rates of clinical compliance and more effective performance management.

² Emerging evidence on the NHS Health Check: findings and recommendations - A report from the Expert Scientific and Clinical Advisory Panel (February 2017)

Integrated Sexual Health Services (Nottingham University Hospitals (NUH), Sherwood Forest Hospital Foundation Trust (SFHFT) and Doncaster and Bassetlaw Hospitals (DBH)

15. All three sexual health providers continue to perform well in quarter one with a slight change in the number of filled appointments compared with quarter one last year from 12,027 to 11,783.

60% of new users accepting HIV test

16. SFHT and DBH are now working to the new definition for this quality standard which is in line with the Public Health Outcomes Framework (PHOF) definition. This means both are now accurately reporting a significantly improved performance. NUH has seen a fall in the number of new service users accepting an HIV test and the reason for this is being investigated with NUH.

75% of 15-24 year olds accepting a chlamydia test.

17. SFHT have exceeded the quality standard of 75% of 15-24 year olds in contact with the service accepting a chlamydia test in quarter one. DBH and NUH remain below target and commissioners will continue to work with the providers to improve uptake of testing by service users, including on line testing.
18. The most recent PHOF data for Quarter one 2018 shows a continuing upward trend for Nottinghamshire with the detection rate at 1,789 up from a low of 1,456 in 2016 and in contrast to the downward national trend.

Young People's Sexual Health Service- C Card (In-house)

19. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire. The service is performing well overall, but has found it more difficult to recruit new service users to the scheme. An action plan has been developed for 2018/19 which aims to increase new registrations and number of active sites across the scheme. Seven C Card training sessions have been delivered by the team this quarter, and 100% of attendees who returned an evaluation form reported an increase in knowledge and skills.

Alcohol and Drug Misuse Services (Change Grow Live)

20. This service provides a treatment and recovery service to people with substance misuse issues. The service continues to perform well against its contract, with number of successful completions from the whole service exceeding the target in Quarter one. There is also an improvement in successful completion for opiates with Nottinghamshire now above the Public Health England National average and the Change, Grow, Live (CGL) national average. PH and the provider work closely together to ensure a safe and equitable service is provided across Nottinghamshire. There continues to be very positive feedback from service users both whilst in the service and once they are substance free. The provider encourages a peer

mentor approach and many service users who complete their journey stay on to help others. Within this quarter 8 peer mentors have been recruited and have commenced training.

21. However, the national published statistics known as the PH Outcomes Framework only measures successful completions from a clinical treatment aspect. Therefore, if members were to check the PH outcomes framework, Nottinghamshire would be shown as red and therefore below the national average. This is due in part to the fact that the figures are based on 2016 data but mainly due to the fact that the Nottinghamshire contract measures a different indicator to the framework.
22. The Nottinghamshire measurements are harder to achieve than the national framework as the aim is to ensure all service users with any substance misuse issues are helped to recovery and not just those who require a clinical intervention (generally opiate users)

Smoking Cessation (Solutions 4 Health)

23. Following a restructure of the service in order to deliver the new model for smoking cessation Service Level agreements have been set up with a number of local Pharmacists who are sub contracted to deliver smoking cessation support for people who wish to quit smoking in an accessible way, whilst maintaining quality standards.
24. A Service Level Agreement has also been signed with Sherwood Forest Hospitals Foundation Trust (SFHFT) to enable Solutions For Health staff to work on the wards at the hospital, offering support at the bedside to patients who smoke, either with quitting or temporary abstinence during their hospital stay. "Stop Before the Op" support is also offered to outpatients waiting for elective surgery.
25. This will complement the ongoing work with pregnant women at SFHFT, where the Trust was the first in Nottinghamshire to deliver the innovative Risk Perception Model supported by the Provider, which has seen a reduction in the numbers of women Smoking At The Time Of Delivery across Mansfield, Ashfield and Newark.
26. Honorary contracts have also been granted to SmokefreeLifeNotts staff by Nottingham University Hospitals (NUH) to enable them to adopt the same, ward based approach to support County patients who attend the hospital as inpatients and outpatients.
27. Due to the cyclical nature of smoking cessation (more people quit at New Year, following Stoptober and Stop Smoking Day in March), the increase in referrals and therefore quitters has been slow over the summer, but is expected to pick up in line with these key campaign times.

Illicit Tobacco Services (In-house)

28. The Council's officers continue to take effective enforcement action against individuals and businesses that sell and distribute illicit tobacco. During Quarter 1 of 2018 officers conducted a total of 41 inspections at premises in the county, resulting in 9 seizures of illicit tobacco. The work is intelligence led and targeted in order to work in the most efficient and effective way. The employment of a Police Officer as part of the team is integral to its success in achieving prosecutions. A number of investigations are ongoing.

Assist (In-house)

29. The ASSIST peer led smoking prevention intervention is in its third year of running in schools across Nottinghamshire and the impact on young people across the county has been very positive. ASSIST is improving young people's health whilst providing valuable life skills. ASSIST's activity based training improves leadership, communication skills, resilience, self-esteem, confidence, highlights empathy and shows the value of taking a non-judgemental approach to peer-led conversations. The whole school benefits from increased conversations around smoking and health.
30. Two new schools have been recruited to the programme this quarter; Newark Academy and Selston High School. Following the training delivered by the ASSIST team, Newark Academy is adding Health Mentors to its student leadership structure.

Obesity Prevention and Weight Management (Everyone Health)

31. The Obesity Prevention and Weight Management service provided by Everyone Health supports children and adults through targeted healthy eating and physical activity initiatives and weight management support.
32. The service is performing above target for adults supported in weight management and as planned for children. Performance for the number of pregnant women supported is below target.
33. Review with the Provider has identified that low uptake of children and maternity weight management services is due to a combination of low demand from eligible groups, low referrals from NHS services, and the need for a service offer more tailored to service user preferences. Commissioners have worked with the Provider and NHS leads to develop service improvement plans for child and maternal weight management. These service and system changes are resulting in improvements in the uptake of both service areas in comparison to the same period a year ago and will continue to be closely performance managed by the commissioners until targets are achieved for two consecutive quarters.
34. Relaunch of the children's weight management service and closer working with PH nurses working in school settings should see increased number of service users being referred to the service. Problems with midwifery referrals to the service are being addressed. This is challenging with three different midwifery services in the county and competing priorities. However, engagement with senior managers, asking for changes to referral systems and offering training to midwives, together with new one to one weight management support for women are expected to result in continued improvement.
35. The service is now able to refer individuals to other weight management services through subcontracting arrangements, where appropriate to the service user's need. This has increased the number of adults accessing weight management via the service. It also offers service users more choice of weight management support.

36. The service is on track with its tier one prevention sessions and projects in schools, with vulnerable adults, and with support to the Healthy Options Takeaway scheme. The work in Children's Centres is being reviewed to improve performance from Q2.

37. As a result of a re-negotiation of the contract at the beginning of 2018/19, the Service is establishing additional new prevention projects covering both physical activity and nutrition based support at district and borough level in community, workplace and schools settings (detail provided in a separate committee report). The majority of these projects are proceeding as scheduled. However additional work is required to establish the new place based project in Ashfield.

Domestic Abuse Services (Notts Women's Aid and Women's Aid Integrated Services)

38. These services are providing support to increasingly complex and difficult cases. The number of adult service users continues to be high whilst the number of unique children each quarter has slightly fallen.

39. Providers are working longer with children and young people since they require support for longer due to the levels of trauma, complex needs and time taken to build trust.

Seasonal Mortality (Nottingham Energy Partnership)

40. This service protects and improves the health of residents in Nottinghamshire County, by facilitating insulation and heating improvements and preventative adaptations in private sector homes, providing energy efficiency advice and reducing fuel poverty. The service targets the most deprived private sector households, with a specific emphasis on support to residents over 60 and a smaller provision for families with children under 5 and pregnant women. The service is on track to achieve 2018/19 targets.

41. The service has seen 160 people who received comprehensive energy efficiency advice and/or were given help and advice to switch energy supplier or get on the cheapest tariff. The service also trained 51 individuals to deliver Energy Efficiency Brief Interventions to improve awareness of the links between cold-homes, fuel poverty and ill health and to generate appropriate referrals to the service.

Social Exclusion (The Friary)

42. The Friary provides a "one-stop" approach on three mornings a week from a single location in West Bridgford to individuals in crisis situations, including homeless people. It delivers one to one assessment of need, specialist advice and practical support regarding housing, benefits, debts and health needs (including signposting to other services that operate within the Friary e.g. GP clinic, substance misuse services) The service offered support to 358 individuals in Quarter 1 with the service giving specialist advice to 2,227 people and providing 1,996 health care support and interventions.

43. A recent review conducted with service users showed the service makes a difference by contributing towards improved health and wellbeing, self-confidence and reductions in loneliness.

Public Health Services for Children and Young People aged 0-19 (Nottinghamshire Healthcare Trust)

44. The service has entered its second year of delivery and the Healthy Families Programme is now embedding across the County as a fully integrated universal service for children, young people and their families. The Authority has set ambitious targets for the provider and whilst some of these targets have yet to be met, the service overall is performing well with Nottinghamshire data for mandated reviews comparable with, or better than the England average.
45. Staffing and recruitment challenges experienced by the service due to retirement, maternity leave, and sick leave are resolving. The Trust is working pro-actively to recruit and retain the workforce and a rolling programme of recruitment for permanent staff has been launched. This increase in workforce capacity is being reflected in improved performance against the key performance indicators.
46. A recent Quality Assurance visit to the service assured commissioners that Healthy Family Teams (HFTs) had good relationships with early years settings and that communication with schools and GPs had improved significantly since the model was first implemented, and that schools in particular valued the role of HFTs.

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

47. Performance in the last quarter has been positive - 2,462 children received oral health advice and resources at their one year health review and the well-received supervised tooth-brushing programme has achieved its target, and is being delivered successfully in 20 schools.
48. Oral health promotion training amongst frontline staff was delivered to 51 staff working in child-related services and 60 in adult-related services (Quarter one target of 50 each), and a quality assurance visit by Public Health in July 2018 of a session for dental health nurses confirmed that the training observed was of high quality, with a range of methodologies employed to ensure maximum engagement and learning. In addition, 14 targeted local oral health awareness-raising activities were undertaken by the service during the quarter.
49. Following feedback from service users, oral health resource kits were created for quarter one. Topics include early years, primary school age, young people, special care, smoking and alcohol. Each kit contains selected resources to aid the promotion of the key messages for use by stakeholders such as health visiting teams, schools and care homes, and the initial feedback has been encouraging. The new kits enable more people to access resources than before - 21 kits were loaned out in quarter one, the most popular being the primary school age resource.

Single Person Supported Accommodation (Framework)

50. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On and Housing First Accommodation (typically for six months, and up to a maximum of 12 months) aimed at enabling the service user to achieve a range of outcomes including self-care, living skills, managing money, motivation and taking responsibility, social networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time.
51. The service provides the opportunity for the assessment of support needs, followed by intensive and targeted housing related support to enable an individual to move towards independent living. The key outcome for this service is that the service user is able to move on, either to longer term supported accommodation (Move On) or to independent living, in a planned way. In Quarter 1, 70% (against a target of 80%) of service users moved on in a planned way from hostel accommodation and 100% (against a target of 80%) from the Move On accommodation.

Community Infection Prevention and Control (CCGs)

52. This service provides advice and assistance to prevent the spread of infectious and avoidable diseases. The team has led initiatives in care homes, GP practices and the acute hospital trusts including hand hygiene training, viral swabbing, advice and assistance. The service continues to meet all key performance indicators and has been very effective in preventing healthcare associated infections amongst people receiving care in community settings.

Academic Resilience - Each Amazing Breath (EAB) and Young Minds (YM)

53. Developed by Each Amazing Breath, 'Take Five' is a Whole School Resilience Building Programme based on breathing, grounding, and awareness that helps children to develop their capacity to handle life's challenges with awareness and confidence, building skills of self-regulation, and managing anger.
54. EAB is currently commissioned by the Authority to deliver the programme in 15 schools across Bassetlaw, Newark and Sherwood, Mansfield and Ashfield. To date over 8000 children have taken part in resilience building activities in the school setting.
55. On July 13th, as part of a Youth Social Action Project, NCC hosted a visit to County Hall to enable children who have taken part in the programme to showcase their work to elected members represented on the Adult Social Care and Public Health Committee. This event was well received by all.
56. In Broxtowe, Gedling and Rushcliffe, the Authority has commissioned Young Minds to deliver a school based academic resilience programme which uses evidence based approaches to help schools close the attainment gap. Schools are supported to develop their own practical, integrated whole-school approach to identifying and supporting vulnerable pupils to enable them to achieve their emotional and academic potential.
57. Young Minds supports 15 schools in the three boroughs, including one school for children with special educational needs and disability, Derrymount. To date, 100% of school staff who have taken part in academic resilience training (391 in total) report that they now have an increased understanding of mental health and resilience.

58. The providers develop and deliver an evidence-based resilience programme that improves emotional health, wellbeing and resilience of children and young people in 30 Nottinghamshire schools. It is a whole school approach, meaning that school leaders, staff, children and young people are all involved. It includes approaches such as training the trainer and pupils and students as coaches, mentors or teachers. The programmes are sustainable and will enable schools to have the understanding, knowledge, skills and resources to continue independent delivery of the programme thus building resilience for new cohorts of children and young people after the direct contract activity ends.

Public Health Contract and Performance Team

59. In 2017/18, the Public Health Contract and Performance Team (PHCPT) directly contract managed 21 key providers as well as 95 GP practices and 156 community pharmacies. The overall budget for these directly managed services amounts to £30,949,253.

60. The PHCPT has recorded the financial value achieved through contract management and contract negotiation within contracts over the preceding two financial years. Unnecessary costs to the Authority have been avoided through close financial management (invoice checking and validation of performance data), effective contract management and contract negotiation. This is summarised in the table below, with further detail provided in **Appendix B**.

	Financial value achieved 2017/18	Financial value as % of Overall Budget
Overall Budget, directly managed services	£30,949,253	-
Efficiencies through financial management	£99,547.47	0.32%
Efficiencies through contract management and negotiation	£819,083.52	2.65%
TOTAL	£918,630.99	2.97%

61. Overall, efficiencies achieved through the contract management function resulted in a financial value of £918,630.99, or nearly 3% of the total budget for directly managed services. This should be considered against a total annual staff budget of approximately £200,000 for the PHCPT.

62. The PHCPT results compare favourably to the Local Government Association's (LGA) research which found that local authorities obtained savings of between 3 and 15 % on the value of contracts over their duration (approximately four years)³ through effective contract management.

³ Making savings from Contract Management LGA November 2013

63. The PHCPT further contributes to the quality and value for money of contracted services through developing and maintaining effective relationships with a large range of Nottinghamshire providers, including GP practices and pharmacies. For example, consultations for emergency hormonal contraception in 2017/18 increased by 32% from the previous year (from 2,602 to 3,445), partially due to effective engagement with contracted pharmacies. The PHCPT has also been successful in securing delivery of public health services in Boots pharmacies, with other local authorities seeking to replicate this approach.

Statutory and Policy Implications

64. 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

65. Robust performance and quality reporting ensures that financial implications are monitored and reviewed effectively to minimise financial risk to the council.

Public Sector Equality Duty implications

66. Monitoring of the contracts ensures providers of services comply with their equality duty. Equality performance is a standing agenda item of review meetings and providers are asked to provide case studies celebrating success and showing how complaints, if applicable, are resolved.

Safeguarding of Children and Adults at Risk Implications

67. Safeguarding is a standing item on contract review meeting agendas and providers are expected to report any areas of concern allowing the Authority to ensure children and adults at risk are safe.

Implications for Service Users

68. The management and quality monitoring of contracts are mechanisms by which commissioners secure assurance about the safety and quality of services using the public health grant for service users.

RECOMMENDATION

- 1) For Committee to scrutinise the performance of services commissioned using the public health grant.

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For any enquiries about this report please contact:

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Constitutional Comments [EP 04.09.2018]

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

Financial Comments [DG 04.09.2018]

70. The financial implications are contained within paragraph 65 of this report.

Background Papers and Published Documents

- 'None'

Electoral Division(s) and Member(s) Affected

- 'All'

Nottinghamshire County Public Health Services Performance Report



Number	Quality standard
YTD 80% or higher of expected	Standard met or exceeded
YTD less than 80% of expected	Standard not met

Quarter 1 2018/19

Service Name	Indicator or Quality Standard	2017/18 final figures for comparison	2017/18 Q1	Annual plan 2018/19	Plan to Date	Q1	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	28,540	7,705	32,874	8,219	5,941	5,941
	No. of patients offered who have received health checks	19,065	4,076	21,697	5,424	5,049	5,049
Integrated Sexual Health Services	Total number of filled appointments						
	Sherwood Forest Hospital NHS Trust	23,381	6,111	23,543	5,886	5,791	5,791
	Nottingham University Hospital NHS Trust	16,217	3,854	15,387	3,847	3,890	3,890
	Doncaster and Bassetlaw Hospitals NHS Trust	8,130	2,062	9,486	2,372	2,102	2,102
	Total	47,728	12,027	48,416	12,104	11,783	11,783
	Quality Standard 60% of new service users accepting a HIV test						
	Sherwood Forest Hospital NHS Trust	39%	37%	>60%	>60%	76%	76%
	Nottingham University Hospital NHS Trust	66%	62%	>60%	>60%	53%	53%
	Doncaster and Bassetlaw Hospitals NHS Trust	53%	62%	>60%	>60%	58%	58%
	Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test						
	Sherwood Forest Hospital NHS Trust	66%	49%	>75%	>75%	86%	86%
	Nottingham University Hospital NHS Trust	70%	72%	>75%	>75%	71%	71%
	Doncaster and Bassetlaw Hospitals NHS Trust	66%	69%	>75%	>75%	63%	63%
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC						
Sherwood Forest Hospital NHS Trust	47%	49%	>30%	>30%	44%	44%	
Nottingham University Hospital NHS Trust	38%	38%	>30%	>30%	40%	40%	
Doncaster and Bassetlaw Hospitals NHS Trust	49%	52%	>30%	>30%	49%	49%	
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,297	313	1,600	400	235	235
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	2,197	748	2,000	500	400	400
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	904	231	-	162	263	263
	Number of unplanned exits	751	160	-	-	135	135
	Number of service users in the service (last day of quarter) including transferred in	Rolling	9,734	10,394	5,771	6,582	6,582
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	292	85	300	75	37	37
	Quality standard 80% Planned exit from treatment	98%	97%	80%	80%	94%	94%
Smoking Cessation	Number of people setting a quit date	3729	975	-	-	519	-
	% actually quit - Russell standard	60%	55%	>40%	>40%	75%	-
	Pregnant Smokers who successfully quit	74	18	500	125	23	23
	Under 18 Smokers who successfully quit	42	9	200	50	1	1
	Routine and Manual Workers	648	173	1,500	375	144	144
	All other smokers who successfully quit	1,468	333	2,800	700	219	219
Total	2,232	533	5,000	1,250	387	350	
Illicit Tobacco Services	Number of inspections	124	30	75	19	41	41
	Number of Seizures	45	18	37	9	9	9
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	1,058	227	260	65	175	175
	Number of children supported	87	23	108	27	24	24
	Maternity	43	4	104	26	16	16
	Adults triaged to other 12 week weight management	New KPI 2018/19	New KPI 2018/19	1,778	445	424	424
	Number of tier 1 prevention projects	New KPI 2018/19	New KPI 2018/19	65	16	35	35
Number of tier 1 prevention sessions	New KPI 2018/19	New KPI 2018/19	376	94	194	194	
Domestic Abuse Services	No of adults supported	1,881	458	2,088	522	536	536
	No of children, young people & teenagers supported	510	132	622	156	156	156
Seasonal Mortality	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	391	94	259	65	160	160
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	319	50	187	47	51	51
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	8,197	2,150	7,128	1,782	2,227	2,227
	Number of health care support and interventions undertaken	6,500	1,572	5,445	1,361	1,996	1,996
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	85%	86%	95%	95%	88%	88%
	Percentage of 6-8 week reviews completed	87%	90%	95%	95%	86%	86%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	86%	82%	95%	95%	89%	89%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	78%	77%	95%	95%	81%	81%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	236	15	200	50	51	51
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	257	95	200	50	60	60
Homelessness	Hostel Accommodation Number exited in a planned way	New service	New Service	-	-	31	31
	Hostel Accommodation % exited in a planned way	New service	New Service	>80%	>80%	70%	70%
	Move on Accommodation Number exited in a planned way	New service	New Service	-	-	36	36
	Move on Accommodation % exited in a planned way	New service	New Service	>80%	>80%	100%	100%
Resilience Building in Schools	North: Number of children undertaking a daily resilience building activity at school	2679	Service commenced Q2 2017/18	2500	625	53	2732
	North: Number of prioritised schools signed up to the service	14	Service commenced Q2 2017/18	14	14	0	14
	South: Proportion of staff trained report increase in understanding of mental health and resilience	100%	Service commenced Q2 2017/18	80%	80%	100%	100%
	South: Number of children engaged in insights gathering for audits and action plan implementation	148	Service commenced Q2 2017/18	90	90	0	90

* Performance to be validated.

Nottinghamshire County Public Health Services Performance Report - Service description

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	NHS Health Checks	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	Integrated Sexual Health Services	<p>Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males.</p> <p>A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.5</p> <p>Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none"> • Chlamydia (47%), • Genital warts (17%), • Genital herpes (7%), • Gonorrhoea (7%). <p>Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. www.fsrh.org www.bashh.org. The ISHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none"> • A reduction in under 18 conceptions • Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds) • A reduction in people presenting with HIV at a late stage of infection. <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"> • Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health • Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions • Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health • Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk • A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000 <ul style="list-style-type: none"> • An increase in the number of people accessing HIV screening, particularly from those groups most at risk • A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV • Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups <ul style="list-style-type: none"> • Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM • Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire <ul style="list-style-type: none"> • A reduction in unintended pregnancies in all ages • Increased quality standards across Nottinghamshire and Bassetlaw.
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	Young Peoples Sexual Health Service - C Card	Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.
1.05	16-18 year olds not in education employment or training	Alcohol and Drug Misuse Services	<p>Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.</p>
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	Young People's Substance Misuse Service	Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need
2.03	Smoking status at time of delivery (maternity)		Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out

2.09	Smoking prevalence - 15 year olds	Tobacco Control and Smoking Cessation	<p>...a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s).</p> <p>To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none"> • Stopping smoking • Preventing the uptake of smoking • Reducing harm from tobacco use
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	Illicit Tobacco Services	Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county
1.16	Utilisation of outdoor space for exercise/health reasons	Obesity Prevention and Weight Management (OPWM)	<p>Being overweight or obese can bring physical, social, emotional and psychosocial problems, which can lead to the onset of preventable long term illness, stigma, discrimination, increased risk of hospitalisation and reduced life expectancy. Someone who is severely obese is three times more likely to need social care than someone who is a healthy weight, so the need for quality weight management services does not only impact individuals, but also affects public funds and the wider community. The aim of this contract is to reduce the prevalence of overweight and obesity so that more adults, children, young people and families achieve and maintain a healthy weight therefore preventing or reducing the incidence of obesity related illnesses.</p>
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	Domestic Abuse Services	This service aims to reduce the impact of DVA in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.
4.15	Excess winter deaths	Seasonal Mortality	In 2011, the Marmot Review Team released 'The Health Impacts of Cold Homes and Fuel Poverty' report ¹⁶ . The report reviews the evidence for the long-term negative health impacts of living in cold homes and concludes: "many different population groups are affected by fuel poverty and cold housing, with various levels of health impacts relating to different groups." Vulnerable children and the elderly are most at risk of developing circulatory, respiratory and mental health conditions as a consequence of cold, damp homes. The Health Housing Contract will maintain and improve the health of citizens in Nottingham City and Nottinghamshire, by facilitating insulation, heating improvements and preventative adaptations and giving advice to help reduce fuel poverty in the homes of citizens over 60 and to a lesser extent (up to 10% of the total), families with children under 5 and pregnant women
1.18	Social isolation	Social Exclusion	Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an "under the same roof" and "one-stop" model.
1.01	Children in low income families	Public Health Services for Children and Young People aged 0-19	<p>The foundations for virtually every aspect of human development - physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to: • help parents develop and sustain a strong bond with children, • encourage care that keeps children healthy and safe, • protect children from serious disease, through screening and immunisation, • reduce childhood obesity by promoting healthy eating and physical activity, • identify health issues early, so support can be provided in a timely manner, • make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'</p>
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
4.02	Proportion of five year old children free from dental decay	Oral Health Promotion Services	In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from 'Local authorities improving oral health: commissioning better oral health for children and young people' and NICE guidelines.
2.05	Child development at 2-2½ years	Children's Centres	Children's Centres play a key role in early intervention and are a vital source of support for young children and their families.... They offer a range of activities, family services and advice to promote school readiness, improve family outcomes and reduce health inequalities in child development
1.15	Statutory homelessness	Supporting People: Homelessness Support	<p>The aims of this service are:</p> <ul style="list-style-type: none"> - To address homelessness, support people back to independence and prevent repeat homelessness - To reduce the adverse effects of homelessness on individual and population health and wellbeing - To improve the health and wellbeing of homeless service users - To promote social inclusion
4.09	Excess under 75 mortality rate in adults with serious mental illness	Mental Health	The Co-production Mental Wellbeing service provides a countywide service that aims to improve the health and wellbeing of adults and supports them in recovery. The service is for those people experiencing mental health problems
1.15	Statutory homelessness	Reduction in statutory homelessness	The Moving Forward Service aims to: Prevent homelessness and promote independence, reduce social exclusion and isolation, improve the general health of people with mental health problems, prevent hospital admissions and support timely discharge, support carers of people with mental health problems and develop efficient ways of working
1.01	Children in low income families	Resilience Building in Schools	<p>The providers Each Amazing Breath (EAB) CIC, 'Take 5 at School Programme' in the north and west of the County and Young Minds (YM), 'Academic Resilience Approach' in the South of the County, develop and deliver an evidence-based resilience programme in schools that will improve the emotional health, wellbeing and resilience of children and young people in 30 Nottinghamshire schools. It is a whole school approach, this means school leaders, staff, children and young people which may include approaches such as training the trainer and pupils and students as coaches, mentors or teachers. The programmes are sustainable and will enable schools to have the understanding, the knowledge, skills and resources to continue independent delivery of the programme via a whole schools approach and to have maximum impact for children and young people after the direct contract activity ends</p>
1.03	Pupil absence (from School)		
1.05	16-18 year olds Not in Employment, Education Training		
2.23	Self-reported wellbeing		

		Denominator
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	1853
	Percentage of 6-8 week reviews completed	1834
	Percentage of 12 month development reviews completed by the time the child turned 15 months	1990
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	2329

Integrated Sexual Health Services	Quality Standard 60 % of new service users accepting a HIV test	
	Sherwood Forest Hospital NHS Trust	1087
	Nottingham University Hospital NHS Trust	1219
	Doncaster and Bassetlaw Hospitals NHS Trust	707
	Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test	
	Sherwood Forest Hospital NHS Trust	Data not a
	Nottingham University Hospital NHS Trust	465
	Doncaster and Bassetlaw Hospitals NHS Trust	354
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC	
	Sherwood Forest Hospital NHS Trust	1016
Nottingham University Hospital NHS Trust	288	
Doncaster and Bassetlaw Hospitals NHS Trust	582	

Young People's Substance Misuse Service	Quality standard 80% Planned exit from treatment	50
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Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	1853
	Percentage of 6-8 week reviews completed	1834
	Percentage of 12 month development reviews completed by the time the child turned 15 months	1990
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	2329

Homelessness	Hostel Accomodation % exited in a planned way	44
	Move on Accomodation % exited in a planned way	36

Q1		Q2			Q3			Q4			
Numerator	%	Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	%	Denominator
1638	88%			#####			#####			#####	1853
1577	86%			#####			#####			#####	1834
1766	89%			#####			#####			#####	1990
1880	81%			#####			#####			#####	2329

826	76%			#####			#####			#####	1086.84
641	53%			#####			#####			#####	1219
410	58%			#####			#####			#####	707

available	#####			#####			#####			#####	#VALUE!
329	71%			#####			#####			#####	465
223	63%			#####			#####			#####	354

447	44%			#####			#####			#####	1015.91
116	40%			#####			#####			#####	288
285	49%			#####			#####			#####	582

47	94%			#####			#####			#####	50
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1638	88%			#####			#####			#####	1853
1577	86%			#####			#####			#####	1834
1766	89%			#####			#####			#####	1990
1880	81%			#####			#####			#####	2329

31	70%			#####			#####			#####	44
36	100%			#####			#####			#####	36

Total	
Numerator	Average %
1638	88%
1577	86%
1766	89%
1880	81%

826	76%
641	53%
410	58%

0	#####
329	71%
223	63%

447	44%
116	40%
285	49%

47	94%
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1638	88%
1577	86%
1766	89%
1880	81%

31	70%
36	100%

Making the economic case for prevention

Posted by: John Newton and Brian Ferguson, Posted on: 6 September 2017

It is widely acknowledged that poor lifestyle behaviors as well as wider determinants of health place a significant burden on public finances now and in the future, and the evidence shows that a large number of prevention programmes represent value for money. Therefore there is a strong economic case for greater action.

For example, our work shows that moving a person from unemployment into employment would save £12,035 per person over a one-year period.



Another example we can use to make the economic case is analysis of a 'targeted supervised tooth brushing programme'. This initiative provides a return of £3.90 for every £1 invested after 5 years and £3.66 after 10 years. On the occasion we are taking into account NHS savings, increased earnings for the local economy and improved productivity.

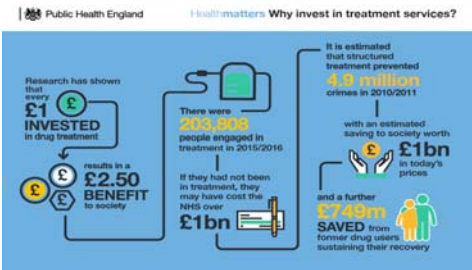
There is also excellent evidence to support investment in tobacco control services. Over a lifetime, for every £1 spent the return will be £11.20 when impacts to the local economy, wider healthcare sector and GAGs are considered. When limiting the health effects (measured by GAGs), there is still a saving of £1.90 for every £1 spent.

Every £1 spent on drug treatment services saves society around £2.50 in reduced NHS and social care costs and reduced crime in the short-term (85% due to reductions in offending).

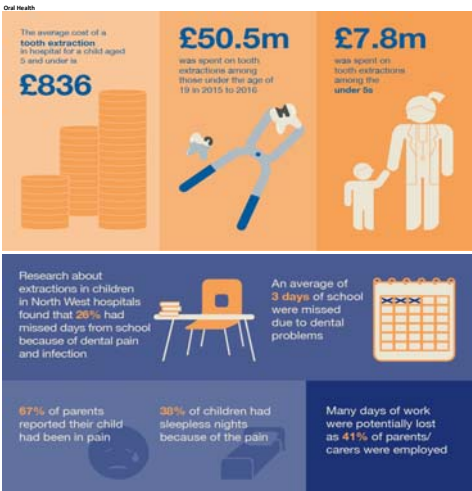
And as we recently flagged as part of a suite of mental health resources, initiatives which prevent mental health problems can yield a good return on investment. We looked at interventions such as school-based resilience programmes, workplace stress programmes and support for people in debt.



Drug treatment not only saves lives, it provides value for money to local areas:



<http://publichealthmatters.blog.gov.uk/2017/09/06/making-the-economic-case-for-prevention/>



Social Value refers to wider financial and non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment.

From a business perspective it may be summarised as the net social and environmental benefits (and value) generated by an organisation to society through its corporate and community activities reported either as financial or non-financial (or both) performance.

Useful links:

<https://www.nice.org.uk/media/default/About/what-we-do/NICE-guidance/NICE-guidelines/Public-health-guidelines/Additional-publications/Cool-impact-proof-of-concept.pdf>

It is estimated that up to 80% of premature deaths from CVD can be prevented through better public health. All current blood pressure guidelines agree that support for behaviour change to address modifiable risk factors (smoking, alcohol, inactivity, obesity and poor diet) should be the first step in preventing high blood pressure. There is robust evidence that taking action to lower blood pressure can reduce the risk it poses to health. A major systematic review found that in the populations studied, every 10mmHg reduction in blood pressure resulted in the following reductions:



https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672557/tackling_high_blood_pressure_in_update.pdf

8 October 2018

Agenda Item: 6

REPORT OF DIRECTOR OF PUBLIC HEALTH

INTEGRATED WELLBEING SERVICE

Purpose of the Report

1. To describe the rationale, scope, model and funding of an Integrated Wellbeing Service (IWS) to support residents to address lifestyle risk factors relating to overweight, poor diet, physical inactivity, smoking, alcohol and improve mental wellbeing.
2. To seek approval for the service model, funding allocation, procurement approach and recommended contract duration, and permission to proceed with its procurement. Contract(s) to be awarded to the preferred provider(s) in August 2019 with a target launch date of 1 April 2020.

Information

Background and context

3. Since 1 April 2013, local authorities have been responsible for improving the health of their resident local population including arrangements to reduce the prevalence and impact of alcohol and other substance misuse. This responsibility, along with the overarching aim to increase healthy life expectancy and to do this fastest in areas where outcomes have previously been poor, is made explicit in the Council Plan 'Your Nottinghamshire, Your Future 2017-2021 and in ambition 6 'People are healthier'.
4. Evidence shows that for people in Nottinghamshire, the risk factors which contribute most to the onset of disability and the foreshortening of life include overweight and low physical activity, smoking, alcohol and drug use. These risk factors correspond to a burden of physical and mental ill-health and associated disability which is felt across the whole of Nottinghamshire, but particularly in least advantaged communities.
5. In line with this evidence and with the Joint Strategic Needs Assessment, Nottinghamshire County Council commissions services to reduce the prevalence and impact of these risk factors. These have generally been commissioned as separate services.
6. Noting that these services come to their natural end during the next two years and that the public health ringfence grant remains subject to year on year reductions, Committee considered

emerging evidence about the merit and potential scope of an Integrated Wellbeing Service in February 2018, and approved a recommendation that officers undertake preparatory commissioning work and align timescales, before returning to Committee to secure approval for further work.

7. Since March 2018, activity has focussed on:
- recruitment of two fixed term posts and mobilisation of a team to support and coordinate delivery of the project
 - understanding the distribution and clustering of lifestyle factors across the county (see **Appendix 1**)
 - revisiting the evidence base for integrated wellbeing services (see **Appendix 2** for summary) and speaking with peer organisations about their experiences to date
 - some initial market testing to identify the likelihood of provider interest and capacity in delivering an Integrated Wellbeing Service (see **Appendix 3** for summary)
 - consultation with strategic stakeholders within the authority and across the local system to identify other services and capacity with which an IWS should work closely
 - an evidence review and mapping of social prescribing initiatives
 - consultation with residents (see **Appendix 4** for summary)
 - developing an outline model of an IWS which incorporates the findings emerging from these other activities (see **Appendix 5**)

Proposed service model

8. It is recognised that the term “Integrated Wellbeing Service” has been used to describe a range of different models and that there is no single model which is valid or optimal for all circumstances. A proposed service model for Nottinghamshire and the rationale for it is described in **Appendix 4**. In summary,
- a. Service scope and outcomes
- It will address risk factors relating to overweight, poor diet physical inactivity, smoking, alcohol and mental wellbeing. The associated primary outcomes will relate to reductions in the prevalence of obesity and smoking.
 - The delivery of these outcomes has relevance to all areas in Nottinghamshire and the greatest opportunities are in communities whose health outcomes are currently poor. The Service will apply its resources universally and in proportion to need.
 - The Service will not incorporate alcohol or drug treatment which will be procured as a separate specialist Substance Misuse Service. The reason for this is that people requiring substance misuse treatment and support have multiple and complex vulnerabilities and often require more intensive and/or specialist clinical support. The Substance Misuse Service and its procurement is the focus of a separate paper.
 - The service will cover all age groups, providing family based opportunities and tailoring to age groups where appropriate (e.g. young people).
- b. What the Service will do
- Provide a range of ways for residents to access information and/or support to achieve their goals for a healthier lifestyle. The consultation responses indicate that our residents prefer information and support to be shared face to face, but were willing to use the internet to access and gain information. The mixed delivery model will include telephone, internet-based, and face-to-face information and support.

- Alongside these reactive elements, the Service will also initiate arrangements in each locality for engaging with individuals and communities with risk factors.
- It will proactively secure referrals from services provided by the NHS, district councils, statutory providers, community groups and private sectors or self referrals. This is important because we know that if we work closely with other services, we can make it easier and more attractive for residents to take up our offer of information and support.
- Users of the Integrated Wellbeing Service who would also benefit from other statutory (psychological therapies or housing advice, say) or voluntary sector services (a green space project to address loneliness, say) will be supported in getting linked to these services. This is important because some of the people to whom the Service is targeted will have a range of other needs for which information and support will be required from other providers.

c. How the Service will deliver

- Functions *within* the Service to address overweight, poor diet, physical inactivity, poor mental wellbeing, and to identify alcohol use which is a risk to health may be consolidated. However, it is likely that individually focused telephone or face-to-face help to support people to stop smoking will be delivered by a specialist function within the Service. This is because current evidence indicates that delivering stop smoking support is more effective when it is delivered separately by specialist staff.
- Outreach to residents and help them find the correct service (i.e. to address one or more of the person's specific risk factors) will be integrated. This is because these risk factors tend to cluster (see **Appendix 1**) and, instead of multiple public health commissioned services each seeking to identify and reach the same group of at-risk individuals, this function can be done once, navigating people into the most appropriate part of the service for addressing their priorities.
- Establishing good arrangements for securing referrals from other services (and facilitating onward referrals to them, where appropriate) will be underpinned by effective partnership working with these other local service providers. This will help to ensure that arrangements to achieve good rates of uptake are oriented around the resident and improve access.
- This partnership working will also ensure that the Integrated Wellbeing Service remains sensitive and responsive to the local needs. To that extent, it will be place- and asset-based (i.e. oriented to local needs).

9. From the perspective of an individual, the proposed service is intended to be different to the current service in regard to:

- Easier access to behaviour change information and support because it will reside in one (not several) service.
- Wider offer of support, digital, telephone and face to face, improving reach and availability outside of office hours.
- Reduce the need for residents to share their story several times.
- Longer period of community support when needed to maintain their lifestyle change.
- Improved mental wellbeing focus of the lifestyle services.

10. From the perspective of other stakeholder and service providers, the proposed service is intended to be different to current arrangements in regard to:

- Referral to one service instead of multiple services.
- Improve the mental wellbeing pathway to the lifestyle services.
- Services to work with communities and not only in communities, to encourage service take up.

11. For Nottinghamshire County Council as the commissioner, the proposed service is intended to be different to current arrangements in regard to:

- Improved value through a mixture of better outcomes and reduced overall cost.
- More efficient contract management.
- Invests in and works with communities, enhancing social capital.

Funding

12. The current PH budget available to invest in the Integrated Wellbeing Service is £2,630,000 per year. This is a combination of the Obesity, Tobacco and Workplace Wellbeing budget lines. This financial envelope will be used to develop a service across the county and across all age groups.

Procurement approach

13. It is recommended that officers approach the procurement using competitive dialogue. The competitive dialogue process is used when we are unable to describe detailed requirements with sufficient certainty or cannot assess without in-depth dialogue what the market can offer in terms of technical, financial or legal solutions. It may be highly beneficial in circumstances where greater flexibility is needed, e.g. for highly complex and risky projects where bidders will have a major role in defining the solution or where open or restricted procedure may not deliver the expected outcomes. Competitive dialogue allows organisations to negotiate proposed solutions with bidders, and this may help to open up the market by encouraging bidders to discuss possible solutions.

14. Several factors underlie this recommendation;

- a. The proposed service model represents a significant change of approach. It incorporates an emphasis not only on reactive face-to-face support (which is the preference of some providers) but also on ensuring that other forms of information and support are available and effective (e.g. telephone and digital), and on proactive partnership working (to establish effective arrangements for linking with other local services). Competitive dialogue provides the opportunity to ensure that these aspects are properly understood by the provider.
- b. Whilst Committee should feel confident that the intended outcomes of the proposed service are settled, it will be beneficial to make the definition of detail about the service subject to further discussion with the market. This is because further opportunities and considerations may be highlighted as discussions with potential providers develop. Competitive dialogue will enable officers to incorporate provider proposals and innovations.
- c. As officers better understand some of these opportunities and considerations, there may need to be trade-offs made between what is affordable and most desirable within the financial envelope. For example, there are likely to be heavy constraints about the

resource which the Integrated Wellbeing Service is able to devote to developing local community groups and other 'assets'. Competitive dialogue provides a more dynamic and better informed way to manage these trade-offs.

- d. Competitive dialogue enables the authority to defer the decision about whether to contract wholly with a single provider, or with a lead provider who manages subcontracts for some elements of the service, or some other contracting arrangement. Subcontracting with small and medium local enterprises will also be able to be discussed to not exclude them from the process until their potential contributions can be assessed further.

Contract duration

- 15. It is recommended that the contract length should be up to 9 years, comprising an initial contract term of five years with options to extend by up to four years (i.e. 5+2+2).
- 16. The primary rationale for this is that the scale of change in terms of service delivery and establishing effective partnership working with other local services will require a long period before the service(s) is fully mobilised. A shorter duration contract may provide insufficient stability for a provider workforce required to engage in significant organisational change and development. A further consideration is that the public health team no longer has the capacity to undertake largescale reprocurement on a more frequent basis.
- 17. There will be a break clause included to manage the risk of further reductions to the ring fenced Public Health budget.

Next steps and subsequent Committee involvement

- 18. Subject to approval by Committee, the next steps and key milestones are as follows:

November 2018	Invitation to tender
January 2019	Selection of services
February 2019	Invitation to participate in competitive dialogue
March – May 2019	Competitive dialogue sessions
August 2019	Award contract
October 2019 – March 2020	6 months mobilisation
April 2020	Service live and operational

- 19. A recommendation about the award of contracts to the preferred provider(s) will be brought to Committee in 9 September 2019.

Other options considered

20. We have considered the following options as ways to deliver the service;
21. **Integrated service that includes substance misuse recovery and treatment services and smoking.** This option was discounted as most clients who use the stop smoking service would not require support from the substance misuse service. The support needs for the different audiences are different and the lack of similarities may reduce the likeliness of stop smoking service users attending an integrated service.
22. An **integrated wellbeing service that is fully delivered by inhouse** staff. This has been considered in case there was not a market.
23. The **funding envelope** allocated has been reviewed and the service scope and expectations have been tailored to what is possible. If it was smaller it would further impact on the service scope and approach, reducing the face to face delivery.
24. **Competitive tender** option was considered and discounted due to the rigid process and the additional risks that may arise due to the new approach that is being followed. The flexibility in the competitive dialogue approach was preferred.
25. A **shorter contract** duration was considered and discounted due to the insufficient stability generated. The new model requires time to develop and embed the new IWS model, for a provider workforce required to engage in significant organisational change and development. A further consideration is that the public health team no longer has capacity to undertake largescale procurement on a more frequent basis.

Reasons for recommendations

26. Emerging evidence and findings from preparatory work completed to date indicates that procuring the proposed service model will provide an effective way to reduce the prevalence and impact of risk factors relating to overweight, physical activity, smoking, alcohol, and for improving mental wellbeing.

Statutory and Policy Implications

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

Crime and Disorder Implications

28. We have considered the links with the Office of the Police and Crime Commissioner, whose officer is a member of the Strategic Advisory Group for the Commissioning Intentions Programme.

Data Protection and Information Governance

29. All information collected as part of the consultation has been stored in line with the data protection principles.

Financial Implications

30. The Service is contained within budget and met from the Public Health grant. We are aware the Public Health Grant may change, therefore we have kept service developments to the agreed budget envelope that is affordable for this service.

Human Resources Implications

31. No HR implications as this is a commissioned service.

Human Rights Implications

32. No known human rights implications, service functions will still be provided and available to the communities across the County.

Implications in relation to the NHS Constitution

33. No known NHS Constitutional implications. Further conversations are taking place with NHS Stakeholders across the County.

Public Sector Equality Duty implications

34. We have considered the equality implications of the consultations reached and completed an Equality Impact Assessment on the process. The document has been uploaded onto the Council's publicised page.

<http://www.nottinghamshire.gov.uk/jobs-and-working/equality/completed-equality-impact-assessments-eqias>

Smarter Working Implications

35. No smarter working implications.

Safeguarding of Children and Adults at Risk Implications

36. No additional safeguarding implications.

Implications for Service Users

37. Service users will receive a new service offer which is integrated and coordinated. This should improve the information and support available to residents across the county.

Implications for Sustainability and the Environment

38. The service model is working within local communities, responding directly to communities needs which will be more sustainable long term.

RECOMMENDATIONS

- 1) To understand the rationale, scope, model and funding of an Integrated Wellbeing Service to support residents to address lifestyle risk factors relating to overweight, poor diet, physical inactivity, smoking, alcohol and improve mental wellbeing.
- 2) To approve the service model, funding allocation, procurement approach and recommended contract duration, and permission to proceed with its procurement. Contract(s) to be awarded to the preferred provider(s) in August 2019 with a target launch date of 1 April 2020.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Rebecca Atchinson, Senior Public Health and Commissioning Manager

Constitutional Comments (LMC 10/09/2018)

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

Financial Comments (KS 10/09/2018)

40. The financial implications are contained within paragraph 23 of the report.

Background Papers and Published Documents

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

- Commissioning Intentions paper – February 2018 – Adult Social Care and Health Committee.

Electoral Division(s) and Member(s) Affected

- All will be effected.

Appendix 1 – Clustering of risk factors

As part of the current set of public health commissioned services, behaviours and issues that can affect health are tackled separately. If an individual smokes and is overweight and wants support to change, then at present he or she has to use two different services provided by two different organisations. If a person smokes, is overweight and wants to drink less alcohol, then she or he has to contact three organisations. Furthermore this model involves more than one organisation maintaining outreach into settings where these potential service users can be reached. Almost two-thirds of the adult population of Nottinghamshire are overweight, 1 in 7 at any one time experience common mental ill health disorders such as anxiety or depression and there are almost 98,000 adults who smoke in the county.

We know a lot about different populations within Nottinghamshire and how (considered separately) rates of smoking, obesity, excessive alcohol use and common mental health vary for these groups. In terms of improving health, some important groups of people in Nottinghamshire are those who have several risk factors. We know a lot less about how these 'clusters' of poor health behaviours are spread across the county. To better understand this issue, Public Health has utilised the Experian Mosaic® dataset, which gathers households and postcodes into similar groups, based on anonymised census, national survey, and other commercial data sets. Some of the questions used to establish these groups include lifestyle behaviours; typically Mosaic suggests that individuals in the same group are more or less likely to smoke, be overweight or feel anxious than people in other groups. This has allowed us to identify population groups where more than one lifestyle risks are likely to cluster. Individuals living in these groups may well need targeted, direct support to tackle several issues. On the other hand, groups where only one lifestyle factor might be an issue might need a lower level of input. Appropriate targeting of resources will lead not only to more efficient and cost-effective services, but will also deliver better health gains for Nottinghamshire residents. There are an estimated 39,500 people across the county who have several of these risk factors

Appendix 2 – Evidence

Evidence for integrating wellbeing services

There is an emerging evidence base on the benefits of integrating public health services. The Kings Fund (2018) highlighted that there is significant co-occurrence of smoking, drinking, physical inactivity and poor diet among individuals in England. It is recognised that these behaviours rarely happen in isolation from each other. However services and policies designed to help people change their behaviours tend to consider these behaviours in isolation and do not consider that many people experience more than one behaviour simultaneously. It is clear that having many risk factors has a negative impact on how long people live life expectancy and how long people live in good health (healthy life expectancy).

Evidence for a community approach

Public Health England suggest that there needs to be a whole-system, partnership approach implemented across healthy lifestyle services, utilising the networks which have been developed in each locality, to ensure integration between the statutory sector and the voluntary and community sector and address community-specific needs. They highlighted that the drivers for integrating health and wellbeing services were varied and included the following;

- To be more financially efficient
- To increase capacity
- To streamline pathways
- To improve user experience
- To respond to client feedback.

Appendix 3 – Summary of findings from market testing

Procurement asked the market about the proposed public health development in a range of ways. This included;

- Formally promoting a series of questions to the marketplace to explore their thoughts on Public Health's commissioning intentions.
- Speaking to neighbouring County Councils to hear their approach and experience
- Speaking to current providers about what they can offer
- Proactively speaking to the market

This proactive approach has helped Public Health to develop the scope and model for their services.

Procurement approached the market to explore their capacity to deliver the Integrated Wellbeing Service. We were keen to find out the following;

- if providers have the technical and professional ability to deliver an Integrated Wellbeing Service, which would allow for a robust competitive procurement process to take place.
- if the proposed model be attractive to Small and Medium Enterprises and the Voluntary Sector.

There were eight Responders who stated that they currently deliver an integrated behaviour/ lifestyle change service.

It was accepted that depending on the scope of Nottinghamshire's Integrated Wellbeing Service there appears, taking their responses at face value and without any challenge or validation, to be at least four of the responders who have the technical and professional ability to deliver a service covering at least the following services: Weight Management, Smoking Cessation and Physical Activity. From observation of OJEU Contract Award Notices since 2015 there are also other Providers who offer a range of Wellbeing Services in scope who did not respond to the Soft Market Testing. Through the competitive dialogue process the scope of the Service can initially involve other services and can be refined to allow effective competition.

An Integrated Wellbeing Service model may suggest a single Provider commissioned to provide all services in scope. This may well prevent smaller organisations (specialists) from bidding in their own right. The Soft Market Testing explored the advantages and disadvantages to this. Responders stated that they have a community development element to their service with engagement with the Voluntary sector. Sub-Contracting is mentioned where local third sector partners are engaged. Procurement received comments relating to creating a 'ring-fencing proportion of budget for third-sector specialists' as part of the Integrated Service. This seems to be a viable option that could be further explored during the competitive dialogue process.

There was a strong focus on the digital or virtual offer (web based systems or telephone support) in other areas and within the market place. This focus allows the number of people seen/worked with to increase but there may be other implications for groups who may like to or have the ability or capacity to use such methods of communication.

Procurement found that there were different offers and approaches available to set up and deliver the service. Two neighbouring areas were bringing services in house to increase their control over and the reach of their behaviour change services. The services were focusing on providing a gateway to a range of public health and wider support services to increase the community capacity.

Appendix 4 – Summary of findings from consultation and engagement

Public consultation was completed over a 10 weeks period between June and August 2018. It included; surveys (electronic and paper), public and stakeholder sessions, and some targeted activity with communities of interest. External support was commissioned from Healthwatch Nottingham and Nottinghamshire (HWNN) who completed additional focus groups with existing groups from across the county identified as having a seldom heard voice. The table below outlines the activities undertaken and the numbers of participants reached.

Consultation Approach	Activity summary	Number of people reached
Survey	A survey was developed and uploaded onto the Consultation Hub. Paper surveys (with prepaid envelopes) provided in community venues and by request. Survey distributed widely through PH contacts, and partners in the County Council, District Councils and CCGs. Our engagement log demonstrates that 43 groups/individuals were initially provided with the link and encouraged to circulate widely.	1044
Engagement sessions	6 engagement sessions were delivered in July 2018, in the North, Middle and South of the County. These sessions explored in models and the approach.	71
Targeted sessions	Emerging gaps were addressed through targeted engagement sessions, these included; <ul style="list-style-type: none"> • Attendance at Youth Parliament (18 July 2018) • Session for deaf community (8 August 2018) • Attending Pride (Nottingham) (28 June 2018) 	12 3 n/a
Healthwatch focus groups	9 consultation events completed over June and July 2018.	68

The consultation focused on:

1. Understanding views about what improves or prevents health and wellbeing
2. The range of means by which people seek health information
3. Experience of using current behaviour change services
4. Views on the acceptability/desirability of the scope of the services
5. Considerations about orienting specific services towards a remit which is all-age or targeted at specific ages
6. The locations and settings in which services would be best delivered.

General feedback

The public consultation highlighted the importance of health behaviours and the wider determinants of health role on individuals' health and wellbeing. These included physical activity, strong relationships, being valued, housing, environment,

employment, good public transport, good community services and having easy access to healthcare.

The public preferred health information to be delivered face to face however the role of technology was identified as an opportunity. Healthcare professionals would be the preferred choice for accessing health information but there was also a strong role for family and friends, wider health settings, voluntary groups identified.

Those who had accessed services believed that the help was not given for long enough or sessions were too short. Accessibility was a problem for some, but others were happy with the opening hours and locations of the sessions. The sessions were considered to be friendly but costs could be prohibitive. Those who have accessed services were generally satisfied with the results they had achieved.

There was generally a good level of support for an integrated behaviour change service. It was noted that a 'one stop shop' approach to health behaviours with a single point of access would be desirable. There were some concerns that practitioners may not be specialists and skills may be diluted. A longer term approach with a consistent name and practitioners would be needed to embed the service in the community. There was some suggestion that separate sessions may be needed for smokers.

There was support for an all age service but it was highlighted that there may need to be some different communication and promotion methods used to meet the different age groups requirements. There is ongoing consultation with young people's services to ensure a service which best meets their needs. It was identified as a positive that service users would not get lost in the system when they reached a certain age. There was less support for a family based service.

There was strong feedback that the services should be delivered locally, within communities. Primary care was the preferred location for service delivery, however a range of community venues such as community centres, leisure centres and libraries had strong support. It was also identified that the voluntary sector has a role to play. There was further indication to support the presence of a digital offer for those who could not travel or would prefer this option. A fifth of respondents called for a home based option.

Healthwatch completed a separate and objective evaluation with 'seldom heard' communities. They found the following;

- Participants outlined their barriers and solutions which were grouped into themes i.e. institutional, psychological, financial, geographical and environmental. These included such matters as not knowing where to go, delays once referred, how mental health issues had led to unhealthy behaviours, cost of healthy foods, distance to services and treatments that did not suit them.
- Focus groups and semi structured interviews indicated that the majority of people were in favour of an integrated wellbeing service in their local areas that starts with addressing their mental wellbeing - described as the underlying factor leading to unhealthy behaviours. Opinion was split as to whether a family or separate service for adults and children and young people would be most appropriate.

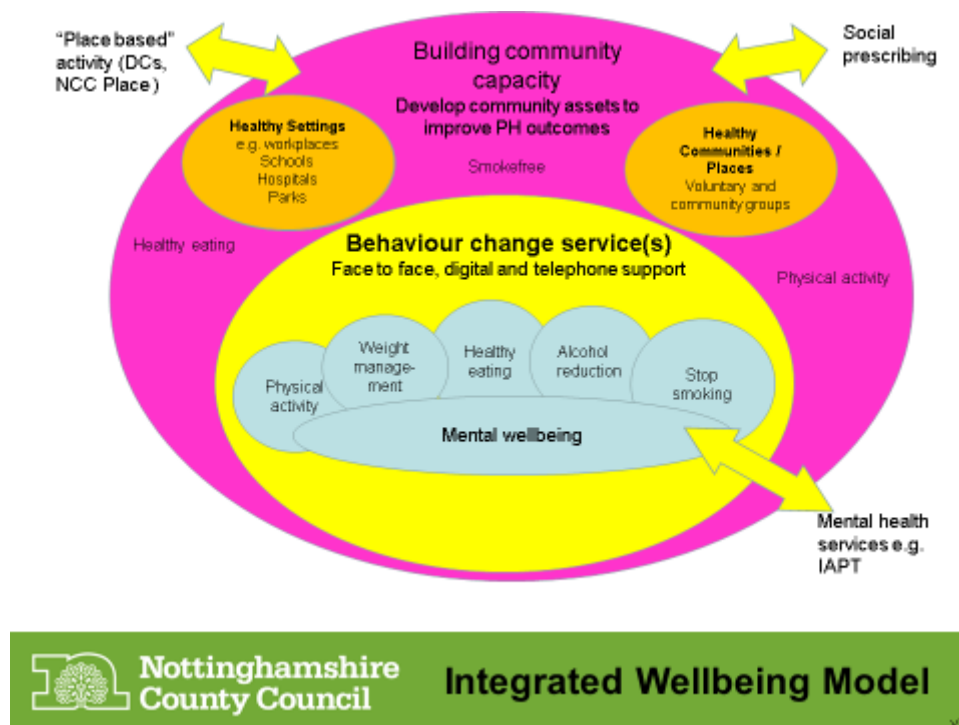
Healthwatch recommended that the Council commission an integrated service in local areas which has mental wellbeing at its core. This service needs to be easily identifiable and have flexible access which responds to individual needs in a timely manner. The overview report from Healthwatch is available on request

There will be an additional consultation evaluation reports completed and shared with the districts, outlining the local issues and how responses were similar/different from the County wide overview.

Appendix 5 – proposed model for an Integrated Wellbeing Service

The proposed Integrated Wellbeing Service (IWS) Model will be ‘community’ focused. What we mean by this is a service which seeks to work with groups within their local communities. The IWS model will have two key elements;

- Building community assets linking with ‘Place based’ developments, CCG lead social prescribing programmes and mental health services
- Behaviour change support, face to face, digital and telephone support.



The Integrated Wellbeing model brings services together and provides information, assessment and support within one service (virtually or in person). The service will deliver specialist behaviour change support and do this in the context of all the wider services that are in the local community. The service will be linked directly to community services which have a role in improving wellbeing. This link will develop through the term of the contract and healthy lifestyle information forming “healthy communities” and “healthy settings”.

The model will refocus the behaviour change services and encourage signposting into community support services. The residents will have access to a wider variety of opportunities to gain information and support at a time that works for them. Mental wellbeing will be a key part of the service and underpin all the behaviour change elements.

We expect the new service model to improve the offer and experience of residents, by developing community based opportunities that are local and sustainable. The table below highlights how the new service will differ from what is currently provided and how the users experience will improve.

Current approach	New approach
<p>Four organisations providing information and support.</p> <p>Single services for weight management, increasing physical activity and healthy eating.</p> <p>Alcohol identification and brief advice is delivered alongside the substance misuse services.</p> <p>Workplace wellbeing support, Making Every Contact Count (MECC) and the tobacco declaration is provided by the NCC Public Health team.</p> <p>Services are delivered in communities, within community venues.</p> <p>People with multiple risk factors are cross referred and need to go to multiple services to gain the information and support, sharing their story several times.</p> <p>There is no service focusing on supporting people with their emotional wellbeing. Some services do provide it, but it is measured in a variety of ways, making the additional value difficult to ascertain.</p>	<p>A single Integrated Wellbeing Service (IWS) will focus on behaviour change in relation to stop smoking, physical inactivity, obesity and poor diet, low level alcohol use, and mental wellbeing. This will follow a community asset based approach, not just working 'in' communities but working 'with' communities.</p> <p>Behaviour change service will link with the wider offers in the community and provide additional resource to develop 'healthy communities' and 'healthy settings'.</p> <p>Individuals will be required to share their story once and then supported to make the changes, one after the other or simultaneously, as preferred by the individual.</p> <p>Improving mental wellbeing will be at the heart of all the behaviour change activity.</p> <p>The virtual support will include a forward thinking digital offer that will be responsive to the changes in the community and technological advances, to ensure health and wellbeing information and support is available out of office hours.</p> <p>The face to face support offer will be targeted to those requiring specialist support. This will be underpinned by the digital offer to improve monitoring and evaluation.</p>

8 October 2018

Agenda Item: 7

REPORT OF DIRECTOR OF PUBLIC HEALTH

SUBSTANCE MISUSE SERVICE

Purpose of the Report

1. Describe the rationale, scope, model and funding of an all age substance misuse service to support residents to recover from substance misuse (drugs and/or alcohol).
2. Seek approval for the service model, funding allocation, procurement approach and recommended contract duration, and permission to proceed with its procurement with a launch date of the 1st April 2020.

Information

Background and context

3. Substance misuse (drugs and/or alcohol) is associated with a wide range of physical and mental health issues as well as broader social issues including homelessness, unemployment, criminal activity and anti social behaviour, which adversely affect individuals, families and communities (Public Health England, 2014a). The financial costs of alcohol related harm to society nationally is £21.5 billion and the cost of illicit drug misuse is £10.7 billion. For Nottinghamshire, the costs are estimated to be £31.8 million each year for alcohol related harm and £15.8 million for illicit drug misuse.
4. Addressing substance misuse is therefore a key national priority. [The National Drug Strategy 2016](#) continues to promote sustained recovery from drug misuse and acknowledges the importance of a whole life approach with a focus on education and prevention. [The National Alcohol Strategy 2012](#) focusses on reducing the number of people drinking excessively and making 'less risky' drinking the norm. A new national alcohol strategy is due early 2019.
5. Estimates published in the Nottinghamshire Joint Strategic Needs Assessment indicate that there could be at least 172,725 Nottinghamshire residents who could benefit from a substance misuse intervention because they misuse substances frequently and an estimated 26,068 dependent on substances which have health harming effects. Alcohol represents the greatest need. It is estimated that there are approximately 4436 dependent opiate and/or crack users and approximately 21,632 dependent on alcohol. For young people specifically, it is estimated that 665, 10-17 year olds are misusing drugs and 5114 young people are drinking at increasing

and higher risk levels. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

6. There are emerging needs for some vulnerable adults in each Nottinghamshire district (approx. 15 to 30 people depending on the district) who are using New Psychoactive Substances (NPS). These groups of people have attracted some public and media attention which has prompted a focus on the support available for them. Nottinghamshire County Council (NCC) is engaged with partners including local NHS and Police through the Safer Notts Board and Community Safety Partnerships to develop arrangements for supporting these adults to access appropriate services through an assertive outreach approach. It is worth noting that the individuals who are using NPS tend to be long standing misusers of other substances, e.g. opiates and alcohol.

Current substance misuse services in Nottinghamshire

7. In Nottinghamshire there are currently 3 separate services which support residents and families with substance misuse. These services are:
 - a. A community adult SM service
 - b. A community young people (YP) SM service
 - a. What about Me (WAM) which supports children and young people whose parents misuse substances
8. The current adult SM contract is co-commissioned by Nottinghamshire County Council and the Police and Crime Commissioner (PCC). The PCC contribute £316,260.00 (3.6% of the total contract value). Change Grow Live (CGL) are the current provider and they consistently exceed contractual targets.
9. The PCC is undertaking a review of the Criminal Justice SM pathway in order to inform a decision by the PCC about their future investment and possible co-commissioning of criminal justice SM services with Nottinghamshire County Council. The PCC is due to publish the recommendations arising from its review in October 2018.
10. The current young person SM service is commissioned by Public Health and provided by Nottinghamshire Healthcare NHS Trust until October 2018 when it transfers to CGL.
11. The WAM service is commissioned by Public Health and is provided by Nottinghamshire Healthcare NHS Trust. WAM is currently under review and a decision is yet to be made about the future delivery model.
12. Nottinghamshire SM services are open to anyone who wishes to access substance misuse support. In 2016/17 the adult SM service supported 11,500 adults. The young people SM related services supported 300 young people in the same year.
13. All of the above mentioned contracts expire on the 31st March 2020.
14. At the February 2018 meeting, the Adult Social Care and Public Health Committee considered the recommissioning of a range of services including those relating to substance misuse. Approval was given to develop and consult on these commissioning intentions including the option of adopting an all age approach to substance misuse.

Proposed model for substance misuse service

15. It is recommended that the all age SM service is commissioned as a service which is separate and distinct from the proposed Integrated Wellbeing Service. This is because it serves a distinct group of residents many of whom present with multiple and complex vulnerabilities (including homelessness, offending and mental health needs) and represent a high clinical risk. The interventions require intensive clinical support from specialists. In soft market testing, potential providers confirmed that the SM service should remain a separate service to that of the Integrated Wellbeing Service. If the service were to be commissioned as a part of the Integrated Wellbeing Service it is also likely to involve some increased procurement risks (e.g. lack of providers able to deliver the full range of functions required).
16. The proposed all age SM service will be responsible for the whole pathway and incorporate a family based model (see Appendix A for the proposed service model) to support all individuals recover from their substance misuse. This all age approach will combine all three current substance misuse services (community adult SM service, community YP SM service and WAM). However, it is worth noting that even though it will be one service commissioned there will be different age appropriate interventions for both adults and young people. The rationale for taking an all age approach are:
- Consistent emphasis on recovery across all ages of those accessing the SM services.
 - Improve transition arrangements from young person into adult SM services which are more person-centred and integrated. Transition will take place when the young person is ready to transition into an adult provision rather than when they reach their 18th birthday.
 - Ability to track and keep in touch with young people who have previously accessed YP SM service as they become adults.
 - Enables assessment and co-ordination of intergenerational and whole family SM support.
 - Easier for professionals to refer into one service particularly if a family approach to tackling substance misuse is required.
 - Consolidation into a single service creates potential for service efficiencies, and improved consistency of approach to quality, clinical governance and supervision arrangements.
 - A focus on prevention and early intervention with an emphasis on young people to prevent substance misuse into adulthood.

Finance

17. The current NCC Public Health investment in all three SM contracts totals £8,570,135 per year. This financial envelope will be used to develop a SM all age service across the county.

Procurement process and contract length

18. It is recommended that the officers approach the procurement using competitive dialogue. Competitive dialogue is used when we are unable to specify the requirements or cannot assess without in-depth dialogue what the market can offer in terms of technical, financial or legal solutions. It may be highly beneficial in circumstances where greater flexibility is needed, e.g. for highly complex and risky projects where bidders will have a major role in defining the solution or where Open or Restricted Procedure may not deliver the expected outcomes.

19. While Committee should feel confident that the intended outcome of the proposed service (recovery from substance misuse) is settled, it would be beneficial to make detailed definition of the service subject to the further discussion with the market which competitive dialogue enables. This is because further opportunities and considerations may be highlighted as discussions with potential providers develop. Competitive dialogue will enable officers to incorporate provider proposals and innovations.
20. As officers better understand some of these opportunities and considerations, there may need to be trade-offs made between what is affordable and most desirable within the financial envelope. Competitive dialogue will also enable the authority to defer the decision about whether to contract with a single provider, or with a lead provider who manages subcontracts.
21. It is recommended that the contract length should be up to 8 years, comprising an initial contract term of 4 years with options to extend by up to four years. (4+2+2). The primary rationale is to attract a suitably experienced provider and provide stability to a clinical service working with vulnerable individuals. A further consideration is the resource constraints within the Public Health team for undertaking largescale reprocurement on a more frequent basis.
22. There will be a break clause included to manage the risk that reductions to the revenue received by the Authority for investing in Public Health will be greater than the planning assumption set out and approved in February 2018.

Commissioning and procurement risks

23. Key commissioning and procurement risks and mitigating factors have been considered, please see below for detail.

Risk	Mitigating factor
There is a lack of interest from potential providers in delivering a SM contract in Nottinghamshire	This is unlikely given the expressed interest by local and national SM providers in the Soft Market Testing in June-July 2018
Following the PCC review of the criminal justice substance misuse pathway the PCC decide not to co-commission with NCC Public Health	NCC Public Health will continue to commission a substance misuse service for all Nottinghamshire residents irrespective of referral route and work closely with PCC to ensure good integration with criminal justice pathways
Demand for SM service exceeds the level of investment available	This will be managed by prioritisation of the most vulnerable groups who misuse substances with the continuation of a dedicated provision for young people

Next Steps and subsequent Committee Involvement

24. Subject to approval by Committee, the next steps and key milestones are as follows:

November 2018	Invitation to tender
January 2019	Selection of potential providers
February 2019	Invitation of potential providers to participate in competitive dialogue

March- May 2019	Competitive dialogue sessions with potential providers
August 2019	Award contract
October 2019- March 2020	6 month mobilisation
April 2020	Service go live and operational

Other Options Considered

25. Recommissioning the SM service as part of the IWS was considered and discounted as the SM service is a high risk clinical service and requires intensive specialist clinical support.

Reasons for Recommendation

26. The primary reason for the recommendation to commission an all age SM service is that it provides the most effective and cost effective way to reduce SM related harm across all ages.

Statutory and Policy Implications

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

Crime and Disorder Implications

28. The links between SM and the criminal justice system have been considered. The PCC is a member of NCC Public Health’s strategic commissioning advisory group. The PCC is currently undertaking a review of the criminal justice element of the SM pathway after which their future commissioning intentions will become clearer. NCC Public Health intend to commission SM service for all residents that is inclusive of the criminal justice pathway.

Financial Implications

29. The current NCC Public Health investment in all three SM contracts totals £8,570,135 per year. This financial envelope will be used to develop a SM all age service across the county. The SM contract will be funded from the Public Health Grant, within the budget envelope that is available for this service. If the PH Grant changes, the SM service will keep to the budget envelope that is affordable for this service.

Human Rights Implications

30. No known human rights implications, service functions will still be provided and available to the communities across the County.

Implications in relation to the NHS Constitution

31. No known NHS Constitutional implications. Further conversations are taking place with NHS Stakeholders across the County.

Public Sector Equality Duty implications

32. We have considered the equality implications of the consultations reach and completed an Equality Impact Assessment on the process. The document has been uploaded onto the Council's publicised page.

<http://www.nottinghamshire.gov.uk/jobs-and-working/equality/completed-equality-impact-assessments-eqias>

Smarter Working Implications

33. No smarter working implications.

Safeguarding of Children and Adults at Risk Implications

34. No additional safeguarding implications.

Implications for Service Users

35. Service users will receive a new service offer which is integrated and coordinated. This should improve the information and support available to residents across the county.

Implications for Sustainability and the Environment

36. The service model is working within local communities, responding directly to communities needs which will be more sustainable long term.

RECOMMENDATIONS

It is recommended that the ASCPH Committee:

- 1) Approves the commissioning of an all age substance misuse service for Nottinghamshire.
- 2) Approve an initial contract duration of four years along with options to extend it subsequently, if required, up to a total of 8 years.
- 3) Undertake procurement for an all age substance misuse service via a competitive dialogue approach with Committee informed as soon as the contracts are let.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Sarah Quilty, Senior Public Health and Commissioning Manager
Tristan Snowdon-Poole, Public Health and Commissioning Manager
Nick Romilly, Health Improvement Principal

Constitutional Comments (LMC 10.09.2018)

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

Financial Comments (DG 07.09.2018)

38. 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.

- Commissioning Intentions paper – February 2018 – Adult Social Care and Public Health Committee.
- Commissioning Intentions paper Integrated Wellbeing Service – October 2018 – Adult Social Care and Public Health Committee.

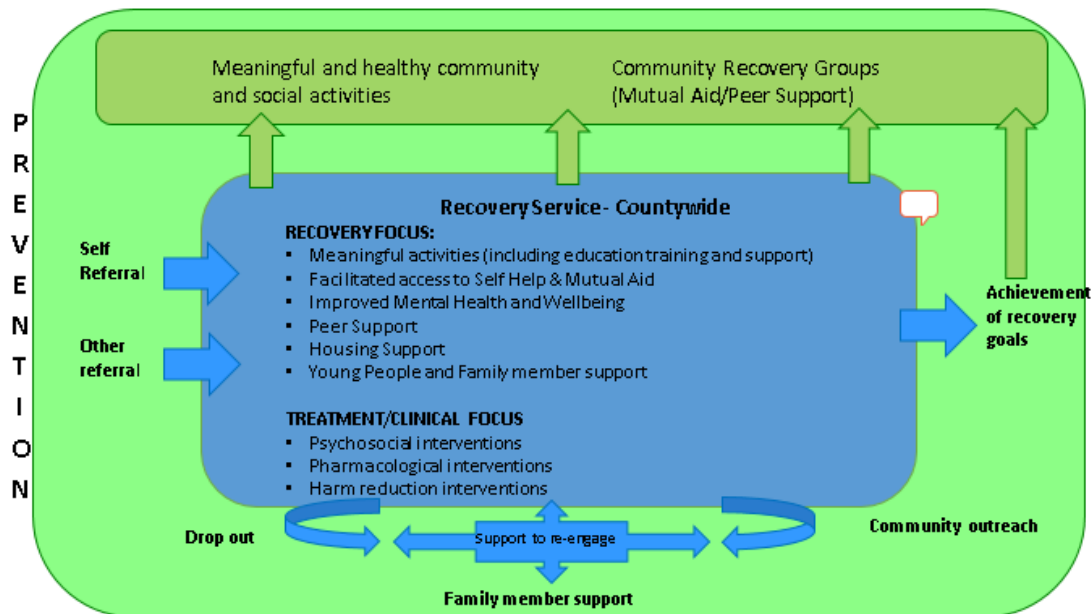
Electoral Division(s) and Member(s) Affected

- All will be effected

Appendix A – Proposed All Age SM Service Model

This approach would not be unique to Nottinghamshire, other Local Authorities (LA) in the East Midlands that have one service working across YP and adults include Leicester, Leicestershire and Rutland and Lincolnshire. Similar approaches have been in place other LA for four years or more e.g. Plymouth and Somerset.

Aspiring for a all age system that empowers individuals to achieve and sustain abstinence



8 October 2018

Agenda Item: 8

REPORT OF THE TRANSFORMATION DIRECTOR, ADULT SOCIAL CARE AND PUBLIC HEALTH

PROGRESS REPORT ON IMPROVING LIVES PORTFOLIO

Purpose of the Report

1. To provide an update to the Committee on budget savings delivered by the Adult Social Care and Health (ASC&H) department in 2017/18.
2. To provide a progress report to the Committee on the Improving Lives Portfolio, which is the programme of work delivering service transformation and budget savings for the Adult Social Care and Health department over the period 2018/19 to 2020/21, excluding Public Health, and seek approval to receive a further update report in the next three to six months.
3. To seek approval to increase the amount of savings that can be delivered by the Transitions/Preparing for Adulthood project by £50,000, to a total of £100,000, for 2019/20 and by £50,000, to a total of £100,000, for 2020/21.
4. In order to support the development of Housing with Care, to seek approval to establish a temporary Project Manager (Band D) post and a temporary Programme Officer (Band B) post for three years from 1st April 2019 to 31st March 2022.
5. In order to effectively contract manage all existing Housing with Care schemes and partnerships on an ongoing basis, to seek approval for the temporary Strategic Commissioning Officer (Band C) post, within the Strategic Commissioning Team, to be made permanent.

Information

6. The Improving Lives Portfolio of work is split across three programmes each containing a number of projects. As agreed by Adult Social Care and Public Health Committee in March 2018 and Improvement and Change Sub-Committee in June 2018, future reporting on saving achievements will be completed at a programme level. The Programme Status Report, attached as **Appendix 1**, provides both a summary of cashable savings at a programme level as well as a status report, linked to project activity measures, for the projects contained within each programme. More information on the Improving Lives Portfolio, its programmes and the projects it contains can be found in the Newton Advice Appendix referenced in the background papers.

7. An Improving Lives Portfolio project exceptions and mitigating action summary (as at July 2018) can be found at **Appendix 2**. This provides further detail on project exceptions outlined within Programme Status Report (**Appendix 1**). Within a portfolio of programmes of the scale of that being undertaken by the department, it is to be expected that some projects within a programme will experience obstacles; whilst this ultimately may result in difficulty in meeting some of the savings, it will not always result in the programme that the project sits within being reported as experiencing obstacles, if other projects within the programme are able to achieve the overall programme savings target.
8. As reported when approved by Adult Social Care and Public Health Committee and Improvement and Change Sub-Committee, the move to programme level reporting will not reduce the level of scrutiny applied to projects. Instead, there will be an improved focus on monitoring the impact of the project activity on contributing to the cashable savings at a programme level. The project activity measures are being developed in consultation with Finance colleagues. The Department will keep the measures under regular review, with guidance from Finance colleagues, to provide assurance that the right activities are being measured. This will then resolve the growing issue of interdependencies between projects and the work required to unpick this.
9. The Quarter 1 Adult and Health Improvement and Change Portfolio update, required for Improvement and Change Sub-Committee, is attached at **Appendix 3**.
10. Nottinghamshire County Council, like other local authorities, currently faces unprecedented financial pressures and, whilst significant savings have been made, a £54 million funding gap still exists for future years. The Adult Social Care and Public Health Department has already delivered savings of £95m between 2011 and 2017/18. The Improving Lives Portfolio aims to deliver additional adult social care savings of £17.83 million between 2018/19 and 2021/22. Alongside the Improving Lives Portfolio, the Adult Social Care Strategy sets out the guiding principles for the delivery of adult social care in Nottinghamshire to ensure that it is effective, can meet the needs of Nottinghamshire's people now and in the future, and is fully compliant with the Care Act 2014. The strategy document recognises that the Council is changing and explains how the Council will continue to work with people, involve them in decisions about their care and support needs and ensure that their expectations are realistic.

ASC&H Department's Savings and Efficiency Programme 2017/18

11. In 2017/18 the validated savings for the ASC&H department was £12.821m; this was against a savings target of £10.345m and reflects an over-achievement of savings of £2.476m.
12. Below is a breakdown by project showing under and over achievements that resulted in the year end net position of £12.821m savings achieved.

A combination of projects over achieved to the total value of £2.883m summarised as:

- £1.919m in Improving Collection of Continuing Healthcare funding
- £0.461m in Reducing the Costs of Residential Placements – Adults 18-64 years
- £0.286m in Targeted Reviews

- £0.161m in Promoting Independence in supported living and outreach services - Adults 18-64 years
- 0.056m in Preparing for Adulthood.

A combination of projects under-achieved to the total value of £0.407 summarised as:

- £0.156m in Reduction in long-term care placements
- £0.120m in Integrated Community Equipment Loan Scheme (ICELS)
- £0.071m in Direct Payments
- £0.060m in Maximise the income available to the Council's directly provided adult social care services.

This brings the net over-achievement to £2.476m.

13. This brings the ASC&H department's delivered efficiency savings over the period 2011/12 to 2017/18 to £95m.
14. The department's remaining approved savings targets, to be delivered by the Improving Lives Portfolio between 2018/19 and 2020/21, is profiled below:

2018/19 £m	2019/20 £m	2020/21 £m	Total £m
8.569	5.682	3.580	17.831

Summary of Savings position for 2018/19

15. The combined impact of anticipated over-achievement of savings against some programmes, and under-achievement of savings against others is an over achievement of £4.920 million.

16. This is made up of:

An over achievement of £5.064m in the Promoting Independence Interventions Programme. This is linked to over achievements in the following key areas:

- Reduction in long-term care placements for Adults 18-64 years
- Targeted Reviews
- Improved Collection of Continuing Health Care.

An under achievement of £0.144m in the Direct Services and Commissioning programme. This is linked to under achievements in the following key areas:

- Investment in Shared Lives
- Integrated Community Equipment Loan Scheme
- Maximise the income available to the Council's directly provided adult social care services.

17. As reported in **Appendix 1** there are individual projects within the Promoting Independence Intervention Programme that (as at 31 July 2018) are experiencing obstacles or at risk and

reporting savings at risk or slippage. However, mitigations are in place to address these and the overall the total combined impact is a significant over achievement of savings for this programme.

18. This over-achievement of savings in 2018/19 is helping to address the current in-year budget pressures.

Looking ahead to future years

19. For 2019/20 the department is currently projecting a net over-achievement of £0.160m.
20. Looking at the three year period 2018/2019-2020/2021, overall the Improving Lives Portfolio is projected to over-achieve its £17.831m savings target by £5,080m bringing the projected savings to £22.911m. This is in addition to the over delivery from previous years of £3.316m (£2.476m of this was in 2017/18) and has been factored in to future years' budgets for the department.
21. The overall departmental position in terms of agreed budget savings, including savings at risk, is contained within the body of the financial monitoring report that is considered by the Finance and Major Contracts Management Committee, and its associated appendix. Any change requests approved by the Improvement and Change Sub-Committee to amend projects' savings targets and / or their profile of savings are also reported to Finance and Major Contracts Management Committee, as are requests for base budget adjustments.
22. Any relevant reports taken to these Committees in the current financial year are available as background papers.

Increased savings target for Transitions/Preparing for Adulthood

23. There is an existing Transitions/Preparing for Adulthood project with a savings target of £220,000 from 2017/18 to 2020/21. Savings are already being delivered as a result of dedicated Transitions staffing capacity working with individuals to maximise their independence and identify support available within the community. The target for the project in 2017/18 was £60,000, but the interventions have delivered savings of £116,000 in year and £231,000 full year effect. It is felt that the number of interventions undertaken by staff during 2017/18 and the level of savings can be sustained as there is a continuous intake of new cases. There is now additional capacity for transition cases and the Notts Enabling Service (NES) is now working with people from age 17 and taking referrals directly from the Customer Service Centre. For 2018/19, any surplus savings achieved will be required to offset any overspend against the wider budget for adults aged 18-64. Therefore, it is proposed that the savings targets set against the project are increased as follows:
 - 2019/20 target of £50,000 increased to £100,000
 - 2020/21 target of £50,000 increased to £100,000
24. In addition, the project will continue to explore other areas that may deliver additional savings.

25. No additional impact on staff or service users is anticipated as a result of these increased savings targets as they are based on current level of interventions.

Resources to support the development of Housing with Care

26. Following a recommendation by the Adult Social Care and Public Health Committee, the Council's Housing with Care Strategy 2018-2025 was approved at Policy Committee in June 2018. The strategy aims to work with key partners to deliver 1,015 additional units of Housing with Care by 2025. Initial planning aims to use a range of development models in order to provide 237 of these by the end of 2021/22. This builds on the financial business case that has successfully delivered recurrent savings of £188,000 in 2015/16, with a further £199,000 savings planned to be delivered linked to schemes due to open between April 2018 and June 2019.
27. The Council's aspiration is for people to remain living in their own homes and avoid unnecessary moves for as long as possible. As people's support needs increase, however, it becomes difficult to manage some risks by supporting people individually in their own homes, especially overnight. Housing with Care offers a cost effective alternative to residential care through providing access to 24 hour on call support to people living in their own apartments/bungalows, within an overall scheme. The Council will arrange for care and support services to be provided to eligible tenants who live in the agreed number of nomination units that the Council has per scheme. National research has evidenced improved independence, health and wellbeing outcomes for people living in Housing with Care schemes by delaying the need for higher levels of care. Therefore this is also an opportunity to provide a long term cost effective solution for people with much lower levels of need.
28. Lead in time and resources are required to develop new schemes either through re-purposing sheltered housing schemes or building new Housing with Care schemes. The delivery of further savings will therefore predominantly be after 2022 onwards. The Council will need to work with a wide range of partners including district and borough councils, local Registered Providers (RPs) of housing, health and homecare providers. Temporary Project Management resources are required in order to:
- engage partners in planning and designing the schemes
 - develop and monitor the full detailed implementation plan for the strategy
 - identify and secure external funding e.g. grants
 - establish formal partnership arrangements
 - monitor and evaluate outcomes.
29. Therefore, it is requested that the following temporary posts are established for three years from 1st April 2019 to 31st March 2022:
- 1 FTE Project Manager (Band D) at £55,665 p.a
 - 1 FTE Programme Officer (Band B) at £45,776 p.a

These posts will be funded from departmental reserves.

30. The Council already has a number of schemes and this project will significantly increase these. Permanent resources are now required in the Strategic Commissioning Team to

effectively contract manage all Housing with Care schemes and partnerships on an ongoing basis to ensure their quality, efficiency and effectiveness.

31. It is therefore requested that the following temporary post is made permanent:
 - 1 FTE Strategic Commissioning Officer (Band C) at £52,076 p.a, the post net off the gross saving.
32. This proposal seeks to implement phase 1 of the Council's Housing with Care Strategy. The aim is to work with key partners to deliver new schemes that will provide 237 additional units by the end of 2021/22, to which the Council will have nomination rights and will provide care and support services into. Savings will be delivered through delaying and avoiding the use of residential care, as well as reviewing whether changes to the way that current individually purchased care provided in existing sheltered schemes could be better co-ordinated. It is proposed that these additional units will provide savings of £371,000 between 2019/20 and 2021/22.

Other Options Considered

33. No other options on reporting have been considered as this is the method of reporting approved by Adult Social Care and Public Health Committee and Improvement and Change Sub-Committee.

Reason/s for Recommendation/s

34. To keep the progress of the Improving Lives Portfolio under review by Committee.
35. To increase the current savings amount achieved across the department.

Statutory and Policy Implications

36. 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

37. 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

38. Progress, as at the reporting period ending 31st July 2018, in achieving the 2017/18 to 2020/21 savings targets for each existing project is detailed in **Appendix 1**.

39. The existing Transitions/Preparing for Adulthood project savings target of £220,000 from 2017/18 to 2020/21 has been increased by £100,000 as follows:
- 2019/20 target of £50,000 increased to £100,000
 - 2020/21 target of £50,000 increased to £100,000.
40. To support the development of Housing with Care, the establishment of the following temporary posts has been requested for a period of three years from 1st April 2019 to 31st March 2022.
- 1 FTE Project Manager (Band D) at £55,665 p.a
 - 1 FTE Programme Officer (Band B) at £45,776 p.a
- These posts will be funded from Departmental reserves at a total cost of £304,323 for the three years.
41. A request has also been made that 1 FTE Temporary Strategic Commissioning Officer (Band C), in the Strategic Commissioning Team, is made permanent at a cost of £52,076 p.a.

Public Sector Equality Duty implications

42. The equality implications of the ASC&H savings and efficiency projects have been considered during their development and, where required, Equality Impact Assessments undertaken.

Human Resources Implications

43. The Project Manager and Programme Officer grades are pending full job evaluation.

Implications for Service Users

44. As above, the implications of the savings projects on service users have been considered during their development.

RECOMMENDATION/S

That Committee:

- 1) agrees to receive an update report in the next three to six months, and that this be included in the Committee work programme.
- 2) approves the proposed increased savings target for the Transitions/Preparing for Adulthood project by £50,000 to a total of £100,000 for 2019/20 and by £50,000 to a total of £100,000 for 2020/21.
- 3) approves the establishment of 1 FTE Project Manager (Band D) post and 1 FTE Programme Officer (Band B) post from 1st April 2019 to 31st March 2022

- 4) approves the permanent establishment of a 1 FTE temporary Strategic Commissioning Officer (Band C), the post net off the gross saving.

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Adult Social Care and Public Health

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Constitutional Comments (LM 25/09/18)

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

Financial Comments (OC 20/09/18)

46. The financial comments are contained in paragraphs 38 to 41 of the report.

Human Resources Comments (SJJ 20/09/18)

47. The Project Manager & Programme Officer posts are awaiting an indicative evaluation to determine the grade. Once a grade has been confirmed these posts will be appointed to on fixed term contracts and along with the permanent post be recruited in line with the County Council's recruitment procedure.

Trade Union Comments

48. This report has been shared with Trade Union colleagues.

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.

- [Nottinghamshire County Council Housing with Care Strategy 2018-2025](#) report to Adult Social Care and Public Health Committee on 16th April 2018
- [Housing with Care Strategy](#) report to Policy Committee on 20th June 2018
- [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
- [Appendix Assessment and Advice Newton](#) - to Adult Social Care and Public Health Committee on 12th March 2018
- [Monitoring of savings in Adult Social Care](#) report to Improvement and Change Sub-Committee on 25th June 2018

- Programmes, Projects and Savings – Quarter 1 - report to the Improvement and Change Sub-Committee on 4th September 2018
- Progress Report on Savings and Efficiencies - report to Adult Social Care and Public Health Committee on 16th April 2018
- Progress Report on Savings and Efficiencies - report to Adult Social Care and Public Health Committee on 11th December 2017
- Progress Report on Savings and Efficiencies - report to Adult Social Care and Public Health Committee on 10 July 2017
- Progress Report on Delivery of Programmes, Projects and Savings - report to the Improvement and Change Sub-Committee on 26 September 2017
- Financial Monitoring Report: Period 5 2017/2018 - report to Finance and Major Contracts Management Committee on 16 October 2017
- Equality Impact Assessments.

Electoral Division(s) and Member(s) Affected

All.

ASCPH586 final

Improving Lives Portfolio - Programme Status Report Update for ASCH Committee

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets (£000)s				Savings at Risk / Slippage / Over delivery (£000)s				Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	Total (£000)s	Previous Years (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s			
	Improving Lives Portfolio	On Target	On Target	Better		8,569	5,682	3,580	17,831	-3,316	-4,920	-160	-8,396	22	-8,418*	The overall portfolio status is on target. The Status remains On Target despite some programmes and project experiencing obstacles as there are a number of other projects expected to over achieve, including Targeted Reviews and Continuing Health Care and therefore in 18.19 and 19/20 we are forecasting to overachieve savings targets. Whilst this is a positive position, there are a number of projects that are not currently achieving their activity measures, that unless mitigated could impact on future years savings such as Reablement. Early Resolution is also experiencing obstacles as is not
ASCH 801	Promoting Independence Interventions This programme of work will look at changes across 3 main areas detailed below:	On Target	On Target	Same		7,027	3,328	2,321	12,676	-3,496	-5,064	-100	-8,660	22	-8,682	This programme is on target to over achieve savings in 18/19. This is largely down to the targeted reviews and continuing health care. Some projects are not achieving the activity they have set out to achieve and hence will be marked as 'at risk' or 'experiencing obstacles' and mitigating activity is planned to address this in each case.
	Interventions for Adults aged 65+: This work brings together 4 areas of activity: •Improve best practice and decision making in support planning (including in hospital settings). •Increase capacity in reablement •Ensure short term provision is used to maximise independence •Greater provision of Housing with Care (Extra Care). Outcomes the programme will support: •More adults aged 65+ completing START reablement. • A shorter average time spent in START, helping to increase capacity. • More service users will have benefitted from appropriate short term intervention, to support them to greater levels of independence. • Greater sharing of best practice will allow for improved consistency in support planning across teams, leading to improved outcomes for service users. • More service users are on a more appropriate pathway, giving them a more independent ongoing level of care.	On Target	On Target	Same	OT	Reablement: Work is ongoing to increase capacity within the reablement service to allow more people to access the service. The number of people completing reablement during June 2018 was below target. The target for June was 152 and the actual was 135. However, this is for activity target is for the wider reablement work and not just the currently approved savings (£185k, 18/19). It is anticipated that the current savings target will be achieved but further work is being undertaken to confirm the average cashable saving per service user.										
					OT	Best Practice in Support Planning: This is an overarching theme within the Improving Lives programme and builds on work already undertaken last year to review and quality assure support planning guidance and practice. Project based activity and savings targets have been identified for both Older Adults and Younger Adults services and the key milestones for this are being defined and developed.										
					OT	Better Support for Hospital Discharge Project: Development of a dashboard for monitoring Hospital Discharges is underway, the development is to be split into three phases. Phase one which will gather information directly from MOSAIC is on track. Once the dashboard is finalised it will provide an overview of the packages people receive at point of discharge and their outcomes and will support the commissioning of the most appropriate packages.										
					EO	Housing with care: Of the three schemes to open this year, one scheme successfully opened to time and on track. One scheme is delayed by 4 months. In the new scheme there are 6 vacancies still to be filled out of 30 units. This Projects Experiencing Obstacles status is not impacting the overall programme status due to the low level of savings associated with this project (£147k).										
	Interventions for Adults aged 18-64: The overall aim of this work is to ensure service users are supported to live as independently as possible with a good quality of life. This work will focus across three areas below: • Promoting independence in current settings. • Supporting service users to live as independently as possible. • Preparing for Adulthood – Improving Transitions between Children's and Adult's Services. Outcomes the programme will support: • Reduction in the number of support / outreach hours commissioned in existing settings (eg supported living schemes / residential care) through active reviewing and better use of shared hours and negotiations with providers. • More people supported to move into a more independent setting (eg from residential care to supported living, or from supported living into general needs accommodation). •More people receiving short-term enablement support that helps maximise their independence for longer. • Some service users may have earlier engagement than they might otherwise have done from the Transitions Team.	Experiencing Obstacles	Experiencing Obstacles	Same	AR	Reduction in long-term care placements: A lack of supply of suitable housing has meant that less people have been able to move out of residential care and into supported living than planned. This resulted in slippage of £251k from previous years, significant progress has been made this year (please see below) and including projected full year effect only £86k will remain for delivery in 2019/20. This amount has however been put at risk due to the Community Care Officers (CCOs) delivering this project only currently contracted until March 2019. 25 service users have moved out of residential care so far this financial year with a further 7 moves expected to take place over the next three months. The project has already achieved in year savings for 18-19 of £408k plus £9k FYE from 17/18 (finance validation pending). Saving projections for the year remain £500k, plus £100k Full Year Effect to be delivered 19/20.										
					EO	Ensuring cost-effective services for younger adults through alternative accommodation: This proposal builds on the above project and extends the programme of work moving younger people from residential care into supported living with the development of a full accommodation strategy. The development of this strategy is on track.										
					AR	Promoting independence in supported living and outreach services: The project has over achieved against previous years savings by £272k and savings from CCO reviews are now £986k for 2018/19 against a target of £1.250m. As this project has already nearly achieved the expected target for 18/19, it is likely that the 250k declared at risk will reduce. The Project lead will reforecast this based on achievements of IYE and FYE to date in September 2018, to consider how much the shortfall is expected to reduce by. Work continues to remove sleep in nights by installing Assistive Technology and reorganising accommodation. There have been delays and issues are still being resolved, progress is being made but risks to delivery remain.										
					EO	Reducing the Costs of residential Placements - Younger Adults: The project has over achieved previous years savings targets by a total of £593k. Project status to remain as experiencing obstacles despite the overachievement to reflect the outstanding work still required to complete negotiations with providers, and the ongoing difficulties in achieving this. In view of this and the predicted small returns from outstanding negotiations and any new review work, the CCO project resource has now been reassigned to the Promoting Independence in supported living and outreach services project.										
					EO	ASCH Strategy / Notts Enabling Service: Project is experiencing obstacles as number of the project measures are below target, for example the number of people being supported by Promoting Independence Workers and the referral level to Community Independence Workers. The work by Community Learning Disability Teams to actively promote independence via goal setting and reviewing is progressing well.										
					OT	Preparing for Adulthood: Savings are being delivered as a result of dedicated Transitions staffing capacity working with individuals to maximise their independence and identify support available within the community. More interventions have been undertaken by the transitions team to maximise peoples independence than planned and as a result the 2017/18 savings target was overachieved by £56k, a further over delivery is anticipated this year but is yet to be quantified.										
	Cross cutting interventions: This work refers to intervention that applies to service users aged 18-64 and 65+, and includes work across: • Reviewing. • Direct Payments. • Further Investment in Assistive Technology (AT) to Promote Independence. • Income Generating Projects, eg Improved Collection of Continuing Health Care Contribution. • ASC&PH Strategy Phase 2. Outcomes the programme will support: •More service users will be reviewed earlier or more frequently than previously, maximising the opportunity to increase or maintain their independence and reduce reliance on formal support. •Increased use of community and voluntary support options for existing service users to maximise their independence, and subsequent reduced use of homecare, day services, transport services and other paid for sources of support. •Increase in alternative methods of review utilised. •Increased use of Personal Assistants and Pre Paid Cards. •Increased ability of service users to use Assistive Technology to self-care and remain independent for longer, and increased opportunities to prevent falls and reduce hospital admissions. •Increased income generation.	On Target	On Target	Same	EO	Direct Payments: Projected to achieve a total saving of £1.254m in 2018/19 against a target of £1.280m, a shortfall of £26k. However, this excludes savings from use of the DP calculator as there have been delays with the roll out and savings achieved by the central reviewing teams use of the calculator are yet to be validate. It is projected that £150k of in year savings will be delivered if the roll out to district teams takes place as planned. DP recoup for the year to date is £1,127k with the projection for the year being that income will be the same as last year £1,983k.										
					OT	Targeted Reviews: The 2018/19 savings target of £2.010m is currently being over achieved by £1.855m. The overall percentage of SUs reviewed/assessed has increased slightly from 71.62% to 71.81% but is still below the 80% target. Resource has been allocated for the phase 2 Mosaic reviews redesign.										
					OT	Income Generation: Projects are on track to over deliver, delays with the implementation of changes to Mosaic required to facilitate charging for the brokerage service have resulted in an under delivery against this projects savings target, this is being mitigated by income from other fees and income.										
					OT	Assistive Technology: Finance validation of savings reports have provided confidence that the required savings will be achieved.										

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets (£000)s				Savings at Risk / Slippage / Over delivery (£000)s				Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	Total (£000)s	Previous Years (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s			
ASCH 802	Early Resolution	Experiencing Obstacles	Experiencing Obstacles	Worse		507	394	416	1,317							Early Resolution is experiencing obstacles as is not currently achieving the required activity measures, but it is anticipated that this position will be rectified in year, this is being kept under review.
	<p>Programme relates to interventions that occur when someone first contacts/accesses services.</p> <p>This programme extends the existing Early Resolution project through the adoption of the 3 Tier Model to engage with people who approach the Council for care and support:</p> <ul style="list-style-type: none"> •Tier 1 connects people to local resources •Tier 2 helps where more than Tier 1 support is required, offering swift and appropriate support to help people regain their independence or develop new skills. This may include access to short term support. •Tier 3 helps those people who, after Tier 2, have ongoing care and support needs. <p>This approach applies equally to Service Users and Carers.</p> <p>Outcomes the programme will support:</p> <ul style="list-style-type: none"> • A reduction in the number of people assessed for care and support and subsequent long term support by providing an alternative way of meeting their needs earlier. • Less people will be formally assessed, but short term support will be provided to more people to help maintain or increase their levels of independence. • Increased capacity in district social care teams to deal with the most complex cases. 	Experiencing Obstacles	Experiencing Obstacles	Worse	EO	<p>Early Resolution: Rollout - the new 3 tier contact forms are not in a position to go-live for the end of the month following the timeline for roll out. Instead the Customer Service Centre (CSC) and Adult Access Service (AAS) will handle enquiries for Mansfield and Ashfield locality applying the 3TM ethos without the support of the new form.</p> <p>By applying the method without the supporting forms but still in-line with the roll-out timescales – Mansfield and Ashfield 30 July 2018, Newark and Bassetlaw 28 August 2018 and finally Rushcliffe and Gedling from 24 September 2018 (the model is already live in Broxtowe) – should enable the targeted savings for the project to be achieved.</p>										
					OT	<p>Carers: This project is on target and achieving its agreed operational activity targets.</p>										
ASCH 804	Commissioning & Direct Services	Experiencing Obstacles	Experiencing Obstacles	Same		1,035	1,960	843	3,838	180	144	-60		264	264	
	<p>The main focus of this programme is considering options around the use of some of the Department's Direct Services, in order to optimise opportunities to reduce running costs and increase income through commercial development.</p> <p>Relevant Direct Services under the scope of this work include:</p> <ul style="list-style-type: none"> •The County Horticulture and Work Training Service •Care and Support Centres •Investment in Shared Lives <p>Outcomes the programme will support:</p> <ul style="list-style-type: none"> •Promote greater use of the services and their assets. •Increase income generation and maximise productivity. • Increase in the number of Shared Lives carer households recruited. 	Experiencing Obstacles	Experiencing Obstacles	Same	OT	<p>Care and Support Centres: The invitation to tender (ITT) for the assessment bed capacity, to replace that lost from the closure of the care and support centres (CSC), is on track to go out in September. The outcome to the ITT which should be known by October will determine the impact on the timing of savings from the CSC closures.</p>										
					AR	<p>Investment in Shared lives: Staffing issues within the team have delayed the recruitment of new carers, £60k of savings are projected to slip to 2019/20.</p>										
					EO	<p>Maximise the income available to the Council's directly provided adult social care services: Plans are still being scoped resulting in at £130k of at risk savings.</p>										
					EO	<p>County Horticulture and Work Training Service: There have been some delays with the implementation of this project, but savings are currently being mitigated from other sources.</p>										
					AR	<p>Integrated Community Equipment Loan Scheme (ICELs): This project intended to achieve its savings target by negotiating with partners to reduce the Council's contribution to the ICELS pooled budget, in line with a reduction in the Council's prescribing activities and the loaning of community equipment. However, it has since been agreed with partners that there will be no changes to the split of funding, and so alternative methods to deliver the savings are being sought. The project will remain on the project status summary pending delivery of budget savings.</p>										
					OT	<p>Merger of Commissioned Crisis Prevention Service for Carers and Rapid Response Service (now called Home First Response Service): On target, projecting to deliver £50k savings target.</p>										

* This over achievement of savings includes £3,316,000 over achieved in previous years. The overachievement of savings for the period covered by Improving Lives is £5,080,000.

Successful delivery of the project to time, cost and quality is achievable and there are no major outstanding issues at this stage that threaten delivery
Successful delivery is probable, however, there are minor issues which need resolving to ensure they do not materialise into major issues threatening delivery. This is an early warning category, if the minor issues are resolved in a timely manner, it is unlikely that project savings will be put / remain at risk.
Based on available evidence, successful delivery still appears feasible but significant issues exist with scope, timescales, cost, assumptions and/or benefits. Issues appear resolvable, but action is required
Based on available evidence, successful delivery of the project appears to be at significant risk. There are major issues with project scope, timescales, cost, assumptions and/or benefits. Immediate action required to resolve issues.
Project benefits have been achieved, or there has been an official change to the benefits profile (through change control) so the project is complete or declared undeliverable
Awaiting major points of clarification / decision-making to enable PID and plan to be completed.

Project exceptions and mitigating action

This document provides further detail on the project exceptions outlined in appendix 1, Improving Lives Portfolio - Programme Status Report.

Interventions for Adults aged 65+:	
Project Exception	Mitigation
<p>Housing with care: Of the three schemes to open this year, one scheme successfully opened to time and on track. One scheme is delayed by 4 months. In the new scheme there are 6 vacancies still to be filled out of 30 units.</p>	<p>This Projects Experiencing Obstacles status is not impacting the overall programme status due to the low level of savings associated with this project (£147k). Work is underway with partners to minimise the delay in the opening of the one scheme. The local Group Manager is overseeing allocations of remaining places in the newly opened scheme –people with lower level needs are being identified to ensure the balance of need matches the levels of care available and maintains a none residential feel.</p>
Interventions for Adults aged 18-64:	
Project Exception	Mitigation
<p>Reduction in long-term care placements: A lack of supply of suitable housing has meant that less people have been able to move out of residential care and into supported living than planned. This resulted in slippage of £251k from previous years, significant progress has been made this year and including projected full year effect only £86k will remain for delivery in 2019/20. This amount has however been put at risk due to the Community Care Officers (CCOs) delivering the project only currently being contracted until March 2019.</p>	<p>Significant progress has been made during 2018/19. 25 service users have moved out of residential care so far this financial year with a further 7 moves expected to take place over the next three months. The project has already achieved in year savings for 18-19 of £408k plus £9k Full Year Effect (FYE) from 17/18. Saving projections for the year remain £500k, plus £100k FYE to be delivered 19/20.</p> <p>Over the longer-term, separate but related work is taking place to identify the most suitable accommodation and support package for younger adults living in all current residential, nursing and supported living services, with a view to enabling people to move, where appropriate, to ensure more cost effective services which best promote the independence of the individual. It is envisaged that there could be a number of moves from residential into supported living and from supported living into general needs accommodation, as well as the potential rationalisation of existing supported living where larger</p>

<p>Promoting Independence in supported living and outreach services: This project involves reviewing supported living and outreach services with a view to reducing day hours and/or replacing sleep in night provision.</p> <p>Savings to date have been made through reviewing and identifying people who no longer need the level of support they initially did. Work has started on a more proactive form of review which is identifying where provider intervention may enable a person to be more independent with a view to reducing packages, especially sleep-in nights, further down the line once mitigating actions have been put in place to manage risks.</p> <p>Reducing the Costs of residential Placements - Younger Adults: The project has over achieved previous year's savings targets by a total of £593k.</p> <p>Project status to remain as experiencing obstacles despite the overachievement to reflect the outstanding work still required to complete negotiations with providers, and the ongoing difficulties in achieving this. Currently £194k has been achieved against the 2018/19 target of £500k.</p> <p>ASCH Strategy / Notts Enabling Service: Project is experiencing obstacles as number of the project measures are below target, for example the number of people being supported by Promoting</p>	<p>schemes with individual properties may be more cost effective and better suited to meeting longer term needs of individuals than smaller shared or isolated services. This work should help to free up supported living placements, in order to facilitate moves from residential care.</p> <p>As this project has already nearly achieved the expected target for 18/19, it is likely that the 250k declared at risk will reduce. The Project lead has reforecast this based on achievements of In Year Effect and FYE to date in September 2018, and the 250k originally reported at risk has reduced to 70k at risk.</p> <p>Work continues to remove sleep in nights by installing Assistive Technology and reorganising accommodation.</p> <p>It is predicted that small returns will be achieved from outstanding negotiations and any new review work and the decision has been made for the CCO project resource to be reassigned to the Promoting Independence in supported living and outreach services project.</p> <p>Despite project measures experiencing obstacles, the project is still projected to deliver its saving target this year (£375k), this is due to initial delays in recruitment but capacity is now in place to deliver savings as forecast.</p>
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<p>Independence Workers and the referral level to Community Independence Workers.</p>	<p>Additionally, the work with Community Learning Disability Teams to actively promote independence via goal setting and reviewing is progressing well.</p>
<p>Cross Cutting Interventions:</p>	
<p>Project Exception</p>	<p>Mitigation</p>
<p>Direct Payments: Projected to achieve a total saving of £1.254m in 2018/19 against a target of £1.280m, a shortfall of £26k.</p> <p>There are outstanding Direct Payments audits due to resources.</p>	<p>Projected savings exclude the DP calculator as there have been delays with the roll out to district teams and savings achieved by the central reviewing team's use of the calculator are yet to be validated. It is projected that £150k of in year savings will be delivered if the roll out to district teams takes place as planned.</p> <p>DP recoups for the year to date is £1.127m, with the projection being that income by year end will be the same as last year (£1.983m). This is above the required target of £1.769m.</p>
<p>Early Resolution:</p>	
<p>Project Exception</p>	<p>Mitigation</p>
<p>Early Resolution: The new 3 tier contact forms are not in a position to go-live in time for the planned roll out. Instead the Customer Service Centre (CSC) and Adult Access Service (AAS) will handle enquiries for Mansfield and Ashfield locality applying the three tier method without the support of the new form.</p>	<p>By applying the method without the supporting forms the roll-out will progress in line with the agreed schedule – Mansfield and Ashfield 30 July 2018, Newark and Bassetlaw 28 August 2018 and finally Rushcliffe and Gedling from 24 September 2018 (the model is already live in Broxtowe). It is projected that this roll-out schedule will enable the targeted savings for the project to be achieved.</p>
<p>Commissioning & Direct Services:</p>	
<p>Project Exceptions</p>	<p>Mitigation</p>
<p>Investment in Shared lives: Staffing issues within the team have delayed the recruitment of new carers, £60k of savings are projected to slip to 2019/20.</p>	<p>Efforts are being made to increase the team to full strength. Work is being done to evaluate the impact of this on the targeted savings of £60k.</p>

Maximise the income available to the Council's directly provided adult social care services: Plans are still being scoped resulting in £130k of savings at risk.

County Horticulture and Work Training Service: There have been some delays with the implementation of this project, but savings are currently being mitigated from other sources.

Integrated Community Equipment Loan Scheme (ICELs): This project intended to achieve its savings target by negotiating with partners to reduce the Council's contribution to the ICELS pooled budget, in line with a reduction in the Council's prescribing activities and the loaning of community equipment. However, it has since been agreed with partners that there will be no changes to the split of funding, and so alternative methods to deliver the savings are being sought. The project will remain on the project status summary pending delivery of budget savings.

The potential to increase the level of income received from Health for the provision of short breaks is currently being explored.

The relevant Service Director and Group Manager have reviewed the project progress and the project documentation has been updated. It is not yet known how much of the planned £51k saving for 2018/19 is at risk.

Whilst there were no savings originally planned for 2018/19, the total under delivery against this project (cumulatively from previous years) is £134k and is therefore identified as being at risk.

The ASCH Improvement and Change Portfolio – June 2018 Update

Programme 1 - Deliver the next stage of the Adult Social Care Strategy

Programme Outline: This programme will focus on helping more people to help themselves through the provision of good quality advice and information, resolving queries in a timely and responsive way and providing a proportionate and appropriate response where people have social care needs, with the aim of maximising their independence.

Overview of progress: Work on the milestones described below continues to progress.

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Roll-out of the 3 Tier Model, a new approach which aims to resolve people's needs at the earliest possible opportunity	Autumn 2018	Learning from the Broxtowe pilot to test this model is being used to roll the approach out across all districts. This will commence in Mansfield and Ashfield from 30 July with the other districts set to come on board in the following 2 months. Some delays have been experienced in developing and deploying a new IT solution (a 3 tier contact form) that will further embed the approach in systems and processes – it is anticipated that the further work and testing required to get the form up and running will be resolved by the end of September 2018 with the full benefits of the new approach being realised from Autumn 2018 onwards.
Expansion of social care clinics in community settings	Autumn 2018	The Department has introduced the scheduling of appointments across all older adults' social care and occupational therapy teams. This means that where someone requires a social care assessment they can be booked into an available appointment over the phone. In addition to scheduling appointments the Department has also increased the use of different methods of assessments and reviews, such as assessments in community clinics. Work is currently being initiated to understand how appointment scheduling is being used across the different teams in order to share best practice and assess if there is an opportunity to expand the use of appointment scheduling.
Review of the carers' strategy with partners to enable carers to access good quality advice, information and support	September 2018	Taking into consideration the views of carers received in response to a carer consultation exercise, the Department is developing the way in which support is provided to carers. This work will be reported to Committee later in the year.

<p>Deliver the Improving Lives Programme</p>	<p>March 2020</p>	<p>The Improving Lives Programme was approved by the Adult Social Care & Health Committee in March 2018. The programme will support the Department to deliver the next stage of the Adult Social Care Strategy by:</p> <ul style="list-style-type: none"> • Identifying ways to deliver better outcomes for service users through promoting independence • Making sure that our services remain sustainable • Identifying further ways to improve the quality of the advice, guidance and services we are providing <p>Work has already commenced on some early milestones that will:</p> <ul style="list-style-type: none"> • increase the number of people we are able to offer a reablement service to • increase the amount of queries that can be resolved as early as possible after contacting social care • identify opportunities to work more actively with people who have potential to achieve more independence • ensure people are on the most appropriate care and support pathway and where short term care is required to recover and rehabilitate, people are supported to regain independence and return home, where possible • provide live information, available at a team level, to help support day to day decision making. <p>Once progress has been made towards these milestones the focus of the Improving Lives Programme will turn to supporting staff in hospital teams and district teams to use these new or enhanced services and approaches to shape practice going forward. There will be a phased approach to the roll out of this work between Autumn 2018 and March 2020</p>
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Programme 2 - Commercialisation of the Council’s directly provided social care services		
<p>Programme Outline: Working with the Council’s Commercial Development Unit to explore and develop a range of initiatives to generate new business opportunities and income within the Council’s directly provided social care services, subject to Local Authority powers to trade; promote greater community use of the services and their assets; and create opportunities for people who fund their own care to purchase support from the Council’s direct service provision.</p> <p>Overview of progress: A proposal to reduce the annual running costs of the County Horticulture & Work Training Service is being implemented. Work continues, with over sight from the Council’s Commercial Development Unit, to assess the commercialisation potential of County Enterprise Foods.</p>		
Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Project: Redesigning the strategic management of assets to generate a revenue return for the County Council.		
Assessment of the commercialisation potential of County Enterprise Foods	Autumn 2018	Work on this continues, with over sight from the Council’s Commercial Development Unit.
Implementation of the business plan for the Council’s County Horticulture Service	Summer 2022	Following a period of consultation with service users, their carers and staff, the Adult Social Care & Public Health Committee approved proposals in April 2018 to implement a commercial business plan for the Council’s County Horticulture Service. The key milestones include making improvements to the Brooke Farm site, vacating the site at Skegby and ceasing all grounds maintenance activity. It is anticipated that the full effect of the business plan will take up to 4 years to deliver.

Programme 3 - High quality and sustainable public health and social care services
<p>Programme Outline: The vast majority of adult social care services are commissioned from independent sector providers, with a mixture of large and small, national and local, private organisations and some not for profit/ charitable organisations. There are various pressures faced by the care and support providers and there is wide recognition that the care market is facing considerable challenges to deliver sufficient volumes of care and support services to meet needs due to difficulties in staff recruitment and retention. The Council is working with care providers to understand their pressures and to ensure the fees paid for care services reflect the cost of delivery of good quality care.</p> <p>The public health budget is invested in a range of evidence-based services which fulfil statutory duties, and deliver clear public health outcomes and a good return on investment for public money. Many of these services will be due for reprocurement in the period of this plan. Previous rounds</p>

of procurement have yielded significant savings and service improvements. The challenge will be to identify ways to sustain outcomes and secure improved value for money using a reduced budget and public health workforce. The scope will include all public health commissioned services, emerging evidence from other areas of innovations which are proving effective, best available intelligence about the national and local market for service provision, and consideration of how best to engage with these markets to get best value for money.

Overview of Progress: This programme is progressing on target and in line with the identified milestones.

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Home care contracts awarded and services to commence	Autumn 2018	<p>The Council has been exploring outcome based approaches to commissioning home based care that focus on the delivery of support to help a service user achieve identified goals rather than payment by hours of care delivered alone. Current provider contracts have been extended until September 2018 to allow for a period of transition, following the start of new contracts in July 2018. A Dynamic Purchasing System (DPS) has also been set up to allow an efficient procurement system for individual or bespoke packages of work. There are 2 elements to the contract awards: a short term countywide hospital discharge and community based support service, and traditional long term home based care.</p> <p><u>Short Term:</u> The contract for the provision of a Hospital Discharge and Community Based support service to prevent hospital admissions was awarded to the Carers Trust and the service started in December 2017. A technology solution to manage the transfer of referrals to the Carers Trust through a portal was launched on 10 July 2018. The portal has been positively received by the Carers Trust who have said that it is easy to use and that it has improved both the quality of referrals to them and their ability to send updates to workers.</p> <p><u>Long Term Home Based Care:</u> Contracts, commencing in July 2018, have been awarded for the lead provider and additional providers in 5 of the 6 contract areas and processes for monitoring performance are in place. A procurement exercise</p>

Appendix 3

		commenced on 24 July for a leader provider for Rushcliffe and for additional providers in Bassetlaw - these contracts will commence by the end of September. A further procurement exercise for additional providers in Newark & Sherwood and Rushcliffe will commence at the end of September with contract award anticipated in October.
Fair Price for Care review – fees survey	September 2018	The fees survey is now live and the closing date has been extended to the end of July 2018 to give more time for care homes to complete. Some of the project timescales have been extended to reflect this but work is still on track to report to the Adult Social Care and Public Health Committee in December as planned.
Fair Price for Care review – report to ASCPH Committee on outcome of survey and any resulting proposals	December 2018	Report to be presented to Committee.
Consultation and stakeholder engagement on Public Health Commissioning Intentions to 2020 to be undertaken	September 2018	A comprehensive consultation will be completed with initial soft market testing undertaken to inform the development of the service model and service specifications (Integrated Wellbeing Service and Substance Misuse Service).
Complete the pre procurement stage for the Commissioning of Public Health Services (Integrated Wellbeing Service and Substance Misuse Service)	December 2018	Work is on track to complete the service specifications and pre-procurement stage by December 2018. The selection stage will commence in December 2018 with a competitive dialogue stage in place from 2019 onwards.

Programme 4 - Work with our local health services		
Programme Outline: We are working with health partners to develop and evaluate new models of care that meet both the social care and health needs of people in the county.		
Overview of Progress: This programme is progressing on target and in line with the identified milestones.		
Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Embed a home first approach in hospitals to ensure that a significant proportion of people are assessed for long term services outside of a hospital setting	March 2019	In the south of the county performance data is showing that 85% of assessments for long term care are now completed in the community. Next steps in Mid-Notts and Bassetlaw are to

		develop the same performance monitoring so we can determine our position and further action needed.
Countywide roll out of best practice model for an integrated care team	March 2019	A Project Manager commenced in June and is now working across Health and Social Care to undertake the necessary work. Mansfield Older Adults assessment staff are co-locating with Community Health staff on the 30 July.
Develop a multi-agency toolkit on prevention and early intervention for key staff groups and pilot	January 2019	Guidance and practical tools are being developed that will help embed a shared understanding of the prevention and early intervention agenda across health, social care and partner staff, and that will support staff to understand how they can introduce the agenda into their contacts with service users and patients. Work has already been undertaken to identify the key stakeholders, to develop a glossary of key terms with them and, to scope out with them the relevant training and tools that will be required. Approval for the tool kit will be sought from the Sustainability and Transformation Plan Board (STP).
Successful testing and delivery of a new joined up approach across Health and Social Care to assessment and support planning	March 2019	This project is in the exploration stage. We have established that Mansfield and Rushcliffe Integrated Care Team will be the local sites for this national pilot.
Roll out of information sharing across Health and Social Care, as developed at Kings Mill Hospital, to Bassetlaw Hospital and NUH	January 2019	Following the success of the Kings Mill pilot to improve system to system sharing with Health, this approach will be rolled out countywide. Progress has already been made in Bassetlaw Hospital to share social care information with Emergency Teams. Work with Nottingham University Hospitals has also commenced.

Programme 5 - Promote decision-making across the Council and with partners which prioritises health and sustainability

Programme Outline: The range of functions for which the Council and our partners are responsible means that more or less everything we do can make a difference to people’s health. This goes beyond the specific public health and social care responsibilities of the Adult Social Care and Public Health department, and extends to (for example) economic development, transport, leisure, trading standards, community safety, education and housing, each of which make a significant and cumulative contribution to the way our social and physical environment shapes our health and the health of generations who follow.

Overview of Progress: The Council resolved in March to adopt ‘Health in all Policies’, guidance that supports local government organisations to think about the impact that every strategic decision may have on the health of local residents. Good progress has already been made in sharing this approach with partners through the Health and Wellbeing Board.

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Implement changes in Council processes	September 2018	Following adoption of the LGA Health in All Policies approach by Policy Committee in March 2018, case studies are now being developed to support wider implementation, e.g. the spatial planning & health guidance and checklist used to improve the way spatial planning decisions prioritise health and sustainability.
Secure ownership for equivalent changes in the decision-making processes of other organisations, starting with Health and Wellbeing Board partners	March 2019	The Joint Health and Wellbeing Strategy 2018–2022 includes “Healthier Decision Making” as one of its 4 ambitions. A workshop with locality stakeholders was held in May 2018 to consider how Health In All Policies can be implemented in practice. Continued engagement is happening with local government colleagues through the Health and Wellbeing Board’s Healthy and Sustainable Places Coordination Group.

Programme 6 - Provide specialist Public Health advice to support commissioning of health and social care services to improve health and wellbeing

Programme Outline: To address the gaps in health and wellbeing, care and finance we will promote a system-wide commitment to embedding prevention in all clinical pathways, a relentless focus on commissioning according to evidence of need and systematically implementing what is known to be clinically and cost effective. The Council has a statutory duty to provide specialist public health advice to local NHS commissioners and assessments of need including the evidence of what works. This will also ensure that the local health and social care system has access to timely public health intelligence with which to prioritise prevention of ill health.

Overview of Progress: Public Health capacity has been aligned to ensure appropriate support across health and social care services, including the allocation of dedicated consultant support aligned to the CCGs and dedicated capacity to support the County’s Sustainability and Transformation Plan (STP).

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Realign specialist public health capacity to emerging CCG, ACS and STP structures and governance processes.	November 2018	Interim arrangements for providing specialist Public Health advice to the local NHS are in place, pending recruitment to some senior Public Health and clarification of emerging CCG structures. The start date for preferred candidates is likely to be October 2018 and so the implementation date for this milestone has been delayed to November 2018.
Secure commitment from the STP to enabling health and social care staff and pathways to systematically offer brief advice and referrals to public health services for residents at risk from their exposure to tobacco, excess weight and low physical activity, alcohol or substance misuse.	March 2019	The STP has reaffirmed its commitment to delivering an improvement of three years in healthy life expectancy and requested a strategy for prevention. This is due for completion during summer 2018.

8 October 2018

Agenda Item: 9

REPORT OF THE TRANSFORMATION PROGRAMME DIRECTOR

NOTTINGHAMSHIRE INTEGRATED ACCELERATOR PILOT AND INTEGRATED CARE TEAMS PROJECT

Purpose of the Report

1. The purpose of the report is to inform Members about the national Integrated Accelerator pilot and progress on Integrated Care Teams and seek approval of the following:
 - a. the proposed implementation of the NHSE Integrated Accelerator pilot, which will deliver an integrated health and social care approach to assessment, support planning and personal budgets in Nottinghamshire
 - b. to receive a follow up report in six months on the progress being made to deliver the Integrated Accelerator pilot and the Integration Care Teams project.
 - c. the strategy to publish the findings of the Nottingham Trent University (NTU) and PeopleToo report, as outlined in **paragraphs 18 – 21**.
 - d. the disestablishment of 17 social care posts currently dedicated to Integrated Care Teams from 1st April 2019.

Information

Background to the NHS England Integrated Accelerator pilot

2. On 20th March 2018, the Secretary of State announced Nottinghamshire as one of three sites (including Gloucestershire and Lincolnshire) to pilot health and social care taking a pro-active and joined-up approach to:
 - a. assessment for people with health and social care needs
 - b. personalised care and support planning for health and social care outcomes
 - c. offering more integrated personal budgets for health and social care funding (where beneficial).
3. Through the pilot, local people will receive better and more joined up care. This will be achieved by multi-disciplinary teams working across organisational boundaries to deliver more joined up care as simply and effectively as possible.

4. The benefits of this approach are:
 - a. better health and wellbeing outcomes
 - b. reduced demand on health and care services
 - c. better experience for people and their families.
5. The pilot builds upon work already underway with Integrated Care Teams. Integrated Care Teams are multi-disciplinary teams of staff whose aim is to provide proactive care to service users in the community who have a range of complex health conditions and would benefit from holistic working to sustain the person living at home and avoid a hospital admission. The NTU and PeopleToo evaluation showed the benefits of integrated working by enabling people to receive more joined up care closer to home and achieving savings for social care.
6. The pilot also builds upon learning from the successful Integrated Personal Commissioning (IPC) programme, which encourages people to take a more active role in their health and well-being by offering personalised support plans and personal health budgets, where appropriate. At the end of 2017/18 1,700 people had benefited from the choice and control from a personal health budget. The national evaluation of the IPC programme shows that people who have an integrated support plan and budget results in improved outcomes and an average saving of 17% for people with Continuing Healthcare funding.
7. There will be a phased approach to the introduction of a joined-up assessment, person centred care and support plans and personal health budgets. The pilot will begin in three integrated care teams and focus mainly on older adults in the following locations:
 - Mid Nottinghamshire – North Mansfield and South Mansfield Local Integrated Care Teams (over 65s)
 - South Rushcliffe Care Delivery Group (over 65s)
 - Nottingham City, Radford and Hyson Green Care Delivery Group (over 50s).
8. It is intended the learning from the pilot will be used to inform a future roll out during 2019-20. This will extend the benefits of the pilot to other cohorts of people and to all areas within the Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) footprint. In Bassetlaw, discussions are taking place about how the learning from the pilots can inform local developments on joined up assessments and support planning.
9. Early learning from the Integrated Accelerator pilot is informing policy development for social care through the forthcoming Green Paper on care and support for older people.
10. Local and national targets and measures will be agreed with NHSE, but will include measures for the following:
 - Numbers experiencing joint assessments and reviews
 - Numbers with integrated personalised care and support plans
 - Numbers of personal health budgets or integrated budgets.
11. The evaluation will also capture people's experiences, outcomes and financial savings to the health and social care system by working more effectively together.

12. This work is part of the Nottinghamshire and Nottingham STP personalised care demonstrator programme supported by NHS England.

Integrated Care Teams Project Update

13. In March 2018 the evaluation of the Integrated Care Teams by Nottingham Trent University (NTU) and PeopleToo was reported to the Committee.
14. This evaluation found multi-disciplinary working across health and social care achieves better outcomes for services users and realises savings for social care, but this was dependent on the right conditions for integration being in place.
15. At the March meeting of the Committee it was agreed to appoint a Project Manager to implement a best practice model for integration across the County based on the findings from the report. A Project Manager was appointed in June 2018.
16. A toolkit for implementation has been developed with NTU to support implementation of the best practice model with integrated care teams in the three planning areas.
17. In July 2018 the Mansfield Older Adults social care staff and managers co-located with health colleagues into the Warsop Primary Care Centre (Mansfield North) and Bull Farm Primary Care Centre (Mansfield South). From the NTU and PeopleToo evaluation, co-location was a key factor for achieving the most effective level of social care and health outcomes. Learning from this development in Mansfield will help to shape co-location and alignment of teams in other planning areas.

Plans to publish the findings of the NTU and PeopleToo report

18. An aim of the evaluation was to share the findings of the NTU and PeopleToo report at a national level. This was a condition of the grant from the Local Government Association and the conclusions are of national significance for the integration agenda.
19. In November 2018, at the National Children and Adults Services conference, the Council will present a joint 'integration' workshop with Manchester City Council on the experience of developing an integrated provider and commissioning structure. The Council is presenting the NTU evaluation findings and lessons learnt about implementing integrated working at the frontline.
20. In December 2018, the Council and NTU will showcase the findings and implementation of the recommendations from the evaluation in a presentation at the Kings Fund's 'Outstanding Social Care' conference. The presentation will include details of the Integrated Accelerator pilot and learning to date.
21. The National Institute for Health and Care Excellence has included the findings within a new digital resource being developed to support Quality Matters priority 5 'shared focus areas for improvement'. The resource highlights Integrated Care team working in Nottinghamshire as one of six local case examples demonstrating aspects of effective collaboration between health and adult social care. This resource will be published in September 2018.

Future development of Integrated Care Teams

22. The Clinical Commissioning Groups in the Mid and South of the County agreed to establish and fund/part-fund social care posts to provide a dedicated social care input into the current community based, health staffed integrated community care teams, as the CCGs were convinced this was an essential component of the proactive integrated care model. This funding provided additional capacity to embed the new approach and then explore more sustainable long term models of integrated teams across the County between social care and community health.
23. An early decision has been made by South Clinical Commissioning Groups to withdraw funding beyond 31st March 2019 for three social workers and seven community care officers that are aligned to integrated care teams in the South. These 10 staff are employed on fixed term contracts until 31st March 2019.
24. Mid Nottinghamshire Clinical Commissioning Group has jointly funded six temporary social care workers with the Council. These posts were dedicated to the integrated care teams to support a transition to the new model of wider frontline integration across health and social care staff. These dedicated posts were previously funded 100% by health. The 50% funding will cease on 31st March 2019.
25. In Bassetlaw 1 fte temporary Social Worker post was established by the Committee in March 2018. The post was intended to assist the development of Integrated Teams. Recruitment to the temporary post was unsuccessful and the work was absorbed into the district team.
26. The findings from the NTU and PeopleToo report show that all social care and health staff need to work together in a more integrated way to best support people who have health and social care needs.
27. The Integrated Care Teams project will implement the best practice model for how front line health and social care staff will work together most effectively and efficiently across the County. The Council has funded a one year Project Manager up to March 2019 to support the work. The project will seek to mitigate the impact of the reduction in posts across North/Mid and South Notts, through aligning existing district social work teams with community health and housing. In Mansfield, the older adult social care teams are now co-located with health and early outcomes are positive in working together more effectively and efficiently. Discussions are underway in South Nottinghamshire about how to best align social care with health colleagues and plans will be in place by March 2019. In Bassetlaw, strategic discussion has taken place and an initial implementation group meeting is planned for late September 2018 to discuss co-location.
28. Therefore, it is recommended to Committee that these dedicated 17 posts are disestablished from the department's structure and staff are offered redeployment in line with the Council's procedures. Four of the posts are already vacant with agency arrangements in place.
29. In total there are 17 posts to be disestablished; 7 posts are either part funded or fully funded via the Improved Better Care Fund (iBCF) and 10 other posts are fully funded by Health. The total cost to the Council via the iBCF is £187,417. These posts are:

- 6 fte Social Worker posts in Mid Notts at Hay Band B (3 from Newark and Sherwood Older Adults Assessment Teams, 1 from Mansfield Older Adults Assessment Team and 2 from Ashfield Older Adults Assessment Teams). All 6 Social Worker posts in Mid-Notts are funded 50/50 between Health and the Council. The total 50% cost for the Council for these 6 posts is £140,562. These staff costs are funded via the Improved Better Care Fund (iBCF).
 - 10 fte Social Care Worker posts in South Notts (1 Social Worker at Hay Band B, 3 Community Care Officers at NJE Grade 5 from Rushcliffe Older Adults Assessment Team; 1 Social Worker at Hay Band B, 3 Community Care Officers from Gedling Older Adults Assessment Team at NJE Grade 5; 1 Social Worker at Hay Band B, 1 Community Care Officer from Broxtowe Older Adults Assessment Team at NJE Grade 5). All staff in South Notts are funded via Health.
 - 1 fte Social Worker post in Bassetlaw at Hay Band B was established by the Committee in March 2018, but recruitment was unsuccessful. This post, at Hay Band B, costs £46,854 (including on-costs) and is funded via the iBCF.
30. It is proposed that the posts are not funded by the Council beyond the date of 31st March 2019. This includes the 50% funding for posts in Mid-Nottinghamshire and the fully funded post in Bassetlaw.

Other Options Considered

31. Another option for implementing the Integrated Accelerator pilot in Nottinghamshire would have been to choose other geographic areas, or to trial the approach with a younger adults focus. These were considered but there was a consensus to build on the work already underway with the Integrated Care Teams. The older adults focus is the preferred option, because it is older adults' social care district teams which are co-locating or aligning with their health equivalents as a first phase. Mansfield teams were chosen because they are the first areas where social care staff are co-locating with health. Rushcliffe was chosen to build on developments within the Multi-Speciality Provider Vanguard. This includes a programme called 'Lets live well in Rushcliffe'; a community connecting service, which includes health coaches; as well as Age UK being part of the integrated care teams.
32. Another option to respond to health funding being withdrawn from 16 social care posts would be for the Council to pick up the funding of these posts, at a total cost of £685,000. This is not recommended to Committee, because the findings from the NTU and PeopleToo report show that all social care and health staff need to work together in a more integrated way to best support people who have health and social care needs.

Reason/s for Recommendation/s

33. The positive impact of integrated team working for people who have complex health and social care needs has been demonstrated by the evaluation carried out by NTU and PeopleToo. In order to ensure that this positive impact benefits all people who have complex health and social care needs, a transformation is underway to embed more integrated working across all community health and social care teams.

34. The Integrated Accelerator pilot supports and builds upon the developments in the Integrated Care Teams by ensuring better access to health interventions and a more effective and efficient approach to joint assessment and support planning.

Statutory and Policy Implications

35. 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

36. Improved information sharing across health and social care staff for direct care purposes will be governed by GDPR principles and relevant legislation.

Financial Implications

37. The financial implication for the Council is current funding from health for dedicated social care posts working in integrated care teams will cease in 2019/20. The Council contributes 50% of funding to Mid-Nottinghamshire and 100% funding in Bassetlaw from the Improved Better Care Fund and this amounts to £187,417. This funding will cease and reduce the relevant team budgets from April 2019. As stated above 10 of the posts are Health funded and therefore this is not a saving to the Council. Those posts where the Council is contributing are from temporary money such as the iBCF, and are therefore not a permanent saving.

Human Resources Implications

38. 17 social care posts will need to be disestablished from 1st April 2019. These posts are detailed in **paragraph 29**.

Smarter Working Implications

39. There are implications for the Smarter Working programme due to the changes needed to support wider integration of health and social care staff. Discussions are underway with the Smarter Working Programme to ensure that all options are considered and best use of resources is achieved.

Safeguarding of Children and Adults at Risk Implications

40. More effective cooperation and coordination between frontline health and social care staff will improve opportunities to discuss and address safeguarding issues for adults in a more joined up and effective way.

Implications for Service Users

41. More effective cooperation and coordination between frontline health and social care staff will mean that service users who have both health and social care needs will receive better outcomes, as outlined in the NTU and PeopleToo evaluation report. In addition, service users will have an improved experience of service delivery. For example:
- Only telling their story once and information being shared by staff working together
 - Joint visits to do assessment and support planning work, rather than separate visits from different staff
 - Staff know what each other is doing because they are in regular communication
 - Staff understand each other's roles so they know who else to involve for advice and support
 - Service delivery is faster because staff will have access to relevant information quickly and can talk directly to each other without having to pass through other channels of communication/referral.

RECOMMENDATION/S

That Committee:

- 1) approves the proposed implementation of the NHS England Integrated Accelerator pilot, which will deliver an integrated health and social care approach to assessment, support planning and personal budgets in Nottinghamshire
- 2) agrees to receive a follow up report in six months on the progress being made to deliver the Integrated Accelerator pilot and the Integration Care Teams project.
- 3) approves the strategy to publish the findings of the Nottingham Trent University and PeopleToo report, as outlined in **paragraphs 18 – 21**.
- 4) approves the disestablishment of 17 social care posts currently dedicated to Integrated Care Teams as detailed in **paragraph 29**.

Jane North
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Constitutional Comments (EP 18/09/18)

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

Financial Comments (OC 19/09/2018)

43. The financial implications are contained in paragraph 22 to 30 and 37 of this report.

HR Comments (SJJ 05/09/18)

44. Post holders have been employed on fixed term contracts in these temporary posts and are aware of this report, action is currently being undertaken to ensure as far as possible these employees are retained in employment by following the agreed employment policies and procedures of the Council. Trade Union colleagues were informed at the departmental JCNP (Joint Consultative & Negotiating Panel) and will work with the department and HR to support employees 'at risk'.

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.

Impact of Social Care Embedded with Integrated Care Teams – report to Adult Social Care and Public Health Committee on 12th March 2018

Better Care Fund: 2017/418 Progress and update and approval for the use of the BCF Care Act allocation and the Improved BCF 2018/19 - report to Adult Social Care and Public Health Committee on 12th March 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH583 final

8 October 2018

Agenda Item: 10

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

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

Purpose of the Report

1. The purpose of the report is:
 - a) To provide information about the response received to the consultation on proposed changes to the way the Council calculates the contributions that service users can afford to pay towards the cost of their adult social care and support.
 - b) To seek agreement for a report to be taken to Policy Committee recommending that the Council adopts in full the national Department of Health Guidance to Councils about the benefits they can take into account and the Minimum Income Guarantee levels that can be applied when determining the amount people are asked to contribute to their care costs.
 - c) To provide information about the support that the Council would offer to people affected by the proposal.

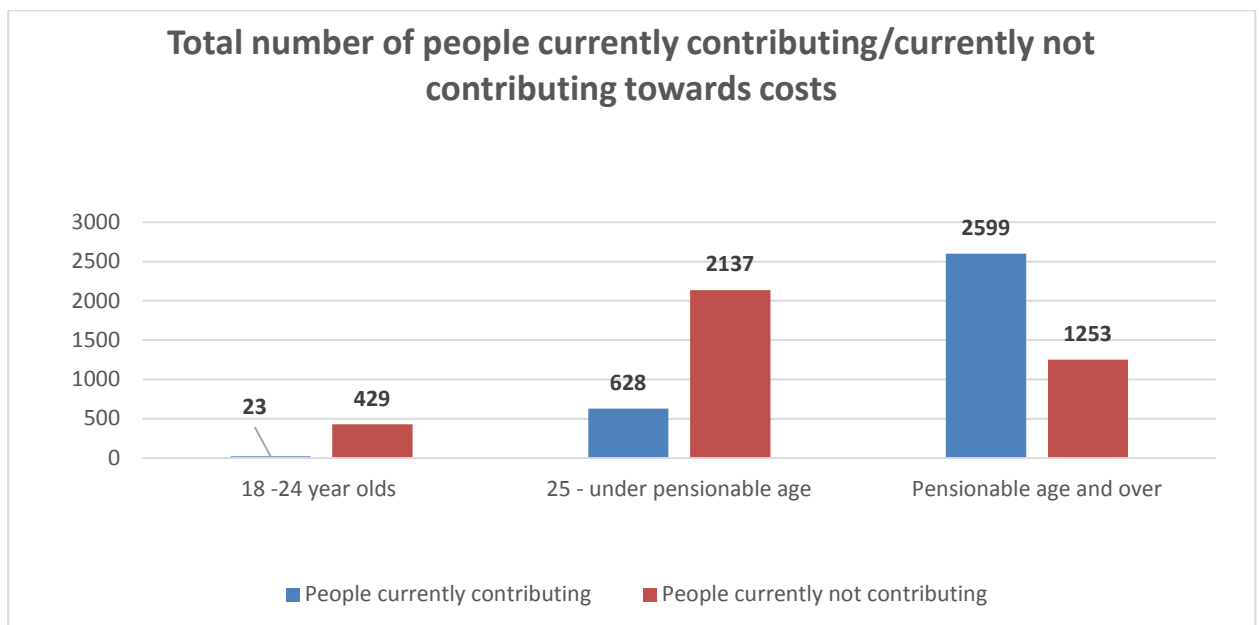
Information

2. Nottinghamshire County Council, like other local authorities, currently faces unprecedented financial pressures. The Adult Social Care and Public Health Department has delivered savings of £95m between 2011 and 2017/18. Additional savings of £17.83 million have been identified for delivery between 2018/19 and 2021/22. However, whilst the Council has made significant savings there is still a budget gap of £54 million.
3. The Council is always looking to provide services more efficiently to help address the budget position. In 2017, the Council consulted on a wider proposal on charging, some elements of which were progressed. After considering the feedback from the consultation, the Council made a decision not to progress a proposal to review the benefits and weekly living costs that are taken into account when assessing how much a person can afford to contribute towards their care and support, until further work had been carried out to:

- a) better understand how this change may affect people and
- b) to compare the benefits and weekly living costs taken into account in Nottinghamshire, when determining the amount that people can afford to contribute to their care costs, with the practice in other local authorities. This work has been completed and considered by the Committee at its meeting in July.

4. Currently, in Nottinghamshire, **7,069** people are receiving adult social care and support services to help them to remain independent at home. Of these, **3,250** people pay a contribution towards the cost of their care and support and, based on the outcome of their financial assessment, **3,819** people do not currently pay a contribution. The breakdown across each of the three age groups discussed as part of this consultation can be seen below:

Figure 1:



- 5. The national Department of Health and Social Care provides guidance to councils on the benefits they can take into account when determining the amount people are asked to contribute to their care costs. However, not all councils do the same when undertaking financial assessments. In Nottinghamshire, the Council has previously taken a local decision to ignore some benefits that can be taken into account, whilst other councils have chosen to adopt the Department of Health Guidance in full.
- 6. The Council needs to review its current position in order to ensure that services are sustainable to the Council without it impacting on the provision of care and support for people with eligible needs. The Council is considering adopting the national Department of Health Guidance for how individual contributions towards the cost of care are calculated, in full, to bring the department into line with many other local authorities. This would mean that the number of people who would contribute towards their care and support would increase from 46% of service users (3,250 people) to 58% of service users (4,112 people). 196 more people aged 18-24 years would come into charging and 601 more people aged 25 years to pensionable age would come into charging. 65 people aged pensionable age

and over would come into charging. In total, 862 more people would be asked to contribute towards their care.

Figure 2:

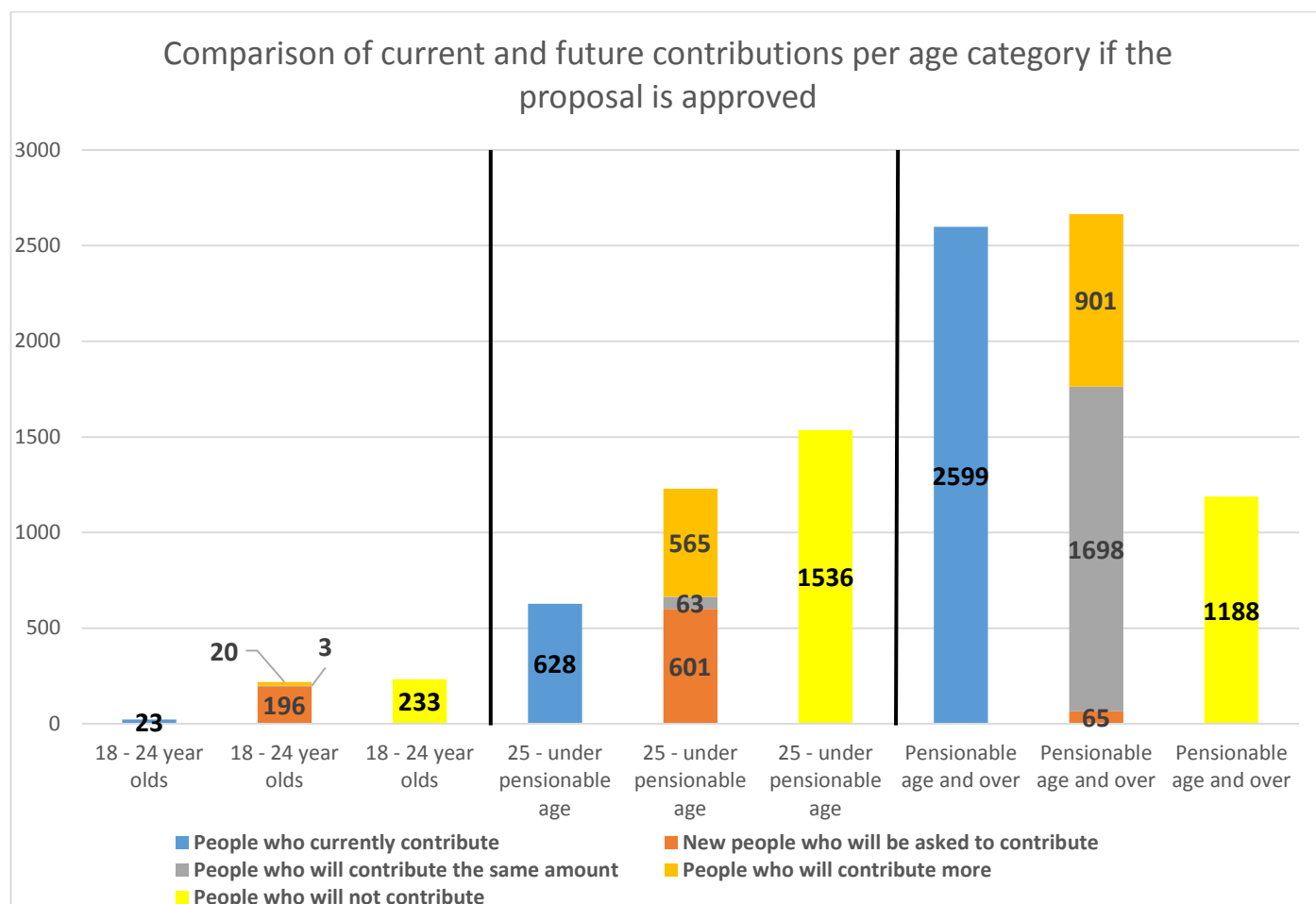


Figure 2: In the 18-24 year olds age range, 20 service users who currently contribute towards the cost of their care will be asked to contribute more and 3 service users will contribute the same.

The proposal, if approved, would mean a reduction in the cost to the Council of £3.8 million a year.

7. At the July 2018 meeting, the Adult Social Care and Public Health Committee gave approval to:
 - a) hold an eight week consultation on the proposal to change the way that the Council calculates the contribution that people can afford to make towards the cost of their care and support.
 - b) bring a further report to the Committee on the outcome of the consultation process.
8. Prior to agreeing the consultation process and wording, comments were sought from two volunteer carers from the Learning Disability and Autism Partnership Board and from the Board's service user forum. Their feedback was used to inform the methods of consultation and the language used.

9. Letters about the consultation were sent to all individuals who receive adult social care and support from the Council. An on-line survey was made available on the Council's website and paper copies of the consultation were placed in public libraries throughout the County. A link to the survey was shared with the Experts by Experience group, carer groups and the Citizens' Panel, which is made up of over 2,000 residents. Information about the consultation was circulated to internal and external day service providers and to Supported Living providers, with a request for them to make the document available within their services. An easy read version was produced and made available through the Council's website or on request via the Customer Service Centre.
10. The consultation commenced on 2 August 2018 and closed on 25 September 2018. Between 2 August and 25 September a total of 991 people responded to the consultation. Of these responses: 194 (20%) were from members of the public; 380 (38%) from service users; and 384 (39%) from relatives, carers or friends of a service user. 33 respondents (3%) did not specify which group they belonged to. Some additional letters, e-mails and phone call responses have been received.
11. The questions people were asked to consider and the number of respondents, along with a summary of their views, are described from **paragraph 12** onwards of this report.

Consultation questions and responses

Benefits that are taken into account (Question 1)

12. The Department of Health Guidance allows for the higher rate of benefits to be taken into account when calculating contributions. At present in Nottinghamshire, when someone is paid the highest rate of Attendance Allowance, Disability Living Allowance care component or Personal Independence Payment, £28.30 a week is disregarded. The proposal is to take the full amount of each of these benefits into account. This means that some people will be asked to contribute more than they do currently towards their care and support.
13. **Question 1** of the consultation asked whether people thought that the Council should take the full amount of the higher rate benefit into account when determining a person's contribution towards their care and support. Of a total 991 respondents, 308 people (31%) agreed with the proposal; 520 people (52.5%) disagreed with the proposal; and 60 people (6%) said that they did not know. A further 103 people (10.5%) indicated that they neither agreed nor disagreed with the proposal.

Living costs (Question 2)

14. The Department of Health Guidance sets out the amount of money a week which people are allowed to keep to cover their daily living costs, for items such as food or bills. This is called the Minimum Income Guarantee (MIG). The Council currently allows £189 a week for everyone but the Department of Health Guidance recommends different rates for different age groups:

- 18-24 years old £132.45
- 25 years – under pensionable age £151.45
- Pensionable age and over £189.00

The proposal is that the Council uses these three rates. This means that some people will be asked to contribute more towards their care and support than they do currently and some people who have previously not paid a contribution will be asked to do so.

15. **Question 2** of the consultation asked whether people agreed that the Council should use the three specified rates. From the total response of 991, 361 people (36.5%) agreed with the proposal; 472 people (48%) disagreed with the proposal; 63 people (6%) said that they did not know; and a further 95 people (9.5%) said that they neither agreed nor disagreed with the proposal.

Response to questions 1 and 2

16. It is acknowledged that a significant proportion of respondents are not in favour of the proposal. Half of the respondents disagreed with the proposal to take the full amount of Attendance Allowance, Disability Living Allowance care component or Personal Independence Payment into account. 48% of respondents disagreed with the proposal to use the three Minimum Income Guarantee rates. However over a third of respondents agreed with the proposals.
17. The Council has made significant savings, however there is still an identified budget gap for adult social care of £54 million. This means that even if changes are approved to the way the Council calculates the contributions that service users can afford to pay towards the cost of their care, the Council will need to continue to look for other significant sources of savings in order to bridge the budget gap. Therefore, even though it is recognised that the proposal is not universally popular, in order to be able to maintain services for the most vulnerable in the community, it is considered, on balance, that it is appropriate to recommend the proposal is adopted and to work with people affected by the proposal to support them to manage the impact.
18. The consultation survey also asked people to provide information about how they thought the proposal would affect them and what support they might need. A summary of this information and the response to this is described in **paragraphs 19-29** of this report.

If these proposals were implemented, how would it affect you? (Question 3)

19. Question 3 of the consultation asked people to say how they would be affected. 732 people (74%) chose to provide information in response to this question. A wide range of responses were received. Although some people said they were unsure or anxious about how the proposal would affect them, others said that although they would need to plan for the changes they understood the reason behind the proposal and felt that on balance it was fair. Some people agreed that their family member would be able to contribute more towards the cost of their care. However, a number of respondents were concerned about the level of increase they might be asked to contribute and that this would leave them less able to manage other costs linked to their disability or long term health condition. Some people said they were worried that they would have to reduce the level of service they accessed and that this would have an adverse impact on the quality of their and their family's lives.

Response to question 3

20. A number of people indicated that they would have less remaining money each week to manage other costs linked to their disability or long term health condition. However, the Council would continue to provide an additional disability related expenditure allowance of £20 a week to ensure that people have enough money to cover this additional expenditure. If, on an individual basis, people believe that this amount is insufficient to meet their needs, they can request an increase in this allowance through discussion with their social care worker. The Council would also continue to support service users to maximise their benefits as part of the financial assessment process by helping people to identify any benefits that they are entitled to that they are not claiming. The Council also makes an allowance for housing costs that are not covered by housing or council tax benefit and supports service users to claim their full entitlement to housing benefit and council tax discounts.
21. The Council would, as now, have the discretion to agree short term waivers from collecting contributions for reasons of financial difficulty or extreme hardship. Currently Group Managers are able to approve a temporary waiver from adult social care contributions for a maximum period of six months at which point the waiver has to be reviewed.
22. A number of respondents indicated that they felt they would need to reduce the level or quality of service they accessed as a result of the proposal: this proposal seeks only to review the way the Council assesses the level of contribution that a service user can afford to pay towards the cost of their care and support.
23. The level of service accessed would only be amended as a result of a transparent review process that the service user and their support network would be able to take part in. The Council would continue to work with people to ensure that their identified support needs are met. The level of contribution is based on the outcome of a financial assessment. This is compared with the cost of the service and the service user pays the lower of the two. A reduction in the cost of the service does not usually result in a lower contribution, as the majority of service users pay far less than the cost of their care package.

If these proposals were implemented, what help or support might you need? (Question 4)

24. 611 (62%) of respondents chose to give extra information in response to question 4 of the consultation which asked what help or support people might need if the proposals were implemented. Many of the responses were similar to those given to question 3. In addition, a number of people said that they were unsure about what help they would need or that they felt they would definitely need help and support to understand the financial impact on them and their lifestyle and to budget for any changes.

Response to question 4

25. It is acknowledged that people need to be informed as quickly as possible about any changes to their level of contribution. The Council will write to service users as soon as a decision has been made by the Council's Policy Committee, which is scheduled to consider a report about the proposal on 17 October.

26. Those people who needed support to understand and adapt to any changes would be able, in the first instance, to talk to a Financial Assessment Officer from the Council's Adult Care Financial Services Team. The Financial Assessment Officers are experienced in benefit maximisation, assessing disability related expenditure and supporting with budget management. In certain circumstances where someone needed more help to understand the changes the Financial Assessment Officers could meet with them in person. If someone needed additional support to understand the benefits available to them beyond this, a referral could be made to the Council's Benefits, Information, Training and Advice Team or to a social care worker. In addition, support from the Reviewing Teams would be sought to review care packages where a new assessment was requested by the service user.

Other comments or suggestions (Question 5)

27. Question 5 asked people to provide any other comments or suggestions, to which 432 people (44%) responded. Although many respondents said that they agreed with the proposal to adopt the Department of Health Guidance in full, others, particularly in respect of the Minimum Income Guarantee levels, did not feel that age alone made a difference to someone's living costs. Many felt that other factors should be taken into account, such as the nature of someone's disability or their accommodation status. Some people commented that they were happy to contribute more than see cuts in services, and that contributions need to be in line with other local authorities to prevent any 'postcode lottery'. A range of suggestions were provided by people as an alternative to this proposal, such as an increase in Council Tax and business rates; stopping spending on non-essential care such as shopping and cleaning; to rent out Council rooms/properties to generate income or to spend Council reserves.

Response to question 5

28. It is acknowledged that adopting the Department of Health Guidance in full would have a greater impact on people below pensionable age and in particular on those aged 18-24 years. Although it would be the intention to adopt the three Minimum Income Guarantee levels set out in the Department of Health Guidance, the Council would (as described in **paragraph 20**) continue to take account of the extra cost incurred by people as a result of their disability or long term health condition, as well as their housing costs.
29. The Council has made significant savings, however there is still an identified budget gap of £54 million. This means that even if changes are approved to the way the Council calculates the contributions that service users can afford to pay towards the cost of their care, the Council will need to continue to look for other significant sources of savings in order to bridge the budget gap. A number of the other suggestions raised by respondents are already under consideration and the Council continues to make regular representations to Central Government about sustainable funding for social care.

Other Options Considered

30. Rather than seeking to adopt Department of Health Guidance in full, as other local authorities have done, the Council could maintain the local decision previously taken to ignore some benefits that can be taken into account and to allow a Minimum Income Guarantee level of £189 for all age groups, when calculating what a person can afford to

contribute towards the cost of their care. However, whilst the Council has made significant savings there is still a budget gap of £54 million. Therefore, in order to significantly reduce costs at the same time as being able to maintain services for the most vulnerable in the community, it is considered, on balance, that it is appropriate to recommend the proposal is adopted and to work with people affected by the proposal to support them to manage the impact.

Reasons for Recommendation

31. The proposal to change the way the Council calculates individual service user contributions towards the cost of care and support, if approved, will reduce the cost to the Council by £3.8 million a year. The proposal will also bring the Council into line with many other local authorities who have already adopted the Department of Health Guidance in full.

Statutory and Policy Implications

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

Financial Implications

33. The adoption of the Minimum Income Guarantee levels recommended by the Department of Health and the inclusion of higher rate disability benefits in the calculation to assess the amount a service user can afford to pay towards their care costs will reduce the cost of packages of care and support by an estimated £3.8 million a year. This will support the Council to address some of the budget gap of £54 million identified for future years. However, even if the changes are approved to the way the Council calculates the contributions that service users can afford to pay towards the cost of their care, the Council will need to continue to look for other significant sources of savings in order to bridge the budget gap fully.

Human Resources Implications

34. Staff will be asked, on a voluntary basis, to undertake additional temporary hours if extra capacity is required to provide the support for service users described in **paragraph 26**. Any additional hours worked will be paid in line with the Council's agreed terms and conditions of employment relating to the payment of overtime.

Public Sector Equality Duty implications

35. An Equality Impact Assessment is available as a background paper to this report.

Implications for Service Users

36. The total number of people who will be asked to pay a contribution towards their care and support, as a result of the proposals contained in this report, will increase from 46% of service users (3,250 people) to 58% of service users (4,112 people). 196 more people aged 18-24 years will come into charging and 601 more people aged 25 years to under pensionable age will come into charging. 65 people aged pensionable age and over will come into charging as a result of including higher rate disability benefits in the financial assessment. In total, 862 more people will be asked to contribute towards their care. 20 people aged 18-24 years, who currently contribute towards their care costs, will be asked to contribute more if the proposal is approved. 565 people aged 25 years to under pensionable age and 901 people over pensionable age will be asked to contribute more. In total 1,486 people who currently contribute towards their care cost will be asked to contribute more. As outlined earlier in the report, the Council will provide support to service users affected by the changes and will continue to ensure that people are in receipt of all the benefits and allowances that they are entitled to.

RECOMMENDATION/S

- 1) That Committee agrees that a report be taken to Policy Committee to seek approval for the Council to adopt in full the national Department of Health Guidance to Councils about the benefits they can take into account and the Minimum Income Guarantee levels that can be applied when determining the amount people are asked to contribute to their care costs.

Paul Johnson

Service Director, Strategic Commissioning, Safeguarding and Access

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Constitutional Comments (LM 26/09/18)

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

Financial Comments (DG 24/09/18)

38. The financial implications are contained within paragraph 33 of this report.

HR Comments (SJ 21/09/18)

39. Any HR implications are outlined in paragraph 34.

Background Papers and Published Documents

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

- Adult Social Care and Health Consultation - report to Adult Social Care and Public Health Committee on 9 October 2017
- Adult Social Care and Health Consultation - report to Adult Social Care and Public Health Committee on 8 January 2018
- Outcome of the Adult Social Care and Health Consultation - report to Adult Social Care and Public Health Committee on 12 March 2018
- Changes to the way the Council calculates individual contributions towards the cost of care and support - report to Adult Social Care and Public Health Committee on 9 July 2018
- Equality Impact Assessment
- Contributions towards a Personal Budget Guidance

Electoral Division(s) and Member(s) Affected

All.

ASCPH588 final

8 October 2018

Agenda Item: 11

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE

NOTTINGHAMSHIRE CARERS STRATEGY AND REVISED CARERS SUPPORT OFFER

Purpose of the Report

1. The purpose of the report is to:
 - a. present the Nottinghamshire Carers Strategy 2018-2020, and invite the Committee to recommend the proposed changes to Policy Committee for approval
 - b. seek approval for a revised carers support offer for April 2019
 - c. seek approval for the procurement of new information, advice and support services for carers, to be in place for April 2019
 - d. seek approval for the extension of the following, subject to confirmation of funding through the Better Care Fund:
 - 2 temporary FTE (full-time equivalent) Community Care Officer (Grade 5) posts until April 2020
 - 1 FTE Commissioning Officer (Band C) post until April 2020
 - 0.6 FTE temporary Commissioning Manager (Band D) post for two years until April 2020.

Information

2. Over the previous two years, the Council has undertaken consultation with carers, partner organisations and its own social care workforce to identify what carers value and how they would like to see services develop in the future. This has included formal public consultation as well as workshop sessions with carers and provider staff using a co-production approach.
3. This work has formed the basis of a new Nottinghamshire Carers Strategy 2018-2020, to replace the previous strategy which spanned 2015-2018. It has also informed the development of a revised carers support offer, to be implemented by April 2019. This revised offer will encompass changes to both the Council's assessment and support planning processes and to its commissioned information, advice and support services. This report presents the Strategy and seeks approval for the revised carers support offer, which would include the procurement of new information, advice and support services for carers.

Nottinghamshire Carers Strategy 2018-20

4. The Nottinghamshire Carers Strategy 2018-2020 is presented to the Committee and is available as **Appendix 1**. It will be supplemented by annual action plans, which will set out development activities for the Council and its partners. A copy of the Action Plan for 2018-19 is included within the appendix.
5. The Strategy sets out key principles that will underpin all work to support carers and includes a summary of information about the situation in Nottinghamshire and the performance measures that will be used to assess progress. The principles are:
 - a. Use an integrated approach to develop and deliver services, considering all support available including wider community resources as well as those services directly delivered or commissioned by the County Council and the NHS.
 - b. Make use of existing resources, including carers' own capacity for supporting each other, and provide opportunities to share experiences.
 - c. Help carers to navigate a complex health and social care system to better understand and meet the needs of the person that they care for and to plan for the future, including planning for a crisis.
 - d. Consider carers' own wellbeing and life aspirations and enable carers to access activities or resources to promote these.
 - e. Use a personalised approach to assessment and support planning, drawing on a wide range of support and community resources and assist carers to access these
 - f. Consider the varying situations and requirements of carers at differing stages of life, including young carers, working age carers who may also have childcare or work commitments, and elderly carers who are more likely to be managing their own health conditions or care and support needs.
6. The Strategy has been developed in consultation with the Nottinghamshire Carers Implementation Group, which includes carer representatives, and representatives from Clinical Commissioning Groups, provider organisations and other stakeholders, and provides a forum for discussion of strategic direction and initiatives to support carers.
7. It has been approved as a joint commissioning strategy by the Nottinghamshire Carers Commissioning Forum which includes representatives of Clinical Commissioning Groups, oversight of the shared Better Care Fund budget and joint commissioning intentions. Representatives at this meeting ensure that decisions made are approved through their own governance structures. Regular reports and updates are also taken to the Better Care Fund Board and the Health and Wellbeing Board.
8. The Strategy aligns with the County Council Plan 2017-2021 and with the Adult Social Care Strategy. It will contribute to achieving the commitment in the Council Plan that 'People live independently for as long as possible'. The Strategy has focused on local views about what is important for Nottinghamshire, whilst also taking account of national developments, including the national 'Carers Action Plan 2018 - 2020 - Supporting carers today'. The

anticipated national Green Paper on social care is expected to include further policy related to carers. The annual action plans that support the Strategy will respond to any future developments in national policy.

Revised carers support offer

9. The total 2018/19 annual budget to support carers across health and social care in Nottinghamshire is approximately £6.3 million. This covers a wide range of support options and breaks down as follows:
 - a. £4.3 million Nottinghamshire County Council, including respite services
 - b. £0.8 million across all six Clinical Commissioning Groups (CCGs)
 - c. £1.2 million Better Care Fund (historically NHS Carers Breaks funding).
10. Carer services provided directly by the Council and CCGs include:
 - a. a dedicated joint funded Carers Support Service within the Customer Service Centre as well as support and advice that is provided by community social care teams
 - b. Carers Personal Budgets and Personal Health Budgets/NHS Short Breaks
 - c. Support provided within GP practices, including the maintenance of a carers register, and a range of advice and support activities funded by individual CCGs.
11. The Council and Nottinghamshire County Clinical Commissioning Groups jointly commission information, advice and support services for carers, with the Council acting as lead commissioner. These comprise:
 - a. the Carers Hub information advice and support service (universal access to all carers including self-referral)
 - b. 'Compass' service for carers of those with moderate or severe dementia (available only to those where the person cared for is supported by a community mental health team)
 - c. 'Pathways' End of Life service for carers - a dedicated service offering emotional support and respite for carers who are looking after someone at the end of their life (accessed by referral from a health or social care professional)
 - d. a range of small-scale development projects, delivering training and support to carers, working in conjunction with Inspire: Culture, Learning and Libraries.
12. As well as services provided primarily to carers, the Council provides a range of services to its service users which may also benefit their carers, for example:
 - a. Carers crisis support as part of the recently commissioned Home First Response Service
 - b. Short breaks, telecare services, supported living or Extra Care
 - c. Home-based care and support
 - d. Day care services from a number of locations across the County.
13. Following consultation with carers, partners and the social care workforce, it is proposed that these services be delivered differently in the future, with more emphasis on an enhanced information, advice and support offer providing flexible support to carers when they need it. This would include changes to both internally-delivered services and commissioned support services. The externally commissioned contract for the Carers Hub

ends in March 2019, and the Council and its partners will need to re-procure information, advice and support services for April 2019 onwards. This provides an opportunity to more closely align internal and externally-commissioned services to offer carers more streamlined access to services.

14. At present, carers are offered either information and advice or an in-depth carer's assessment which may identify that they are eligible for additional support. It is proposed that building on successful work on the wider social care offer in the Department, that the revised carers support offer is delivered as a three-tier model (presented diagrammatically in **Appendix 2**):
 - a. Tier 1: Information and Advice: a range of universal support options that carers can access without any need for eligibility assessment, including telephone and online advice and peer support such as carer support groups
 - b. Tier 2: Short-term interventions: more intensive advice and support including a time-limited number of face-to-face interventions, and access to short-term support including assistive technology or occupational therapy assessments. It is anticipated that before accessing these services carers would undergo a 'light-touch' assessment, to be known as a Carer's Wellbeing Check, to enable workers to understand their needs and identify which services would benefit them.
 - c. Tier 3: Long-term Support Options: where carers are likely to have ongoing needs for support, they will be offered a more in-depth assessment to explore their situation. Discussion with carers has identified that the most valued long-term support is often respite provision, to include a range of options such as short breaks, and day or night care options. Therefore, long-term support planning may be undertaken in conjunction with an assessment of a service user's care and support needs.
15. This revised support offer would promote quicker access for carers to Tier 1 / Tier 2 support without requiring an in-depth carer's assessment. It is intended that assessment becomes more proportionate and tailored to carer's support needs and that issues would be resolved as soon as possible when a carer asks for support. Changes to support planning for carers would include the following:
 - a. instead of all eligible carers automatically being offered a Direct Payment (usually of £150 or £200) as the main option, a more personalised approach would be taken where carers would be offered support options that are more tailored to their individual circumstances
 - b. Direct Payments would be provided to individuals where this is the best option, with increased scope to provide higher Direct Payments to those carers who have an identified, specific need for services or equipment to promote their wellbeing or enable them to continue caring. It is anticipated that smaller, one-off payments would be offered following a Carers Wellbeing Check at Tier 2, to provide equipment or services (that are not otherwise available) to enable a carer to continue caring. Examples of this might include the purchase of household equipment such as a tumble dryer (to deal with incontinence) or a basic mobile phone (to enable the carer to feel confident they can be reached in an emergency). In some circumstances, a higher ongoing payment might be considered, and this would be included in the assessment process at Tier 3. Before

making Direct Payments, workers would be expected to explore other options such as grants from charitable organisations or to advise the carer to consider any eligibility for benefits.

16. It is proposed that Tier 1 / Tier 2 services could be provided either by Council staff, such as the Adult Access Team within the Customer Service Centre, or by an externally-procured information, advice and support service. The Customer Service Centre provides telephone advice and support. At present, this is complemented by the information and advice provided by the commissioned Carers Hub. The Carers Hub provides advice by telephone and face-to-face through drop-in clinics and some home visits. The revised carers support offer would include an enhanced information, advice and support service that would include additional face-to-face interventions and that would undertake Carer's Wellbeing Assessments on behalf of the Council.
17. The Committee is asked to approve this revised support offer, so that changes can be made to internal systems and processes and staff training can be implemented, in preparation for new arrangements to be in place for April 2019.
18. Further work will be undertaken in autumn 2018, to review the Council's arrangements for respite provision. There are currently a number of routes into different types of respite services funded by the Council and the Clinical Commissioning Groups (CCGs). Carers report that this can be confusing, and it can be a difficult system to navigate. This work will:
 - a) review the respite offer provided by the Council and partners (including the Council and NHS funded short breaks, sitting services, day services and short-term care) to ensure that best use of resources is made to enable carers with differing needs to know about and be able to access the right support, and
 - b) develop more integrated arrangements with simpler access mechanisms.

Re-commissioning of carers information, advice and support services

19. The Committee is further asked to approve the procurement of information, advice and support services to commence in April 2019.
20. Currently three support services for carers are delivered through provider contracts:
 - a. the Carers Hub Information and Advice Service, provided by Carers Trust East Midlands
 - b. the 'Compass' dementia support service, provided by Nottinghamshire Healthcare Trust
 - c. the 'Pathways' End of Life service for carers, provided by Carers Trust East Midlands.
21. The Carers Hub contract will end in March 2019, and it is proposed that an enhanced information, advice and support service be procured to commence in April 2019. This service would continue to be known as the Carers Hub and would:
 - a. Provide information, advice and support through a range of methods – telephone, face to face, online including social media
 - b. Undertake light-touch carers' assessments/wellbeing checks
 - c. Deliver one-to-one advice and support to carers, using drop-in session, advice clinics and a limited number of home visits for those with higher needs

- d. deliver training to carers
 - e. Refer carers directly to some Council services (reducing duplication)
 - f. Undertake activities to involve carers in consultation and engagement activities on behalf of the commissioner.
22. It is further proposed that a change in delivery arrangements for other support services is considered, while maintaining the overall scope of support services. The current arrangements for dementia support focus on a small number of carers who are caring for those with high level needs. The Compass service employs carers (or former carers) to provide befriending and advice to carers of those with moderate to severe dementia, who are already receiving support from a community mental health team. The service supports approximately 350 carers a year. Needs analysis suggests that approximately 25% of all adult carers support a person with dementia, which represents approximately 3,000 carers in direct contact with support services at any one time. In discussions with carers, many have indicated that they would value more advice and information at an earlier stage, closer to diagnosis so that they can plan for the future. In its current configuration, the service is unable to provide this.
23. Commissioners are therefore exploring the potential to refocus dementia support services to provide access to a wider range of carers. Services would have a greater emphasis on condition-specific advice, support and training for carers, and be offered to a larger number of carers with access at any time if a carer needs additional advice. The newly-procured Carers Hub would be able to provide information and advice on areas of relevance to all carers, and therefore there is the potential to develop a refocused Dementia Advice Service, which would:
- a. Accept referrals from the Carers Hub, Council social care workers or health professionals
 - b. Provide condition-specific advice, information and training to carers of those with dementia, using time-limited interventions with evidence of improved outcomes for carers.
24. This re-procurement of support services for carers would deliver more equitable services, with access for a wider group of carers. Currently, the total budget for the three support services is approximately £600,000 per year, with approximately £150,000 allocated to the Carers Hub Information, Advice and Support Service, approximately £300,000 to the Compass dementia support service and approximately £150,000 to the Pathways End of Life Support Service. It is proposed that this total budget remains at £600,000, but that a greater proportion is allocated to an enhanced Carers Hub service which would benefit all carers. It is proposed that this is funded by providing a streamlined Dementia Advice Service, which would provide shorter-term interventions. As these interventions would be at a lower cost, they could be offered to a larger number of carers. At this time, it is recommended that the end of life support arrangements remain the same. This service has been recently re-procured and appears to be meeting carers needs in its current form.
25. Carers support services are jointly commissioned with Clinical Commissioning Groups, with the Council acting as lead commissioner. These services are funded largely by the Better Care Fund and it appears likely that this will continue in some form beyond April 2019. Contract specifications will include clauses that will enable them to be ended early if funding

arrangements change, avoiding any financial risk to the Council. A Carers Dynamic Purchasing System (DPS) was established in 2016 and will be used to procure services. A DPS is essentially a list of providers who evidence that they meet the core specification for delivering services to carers. The Council can then invite providers who are on the list to submit bids to deliver a specific service. Providers are able to apply to join the DPS at any time. The Carers DPS was used to procure the Carers End of Life Support Service in 2017.

26. It is proposed that the tender process to procure an enhanced Carers Hub service commences in November 2018, with the contract awarded early in 2019 for a start date of April 2019.
27. Prior to recommissioning a Dementia Advice Service, commissioners will undertake further detailed needs analysis and consultation with carers, with the intention of procuring a service that will commence in summer 2019, with the tender process taking place in spring 2019.

Extension of posts

28. The Better Care Fund supports a number of temporary posts within the Council:
 - 2 FTE Community Care Officer (Grade 5) posts within the Carers Support Service within the Adult Access Service which contribute to the team's full-time establishment of 5.8 FTE Community Care Officers (this team undertakes 45% of carers' assessments and reviews)
 - 1 FTE Commissioning Officer (Band C) post and 0.6 FTE Commissioning Manager (Band E) post. These posts provide additional commissioning capacity within the Council's Strategic Commissioning Team to oversee joint commissioning arrangements for carers services, on behalf of the Council and Clinical Commissioning Groups.
29. Subject to formal confirmation and approval by the Better Care Fund Steering Group and Clinical Commissioning Group partners, the Committee is asked to approve the extension of these posts until March 2020. This would enable the Adult Access Service to continue to provide a timely response to requests for carers' assessments and reviews and to provide commissioning capacity to support the re-procurement and quality evaluation of carers support services. The posts would be fully funded by the Better Care Fund and therefore there would be no additional cost to the Council.

Other Options Considered

30. To not make any changes to the way services are currently provided to carers: this would not help the Council and partners to respond appropriately with regard to developing the services and support that are considered to be of most value by carers in the County.

Reason/s for Recommendation/s

31. A series of carers consultation activities sought feedback on proposals for changes to, and investment in, the support provided to carers in order to ensure that support focuses on those things that people have said are the most useful in terms of improving carer well-being or enabling them to continue caring. This included formal public consultation in

autumn 2017. This information has been used to develop the underpinning Strategy and revised carers support offer outlined within the report.

32. The Council has created a Carers Engagement Group, currently involving seven carers with a range of experience. This group is advising on service developments and will be involved in confirming contract specifications and the evaluation of tenders. It will also offer advice on producing appropriate communications for carers.
33. The Council will continue to inform and involve carers, providers, staff, health partners, and stakeholders about the proposed changes.

Statutory and Policy Implications

34. 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

35. Any changes to the Adult Social Care assessment and support processes and the commissioning of services will need to be compliant with the relevant data protections and information governance legislation.

Financial Implications

36. There are no financial implications to the Council arising directly from this report.
37. Externally procured services are funded by the Better Care Fund which is expected to continue beyond 2019. The procurement of services referred to in **paragraphs 19 – 27** would be funded by the Better Care Fund which is expected to continue beyond 2019. Contract specifications will include clauses that will enable them to be ended early if funding arrangements change, avoiding any financial risk to the Council. The Council makes an additional direct contribution of £75,000 to these services and this would remain unchanged.
38. The posts referred to in **paragraphs 28 and 29** would also be funded by the Better Care Fund, and their extension would be confirmed when formal approval is given to this through the relevant integrated commissioning groups and the Better Care Fund Steering Group.

Human Resources Implications

39. As identified in the body of the report, posts where extension is proposed are already established and have appropriate ICT and office accommodation and business support.

Public Sector Equality Duty implications

40. An Equality Impact Assessment was completed prior to public consultation on proposals. Further assessments will be undertaken as part of the work to develop a revised carers support offer, in consultation with partners and carers. Carer support services are more likely to be used by women and by those aged over 40. However, the proposed changes to support services are not expected to have any disproportionate impact on these groups.
41. Developing proposals for service delivery will take account of the recommendations in research that the Council commissioned into supporting Seldom Heard Carers, and national research and guidance on best practice, for example, guidance on delivering LGBT (Lesbian, Gay, Bisexual & Transsexual) inclusive services.

Implications for Service Users

42. Support to carers will be developed in line with information that they have provided about what is most valuable to them.

RECOMMENDATION/S

That Committee:

- 1) recommends the Nottinghamshire Carers Strategy 2018-2020 to Policy Committee for approval.
- 2) approves a revised carers support offer for April 2019
- 3) approves the procurement of new carers information, advice and support services for carers, to be in place for April 2019
- 4) approves the extension of the following subject to approval by the Better Care Fund Steering Group:
 - 2 temporary FTE Community Care Officer (Grade 5) posts until April 2020
 - 1 FTE Commissioning Officer (Band C) post until April 2020
 - 0.6 FTE temporary Commissioning Manager (Band E) post until April 2020.

Sue Batty
Service Director, Mid Nottinghamshire

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Constitutional Comments (LM 18/09/18)

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

Financial Comments (DG 21/09/18)

44. The financial implications are contained within paragraphs 36-38 of this report.

HR Comments (SJJ 18/09/2018)

45. The current temporary contracts will be extended for the postholders once funding has been confirmed.

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.

ASCPH584 final

Nottinghamshire County Council Carers Strategy 2018-20

Our principles are:

1. Use an integrated approach to develop and deliver services, considering all support available including wider community resources as well as those services directly delivered or commissioned by the County Council and the NHS.
2. Make use of existing resources, including carers' own capacity for supporting each other, and provide opportunities to share experiences.
3. Help carers to navigate a complex health and social care system to better understand and meet the needs of the person that they care for and to plan for the future, including planning for a crisis.
4. Consider carers' own wellbeing and life aspirations and enable carers to access activities or resources to promote these.
5. Use a personalised approach to assessment and support planning, drawing on a wide range of support and community resources and assist carers to access these
6. Consider the varying situations and requirements of carers at differing stages of life, including young carers, working age carers who may also have childcare or work commitments, and elderly carers who are more likely to be managing their own health conditions or care and support needs.

These principles will underpin the work that we do to support carers and will be supported by annual action plans which identify the specific things that we will do to develop our services further.

1. Introduction

This strategy sets out how Nottinghamshire County Council and NHS Clinical Commissioning Groups will work together with carers and partner services to deliver high quality support to carers in Nottinghamshire. This strategy has been developed in consultation with carers and makes use of information about the County and its population.

The principles set out within this Strategy will be applied to all future development work in relation to carers services and will form part of any specifications for jointly commissioned carers support services.

This Strategy has discussed by the Nottinghamshire Carers Implementation Group, which includes carer representatives, as well as representatives from Clinical Commissioning Groups, provider organisations and other stakeholders. It provides a forum for the discussion of strategic direction and initiatives to support carers.

It has been approved as a joint commissioning strategy by the Nottinghamshire Carers Commissioning Forum, which includes representatives of Clinical Commissioning Groups and has oversight of the shared Better Care Fund budget and of joint commissioning activities. Representatives at this meeting ensure that decisions are approved through their own governance structures. Regular reports and updates are also taken to the Better Care Fund Board and the Health and Wellbeing Board.

This strategy also aligns with the County Council Plan 2017-2021 and with the Adult Social Care and Public Health Departmental Strategy. It will contribute to achieving the commitment in the Council Plan that 'People live independently for as long as possible'.

This Strategy summarises local views about what is important for Nottinghamshire, and it takes account of national developments, including the national 'Carers Action Plan 2018 - 2020 - Supporting carers today'. The anticipated national Green Paper on social care is expected to include further policy related to carers which will influence local developments.

This Strategy will be supported by annual Action Plans and as we develop these we will respond to any future updates to national policy.

2. How was this Strategy developed?

In 2016/17, two co-production workshops took place. They were attended by carers as well as support workers and commissioners from the Council, health services and other support services. These workshops identified what people considered important for carer services, including priorities for carers

In autumn 2017, the Council undertook a public consultation about how its carer support offer might change, to include a more personalised approach to support planning (to replace the fixed direct payment that carers are usually offered) alongside quicker access to information and advice. The consultation also asked about which support services were most valuable to carers. 1,164 people responded to the consultation and their responses have contributed to the development of this strategy and the work plan for 2018/19.

In March 2018, carers and support staff took part in a further two workshops and provided feedback on the identified priorities as well as suggesting actions that could be taken to achieve these priorities. A total of 47 people attended the events at County Hall and Pleasley Landmark Centre. 22 carers attended (46.7% of the participants). See Appendix 1 for a summary of comments made.

These activities collectively resulted in the principles for working with carers, which were presented to the Nottinghamshire Carers Implementation Group for comment. This group meets quarterly to provide strategic oversight of carers' services in Nottinghamshire, and includes carers' representatives, commissioners and provider organisations, including statutory and voluntary organisations. This group agreed these principles as well as the key work streams to be included in an Action Plan for 2018/19.

3. What do we know about carers in Nottinghamshire?

Recent population estimates¹ indicate that there are 810,700 people living in Nottinghamshire. The 2011 Census report² identified that there has been an increase in the number of carers by 7,517 since the previous census in 2001. Currently there are at least 91,968 carers, with 21,680 carers now providing over 50 hours of care per week. This is in line with national figures that suggest one in ten of the population are carers.

From our contact with carers, we know that they range in age from those at primary school through to those in their nineties. In Nottinghamshire:

- approximately 60% of carers are female and 40% male. .
- the 51-60 age group has the highest number of carers.
- Between April 2017 and March 2018, 67.8% of those accessing carer assessments or annual reviews were female.
- Working age carers are most likely to be female (73.6% of those aged 51-60) and many of these will be managing the caring role with other family or work commitments. Broader national figures also recognise the impact of caring on this age group as one in five people aged 50-64 are carers in the UK.
- In contrast, young carers and older carers include a higher proportion of male carers (for example, 57.3% of young carers aged 5-18 are female and 52.3% of carers aged over 80 are female). Young and older carers can be particularly vulnerable in terms of how the caring role impacts on other areas of their lives.

In the UK the economic value of carers is estimated to be £132 billion a year and by 2030 the number of carers is projected to increase by a further 3.4 million (60%)³.

¹ <http://www.nottinghamshireinsight.org.uk/people/key-population-facts/>

² <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinenglandandwales2011andcomparisonwith2001/2013-02-15>

³ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinenglandandwales2011andcomparisonwith2001/2013-02-15>

4. How will we work to support carers?

The Council and Clinical Commissioning Groups will continue to commission a range of information, advice and support services for carers. Social care workers will identify how to support carers, undertaking carers' assessments and support planning for those carers who may be eligible for Council support. GP practices and other healthcare providers have a key role in identifying and supporting carers.

The total 2018/19 annual budget to support carers across health and social care in Nottinghamshire is approximately £6.3 million. This covers a wide range of support options and breaks down as follows:

- £4.3 million Nottinghamshire County Council, including respite services
- £0.8 million across all six Clinical Commissioning Groups (CCGs)
- £1.2 million Better Care Fund.

Carer services provided directly by the Council and CCGs include:

- a dedicated joint funded Carers Support Service within the Customer Service Centre as well as support and advice that is provided by community social carer teams
- Carers Personal Budgets and Personal Health Budgets/NHS Short Breaks
- Support provided within GP practices, including the maintenance of a carers register, and a range of advice and support activities funded by individual CCGs.

The Council and Nottinghamshire County Clinical Commissioning Groups jointly commission information, advice and support services for carers, with the Council acting as lead commissioner. These include the Carers Hub information, advice and support service available to all carers as well as services to support carers for those at the end of life and carers for those with dementia. Following consultations with carers, the Carers Action Plan for 2018-19 will include some changes to how these are commissioned and delivered, but the overall scope of services will be similar.

As well as services provided primarily to carers, the Council provides a range of services to its service users which may also benefit their carers, for example:

- a. Carers crisis support as part of the recently commissioned Home First Response Service
- b. Short breaks, telecare services, supported living or Extra Care

- c. Home-based care and support
- d. Day care services from a number of locations across the County.

Between March 2017 and April 2018:

- The Council identified 1899 carers and assessed their needs, as well as reviewing the needs of 4461 carers who were already known
- The Council's Customer Service Centre resolved a further 879 queries from carers
- The Carers Hub information, advice and support service identified 1724 carers who registered to receive support
- The Compass dementia support service provided support to 379 carers
- The Pathways end of life support service provided support to 201 carers.

The Council and Clinical Commissioning Groups will continue to invest in support services for carers, as we recognise the importance of their role. In Nottinghamshire, the County Council and commissioned service providers are estimated to be in contact with approximately one in ten carers (based on population estimates and numbers using services). This means that there is more to do in order to reach carers to provide information, advice or support as appropriate. We recognise that we are all working within financial restraints and we will communicate with carers and partner organisations to identify how we can best make use of available resources to provide services that carers want.

We are committed to continual development and improvement of our services and each year, we will develop and publish an Action Plan, which will set out changes that we aim to achieve.

5. How will we know that we are making a difference?

We will use the local and national performance indicators for carers' services, including those in the Adult Social Care and Public Health National Framework and in the Council's Local Plan.

Adult Social Care and Public Health National Key Performance Indicator	Proportion of carers receiving a direct payment (ASCOF 1C part 2b)
Local Key Performance Indicator	Carers' survey (bi-annual) providing information on: <ul style="list-style-type: none"> • Carer-reported quality of life • Proportion of carers who reported that they had as much social contact as they would like • Overall satisfaction of carers with social services • Proportion of carers who report that they have been included or consulted in discussion about the person they care for • Proportion of carers who find it easy to find information about services

County Council Plan 2017-2021 and Adult Social Care and Public Health Departmental Strategy				
Commitment	Success measures	Activities	Council Plan Key Measures of Success	2017-18 data
People live independently for as long as possible	Carers receive the support they need	We will provide support for carers	Number of carers given advice and information	318 *
			Number of carers who are supported	6360 *
* only includes outcomes of formal assessment/reviews and not any other information or support services				

In addition, we will work with carers to identify further ways to evaluate and monitor our services and the services that we commission. This will focus on carers' experience of services and whether they have improved their lives.

We are about to carry out the next Carers' survey and will have the results in 2019. These will help us to set targets for what we would like to improve. The last survey took place in 2016 and from this we know that some carers found it difficult to find information and that carers were less satisfied with social services – this was similar across all of England. We have used this information together with other consultations with carers in Nottinghamshire to help us understand how we can improve our information and advice to carers. The Nottinghamshire Carers Action Plan for 2018-2019 identifies how we will revise our carers support offer to achieve this.

Appendix 1:

Summary of consultation with carers and stakeholders that contributed to the development of this Strategy

1. Feedback from co-production workshops (2016 and 2017)

How well do we work together so that carers feel supported in our communities?	
What works well? <ul style="list-style-type: none">• Nottinghamshire Carers Hub provides information, advice and signposting – service is valued by those who use it• There are a number of services for carers – support groups, information and advice, peer mentoring• Notts Help Yourself website has up-to-date information about a wide range of services• Some good services for dementia support – e.g. Compass peer support, Alzheimer’s Society• Some GP practices have improved how well they listen to carers• Nottinghamshire Healthcare Trust has information sharing guidance for staff working with carers• Clinical Commissioning Groups and the County Council have funded pilot group activities for young carers (aged under 18) and these have been valued by those who attended	What could be better? <ul style="list-style-type: none">• Carers need to be able to access information about carer support services and carer support groups through a variety of methods• Sometimes, carers have needed to wait before they could have a County Council assessment of their needs• The crisis prevention service (emergency respite care in a carer emergency) can be difficult to access• GP practices have variable knowledge of services for carers and some are not so good at signposting carers to other services• Carers would like more support with their own wellbeing• More basic skills training for carers – for example, first aid, moving and handling• Some groups of carers may find it difficult to access services (e.g. BME, Deaf community, and or those with other disabilities)
Our priorities for carers <ul style="list-style-type: none">• Improve awareness and knowledge of available services• Capacity and availability of services• Communication• Carer Wellbeing• Training and Development for Carers	

Feedback from public consultation, autumn 2018.

1. At the October 2017 meeting, the Adult Social Care and Public Health Committee gave approval to consult with the public on four proposals including a proposal to review the way that support is provided to carers.
2. The consultation commenced on 6 November and closed on 5 December 2017. The consultations were widely publicised. On-line surveys were made available on the Council's website and paper copies of the consultations were placed in public libraries.
3. In addition, letters were sent to the 5,543 carers who had received a County Council assessment or review of their eligibility for support in the previous 12 months. These were considered to be the groups who might be directly affected by any changes to policy or services. The letters outlined the purpose of the consultations and invited people to contribute either online or by returning a paper questionnaire with a freepost address. Information about the carers' consultation was also e-mailed to the Nottinghamshire Carers Network comprising carer representatives and partners and communicated to carer support groups managed by the Nottinghamshire Carers Hub Information and Advice Service.
4. 1,164 people responded to the carers' consultation: 280 completed the questionnaire on line and 884 completed the questionnaire by post.

Outcomes of the carers' consultation

5. The first consultation question explored how the carer's personal budget direct payment might be used to support carers by asking 'The carer's personal budget might be used to enable carers to purchase support to improve their wellbeing or to enable them to continue caring. Which of these do you consider to be the most useful to carers?' Respondents ranked equipment to help with caring, home services and activities to support health and wellbeing most highly, the highest ranking in importance was 1, the lowest was 8. The ranked order, which is indicative of the emphasis that respondents placed on the different support themes, is as follows:
6.
 - Equipment to help with caring e.g. a washing machine/tumble dryer
 - Home services such as cleaning or gardening
 - Activities to support health and wellbeing
 - Information technology such as a laptop or mobile phone
 - Help to fund leisure activities, such as holidays or hobby costs
 - College/training courses
 - Helping carers back to work
 - Contribution towards driving lessons.

7. Actual numbers ranking each response are shown in the table below:

Q1: Response rankings	1	2	3	4	5	6	7	8	Not answered
Equipment to help with caring e.g. a washing machine/tumble dryer	331	167	128	133	83	34	29	11	248
Home services such as cleaning or gardening	232	197	148	64	88	71	43	11	310
Activities to support health and wellbeing	144	176	157	119	118	76	45	12	317
Information technology such as a laptop or mobile phone	67	174	120	173	167	82	52	29	300
Help to fund leisure activities, such as holidays or hobby costs	147	128	149	119	99	73	75	48	326
College/training courses	14	44	101	13	87	161	203	57	365
Helping carers back to work	39	60	98	96	78	140	151	125	377
Contribution towards driving lessons	13	14	17	27	43	86	101	364	499

8. These examples were used in the consultation as they are ways in which carers are known to have used the personal budget direct payment. There are alternative ways that these needs could be met instead of providing a Direct Payment, for example, accessing grants such as those made available nationally through the Carers Trust, ensuring carers are aware of the benefits available to them and making use of community and preventative solutions. Direct Payments should focus on offering choice to carers where there are no existing available options and there is a clear link to how this will support the carer to continue their role whilst having a life of their own.
9. People were also asked to indicate any other ways in which the carers' personal budget might be spent, and a number of comments were provided:
- 63 people considered that the personal budget should be used for respite to enable the carer to take a break (under current arrangements, the personal budget is not used for this in Nottinghamshire. Respite can be provided as part of a care and support package for the cared for and locally Clinical Commissioning Groups fund short breaks where the carer and cared for are registered patients)
 - 49 people stated that money would be better spent on support services for carers, including 1:1 support, counselling, information and advice, carer support groups or training
 - 26 people stated that transport is an issue for carers, either taking the cared for to appointments or needing to make frequent journeys to provide care if not living with the cared for – some commented that they struggled to find suitable transport and others that fuel or parking costs were high.
10. The second consultation question focused on how carers' needs might be met by direct support services. The Council commissions a range of support services, together with its health partners, and there is scope to develop and refine them further. The question asked: 'We are considering further investment in support services for carers. Which services do you think would be most useful to carers?' respondents ranked respite or short breaks from caring significantly higher than other options.

Information and advice, training and support to cope with the pressures of caring and 1:1 support or counselling were also ranked highly. The ranked order, which is indicative of the emphasis that respondents placed on the different support themes, is as follows:

- Respite or short breaks from caring
- Information and advice
- Training and support to cope with the pressures of caring
- 1:1 support or counselling
- Training in practical skills such as first aid or moving and handling
- Health and Wellbeing activities (e.g. access to a gym)
- Opportunities to meet other carers, such as through carer groups.

11. Actual numbers ranking each response are shown in the table below:

Q2: Response Rankings	1	2	3	4	5	6	7	Not answered
Respite or short breaks from caring	403	130	97	71	84	82	82	215
Information and advice	212	156	131	158	126	105	63	213
Training and support to cope with the pressures of caring	104	203	212	175	109	79	30	252
1:1 support or counselling	139	175	152	139	142	112	64	241
Training in practical skills such as first aid or moving and handling	77	145	143	118	129	103	158	291
Health and Wellbeing activities (e.g. access to a gym)	57	112	101	127	130	164	198	275
Opportunities to meet other carers, such as through carer groups	27	65	105	119	146	191	213	298

12. People were asked to indicate any other services that they might value. Many respondents commented on the importance of the options they had already ranked as important. 63 people commented on the importance of respite or short breaks, with comments about ways this might be provided. Several people commented on the importance of frequent short respite sessions to enable carers to have regular breaks or to attend health appointments for themselves and stated that they felt this needed to be available at short notice. 10 people stated that it was important for counselling or 1:1 support to be available in a crisis, perhaps through a helpline.
13. Respondents were also given the opportunity to make any further comments on the consultation as a whole. Responses were varied and therefore difficult to categorise. All comments will be reviewed and considered in detail as part of any further development of services for carers.

2. Feedback from consultation workshops with carers and support workers, March 2018.

In March 2018, carers and support staff took part in a further two workshops and provided feedback on work so far and suggested actions that could be taken to further develop support services for carers. 47 people attended events at County Hall and Pleasley Landmark Centre. 22 carers attended (46.7% of the participants).

Capacity, availability and flexibility of services

- Integration between health and social care is important
- Crisis prevention and support planning is needed (includes respite but also emotional support or practical advice for carers who are finding things difficult)
- GP practices could have an increased role in identifying carers, providing information or hosting support services (e.g. carer drop-ins or clinics)
- Community resources – activities and contacts – there is a lot out there that carers can access
- More peer support from carers – befriending and mentoring
- Flexible approach to service provision – recognise carers as individuals
- There is potential to make better use of resources by investing more in support services instead of providing personal budgets to all eligible carers - this may meet carers needs better (although some carers value the £150/200 and feel it is important recognition for their role)

Awareness of available services

- Workers need to understand ALL available support – including voluntary sector services, grants/financial support/navigating benefits system as well as services directly funded by County Council or health services
- Carer's assessment and support planning is an important route into carers getting the personalised support that they need
- Provide information in a variety of formats – not just online
- Provide information where people go – shops, libraries, post offices

Carer wellbeing and support for carers

- Listen to carers – treat us as individuals
- Many carers will want to access 1:1 support at times – emotional and practical support to help cope with the pressures of caring or help to find out about what services or financial support there is for carers
- Effective support for the person who is cared for will also support the carer – particularly a flexible approach to a range of respite provision to enable the carer to take a break from caring
- Different approaches work for different people – training groups suit some but not all
- Make training available in varying formats – e.g. record training for those who can't attend groups or prefer not to
- Carer support groups can provide training as well as social and peer support
- Make use of existing training provision – link carers in to what is happening in their localities
- 1:1 support is important for some carers – to help them work through their own situation and understand what services can help them

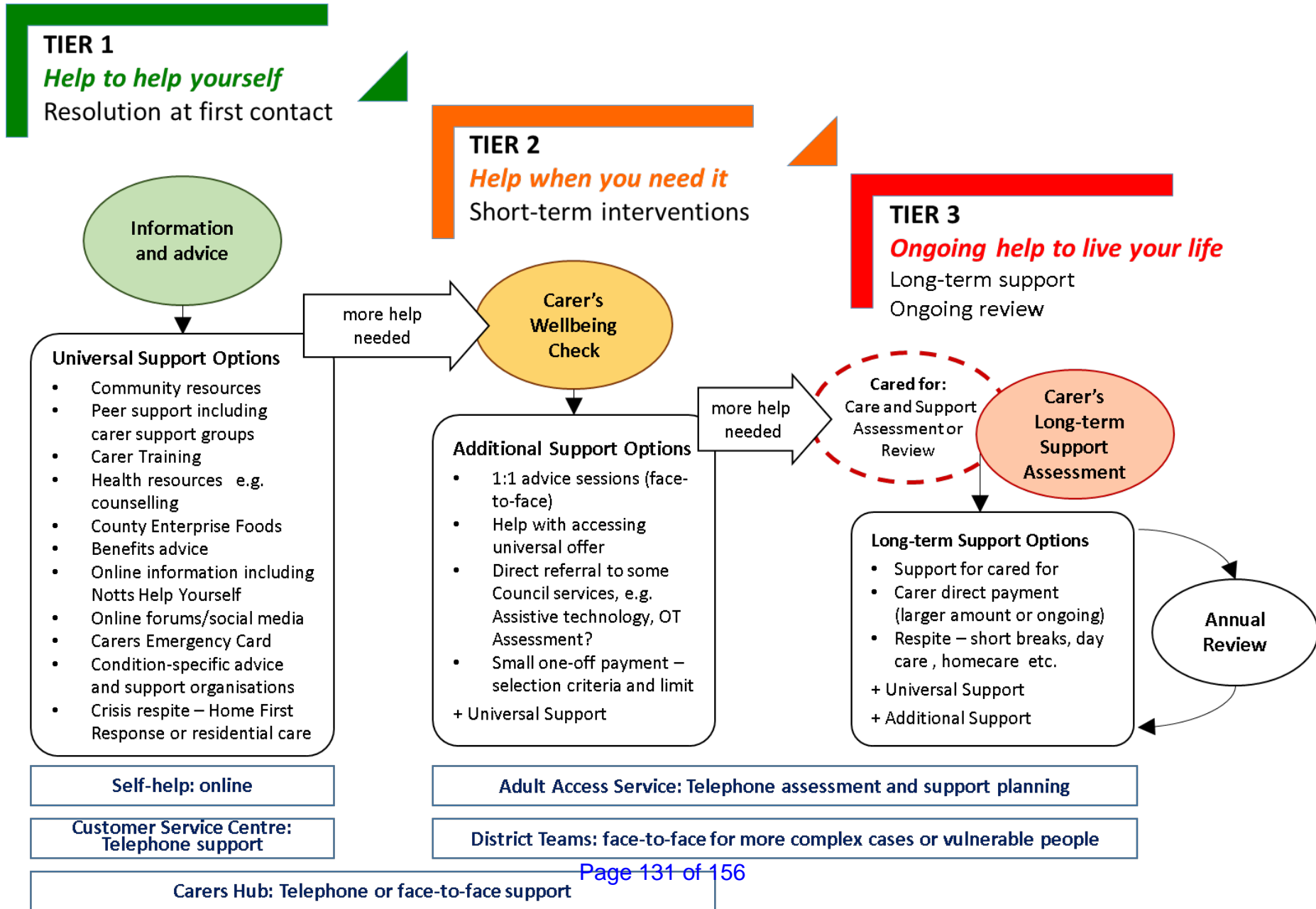
Appendix 2: Action Plan for 2018-19

This action plan focuses on a revised carers support offer. Our targets for this year are to achieve the actions identified within the timescales. As part of setting up the new arrangements, we will set numeric and quality targets for 2019-20 for identifying and supporting carers,

Action Plan 2018/19: To develop a revised carers support offer for April 2018 and an updated joint commissioning strategy (for 2018-20)				
	Quarter 1: April-June	Quarter 2: Jul-Sept	Quarter 3: Oct-Dec	Quarter 4: Jan-Mar
1. Review Carers Assessment and Support Planning Process	<ul style="list-style-type: none"> Develop proposals for changes to carers Personal Budget - personalised approach Review Carers Assessment/Review processes – respond to carer feedback and consider how to align with 'three conversations' work Consider a more creative approach to support planning – workers enabling carers to access existing community resources and peer support Consider financial implications of new arrangements and confirm feasibility 		<ul style="list-style-type: none"> Develop delivery arrangements and implementation plan <ul style="list-style-type: none"> internal systems and processes role of NCC and district teams plus possibility of external trusted assessors undertaking assessment / review /support planning Seek approval for proposals from County Council ASC&PH Committee (October) 	<ul style="list-style-type: none"> Prepare for April 2019 start of new arrangements <ul style="list-style-type: none"> Update computer records processes (Mosaic) Staff training and guidance
2. Review arrangements for carer respite (to include NCC and NHS funded short breaks, sitting services, day services and short term care)	<ul style="list-style-type: none"> Work with health partners to identify whether NHS short breaks funding might be integrated with NCC Carers Personal Budget or NCC Short Breaks provision 	<ul style="list-style-type: none"> Work with operational NCC colleagues and NHS partners to map all respite provision and identify any potential to simplify arrangements or improve flexibility of respite provision Work with carers to develop proposals for the future delivery of respite services Consider financial implications of proposals Seek approval for proposals from County Council ASC&PH Committee and CCG Commissioning Groups governing bodies (October) 		<ul style="list-style-type: none"> Prepare for April 2019 start of new arrangements (may need to phase implementation through 2019) <ul style="list-style-type: none"> Update commissioning arrangements for short breaks including computer processes (Mosaic) Staff training and guidance
3. Review commissioned support services*	<ul style="list-style-type: none"> Needs analysis and demographic analysis Map existing services – both NCC and partners – directly commissioned and other services 	<ul style="list-style-type: none"> Define how services will be commissioned <ul style="list-style-type: none"> Range of provision Relative importance of universal or specialist services Identify likely resources available to procure services Develop specifications for new services 	<ul style="list-style-type: none"> Give notice to existing service providers that contracts will terminate March 2019 Seek approval for proposals from County Council ASC&PH Committee and CCG Commissioning Groups governing bodies (October) Tender for new services through Carers Dynamic Purchasing System (November) 	<ul style="list-style-type: none"> Mobilisation/implementation period for new contracts
4. Develop a County communication and information plan		<ul style="list-style-type: none"> Identify and deliver a range of activities to promote the new service arrangements, making sure that a variety of approaches and media are used (e.g. paper-based, websites, social media) Work with partner organisations to ensure that all workers who come into contact with carers can signpost to services for carers Identify new ways to identify and support carers in the community – take information to where people are 		

* Scope of commissioned services review: will replace existing contracts for information and advice, dementia support and possibly young carers groups – will need to establish relationship of new services with Carers End of Life Support and Home First Response (carer crisis element) and consider wider context of social care and health contracts for service users.

Appendix 2: Revised Carers Assessment and Support Offer



8 October 2018

Agenda Item: 12

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 25**, are required to meet operational needs and requirements, and to achieve projected savings. The report includes a range of posts that are supporting different departmental priorities and responsibilities; these have been grouped as far as possible. Funding for these posts is detailed in **paragraphs 33 and 34**.

Occupational Therapy posts

3. Approval is requested for the extension of the Principal Occupational Therapist (OT) (Band D) post to the end of March 2020 at a cost of £57,268 p.a. plus a travel budget of £1,300. This post is currently due to end in March 2019. Committee approved establishment of the post on 6th February 2017 in order to take a strategic lead for the development of the Occupational Therapy Service, moving the service forward in the context of the Adult Social Care Strategy and integrated ways of working with health and district councils. This included developing a quality assurance system for OT work, an OT career progression policy and workforce plan, as well as identifying and managing new ways of making the service more efficient or contributing to savings through the prevention agenda.
4. This work is being delivered to plan and additionally the Principal OT role has identified greater potential, than was originally anticipated, for a therapy led goal setting approach to be an enabler in delivering savings across several projects linked to the Adult Social Care Strategy, including Re-ablement, Hospital Discharge and best practice in Support Planning. During the Peer Review that took place in March the contribution and benefit of the Principal OT role were recognised by the Review team.

5. The Committee is also asked to approve the extension of 1 FTE Occupational Therapist (Band B) post based in the Mansfield and Ashfield Physical Disability Team. A combination of high demand and an expanded role in supporting people to be more independent led to increasing waiting times for OT assessments in Mansfield & Ashfield. It has taken some time to recruit to this post and the level of demand continues. This demand is over and above that which can be managed by the team continuing to embed OT clinics. The team is also piloting an 'OT first approach' to test the impact of OTs routinely considering cases prior to being assessed for ongoing social care services. Approval is requested for this post to be extended until the end of March 2020 at a cost of £46,925 p.a. (Band B) plus a travel budget of £1,300.

Social Work posts

6. The social care older adults assessment and care management service covering Newark and Sherwood has historically had a similar workload to other Districts, but fewer permanently funded qualified Social Worker posts in the team. This has been managed by covering with a number of temporary posts, some of which have been linked to short term projects. Various posts are due to cease in March 2019 which will reduce the number of qualified Social Workers covering Newark and Sherwood by a third. This will mean that the team will be unable to complete urgent safeguarding work and complex Care Act assessments in a timely way and waiting lists will grow.
7. Two temporary Social Worker (Band B) posts at cost of £93,850 p.a. are therefore requested to be established from 1st April 2019 to 31st March 2020 with a travel budget of £1,300 each. This will enable the District Teams to fully maximise New Ways of Working and roll out further projects such as the Three Tier Model which are all intended to maximise workers' time to focus on the more complex assessments. The need for the additional two posts will be re-assessed following these.

Bassetlaw and Newark Short Term Independence Service (STIS) - change to staffing establishment

8. Approval is sought to convert the establishment of 1 FTE Community Care Officer (Grade 5) post, currently in the Bassetlaw STIS structure, to two part-time (18.5 hours) Community Care Officer (Grade 5) posts to enable the transfer of one of these posts to the Newark STIS structure. This post is currently a vacant post to be advertised once approved.
9. Both teams have a reablement focus and cover a variety of short term services which work towards preventing service users from requiring long term statutory services. The Newark team is experiencing difficulties given the small number of staff within the team. Transferring a part-time post would ease this pressure for the team to fulfil their statutory duties and provide suitable assessment of services users' needs within the prevention and reablement agenda.
10. The conversion of this post to two part time posts will increase capacity in Newark and can be financially achieved within the current existing team establishment.

Strategic Commissioning posts

11. Approval is requested for the temporary extension of the current Commissioning Manager (Band E) post to September 2019 at a cost of £31,875 plus a budget for travel of £350. This post is due to end in March 2019.
12. The Commissioning Manager is undertaking work to develop an accommodation strategy in relation to housing for younger adults, and is also involved in work on countywide all service user group housing strategy. This will assist the Council to comply with the Government's national Standards of Expectation for Supported Housing Funding (updated 09.10.18).

<https://www.gov.uk/government/consultations/funding-for-supported-housing-two-consultations>
13. The request is for the post to be extended for six months to September 2019 at this stage.
14. Approval is also requested for the extension of the Better Care Fund Project Co-ordinator (Band A) post at a cost of £40,818 plus budget for travel costs of £300 for a further year, to the end of March 2020. The post undertakes essential work to review, monitor and assess the impact of the spend on projects supported by the Better Care Fund (BCF) and the Improved Better Care Fund (iBCF). This information then informs future decisions on spend and feeds into the quarterly national audit monitoring required. The current post-holder was recruited in April 2017.
15. With the introduction of the Improved Better Care Fund this post is now overseeing a further £21m of spend. The total BCF programme is due to continue until the end of March 2020, hence the request for the post to be extended until this time. This will also allow for the post-holder to make recommendations about future spending requirements once this period ends.
16. The Project Manager for ICT Integration (Band D) post was established for two years from 2017/18 to oversee the implementation of health and social care interoperability, also known as ICT Integration, in response to the Technology Transforming Care report produced in March 2017. The various work streams underway include sharing social care data with Emergency Department staff to improve discharge decisions; new workflows to social care to trigger activity or provide real-time updated information (e.g. automated assessment notices, automated discharge notices and alerts to provide change of circumstances information); and participation in the Care Centric portal which will give all social care staff access to health information relevant to direct care work and give health staff access to relevant social care information for patient care.
17. Significant developments have been achieved to date including the launch of automated assessments at King's Mill Hospital, which is the first example of its kind in the UK. Other plans are close to realisation including the rollout of Phase 1 interoperability to Bassetlaw and Doncaster hospitals and the rollout of access to the Care Centric Health and Care portal to social care staff. Further phases of interoperability at Sherwood Forest Hospitals Trust and Bassetlaw need to be managed carefully to ensure success and it is expected that Nottingham University Hospitals Trust will want to benefit from these developments too.

Further opportunities and benefits to be gained from interoperability become clear to all partners involved as the work continues hence the request for it to continue to be resourced.

18. There is significant national interest in Nottinghamshire's achievements, and the County has already gained one grant from the Local Government Association (LGA) in November 2017 with two more awarded in July 2018 from NHS Digital, to be delivered by March 2019.
19. The Committee is asked to approve the extension of this post at a cost of £57,268 p.a. (Band D) plus budget for travel costs of £700 to the end of March 2020.

Transformation Team – change to staffing establishment

20. Approval is sought to dis-establish a permanent 1 FTE Peripatetic Social Work (Band B) post, currently in the Transformation Team structure, and establish a permanent 0.8 FTE Project Manager (Band D) post. The Peripatetic Social Work post is currently unfilled. The change will be cost neutral in the staffing budget.
21. The Peripatetic Social Worker role was previously developed to provide a staffing resource for operational teams that have social care staff on secondment with the Transformation Team. However this no longer fits with the working of the Transformation Team now that Members have given approval to a new transformation programme based on the Newton advice. The transformation programme would be better supported by a Project Manager who could be tasked with taking responsibility for key projects to deliver savings.

Direct Services posts

22. In 2016 the County Horticulture and Work Training Service was restructured to develop an Employment Hub. Existing service users who attended Brooke Farm were given the option to continue to have a service there. The Employee Service Support Assistants (ESSAs) were introduced to deliver personal care and support to the service users who attend Brooke Farm for therapeutic horticultural activity and to people with disabilities who are receiving work training in the Employment Hub.
23. As well as establishing an Employment Hub, the service has recently undertaken a review through the Council's Commercial Development Unit, and plans are underway to develop the Brooke Farm site in order to attract more customers and broaden the employment opportunities for people with disabilities. These temporary posts require extension whilst this work is undertaken. There are 60 people attending Brooke Farm that require support.
24. The Committee is asked to approve 3.24 FTE Employment Service Support Assistants (Grade 2) posts at a cost of £70,888 p.a. until the end of March 2020.

Business Support post – Social Worker recruitment

25. 0.5 FTE Business Support Officer (Grade 3) post was established in June 2016 in order to provide support for a centralised approach to the recruitment of social care staff and maintenance of the supply register for social care staff. From March 2017 the post was reduced from full-time to part-time (0.5 FTE) and was extended to the end of September 2018 following approval by the Committee in June. The Committee is asked to approve extension of this post until 30th March 2019 at a cost of £12,298 p.a. This will sustain the

temporary support currently offered to Team Managers countywide; the temporary resource will support the department to deliver a recruitment campaign aimed at hard to recruit to professional posts (Social Workers and Occupational Therapists) within social care; and assist with the monitoring, collation and cleansing of the department's establishment data to support strategic workforce planning.

Other Options Considered

26. The temporary posts requiring extension could be removed at the current end dates.
27. The Bassetlaw Short Term Independence Service structure could remain the same, however this would leave the Newark Short Term Independence Service as a smaller team which presents a risk. The Newark team establishment could remain the same but this would leave too many part time posts which makes them less attractive in terms of recruitment.

Reason/s for Recommendation/s

28. As the Committee is aware, a considerable proportion of the department's budget is based on temporary national funding and the requirements attached to this funding have required the department to create and extend temporary posts in order to meet national conditions, to effect the necessary transformation and integration of services with health and to continue to meet the statutory duties of the Council. The department undertakes a rigorous review of all temporary posts on a regular basis to ensure that the posts submitted to Committee for approval are still required.
29. Without the change to Newark/Bassetlaw STIS team establishments, further pressure would be placed on the Newark team which is a much smaller team and covering annual leave and other absences significantly affects the service offer to service users. Utilising the qualified Social Workers in the Newark Older Adults Locality Team will allow more attractive posts for suitable applicants applying for vacancies.
30. A Business Support Officer supporting the managers with the centralised recruitment process provides significant support and prevents delays in service delivery.

Statutory and Policy Implications

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

Data Protection and Information Governance

32. 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

33. The following post extensions and establishment will be funded from departmental reserves:
- extension of the Principal Occupational Therapist (Band D) post to the end of March 2020 at a cost of £57,268 p.a. plus a budget for travel costs of £1,300
 - extension of 1 FTE Occupational Therapist (Band B) post based in the Mansfield and Ashfield Physical Disability Team to March 2020 at a cost of £46,825 p.a. plus a budget for travel costs of £1,300
 - establishment of 2 FTE temporary Social Worker (Band B) posts at a cost of £93,850 p.a. from 1st April 2019 to 31st March 2020 plus a budget for travel costs of £1,300 each in the district teams
 - temporary extension of the current Commissioning Manager (Band E) post at a cost of £31,875 plus a budget for travel costs of £350 to September 2019.
 - extension of the Better Care Fund Project Co-ordinator (Band A) post at a cost of £40,818 plus a budget for travel costs of £300 to March 2020
 - extension of the Project Manager ICT Integration (Band D) post at a cost of £57,268 p.a. plus a budget for travel costs of £700 to March 2020.
 - extension of 3.24 FTE Employment Service Support Assistants (Grade 2) posts at a cost of £70,888 p.a. until the end of March 2020.
 - extension of 0.5 FTE Business Support post until 30th March 2019 at a cost of £12,298.
34. The following posts come with no additional costs, so will be funded from existing budgets:
- conversion of 1 FTE Community Care Officer (Grade 5) post, currently in the Bassetlaw Short Term Independence Service (STIS) structure, to 2 part-time (18.5 hours) Community Care Officer (Grade 5) posts to enable the transfer of one of these posts to the Newark STIS structure at no additional cost.
 - disestablishment of 1 permanent FTE Peripatetic Social Worker (Band B) post, currently in the Transformation Team structure, and establishment of a permanent 0.8 FTE Project Manager (Band D) post at no additional cost.

Human Resources Implications

35. The posts will be extended and recruited to using the County Council's recruitment procedures.

RECOMMENDATION/S

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

- 1) extension of the posts listed in the table below to support the operational needs and requirements of the Council and to help achieve projected savings:

Post title	Number/type of posts (full-time equivalent)	Extension date
Principal Occupational Therapist (Band D)	1 FTE	March 2020
Occupational Therapist (Band B)	1 FTE	March 2020
Commissioning Manager (Band E)	1 FTE	September 2019
Better Care Fund Programme Co-ordinator (Band A)	1 FTE	March 2020
Project Manager, ICT integration (Band D)	1 FTE	March 2020
Employee Support Service Assistant (Grade 2)	3.24 FTE	March 2020
Business Support Officer – Social Worker recruitment (Grade 3)	0.5 FTE	March 2019

- 2) conversion of 1 FTE Community Care Officer (Grade 5) post, currently in the Bassetlaw Short Term Independence Service (STIS) structure, to 2 part-time (18.5 hours) Community Care Officer (Grade 5) posts to enable the transfer of one of these posts to the Newark STIS structure.
- 3) establishment of 2 FTE temporary Social Worker (Band B) posts for 12 months in Newark Older Adults District Teams from 1st April 2019 to 31st March 2020, each with an annual travel budget of £1,300.
- 4) disestablishment of 1 permanent FTE Peripatetic Social Worker (Band B) post, currently in the Transformation Team structure, and establishment of a permanent 0.8 FTE Project Manager (Band D) post.

Paul McKay

Deputy Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (EP 25/09/18)

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

Financial Comments (KAS 28/09/18)

37. The financial implications are contained within paragraphs 33 and 34 of the report.

HR Comments (SJJ 20/09/18)

38. Current temporary fixed term contracts will be extended where appropriate. The posts to be converted or disestablished are currently vacant and any new posts will be recruited to in line with the County Council's recruitment procedure. Any other HR implications are implicit in the body of the report.

Background Papers and Published Documents

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

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

Electoral Division(s) and Member(s) Affected

All.

ASCPH590 final

8th October 2018

Agenda Item: 13

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 - 12**.

Younger People's Engagement Event at Retford Oaks Secondary School, Retford

4. The department has been invited through the Bassetlaw Accountable Care Partnership Workforce and Organisational Development Workstream to take part in a Younger People's Engagement Event on 28th November 2018. This event provides an opportunity to work more closely with local schools and colleges in terms of promoting careers within the health and care sector.
5. Retford Oaks Secondary School has offered local health and social care staff the opportunity to go into their school to make their students aware of these career opportunities, and support them to stay healthy. The event will take place on **28th November 2018**. There will be approximately 900 school children ranging from 11 to 18yrs in attendance.

6. Social care colleagues intend to be innovative in capturing students' interest by not only having information and talks available but some interactive events whereby pupils can see at first-hand how certain professions work. This will also include career pathways and encouragement to follow their interests into their future working opportunities.
7. With the exception of staff time, there are no costs attached to this event.

Attendance of Adult Deaf and Visual Impairment Service at events across Bassetlaw Primary Care Homes

8. The Adult Deaf and Visual Impairment Service (ADVIS) has previously attended annual flu vaccination events at a number of surgeries and community centres in order to offer an information session about their service. Patients and members of the public have an opportunity to visit a stand and discuss their sensory needs with staff to look at appropriate equipment to aid their independence. This has been a success in previous years and the Committee is asked for approval to attend sessions across the district of Bassetlaw this Autumn.
9. With the exception of staff time, there are no costs attached to these events.

Direct Services events and activities

10. A range of events and activities are due to take place between now and Christmas across the Council's day services, supported employment service and County Enterprise Foods. The events and activities for the Committee's approval and information are listed below:

Bassetlaw Day Service	27 th November 2018	Christmas Fair
	14 th December 2018	Drama production
Ollerton Day Service	11 th October 2018	Autumn Fair
	12 th December 2018	Drama production
Newark Day Service	13 th December 2018	Christmas Fair
Mansfield Day Service	10 th December 2018	Coffee Morning
Ashfield Day Service	12 th December 2018	Coffee Morning
Gedling Day Service	7 th December 2018	Christmas Fair
Netherfield Day Service	11 th October 2018	Ley St Choir Event for carers
	13 th December 2018	Christmas Fair
Broxtowe Day Service	7 th November 2018	Diwali Celebration
	12 th November 2018	Remembrance Day

	6 th December 2018	Mince pie morning
	First Wednesday of every month	Carers Café Support Group
Bingham Day Service	19 th December	Coffee Morning
County Enterprise Foods	5 th November	National Meals on Wheels week – Veterans lunches
Brooke Farm	3 rd – 7 th December 2018	Themed Christmas Events
	8 th December 2018	Christmas Open Event

Occupational Therapy week 5th - 11th November

11. The department's Occupational Therapists (OTs) would like to use OT week to promote the work they do. A small number of OTs would like to attend the foyer area of district offices across the County over the period of the week, with promotional material that relates to the value of occupational therapy. Both staff and the public are likely to encounter this as they come in and out of the Council's office bases.
12. There is a small cost attached to the request (approximately £150) that will be funded from the relevant departmental budget. It is anticipated that the Royal College of Occupational Therapists may also contribute to this event. The promotional material will include the Council and Royal College of Occupational Therapy logos.

Other Options Considered

13. 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

14. 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.

Statutory and Policy Implications

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

Financial Implications

16. With the exception of a small cost to provide promotional materials for OT week (approximately £150), there are no financial implications attached to these activities except for staff time.

Human Resources Implications

17. There are no human resources implications.

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

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Constitutional Comments (EP 18/09/18)

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

Financial Comments (DM 19/09/18)

19. The financial implication is contained within paragraph 16 of the report.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH587 final

8 October 2018

Agenda Item: 14

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING ACCESS AND SAFEGUARDING

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

Purpose of the Report

1. The purpose of the report is to provide an overview of quality auditing and monitoring activity undertaken by the Quality and Market Management Team (QMMT) in care homes and give an update on the current contract suspensions with care home providers.

Information

2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).
3. Nottinghamshire County Council continues to place significant emphasis on monitoring the standard of the care which it commissions through independent sector providers and in supporting providers to make required improvements where necessary. The Council undertakes this monitoring work in partnership with other agencies, including the relevant Clinical Commissioning Groups (CCGs), Healthwatch and the Care Quality Commission (CQC). Information is routinely shared with these organisations in order to build up a picture of risk levels and the associated impact that these may have for people accommodated at the services.
4. Quality Monitoring Officers (QMOs) currently undertake annual quality audits in older people's care homes within Nottinghamshire (that the Council contracts with) which informs the allocation of a 'banding' (which corresponds to an allocated fee level). These staff also undertake annual audits in younger adults care homes and both work programmes are determined and managed through a risk based approach. This approach has been developed in partnership over several years.

5. From April 2016 the QMMT saw a reduction in posts as a part of the Council's Redefining Your Council savings plans and to accommodate this the team is now working slightly differently in that each of the QMO's now holds an individual portfolio of services. This enables them to have an overview of individual services and also of providers that may have a number of homes in the County. In addition to this the relationships with CCGs and the CQC are continuing to develop and information sharing is more proactive enabling the reduction of duplication of work load. Joint visits are also undertaken where possible to reduce the time that audits take; this is particularly effective at larger services. QMMT staff also make themselves available to residents' relatives when they attend services so that they can gain feedback about the quality of the services provided and whether they are meeting people's agreed outcomes. Where concerns have been raised and relatives' meetings held these have also been attended by QMMT, operational and CCG representatives. In some circumstances the CQC has also attended.
6. Staff from the QMMT also attend operational team meetings with CCG colleagues to share information and discuss local services. Where concerns have been raised, whether that be about quality issues or because of a safeguarding referral, responsive visits to individual services are undertaken to ensure that appropriate support is given to individual services.
7. Following a responsive monitoring visit, or annual audit, where evidence is gathered that indicates the terms of the contract have been breached, a number of actions can be taken. The Council, and health partners, might decide to issue an 'improvement notice' which requires the provider to make required improvements within an agreed timescale. If subsequent improvement is not made in a timely manner or the service is delivering poor outcomes for people, then the Council and health partners might jointly move to suspending the contract with the provider. This means that no further Council or CCG-funded people would be placed in that service. Alongside this a voluntary undertaking might also be sought, from the provider, not to admit people who fund their own care - whilst this is not legally binding it does signal a positive commitment from a provider to partnership working to make required improvements.
8. When an 'improvement notice' has been issued, or a contract suspended, staff from both the Council and the CCG will work together closely to monitor the providers to make the required improvements. In exceptional circumstances where the required improvements have not been made, the Council and the CCGs are able to terminate a contract. It is only the CQC that can make a decision to close or de-register a service.

Current Contract Suspensions

9. As at 6 September 2018 there are 285 homes across the County that have a contract with the Council, of which three have their contracts suspended all of which are older people's care homes. . Further detail is given in the confidential **Exempt Appendix** to this report.
10. Where a service is suspended then the Council makes a range of agencies and internal stakeholders including operational staff and ward Councillors aware of a suspension. In addition to this the people living at the service and their relatives are notified by the Council in partnership with the provider, the CCG and CQC. Meetings are also held for

residents and their families at which the reason for the suspension and the concerns are explained so that support is given; such meetings are held prior to more general public information release.

11. The lifting of a suspension is undertaken when the Council, and partner agencies, are satisfied that improvements have been made and that they are sufficiently confident that they can be sustained.

Other Options Considered

12. The methodology for the Council's risk escalation procedure and its relationship with other relevant agencies has been developed through a partnership approach over many years. No other options have therefore been considered.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

14. 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

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

Implications for Service Users

16. Some of the most vulnerable adults are in care home placements. It is imperative that the services that they receive are of good quality and are delivered with dignity and respect. Suspensions of services seek to reduce and wherever possible eliminate poor quality care home provision and enable providers to consolidate and improve the care and support to people accommodated.

RECOMMENDATION/S

That:

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

Paul Johnson
Service Director, Strategic Commissioning, Safeguarding and Access

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Constitutional Comments (LM 25/09/18)

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

Financial Comments (DG 20/09/18)

18. The financial implications are contained within paragraph 15 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.

ASCPH585 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@nottscc.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
12 November 2018			
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
Direct Payments Support Services		Service Director, Strategic Commissioning, Access and Safeguarding	Laura Chambers
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
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
Adult Social Care and Public Health Departmental Strategy - Performance report	Update on performance relating to the department's contribution to commitments in the Council's Strategic Plan	Transformation Programme Director/Director of Public Health	Jennie Kennington/Kay Massingham

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
10 December 2018			
Presentation of Adult Social Care Strategy video and toolkit		Transformation Programme Director	Stacey Roe/ Sharon Dawn
Transforming the Council's Reablement Service	Progress update on plans to transform the reablement service to increase capacity and support more efficient and effective working	Service Director, Mid-Nottinghamshire	Rebecca Croxson
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health. To include progress on outcomes of Targeted Reviews and the Double to Single OT Projects	Deputy Corporate Director	Matthew Garrard/ Cate Bennett
Younger Adults' Accommodation Strategy	To share progress on this Strategy and seek approval from Committee	Service Director, North Nottinghamshire and Direct Services	Jenni French
Supporting patients' choices to avoid long stays	For Committee to consider and recommend to Policy Committee for approval	Deputy Corporate Director	Nicola Peace
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 Corporate 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
Prevention, person and community centred approaches in STP		Director of Public Health/ Transformation Programme Director	
Commissioning intentions: Single homelessness support service	To seek approval to proposed commissioning intentions for this service	Consultant in Public Health	Dawn Jenkin / Susan March

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Public Health Outcomes Framework: Performance in Nottinghamshire	To provide assurance to Councillors regarding performance relative to Public Health Outcomes Framework	Director of Public Health	David Gilding
Proposals for use of Public Health reserves	To seek approval for short term activities to be funded via PH reserves	Director of Public Health	Kay Massingham
User engagement review – permission to consult		Service Director, Strategic Commissioning, Access and Safeguarding	Laura Chambers
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			
Nottingham and Notts Mental Health Strategy	Report outlining the work to progress a new MH Strategy.	Service Director, Strategic Commissioning, Access and Safeguarding	
4 March 2019			
Performance Update for Adult Social Care & 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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
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
Progress on self-assessment and support planning	Update on the introduction and implementation of self-assessment and support planning for people who need services	Transformation Programme Director	Asche Jacobs/Suzanne Kerwin
13 May 2019			
10 June 2019			
Single Homelessness support service - procurement	To seek approval to tender for the single homelessness support service	Consultant in Public Health	Dawn Jenkin / Susan March
Performance Update for Adult Social Care & 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 & 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 & community provider contract suspensions	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk

