Nottinghamshire County Council

Adult Social Care and Public Health Committee

Monday, 09 September 2019 at 10:30

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

AGENDA

1	Minutes of the last meeting held on 8 July 2019	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	Nottinghamshire County Council Refreshed Dementia Declaration Action Plan 2019-2022	9 - 22
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11	Adult Social Care & Public Health Alignment to Two Integrated Care System Architecture for Bassetlaw, Mid Notts & South Notts	69 - 94

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14 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

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

Note

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

EXEMPT INFORMATION ITEMS

15 Market Management Position Statement - EXEMPT APPENDIX

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

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

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	8 July 2019 (commencing at 10.30 am)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Sybil Fielding
John Longdon
David Martin
Andy Sissons
Steve Vickers
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's
Alex Ball, Director of Communications & Engagement, Nottingham and Nottinghamshire ICS & CCGs
Sue Batty, Service Director, Adult Social Care & Health
Natalie Birkett,
Melanie Brooks, Corporate Director, Adult Social Care & Health
Jonathan Gribbin, Director of Health, Adult Social Care & Health
Paul Johnson, Service Director, Adult Social Care & Health
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health
Ainsley Macdonnell, Service Director, Adult Social Care & Health
Philippa Milbourne, Business Support Administrator, Adult Social Care & Health
Jane North, Service Director, Adult Social Care & Health

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 10 June 2019 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

None

MEMBERSHIP CHANGES

Councillor John Longdon was appointed to the Committee in place of Councillor Mike Quigley MBE for this meeting only.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

4. PERFORMANCE AND QUALITY FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT 1 JANUARY 2019 TO 31 MARCH 2019

Councillor Francis Purdue-Horan and Natalie Birkett introduced the report and responded to questions.

RESOLVED 2019/052

That there were no actions arising from the report.

5. INDIVIDUAL CONTRIBUTIONS TOWARDS THE COST OF CARE AND SUPPORT

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

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

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

Boyd Elliott	Francis Purdue-Horan
Tony Harper	Andy Sissons
John Longdon	Steve Vickers

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

Joyce Bosnjak	Muriel Weisz
Sybil Fielding	Yvonne Woodhead
David Martin	

No Members **'Abstained'** from the vote.

The Chairman declared the motion was carried and it was:

RESOLVED 2019/053

That there were no actions arising from the report.

6. DEVELOPMENT OF A LOCAL SYSTEM PLAN IN RESPONSE TO THE NHS LONG TERM PLAN, NOTTINGHAM AND NOTTINGHAMSHIRE

Councillor Boyd Elliott, Jane North and Alex Ball introduced the report, gave a presentation and responded to questions.

RESOLVED 2019/054

That there were no actions arising from the report.

7. MANAGEMENT OF MEDICATION AND HEALTH AND SOCIAL CARE TASKS POLICIES FOR START REABLEMENT TEAM AND HOMEBASED CARE AND SUPPORT PROVIDERS

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

RESOLVED 2019/055

1) That the Delivering health and social care tasks: policy for homebased care and support providers, attached as appendix 1 of the report be endorsed, and recommended to Policy Committee for approval;

2) That the changes made to the Assisting with Medication policy for Short Term Assessment and Reablement Team (START), attached as appendix 2 of the report be endorsed and recommended to Policy Committee for approval.

8. ADULT SOCIAL CARE AND PUBLIC HEALTH STAFFING ESTABLISHMENT

The report was withdrawn from the agenda

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

Councillor Francis Purdue-Horan and Melanie Brooks introduced the report and responded to questions.

RESOLVED 2019/056

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

10. RESPONSE TO A PETITION REGARDING JAMES HINCE COURT CARE AND SUPPORT CENTRE

Councillor Boyd Elliott and Sue Batty introduced the report.

RESOLVED 2019/057

1) That, as set out in paragraph 10 of the report, in light of the information provided in the report, it was agreed not to change the decision to close James Hince Court in September 21019 and that the lead petitioner be informed accordingly.

2) That the outcome of the Committee's decision be reported to Full Council

11. WORK PROGRAMME

RESOLVED 2019/058

That the work programme be accepted.

The meeting closed at 12.11 pm.

CHAIR

Nottinghamshire County Council

Report to the Adult Social Care and Public Health Committee
09 September 2019

Agenda Item: 4

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE COUNTY COUNCIL REFRESHED DEMENTIA DECLARATION ACTION PLAN (2019-2022) FOR APPROVAL AND SIGNATURE

Purpose of the Report

1. The report seeks approval and signature for a refreshed Dementia Declaration Action Plan for Nottinghamshire County Council (NCC) for 2019-2022, and for development and implementation of a communications plan to promote that Nottinghamshire County Council actively supports the Alzheimer's Society Dementia Friends initiative and aspires to be a dementia friendly organisation.

Information

Background

2. The Dementia Action Alliance (DAA) formed in 2010 with the launch of the National Dementia Declaration[1]. The Declaration outlines seven outcomes for people with dementia and their carers and includes: having personal choice, having support to help them live their life and living in an enabling and supportive environment. Nottinghamshire County Council is one of over 150 members of the DAA in England committed to taking action to improve the lives of people living with dementia.

3. The Nottinghamshire County Dementia Declaration Action plan 2011/12 [2] included actions on areas such as: developing and commissioning quality services; enhancing support to carers and promotion of good practice to deliver high quality care in care homes and services; ensuring accessible services at all stages of the dementia pathway; increasing uptake of assistive technology; making information available in accessible formats and developing the workforce to understand their clients' needs. Examples of changes resulting from the 2011/12 Nottinghamshire Dementia Declaration Action Plan include:

[1] National Dementia Declaration
https://www.dementiaaction.org.uk/assets/0001/1915/National_Dementia_Declaration_for_England.pdf
[2] NCC Dementia Declaration Action Plan c2011/12
https://www.dementiaaction.org.uk/members_and_action_plans/733-nottinghamshire_county_council

a. The Quality and Market Management Team (QMMT) have a specific Dementia Quality Mark (DQM) award for care homes. Currently there are 36 care homes that have the DQM status.

b. The promotion of independence through the developing excellent practice initiative. To help social care workers this has established a range of core training: assessment and support planning, strengths based approach and risk enablement.

c. The Council's customer service centre staff are encouraged to attend dementia friends information sessions

d. The customer service centre staff bring updates on issues for those with dementia to the attention of the carers team.

Need

4. Nationally, the number of people estimated to be living with dementia is predicted to increase from 850,000 (2014) to one million by 2025 and two million by 2050[3]. Currently, there are 7,866 people aged 65 and over with a dementia diagnosis in Nottinghamshire (2018). With a diagnosis rate of 75.4% this is an underestimate of the actual number of people living with dementia[4].

5. Dementia is the leading cause of death in England and Wales, accounting for 12.7% of all deaths and 16.5% of female deaths registered in 2017. This is partly due to people living longer and partly due to improved detection and earlier diagnoses[5]. Action on dementia is particularly relevant for the population of Nottinghamshire which has an increasing proportion of older people who may be at risk. It is also important to acknowledge the immense and invaluable role that family carers play in supporting people with dementia[6].

6. The new Nottinghamshire County Council Dementia Declaration action plan (2019) (Appendix 1). reflects the Council's continued commitment to increase understanding and improve the lives of people living with dementia. This includes actions to be 'Dementia Friendly' and welcoming to people living with dementia, promoting inclusion and reducing isolation and stigma

Summary of actions

7. The refreshed Nottinghamshire County Council Dementia Declaration Action plan for 2019-2022 (Appendix 1) incorporates new and revised actions to:

   a. Implement a Dementia Friendly Nottinghamshire County plan (Appendix 2) for NCC to be a dementia friendly organisation and support communities and partners to take action to be dementia friendly.

[3]Alzheimer's Research UK https://www.dementiastatistics.org/statistics/prevalence-projections-in-the-uk/
[4]PHE Dementia Profile https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/0/gid/1938133052/pat/6/par/E12000004/ati/102/are/E10000024
[5] Office of National Statistics October 2018 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredinenglandandwalesseriesdr/2017
[6] Nottinghamshire JSNA Dementia (2014) and Framework for Action (2016-20) https://www.nottinghamshireinsight.org.uk/research-areas/jsna/older-people/dementia-2014/

b. Promote healthy lifestyle choices that contribute to prevention or delayed onset of dementia and living well with dementia.
c. Provide training and encourage greater take-up of assistive technology for people living with dementia.
d. Engage with and connect people living with dementia
e. Identify, promote and deliver quality standards and best practice in services at all stages of the dementia pathway.
f. Enhance support services to carers.

8. The plan has been produced collaboratively between Public Health and Social Care Dementia Leads and the Community Friendly (formally Age Friendly) Nottinghamshire team, taking into account views of people living with dementia. It supports the Council's ambition in Your Nottinghamshire, Your Future 2017-2021[7], for Nottinghamshire to be a great place for people to enjoy their later life, the priorities within the Adult Social Care and Public Health Departmental Strategy 2019-21 and the Nottinghamshire County Council Carers strategy 2018-20.

Delivery and impact

9. The plan will be delivered by teams across Adult Social Care to improve the quality of life for people with dementia and their carers by:

a. The Quality and Market Management Team will continue to be responsible for the implementation and monitoring of the Dementia Quality Mark (DQM) with eligible care homes.
b. The Principal Social Worker will roll out training to frontline teams to support their interactions with people with dementia and their carers.
c. Work across districts and boroughs to support the Dementia Action Alliance including the roll out of the Dementia Friends Programme.
d. Enhance the use of technological solutions through the Assistive Technology programme.
e. Support the engagement of service users and their carers in the design and delivery of services
f. Consult with carers with regards to a dementia carer's service to support the needs of this cohort. This will be in addition to the newly commissioned carer's hub which will have a greater dementia focus for low-level preventative support.

10. The impact has included the development and support of a Nottinghamshire DAA 'Action on Dementia' Networking Event in Rushcliffe in May 2019 to respond to the need for positive messages and information about living well with dementia. People with dementia and carers were involved in the organisation of the event and feedback from participants included "*Going home overflowing with useful information, contacts and phone numbers." and "Feeling uplifted and positive*". The Nottinghamshire DAA is supporting the replication of this event across Nottinghamshire.

11. The Public Health lead manager for Dementia has worked with the Community Friendly Nottinghamshire team to increase the number of Dementia Friends in Nottinghamshire County

[7] Your Nottinghamshire Your future, 2017-2021 https://www.nottinghamshire.gov.uk/media/122942/your-nottinghamshire-your-future.pdf

Council and Nottinghamshire Communities through delivery of Dementia Friends information sessions. These sessions connect people and increase awareness and understanding about dementia, helping to reduce stigma and stimulating people to take action to support those living with dementia. Since Dementia Action week in May 2018 the results of this work are:

- 118 new dementia Friends in Nottinghamshire County Council (staff and members).
- 97 new dementia Friends in communities – a broad range of people including community volunteers, shop workers, newly qualified paramedics.

12. To continue to support Nottinghamshire County Council as an organisation aspiring to be dementia friendly Public Health and Community Friendly Nottinghamshire are now working with NCC Human Resources colleagues to embed the offer of regular interactive face to face Dementia Friends sessions into the NCC learning pool and promotion of an online version into staff induction.

13. Through the actions outlined in the attached plans Nottinghamshire County Council will be able to display and use the Alzheimer's Society 'We support Dementia Friends' banner. It is proposed that a communications plan be prepared to promote that NCC actively supports the Alzheimer's Society Dementia Friends initiative and aspires to be a dementia friendly organisation.

14. Nottinghamshire County Council Public Health and Social Care Colleagues are actively engaged with the Nottinghamshire DAA and members continue to make commitments using their collective expertise to influence policy and societal attitudes towards dementia.

Other Options Considered

15. An option considered was to continue with the previous Dementia Declaration Action plan. As it is five years beyond the end date of the plan and progress has been made such that the status of all actions is now either complete or ongoing delivery, it is considered appropriate to refresh the plan with new actions in line with current needs and developments.

Reason/s for Recommendation/s

16. To enable Nottinghamshire County Council to demonstrate continued commitment to increase the understanding of dementia and to improve the lives of people living with dementia in Nottinghamshire as a proactive member of the Dementia Action Alliance.

Statutory and Policy Implications

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

Financial Implications

18. There are no financial implications within this report.

Human Rights Implications

19. The refreshed Dementia Declaration Action plan supports the Dementia Action Alliance Dementia Statements[8] which reflect what people living with dementia have said are essential to their quality of life. These are grounded in human rights law and as such reflect the Equality Act, Mental Capacity legislation, Health and care legislation.

Implications in relation to the NHS Constitution

20. The refreshed Dementia Declaration Action plan supports the seven key principles of the NHS Constitution for England.

Public Sector Equality Duty implications

21. See paragraph 19 above.

Implications for Service Users

22. The refreshed Dementia Declaration Action plan incorporates actions to improve the experience of service users living with dementia.

Implications for Sustainability and the Environment

23. The development of Dementia Friendly communities will support the creation of environments in which people with dementia are able to participate in every day and social activities so that they can sustain their independence for longer.

RECOMMENDATION/S

1) For the ASC&PH Committee to sign and approve the adoption and promotion of the refreshed Dementia Declaration Action plan for 2019 -2022 (Appendix 1) and associated Dementia Friendly Nottinghamshire County Council Action Plan – 2019-2022 (Appendix 2).

2) For the ASC&PH Committee to approve the development and implementation of a communications plan, including external communications to promote that NCC actively supports the Dementia Friends initiative and aspires to be a dementia friendly organisation.

Jonathan Gribbin
Director of Public Health

[8]The Dementia Statements https://www.dementiaaction.org.uk/nationaldementiadeclaration

For any enquiries about this report please contact:
Jane O'Brien
Public Health and Commissioning Manager
jane.obrien@nottscc.gov.uk
0115 993 2561

Constitutional Comments (LW 17/07/2019)

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

Financial Comments (DG 17/07/19)

25. There are no specific financial implications arising from this report.

Background Papers and Published Documents

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

- 'None'

Electoral Division(s) and Member(s) Affected

- 'All'

National Dementia Declaration Action Plan

Name of your organisation:-

Nottinghamshire County Council 2019 - 2022

1. The National Dementia Declaration lists a number of outcomes that we are seeking to achieve for people with dementia and their carers. How would you describe your organisation's role in delivering better outcomes for people with dementia and their carers?

There are 7,866 people aged 65 and over with a dementia diagnosis in Nottinghamshire (2018). With a diagnosis rate of 75.4% this is an underestimate of the actual number of people living with dementia PHE Dementia Profile.

Our vision is for people in Nottinghamshire to live well with dementia. This our ambition for Nottinghamshire to be a great place for people to enjoy their later life Your Nottinghamshire, Your Future. We will promote a better public and professional knowledge about Dementia; to remove the stigma associated with it; encourage early diagnosis and intervention and ensure quality accessible services to effectively meet the needs of people with dementia and their carers.

This is a refresh for 2019 onwards of our Dementia Declaration Action Plan published in 2011/12.

Priorities:

- Be a Dementia Friendly organisation, including supporting employees living with dementia.
- Engagement and participation of people living with dementia*, putting them at the heart of our Dementia plans.
- Promote healthy lifestyle choices contributing to prevention, delayed onset and living well with dementia.
- Good quality diagnosis and early intervention for all.
- Living as good a life as possible with dementia.

2. What are the challenges to delivering these outcomes from the perspective of your organisation?

This question is to allow you to set out some of the key challenges to delivering for people with dementia from your organisation's perspective. For example, a Royal College might state the challenge on its members understanding about dementia. A training body might say that there is no agreement on what a core curricula should be. (Word limit of 150 words).

Challenges include

1. Raising public and professional awareness of dementia and prevention factors.
2. Overcoming assumptions about what is possible and right for people with dementia, which may restrict choice and limit their scope for living as good a life as possible.
3. To develop and offer sufficient training to the NCC workforce.
4. Influencing high quality models and standards of care in commissioned services.

5. To make efficient use of limited resources including staffing and achieve value for money.
6. Working with a range of partners in health to improve good quality early diagnosis, treatment and support for people living with dementia.
7. To identify people living with dementia to effectively engage and consult with them on assessment of needs and delivery of services.

3. What are your plans as an organisation to respond to these challenges

This question seeks to understand what specifically your organisation will do to support delivery of the outcomes for people with dementia given the role that you have identified for your organisation and the challenges you have set out. You could describe activities that are already happening or those being planned. Additionally you might want to consider whether there are other opportunities to incorporate dementia into your general work. For example, are there programmes of work you are currently progressing that could benefit people with dementia and their carers. Where could you commit to dementia being supported within that work?

The scope of activity you describe could be anything you are doing that relates to people with dementia along the dementia care pathway, from awareness of dementia, through diagnosis to the end of life. It could relate to outcomes for people in any setting - in the community, in hospitals, and in care homes. It could include description of national and local activities your organisation will be delivering.

Actions to respond to challenges 1, 2, 3 & 7:

1. Implement a Dementia Friendly Nottinghamshire County plan for NCC to be Dementia Friendly and support communities and partners to be Dementia Friendly.

2. Promote healthy lifestyle choices that contribute to prevention or delayed onset of dementia and living well with dementia.

3. Provide training and encourage greater take-up of assistive technology for people living with dementia.

4. Engage with and connect people living with dementia

    - At relevant conferences and events
    - Through delivering Dementia Friends Information Sessions
    - Through connecting with Dementia groups in the County
    - By attending Dementia Action Alliance meetings
    - By promoting and participating in DAA Dementia Action events across Nottinghamshire.
    - Participating in the Nottingham and Nottinghamshire ICS Dementia Steering Group (NNDSG).

Actions to respond to challenges 4, 5 & 6:

5. Identify, promote and deliver quality standards and best practice in services at all stages of the dementia pathway.

    Including accessibility, person centred care and workforce development.

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6. Enhance support services to carers.

   Increasing the identification of carers to enable more people to access information, advice and support services to help them in their caring role.

Signed:-

Chair Adult Social Care and Public Health Committee

Date:

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Appendix 2

Dementia Friendly Nottinghamshire County Council (NCC) Action Plan – 2019-2022

The action plan below highlights **11 key actions** which NCC aims to achieve to improve the lives of people living with dementia, (including carers) within Nottinghamshire. This Action plan is a living, working document and will be regularly reviewed and updated.

Document owner for version control: Jane O'Brien, Public Health and Commissioning Manager, jane.obrien@nottscc.gov.uk
Version: Draft v9 (updated 19/08/19)

	Action (What will you do?)	Lead (Who will be responsible for this?)	Outcome (What impact do you hope to have?)	Measure (How will you know this action has been completed?)	Timescale
1.	We will lead the way by supporting district and borough councils to become members of the Dementia Action Alliance	Rob Bryant within the Place Department's Community Team	Working towards making the whole of Nottinghamshire Dementia Friendly	As each district and borough council becomes members of the Nottinghamshire DAA .	Ongoing
2.	Encourage NCC staff to be trained as Dementia Champions and attend Training delivered by the Alzheimer's Society. A minimum number of 1 NCC workforce and member trained annually.	Jane O'Brien within Public Health working with HR	Promote Dementia Champions training on the intranet news feed.	Increased number of Dementia Champions (6 NCC staff at the moment) JO to record numbers	Annual review in March.
3.	Deliver In-house Dementia Friends Information Sessions: 3 During Dementia Action Week plus others according to demand and capacity.	Rob Bryant with HR Delia Denis-De-Silva	Coordinate Dementia Friends session delivered by our 6 current Dementia Champions	Aiming to have 12 NCC staff attend each session. Totalling at least 48 each year. HR to record numbers and send quarterly reports to JO & RB.	Annual review in March.
4.	Work with HR department to embed a link to online Dementia Friends Information session as part of new staff induction.	Rob Bryant with HR Delia Denis-De-Silva	Better understanding and support for those living with dementia and carers	Staff Records HR to monitor uptake of online session if possible.	March 2020

	Action (What will you do?)	Lead (Who will be responsible for this?)	Outcome (What impact do you hope to have?)	Measure (How will you know this action has been completed?)	Timescale
5.	Email information regarding Dementia Friends sessions and how to make businesses more Dementia Friendly to all Shops and Businesses supporting the Age Friendly Take a Seat scheme	Age Friendly Nottinghamshire team	Encouraging shop workers to be more understanding and supportive of customers living with dementia through accessing links to the Alzheimer's web pages	Record numbers of emails and contacts made. JO to record numbers	Annual review in March.
6.	Deliver at least one Dementia Information session close to every major shopping high street in the County encouraging shop staff to attend	Rob Bryant and other Dementia Champions within NCC	Educate residents and shop staff about dementia and the effects it has on people's lives. Help create Dementia Friendly shopping destinations	Follows the roll out areas of the Take a Seat Age Friendly scheme. Numbers of sessions and attendees recorded by RB and JO to record numbers	Annual review in March.
7.	Support relevant local and National campaigns including National Dementia Action week	Rob Bryant Jane O'Brien	Raise the awareness of Dementia at a local level. (Connect with local voluntary sector and community groups)	Number of campaigns supported and promoted Press coverage / social media. Data held centrally	Dementia Action week Annually in May
8.	Add a Dementia Section on the Notts Help Yourself web directory under the 'supporting people with' section	Rob Bryant	To have a Dementia specific space on the web directory to promote local services and social opportunities	Inclusion of Dementia specific tab	31 Jan 2020
9.	Encourage District DDAs to ensure local services and groups are on the Notts Help Yourself web directory	Rob Bryant	Better groups and services have improved publicity and web presence. Public can search for specific social	Monthly monitoring to ensure increased Dementia recourses on the Notts Help Yourself Directory	Monthly review

	Action (What will you do?)	Lead (Who will be responsible for this?)	Outcome (What impact do you hope to have?)	Measure (How will you know this action has been completed?)	Timescale
			opportunities and support services county wide		
10.	Consult with residents affected by Dementia about works well for them and what they would like to see change	Rob Bryant	Using the Community Organising Listening process at events and attending Dementia Cafes, Dementia Support groups and forums	Via agreed actions as part of the Community Organising approach.	Ongoing
11.	Develop and implement a communications plan, including external communications to promote that NCC actively supports the Dementia Friends initiative and aspires to be a dementia friendly organisation.	Jane O'Brien NCC Communication team	Staff, stakeholder and partner organisation awareness that NCC supports Dementia Friends and aspires to be Dementia Friendly. Other organisations in the County encouraged to follow suit.	Plan developed. Use of the Alzheimer's Society 'We support Dementia Friends' banner in promotional messages e.g. posted on NCC website, "email me" newsletter, via intranet news and team talk.	Oct 2019
As an organisation aspiring to be Dementia Friendly, it is the intention of Nottinghamshire County Council to encourage and support medical centres, libraries and other local organisations and services to do likewise.					

Date of first draft: 27/02/2019

Name of group/ organisation: Nottinghamshire County Council

Name of person completing action plan: Rob Bryant & Jane O'Brien

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9th September 2019

Agenda Item: 5

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE UPDATE FOR QUARTER 1

Purpose of the Report

1. To provide the Committee with a summary of performance for Adult Social Care and Health for quarter 1 (1st April 2019 to 30th June 2019) and seek comments on any actions required.

Information

2. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing its performance to deliver effective and responsive services to service users and their carers.

3. The Council has agreed that the key measures of its performance will be defined through a number of core data sets which are detailed in its Council Plan and each of its Departmental Strategies.

4. Performance against these core data sets is reported to Committee every three months (quarterly) to support the performance management of the delivery of services

5. The refreshed Adult Social Care and Public Health Departmental Strategy was approved by Policy Committee in May 2019 and this is the first update on progress against that refreshed document.

6. This report provides a summary of the quarter 1 position for the Adult Social Care and Health Core Data Set performance measures that fall within the responsibility of the Adult Social Care and Public Health Committee. The full Core Data Set is attached as **Appendix A**.

Assessments and Reviews

7. It is important that people who receive support are reviewed in a timely manner. This maximises people's independence and ensures people only receive the services and support they need.

8. In the three months from April to June 2019 nearly 2,000 service users with a long-term service have been reviewed. This equates to 28% and is an improvement on performance over the same period last year. Performance is at the expected level for this time of the year.

9. To ensure the target of 80% is achieved by year-end an action plan has been developed. This involved targeting teams with poorest performance in relation to completing reviews with a particular focus on people who have not had a review of their support plan for over 12 months. More work is currently taking place to change practice further within teams to complete reviews more routinely when changes are made to SUs support packages.

Reablement type services

10. Reablement services support people to regain their independent living skills and confidence following a period of ill-health, which often has required a stay in hospital. This is good for people's health and wellbeing and in turn reduces the need for health and social care and support services. The indicator captures the joint work of social services and health staff, as well as adult social care reablement. This is a two-part indicator and monitors the effectiveness (part one) and the availability (part two) of the services delivered.

11. Included in this indicator are reablement type services such as:

- START – short term assessment and reablement service provided in a person's own home, for example to help them regain their independence following a stay in hospital
- Home First Response Service - a short-term, rapid-response service which can support people to remain at home in a crisis or return home from hospital as quickly as possible
- intermediate care – may be provided in a person's own home or in a residential setting and can be used either as a short-term intensive service to avoid a hospital admission, for example where a service user is suffering from a temporary illness, or can also be used to help someone regain their independence following a stay in hospital
- social care assessment and re-ablement beds – assessment and reablement service delivered in an accommodation-based setting following a stay in hospital.

12. This indicator is produced on a rolling three-month snapshot basis. Results to date include people discharged from hospital into reablement services in December, January and February and checks if these people were still at home during the months to May. Reasons for people not remaining at home include being admitted to long-term residential or nursing care or being re-admitted to hospital or having deceased.

13. At quarter 1, part one of this indicator was almost on target at 82% against a revised target of 83%. In this period, out of the 679 older adults who received a reablement service on discharge from hospital, 560 people were still at home 91 days after.

14. Part two of this indicator measures how many people were offered reablement services over the number of hospital discharges (hospital discharges data provided by the NHS). In this period the number of people offered reablement is high and performance is positive at 2.6%.

15. Reablement will continue to be a core service for older and younger adults, and essential to ensure older adults stay independent at home. Work in this area will continue to be of key importance.

Delayed Transfers of Care

16. A Delayed Transfer of Care (DToC) from an acute or non-acute hospital setting occurs when "a patient is ready to depart from such care and is still occupying a bed". Any patients falling within this definition are classified as a reportable delay.

17. As part of measuring DToC, the total number of days delayed per month per 100,000 population is monitored and this is a key national indicator. Nottinghamshire was ranked fifth (out of 151) for delays attributed to social care in May 2019 (having only seven days delays for social care).

18. As part of the improved Better Care Fund, a rate of DToC bed days is now being monitored monthly. Delays attributed to social care are showing consistently good performance and continue to be better than target. Latest data available for May 2019 shows delays due to social care at a rate of nil compared to a target of 0.7. Joint delays (where responsibility is shared with Health) are also performing better than target at a rate of 0.3 against a target of 0.55.

19. Although performance on delayed transfers of care continues to be positive in relation to social care delays, the NHS continues to show poor performance and remain over target at 7.4 against a target rate of 5.5

20. Good performance here supports NHS Hospital flow, but for residents it is important as there is good evidence that delays in leaving hospital for older adults can have a significant impact on their health and wellbeing. Going forward, Adult Social Care will continue to review the investment made in achieving strong performance against the outcomes and impact on older adults to ensure this is balanced.

Service User and Carer Direct Payments

21. Research has indicated that personal budgets provided to service users impact positively on wellbeing, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that Direct Payments (DPs) increase satisfaction with services.

22. The target for the percentage of service users receiving a Direct Payment has decreased from 46% to 42% for 2019/20. This change in target is part of a planned move towards placing greater emphasis on the appropriateness of the service user to be a DP recipient. Achievement of the target will still place Nottinghamshire higher than the latest national average.

23. At the end of quarter 1, 2,622 service users were in receipt of a Direct Payment which equates to 41.3%.

24. Carers are provided with a range of support, including respite and information, advice and support services. Some carers are assessed as eligible for Local Authority support and are

offered a Direct Payment to support their wellbeing, usually a small payment of £150 or £200. This equates to 100% of carers receiving a Direct Payment which has remained consistent in recent years. We recognise that this is not the best measure of carers support and as we develop the approach to strengthening carers support, we will review how we measure success.

Long term residential and nursing care (younger adults aged 18 – 64 years)

25. The Council monitors admissions as a **rate** per 100,000 population, as defined by the national Adult Social Care Outcomes Framework (ASCOF) definition. This allows for effective comparison (benchmarking) with other councils. The annual target rate has been set at 19.9 per 100,000 population for 2019/20 and at the end of quarter 1 the admissions rate was on target at 3.1 per 100,000.

26. In **numbers** there have been 15 new admissions of younger adults into long term residential or nursing care in the period April to June 2019.

27. Positively the overall number of younger adults being supported by the Council in long-term residential or nursing care placements is better than target at 633 at the end of quarter 1.

28. Each new admission to long-term care continues to be scrutinised and an admission to long-term care is only made where there are no suitable alternative services or accommodation available to meet the person's needs.

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

29. Admissions for older adults are also monitored as a **rate** per 100,000 population in line with the ASCOF definition. The annual target rate has been set at 583.5 per 100,000 population for 2019/20 and at the end of quarter 1 the admissions rate was on target at 121.6 per 100,000.

30. The **number** of new admissions is monitored against a monthly target of 80 per month. Admissions into long-term care are avoided where possible through scrutiny of all requests for placements by Team Managers/Group Managers to ensure that all alternative options to promote the person's independence have been explored.

31. The **number** of new admissions is on target for the year to date at 200 (an average of 67 per month).

32. The number of older adults supported by the Council in long-term residential or nursing care placements was 2,362 at the end of quarter 1. The annual target for this figure is 2,309 and it is expected that the number of people supported will fluctuate month on month but will reduce over the year to meet target at year end.

33. The local admissions indicator measures the number of admissions to long-term residential or nursing care direct from a hospital setting where the service user did not have access to any reablement type activity beforehand.

34. The target for this indicator has been set at a challenging 11% for 2019/20 to build on recent positive performance. At the end of quarter 1, 17% of admissions came direct from hospital and it is expected that this will improve as more alternatives become available.

35. A Strategic Commissioning Programme is underway to develop alternative services that have an evidence base for reducing the use of residential care. This includes Housing with Care, Short Term Assessment and Reablement Apartments and Assistive Technology.

Employment and Accommodation (younger adults aged 18-64)

36. This year in addition to the ASCOF indicator for adults with a learning disability in employment, locally employment for younger adults with a physical disability and with mental health issues is being monitored in the same way. A multi-disciplinary group, led by the Corporate Director for Adult Social Care and Health, is working to improve employment opportunities for people across Nottinghamshire and is currently developing action plans to address issues specific to younger adults being supported by the Council.

37. These measures are intended to improve the quality of life for younger adults, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life.

38. For adults with a learning disability there is a revised target of 2.9% for 2019/20. At the end of quarter 1, this indicator is off target at 2.6%. As monitoring of employment for adults with a physical disability or mental health issue is new, this year targets have not been set and these indicators are being monitored with a view to developing action plans and setting targets to improve.

39. The figure for learning disability service users in settled accommodation positively remains consistent at 76% against a revised target of 77%. This performance is in line with the national average. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life.

Safeguarding

40. Under Section 42 of the Care Act, where a local authority has reasonable cause to suspect that an adult:

a) has needs for care and support and
b) is experiencing, or is at risk of, abuse or neglect and
c) is unable to protect himself or herself against the abuse or neglect or the risk of it

then the local authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

41. This year four safeguarding indicators are being monitored and cover areas around risk reduction, outcomes and support for adults who lack mental capacity. Targets to improve performance have been set against all these targets and as such the indicators are falling just short of target.

42. A range of activities is in place to improve performance in this area:

- a governance structure is in place which oversees and mitigates risks on a six weekly meeting cycle
- there are a range of internal and external training opportunities available to staff relating to safeguarding as well as the issuing of regular bulletins
- work is ongoing to update and relaunch the multi-agency procedures and guidance relating to safeguarding.

Deprivation of Liberty Safeguards (DoLS)

43. The Deprivation of Liberty Safeguards 2009 (DoLS) is a procedure prescribed in law when a person who lacks mental capacity to consent to their care or treatment is being deprived of their liberty in a care home or hospitals in order to keep them safe from harm. The procedure involves having the arrangements independently assessed to ensure they are in the best interests of the individual concerned.

44. In relation to DoLS assessments, so far this year (April to June 2019) 56% of assessments have been received and completed. An annual target of 90% has been set for this indicator and it is expected that the percentage completed will increase as the year progresses to achieve target at year-end - performance is currently at the expected level for the time of the year.

45. There has been some increase recently in unallocated levels of work against higher levels of work being referred to the DOLS team. Recruitment of Social Worker's has also been a long standing issue. In order to tackle both these issues we are taking advantage of NCC's existing contract with Reed Agency to create more capacity using existing staff budgets to best effect. These measures will reduce the unallocated list and ensure a good platform on which to implement the Liberty Safeguarding changes anticipated next year.

Other Options Considered

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

Reason/s for Recommendation/s

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

Statutory and Policy Implications

48. 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

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

RECOMMENDATION/S

1) That Committee considers whether there are any actions it requires in relation to the performance information for Adult Social Care and Health for the period 1st April to 30th June 2019.

Melanie Brooks
Corporate Director, Adult Social Care and Health

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Constitutional Comments (AK 28/08/19)

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

Financial Comments (DG 28/08/19)

51. There are no specific financial implications arising from this report.

Background Papers and Published Documents

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

The Adult Social Care Outcomes Framework (ASCOF) Handbook of definitions:
https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care

The revised Delayed Transfers of Care guidance document 'Monthly Delayed Transfers of Care Situation Report: Principles, Definitions and Guidance – November 2018:
https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Electoral Division(s) and Member(s) Affected

All.
ASCPH671 final

Nottinghamshire County Council

Appendix A: Department Core Data Set
Adult Social Care and Health Performance for Quarter One

	Nottinghamshire								Comparator Data
	Current Value	Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value	Previous Annual	National Average
Assessments and Reviews									
Percentage of reviews of Long Term Service Users completed in year	27.9%	high	**80%**	Jun-19	1996	7150	n/a	68.6%	LOCAL
Reablement type services									
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	82.4%	high	**83%**	May-19	560	679	n/a	77.9%	82.9%
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	2.6%	high		May-19	679	26,125	n/a	1.9%	2.9
Delayed Transfers of Care									
Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	7.4	low	**5.5**	May-19	n/a	n/a	n/a	7.7	12.3
Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)	0.0	low	**0.7**	May-19	n/a	n/a	n/a	0.3	4.3
Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)	0.3	low	**0.55**	May-19	n/a	n/a	n/a	0.4	0.9
Direct Payments									
Proportion of adults receiving direct payments	41.3%	high	**42%**	Jun-19	2622	6347	n/a	42.8%	28.50%
Proportion of carers receiving direct payments for support direct to carer	100%	high	**90%**	Jun-19	1042	1042	n/a	100%	74.00%
Long Term Care									
Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	3.1	low	**19.9**	Jun-19	15	486,354	n/a	17	14
Number of Younger Adults supported in residential or nursing placements (Stat return)	633	low	**635**	Jun-19	633	n/a	n/a	635	n/a
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	121.6	low	**583.5**	Jun-19	200	170,230	n/a	595.1	585.6
Percentage of older adults admissions to LTC direct from hospital (BCF)	17.0%	low	**11%**	Jun-19	33	200	n/a	14.0%	LOCAL
Number of Older Adults supported in residential or nursing placements (Stat return)	2362	low	**2309**	Jun-19	2362	n/a	n/a	2349	n/a
Employment and accommodation									
Proportion of adults with Learning Disabilities in paid employment	2.6%	high	**2.9%**	Jun-19	53	2036	n/a	2.7%	6.0%
Proportion of adults with learning disabilities who live in their own home or with their family	75.5%	high	**77%**	Jun-19	1537	2036	n/a	75.4%	77.2%
Proportion of adults with a Mental Health problem in paid employment	5.2%	high	new	Jun-19	31	606	n/a	5.3%	LOCAL

Proportion of adults with a Physical Disability in paid employment	3.9%	high	new	Jun-19	46	1171	n/a	n/a	LOCAL
Safeguarding									
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	65.1%	high	**70%**	Jun-19	264	421	n/a	67.9%	67.0%
Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)	82.4%	high	**85%**	Jun-19	131	159	n/a	84.8%	78.6%
Percentage of safeguarding service users who were asked what outcomes they wanted (stat return)	81.9%	high	**85%**	Jun-19	345	421	n/a	81.7%	LOCAL
Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved (stat return)	77.3%	high	**80%**	Jun-19	174	225	n/a	77.6%	LOCAL
DoLS									
Percentage of DoLS assessments received and completed in year	56.0%	high	**90%**	Jun-19	n/a	n/a	n/a	87.0%	LOCAL

National Key Performance Indicator	Monitoring rationale	Target rationale
Admissions of Younger Adults per 100,000 popn (ASCOF 2A)	This is a national ASCOF indicator. Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.	The target for the number of YA admissions to LTC has been increased from 60 to 96 for 2019/20 (8 per month). This is based on a desire to improve on current performance and maintain the number of YA supported at 635.
Admissions of Older Adults per 100,000 popn (ASCOF 2A)		The target for OA admissions to LTC has been increased from 948 to 960 for the 2019/20. This equates to 80 per month. This target is based on a desire to improve current performance.
Number of Younger Adults supported in residential or nursing placements	The overall number of adults supported in long term care is important for the department not only because this is a key area of spend but also because along with admissions monitoring it is an indicator of the effective development of available alternatives to residential care. This information is collected on the SALT return.	The target for the number of YA supported in LTC has been maintained at 635 for 2019/20.
Number of Older Adults supported in residential or nursing placements		The target for the number of older adults supported in LTC has been increased from 2275 to 2309 for 2019/20. This is based on a desire to improve on current performance.
Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	These indicators are the Imprvoed Better care Fund indicators for Delayed Transfers of Care. This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.	
Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)		Targets have been set at a national level for the iBCF DToC indicators
Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)		
Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)	These are national ASCOF indicators and forms part of our BCF submission. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement. This is a two part indicator and measures both the availability and the effectiveness of services.	The target for this indicator has been set at 83% based on a desire to im prove current performance and to bring the result in line with the national average.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)		
Percentage of adults with Learning Disability in paid employment (ASCOF 1E)	This is a national ASCOF indicator. The measure is intended to improve the employment outcomes and quality of life for adults with a LD, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life.	Target set at 2.9%. If achieved this will be an improvement on current performance and will bring us closer to the national average.
Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)	This is a national ASCOF indicator. The measure is intended to improve the outcomes and quality of life for adults with a LD. The nature of accommodation for people with a LD has a strong impact on their safety and overall quality of life and the risk of social exclusion.	Target set at 77%. If achieved this will be an improvement on current performance and willmaintain performance in line with the national average.
Proportion of service users receiving a direct payment (ASCOF 1C part 2a)	This is a national ASCOF indicator. Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with	The target for the percentage of service users receiving a direct payment has decreased from 46% to 42% for 2019/20. This is seen as moving in a positive direction as it is evidence of the success of our actively shifting the balance from driving up DPs, to placing far greater emphasis on the appropriateness of the SU to be a DP recipient.

Proportion of carers receiving a direct payment (ASCOF 1C part 2b)	services.	The target has been maintained at 90% as the percentage is expected to reduce once carers breaks, currently provided by the NHS, are transferred to the local authority in December 2019.
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	This information is collected on the annual SAC return. This is a measure of the effectiveness of the safeguarding process and could help prevent repeat enquiries for individuals.	This target has been maintained at 70%. Performance at 70% is thought to be the best level for this indicator.

Local Key Performance Indicator	Monitoring rationale	Target rationale
Percentage of reviews of Long Term Service Users completed in year	It is important that service users receving a long term service are reviewed to ensure that their package of care still meets their needs.	Target maintained at 80%. Achievement of target will be challenging.
Percentage Older Adults admissions direct from hospital	This indicator forms part of our BCF submission. It is accepted that hospital is not the best place to make an assessment or decision about a persons long term care needs and wherever possible people should be given the opportunity to regain their independence following a hospital stay. It is also an indicator of effective joint working with health colleagues.	The target for the percentage of admissions direct from hospital has decreased from 18% to 11% for 2019/20. This is based on a desire to keep improving performance in this area, increased START capacity and alternatives that have been put in place following closure of some services.
Percentage of safeguarding service users who were asked what outcomes they wanted	These indicators are key to the 'Making Safeguarding Personal' agenda, a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice.	This target has been increased to reflect positive performance last year and the desire to improve further.
Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved (stat return)		The target for this indicator has been set at 80% in order to build on already positive performance.
Percentage of completed DoLS assessments	There has been an increase in the number of DoLS referrals received and this indicator monitors how effectively resources allocated are at dealing with the increased demand	Target set at 90%. Achievement of target remains challenging.

Nottinghamshire County Council

Report to the Adult Social Care and Public Health Committee

9th September 2019

Agenda Item: 6

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE AND HEALTH – SENIOR MANAGEMENT STRUCTURE

Purpose of the Report

1. To seek Committee approval for a revised senior management structure for the Adult Social Care and Health department so that capacity and resources can be realigned to deliver the Council's priorities and vision for adult social care services.

Information

2. The Council's Strategic Plan sets out a clear and ambitious vision for the future of the County - where Nottinghamshire is the best place to raise a family, to grow your future, to start your business and to enjoy later life. The Adult Social Care and Health department has an important role to play in supporting the people of the County to be aspirational, independent and to share with responsibility for the future.

3. In May 2019 the Adult Social Care and Public Health departmental strategy was refreshed to show in more detail how the department would contribute to the commitments set out in the Council Plan, and this highlights the three priority programmes of work for the department over the 12 months from April 2019:

   - Improve wellbeing through prevention and promoting independence
   - Develop our integrated health and social care system
   - Deliver high quality public health and social care services.

4. Within the department adult social care services are provided within the framework and vision of the Adult Social Care Strategy – developed in 2014 and most recently refreshed in 2017. This sets out a clear offer to the public and is based on a set of guiding principles that are compliant with the Care Act 2014. These are set out below:

   We will:
   - promote individual health, wellbeing and independence

- share responsibility with partners, providers, families, carers, friends and the voluntary services in the local community to maintain the health and wellbeing of people in our communities
- work to prevent or delay the development of care and support needs by providing advice, information and guidance to support independence for all, regardless of their financial circumstances
- promote choice and control so people can receive support in ways that are meaningful to
  them but is balanced against effective and efficient use of resources
- work to ensure people are protected from abuse and neglect, and if people do suffer harm we will work with them to achieve resolution and recovery in line with their wishes
- provide support that is proportional to people's needs to make the best use of resources available.

5. The Adult Social Care Strategy is built around three key stages: helping people to help themselves; helping people when they need it and supporting people to maximise their independence and then keeping people's progress under review. Considerable work has been successfully undertaken over the last few years to embed the principles and implement the cultural change required by the Strategy.

6. Going forward the focus of practice needs increasingly to be on the delivery of services that are co-produced with staff and the people who will use them; that increase early resolution, prevention and re-ablement; that work in partnership with the system to build a place based and asset-based approach; that are sufficiently flexible to meet the expectations of citizens within a changing statutory environment and are resourced within available budgets.

7. To focus on the priority programmes of work identified in the departmental strategy and the ambitions of the Adult Social Care Strategy, the department needs a workforce that is fit for purpose with a leadership team with clear accountability to:

- drive cultural change across services to increase our strengths-based approach ensuring all services are personalised
- place citizens at the heart of what we do and drive a performance culture based on delivering good outcomes for people of Nottinghamshire
- innovate and continuously improve to embed enablement and promoting independence, whilst implementing new models of social care
- influence the health, housing and care system through robust partnerships to improve social care outcomes for residents and efficiency in service delivery.

8. The current structure of the department's Senior Leadership Team is configured in service areas covering:

- South Nottinghamshire
- Mid-Nottinghamshire
- North Nottinghamshire and Direct Services
- Strategic Commissioning, Access and Safeguarding
- Transformation.

9. Within the first four areas listed above the Service Directors currently have responsibility for a range of operational teams providing social care assessment functions as well as direct services to the public, e.g. day services, short breaks services and short-term assessment and reablement support. In addition to this Service Directors have strategic responsibilities that are countywide, such as lead for younger adults services and lead for older adults and carers services. Service Directors also represent the department in the health integration work across the three planning areas now known as Integrated Care Providers (ICPs). These could now be better aligned to support delivery of departmental objectives and meaningful engagement of a wider range of managers in the emerging ICP and Primary Care Network structures.

10. The Transformation Programme Director is a temporary post that oversees a team created to embed and sustain the Adult Social Care Strategy, deliver on a substantial savings programme for the department and support the change and improvement programme for the Council plan, including integration with health. This team is part funded permanently and part funded on a temporary basis.

The drivers for change

11. Moving forward there are number of drivers for change including:

- delivering a new departmental operating model that drives key governance and decision making through setting strategy, policy and scrutiny with Elected Members. This will be underpinned by robust strategic commissioning plans informed by needs analysis, data analytics and the evidence base. This will in turn drive service commissioning and a mixed economy of provision
- management capacity that is efficient and focused on delivery of key priorities and cultural change
- embedding a high-performance culture with the conditions for delivery of excellent practice with absolute focus on improving outcomes for residents
- ensuring a permanent staff structure resourced within available budget and able to deliver the departmental strategy
- clear lines of accountability with a leadership team embodying the coaching in time style of management.

12. As part of this work the department is also exploring the possibility of the County Enterprise Foods service and transport management moving to the Place department. The proposed structure assumes that this has taken place.

The proposed senior management team structure

13. The proposed senior management structure for the department is set out **in Appendix A**. This structure covers the two management tiers below the Corporate Director. The Director of Public Health and Public Health Team are out of scope for this review but referenced in the structure chart. During the last few months there has been engagement with the Senior Leadership Team and Group Managers on proposed changes to these structures and the review of the wider departmental workforce.

14. An initial informal engagement period with Group Managers shaped the final two options for the Group Manager structure that were formally consulted on. Both group and individual

feedback from Group Managers during the formal consultation period indicated there was consensus from Group Managers on their preferred option.

15. The proposed structure intends to provide greater clarity in relation to the oversight of operational services, across two Service Director posts.

16. The first post - **Service Director, Community Services (Ageing Well)** - will cover services for older adults (over 65 years) and would have responsibility for the customer pathway into adult social care services, local community teams and operational safeguarding services. This pathway and service will maximise the early resolution of contacts and re-ablement, building a strength and place-based approach to locality working with partners.

17. This Service Director post would be supported by 5 FTE Group Manager posts summarised below:

- **Group Manager Access and Maximising Independence (1 FTE)**

  This post will provide leadership and management to the development and delivery of the Maximising Independence Service including early resolution of initial contacts into social care and provision of all age re-ablement.

- **Group Manager Ageing Well (4 FTE)**

  These posts will provide leadership and management to the development and delivery of Ageing Well community based social care services and teams that support people aged over 65 years. One of the posts will also take the operational lead for operational safeguarding, managing the adult team based within the Multi-Agency Safeguarding Hub (MASH) and the Adult Care Financial Services team (ACFS).

18. The second post – **Service Director, Community Services (Living Well)** - will be responsible for all age disability services (including mental health and Autism), and direct service provision, including day opportunities, employment and short-term residential services.

19. This Service Director post would be supported by 4 FTE Group Manager posts summarised below:

- **Group Manager Living Well (3 FTE)**

  These posts will provide leadership and management to the development and delivery of Living Well community based social care services and teams that support people with disabilities and/or long-term conditions.

- **Group Manager Provider Services (1 FTE)**

  To provide leadership and management to the development and delivery of identified community services that support older people and people with disabilities and/ or long-term conditions.

20. The **Service Director for Strategic Commissioning and Integration** post will continue to have responsibility for oversight and development of the adult social care market and the strategic commissioning of adult social care services in partnership with other public services, such as health, housing and district councils. This post will also have responsibility for the transformation of adult social care and departmental savings and efficiencies work.

21. This Service Director post would be supported by 3 FTE Group Manager and 0.8 FTE Better Care Fund Programme Manager posts summarised below:

- **Group Manager Integrated Strategic Commissioning (1 FTE)**
  This post will provide leadership and management to the development and delivery of Strategic Commissioning.

- **Group Manager Service Improvement (1 FTE)**
  To provide leadership and management to the development and implementation of service improvement, change and savings as well as departmental policy; and to work in partnership with health on integration.

- **Group Manager Quality Assurance, Citizen Safety (1 FTE)**
  This post will provide leadership and management to the development and delivery of Quality Market Management and Strategic Safeguarding.

- **Better Care Fund Programme Manager (0.8 FTE)**
  This post will act as the pooled fund manager, will be responsible for the progression and monitoring of the Better Care Transformation programme, monitoring performance outcomes and managing cross border external dependencies and risks as well as taking a lead role in setting strategic direction across the multiple agencies of the partnership. Funding for this post is subject to discussion with health partners – if this funding is not made available the post would not continue beyond March 2020.

22. The Transformation Programme Director post will be removed from the structure with effect from 29th September 2019. The current Interim Service Director post for Mid-Nottinghamshire within the structure will also come to an end on this date.

23. A workforce review has been taking place across the department, with most teams and staff within scope and engagement sessions have taken place with colleagues across the department to obtain their views on the best way of organising the workforce in the future. The outcomes of this work and next steps will be presented to Committee in the Autumn. Following this there will be a period of formal consultation with staff and a further report to Committee with recommendations for the departmental structure below Group Manager level being phased in from 1st April 2020.

24. Key partners and stakeholders, such as the two Integrated Care Systems covering Nottinghamshire and the Clinical Commissioning Groups, will also be involved in the engagement on the proposed future structure.

Implementation

25. It is proposed that the new senior management team structure be put in place on 1st October 2019. The exceptions to this are:

- the proposed management structure for direct services, which includes the deletion of 1 FTE Group Manager post and the retention of 1 FTE Group Manager Provider Services, which is intended to be implemented from 1st April 2020 in line with the completion of the Care and Support Centre closure programme.

- the current structure includes a temporary countywide Group Manager for the Short-Term Assessment and Re-ablement Team (START) up to 31st March 2020. This is linked to delivery of the Re-ablement transformation programme and associated savings. This post will continue to manage START and deliver the programme up to the end of March and will also work with the Group Manager for the new Maximising Independence Service to develop the new service.

26. The Council will minimise the potential for uncertainty for officers and key partners and stakeholders and ensure effective service continuity by undertaking consultation and implementation processes as quickly as possible within the terms of the Council's agreed employment policies and procedures.

27. The structure will be populated using the Council's existing Enabling Process and in line with the Council's constitution for more senior posts.

Other Options Considered

28. Discussion on several options for the structure have been considered as part of the consultation with senior colleagues. The report recommends the preferred option following this exercise.

Reasons for Recommendations

29. This structure is proposed to provide greater clarity in the oversight of operational and strategic services and to ensure that the department's capacity and resources are aligned to deliver the required priorities and vision for adult social care services within available resources.

Statutory and Policy Implications

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

Human Resources Implications

31. There are currently 4 FTE Service Director posts. Three postholders are appointed to the posts on a permanent basis with the fourth post being filled temporarily by a Group Manager acting up. The Transformation Programme Director post will end on 29th September 2019, and the responsibilities of this post will transfer to the Service Director, Strategic Commissioning and Integration.

32. There are currently 12 FTE permanent Group Manager posts; in addition, 1 FTE temporary Group Manager post will remain in place up to 31st March 2020 to deliver the START Transformation programme and will end on this date. There are 12 FTE posts of Group Manager in the new structure. The Group Manager post grades are indicative subject to further review once the detailed structure is known. The intention is that the overall cost of the proposed management structure will not change.

Financial implications

33. The table below outlines the permanent post changes and budget differences of the revised structure:

Post	Current Permanent FTE	Proposed Permanent FTE	Grade	Budget Difference p.a.	Budget % Difference
Service Director	4.0	3.0	I	-£124,744	-25%
Group Manager	12.0	12.0	F	£0	
BCF Programme Manager	0.8	0.8	F	£0*	
Senior Executive Officer	1.0	1.0	E	£0	
TOTAL	**17.8**	**16.8**		**-£124,744**	**-11%**

* This post is subject to confirmation of funding from health partners, as mentioned below.

34. These costings are based on expected grades and the continued joint funding of the BCF Programme Manager post by the Clinical Commissioning Groups.

RECOMMENDATIONS:

That:

1) Committee agrees the proposed senior management structure as set out in **Appendix A** with effect from 1st October 2019 (with the exceptions detailed in **paragraph 25 and the table below**). The posts to be established in the proposed structure are listed below – all posts listed are requested on a permanent basis.

Post and grade	Number of posts	Start date
Service Director, Community Services (Ageing Well) (Band I)	1 FTE	1st October 2019
Service Director, Community Services (Living Well) (Band I)	1 FTE	1st October 2019
Service Director, Strategic Commissioning & Integration (Band I)	1 FTE	1st October 2019
Group Manager, Access and Maximising Independence (Band F)	1 FTE	1st October 2019

Group Manager, Ageing Well (Band F)	4 FTE	1st October 2019
Group Manager, Living Well (Band F)	3 FTE	1st October 2019
Group Manager, Integrated Strategic Commissioning (Band F)	1 FTE	1st October 2019
Group Manager, Service Improvement (Band F)	1 FTE	1st October 2019
Group Manager, Quality Assurance, Citizen Safety (Band F)	1 FTE	1st October 2019
Better Care Fund Programme Manager (Band F)	0.8 FTE	1st October 2019
Group Manager, Provider Services (Band F)	1 FTE	1st April 2020

2) Committee approves the disestablishment of the following posts:

Post and grade	**Number of posts**	**Start date**
Transformation Programme Director (Band H) - temporary until March 2020	1 FTE	29th September 2019
Service Director, Mid-Nottinghamshire (Band I)	1 FTE	29th September 2019
Group Manager, Direct Services (Band F)	1 FTE	31st March 2020

3) Feedback from the staff consultation currently underway to inform the departmental workforce structure below Group Managers and the next steps following on from this to be presented to Committee in Autumn 2019.

Melanie Brooks,
Corporate Director, Adult Social Care and Health

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Constitutional Comments (EP 27/08/19)

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

Financial Comments (KAS 09/08/2019)

36. The changes to the proposed permanent structure are summarised in paragraph 33.

37. The proposed structure contains one less permanent FTE post and so at the current grades the budgeted cost of the posts per annum is £124,744 less than the current permanent budget.

38. Should any of the posts be evaluated at a different grade this will affect the budget required.

39. Any redundancy costs from the reduction in posts will initially be met by the corporate redundancy budget.

40. Overall by 1st April 2020 there will have been a reduction of a further 2 FTE temporary posts in the structure: the 1 FTE Transformation Director and 1 FTE Reablement Group Manager.

Human Resources Comments (SJJ 07/08/19)

41. The revised structure has been populated in accordance with the Council's agreed employment policies and procedures paying due consideration to the vacancy control process, redeployment and enabling procedures. Formal consultation has taken place on this element of the workforce remodelling with the appropriate staff and engagement with the larger staff group details are outlined in the report. Further consultation on the next stages will take place with staff and the recognised Trades Unions.

Background Papers and Published Documents

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

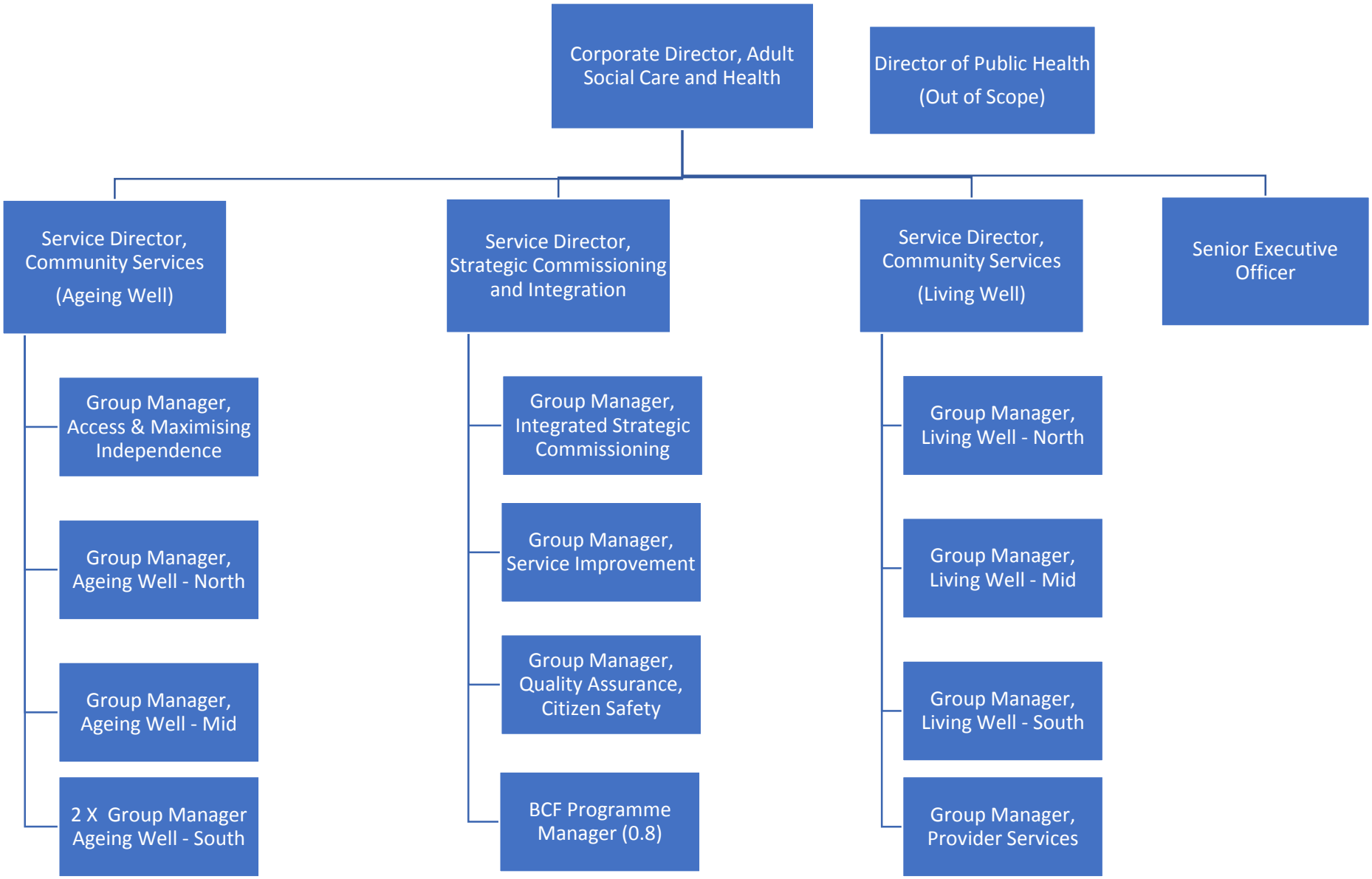
None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH674 final

Appendix A – Proposed Senior Management structure



Proposed with effect from 01/10/2019 (with exception of Provider Services Group Manager which is proposed for implementation with effect from 01/04/2020)

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 September 2019

Agenda Item: 7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

CHILDHOOD OBESITY TRAILBLAZER

Purpose of the Report

1. To seek approval for the establishment of two fixed term Public Health Support Officer posts funded through the national Childhood Obesity Trailblazer Programme and Public Health Reserves.

2. To seek approval to undertake promotional work to publicise activities within the Nottinghamshire Childhood Obesity Trailblazer Project.

Information

3. Obesity is considered to be one of the most serious public health challenges of the 21st century. It is having an impact on people's lives now, across the generations, in terms of quality of life, risk of developing chronic diseases such as type 2 diabetes, and its association with common mental health disorders. A focus on childhood obesity is important as overweight and obese children are more likely to stay obese into adulthood and develop long term conditions such as diabetes and cardiovascular disease at a younger age. There can also be exacerbation of conditions such as asthma and mental wellbeing concerns.

4. Evidence shows us obesity is a complex problem with many different but often interlinked causes. Therefore, a local whole system approach to obesity is advocated which seeks to address the environmental and social causes of obesity, as well as enable and support individuals. Such an approach draws on local authorities' strengths, supports their leading priorities, and recognises that they can create their local approaches better and more effectively by engaging with their community and local assets.

5. The Childhood Obesity Trailblazer Programme is funded by the Department of Health and Local Government Association and takes a piloting approach designed to support development of innovative approaches in local government to address causes of childhood obesity. The aims of the programme are to:

- test the limits of existing powers through innovative and determined action to tackle childhood obesity
- share learning and best practice to encourage wider local action and,
- develop solutions to local obstacles and consider further actions government can take to enable ambitious local action and achieve changes at scale.

The programme is funding projects in 5 local authority areas which are ideally operating in a whole system approach, but the programme is not funding the whole system approach per se.

6. In October 2018, Nottinghamshire County Public Health engaged stakeholders in discussions to submit an expression of interest to the Programme with a local focus on developing a project proposal that would add value to our local approach which includes commissioning of services and partnership work in relation to the wider food environment, physical activity and the built environment through the county's Health & Wellbeing Board Strategy. Our expression of interest set out our desire to explore work into the role of the family and community food environment in the early years, as 22.5% of children (from 17.1% in Rushcliffe to 26.7% in Bassetlaw) are already overweight or obese in Nottinghamshire by the time they start school, and there were identified opportunities to develop work across council and with wider stakeholders and with families in this age range.

7. Nottinghamshire County Council was successful in being short-listed as one of 13 local authorities from 102 which submitted an expression of interest, to be part of the Programme three-month Discovery Phase from February to April 2019. Our plans were developed and refined through working with County Council Early Years and School Meals service with input from other stakeholders including Public Health England, District and Borough Councils, Active Nottinghamshire, Nottinghamshire Children's Centres Services, Everyone Health, local parents, local childcare and nursery providers. The Discovery Phase culminated in submission of a detailed application, a report on the work done, and face to face presentation with the national funders.

8. Following the Discovery Phase, Nottinghamshire was selected to be one of five local authorities to participate in the three-year Programme which commenced in July 2019. The Council will be in receipt of a grant of £75,000 per year to deliver the project with £25,000 worth of external project support agreed with the funders. The focus of the Nottinghamshire project is on how we can positively influence, enable, and support change within the home and community food environment in the early years in the context of our wider approach to improving the food environment under the Health & Wellbeing Strategy.

9. In summary, our project aims to enable and support families with children in the early years to eat a healthier diet by improving access to healthy food in their local areas and developing knowledge and skills within the early years and childcare sector. This will be done through a range of measures including working with Children's Centres in areas with higher levels of childhood obesity (within Bassetlaw, Mansfield, Ashfield and Newark & Sherwood Districts) to review and build on good practice around food and health. We will also seek to test extending the Council's school meals service supply chain to early years through the development of innovative recipe boxes or pop-up grocers in line with nutritional recommendations in Children Centres and/or other community settings, and a meal offer in childcare settings. We will undertake work to improve awareness and uptake of Healthy

Start vouchers which will be combined with our existing plans to increase uptake of Healthy Start vitamins. We will also develop food and nutrition skills and messaging in the early years and the independent childcare sector through a new community of practice.

10. To deliver our Childhood Obesity Trailblazer project, we plan to establish 1 fixed term Public Health Support Officer (Band B, 1 FTE) until the end of the project (June 2022). We also plan to establish 1 fixed term Public Health Support Officer (Band B, 1 FTE) for 18 months to increase awareness, access and uptake of the Healthy Start programme.

11. A requirement of the Childhood Obesity Trailblazer grant agreement is that we can publicise and share the learning and development, delivery and outcomes of the trailblazer project over the 3 funded years with other local authorities and the wider public sector. This would be through presentation at up to 3 national or regional events per year. The project will be allocated an additional budget to cover travel expenses. A planned example is presenting a written conference poster about the process of understanding the issues relating to early years and healthy eating at the Public Health England Conference on the 10th & 11th of September 2019. Additional proactive publicity would relate to publicising the project activities in the media to raise awareness with residents and share project achievements.

Other Options Considered

12. The option to not establish new posts was considered but this would mean that there was insufficient capacity within Public Health to deliver the agreed project plan for the Childhood Obesity Trailblazer and the Healthy Start Programme.

13. The option to only undertake minimal publicity as required in the grant agreement was considered but this would mean we would not be able to fully promote our Childhood Obesity Trailblazer outputs to residents and early years' service providers to increase uptake and access to these initiatives.

Reason/s for Recommendation/s

14. The recommendation relating to the establishment of Public Health posts is made to enable the Public Health Division to have enough staffing capacity to deliver the County Council's Childhood Obesity Trailblazer Project and deliver the plan to increase uptake of the Healthy Start Vitamins Programme.

15. The recommendation relating to publicity is made to enable us to publicise our Childhood Obesity Trailblazer Project as required in the grant agreement and increase awareness of Childhood Obesity Trailblazer Project to residents and early years' service providers.

Statutory and Policy Implications

16. 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

17. Funding for 1 FTE Public Health Support Officer (Band B) post to coordinate the Childhood Obesity Trailblazer project will be funded by the £75,000 per year Trailblazer external funding grant from the Department of Health and Social Care over the three years at a cost of up to £47,858 per year. The Trailblazer grant has been approved for use in the revenue budget. Funding for a second 1 FTE Public Health Support Officer (Band B) post for 18 months to improve uptake of the Healthy Start Scheme at a cost of up to £47,858 per year will be 50% from the Trailblazer grant and 50% from the County Council Public Health General Reserves. The use of £60,000 Public Health General Reserves for a project to increase uptake of Healthy Start Scheme was approved by Adult Social Care and Public Health Committee in May 2019. It is anticipated that the posts will not be recruited at the top of the payscale enabling more to be invested in project activities.

Human Resources Implications

18. These are described throughout the body of the report.

Public Sector Equality Duty Implications

19. The Public Sector equality duty will be complied with in the establishment of the posts.

Implications for Service Users

20. The establishment of the posts and publicity will enable service users to contribute to the development of and access new opportunities developed through the Childhood Obesity Trailblazer Project and Healthy Start programme in Nottinghamshire.

RECOMMENDATION/S

That Committee:

1) gives approval for the establishment of the following fixed term Public Health posts:

Post Title	FTE	Grade/ Band	End date	Cost per annum	Funding Source
Public Health Support Officer	1.0	B	30th June 2022	£47,858	Childhood Obesity Trailblazer Programme Grant
Public Health Support Officer	1.0	B	18 months from recruitment	£47,858	Childhood Obesity Trailblazer Programme Grant and Public Health Reserves (as agreed May 2019)

2) gives approval for planned proactive publicity in relation to the Nottinghamshire Childhood Obesity Trailblazer project.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (LW 28/08/19)

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

Financial Comments (DG 28/08/19)

22. 1 FTE Public Health Support Officer (Band B) post to coordinate the Childhood Obesity Trailblazer project will be funded by the £75,000 per year Trailblazer external funding grant from the Department of Health and Social Care. This funding will also fund 50% of the cost of a second 1 FTE Public Health Support Officer (Band B) post for 18 months to improve uptake of the Healthy Start Scheme. The remaining 50% cost of this post can be funded from the £60,000 Public Health General Reserves already approved in May 2019 for a project to increase uptake of Healthy Start Scheme.

HR Comments (SJJ 28/08/19)

23. The posts will be recruited to and appointed to on temporary fixed terms contracts

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.

- Use of Public Health General Reserves - report to Adult Social Care and Public Health Committee on 13th May 2019.

Electoral Division(s) and Member(s) Affected

All.

ASCPH666 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 September 2019

Agenda Item: 8

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH INTELLIGENCE SUPPORT TO THE INTEGRATED CARE SYSTEM

Purpose of the Report

1. To seek approval for the establishment of one temporary Public Health Intelligence Analyst post through Public Health Reserves in order to support the Integrated Care System in meeting the health needs of Nottinghamshire residents.

Information

2. The Health and Social Care Act 2012 sets out the statutory responsibilities of local authorities for public health services in order to improve and protect public health. This includes a statutory duty to provide NHS commissioning advice to maximise impacts on population health. A memorandum of understanding between the County Council and Clinical Commissioning Groups (CCGs) in Nottinghamshire underpins the delivery of this function.

3. Local commissioning decisions are supported by Joint Strategic Needs Assessments (JSNAs) that are produced by the Health and Wellbeing Board. JSNAs are individual chapters on specific health and care issues that provide comprehensive assessments of current and future health, wellbeing and social care needs. They inform actions and commissioning decisions that the County Council, NHS and other partners need to take to meet the needs of Nottinghamshire residents and address the wider determinants of health.

4. The Integrated Care System (ICS) model brings together NHS providers, commissioners and local authorities to work in partnership to improve health and care in their area. The County Council covers both the Nottingham and Nottinghamshire ICS and the South Yorkshire and Bassetlaw ICS.

5. The division of work and governance within the ICS has been split into three separate levels: Neighbourhood, Place and System. In both the Nottingham and Nottinghamshire ICS and the South Yorkshire and Bassetlaw ICS, these levels are managed by the Primary Care Networks (PCNs), Integrated Care Providers (ICPs) and ICSs respectively.

6. In order to support the establishment and development of PCNs and ICPs, public health advice is required to understand and assess the health needs of the populations they cover. This will in turn enable services to be effectively tailored and targeted to meet the needs of those specific areas.

7. It is therefore proposed to establish one temporary Public Health Intelligence Analyst post (Band B, 0.5 FTE) for one year to support the use of JSNA and Population Health Management (PHM) products within the ICS. The impact of providing additional capacity will be the fulfilment of the statutory functions outlined above and greater support to the ICS to realise its ambitions, particularly with regard to prevention.

8. The Public Health Intelligence Team, of which this post will be a part of, use statistical and epidemiological methodologies to support, promote and develop the evidence base for public health activity across the council and its partner organisations. Work involves analysis of a range of data to support the development of health needs assessment, identification of health inequalities and priorities for action. The team disseminate and explain the analysis, turning it into meaningful and timely health intelligence to improve services and outcomes.

9. The funding and approach for the work of the proposed role was previously agreed by Adult Social Care and Public Health Committee in December 2018 when considering additional use of Public Health Reserves.

10. It is anticipated that the establishment of this post will be combined with an existing vacant 0.5 FTE temporary Public Health Intelligence Analyst post, funded on a temporary basis for a period of 12 months from the date of appointment. This existing post was created to harness data from the General Practice Repository for Clinical Care (GPRCC) to support the assessment of population health and care needs; strategic planning of health; and social care systems and assessments of efficiency, effectiveness or equity of parts of the care system

Other Options Considered

11. The option to not recruit to this Public Health post would mean a continued lack in capacity and capability to help the ICS define, assess, improve and measure population health and understand how best to deliver impacts on health.

Reason/s for Recommendation/s

12. The recommendations relating to the establishment of the Public Health post are made to enable the County Council to deliver statutory responsibilities through greater support to the ICS.

Statutory and Policy Implications

13. 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

14. Funding for the 0.5 FTE Public Health Intelligence Analyst (Band B) post, at a cost of £24,000, will be funded through Public Health Reserves. The funding to undertake this work was approved by Adult Social Care and Public Health Committee in December 2018 as part of a £120,000 funding provision for ICS support.

Human Resources Implications

15. The human resource implications are outlined in **paragraphs 7 and 10**.

RECOMMENDATION/S

That Committee:

1) gives approval for the establishment of the following temporary Public Health post:

Post Title	FTE	Grade/ Band	End date	Cost per annum	Funding Source
Public Health Intelligence Analyst	0.5	B	12 months from recruitment	£24,000	Public Health Reserves (as agreed December 2018)

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (EP 23/08/2019)

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

Financial Comments (DG 23/08/19)

17. 0.5 FTE Public Health Intelligence Analysis post (Band B), to support the JSNA and use of PHM products, to be funded from Public Health reserves at a cost of £24k.

HR Comments (SJJ 23/08/2019)

18. The post will be recruited to and appointed to on a temporary fixed term contract

Background Papers and Published Documents

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

- Use of Public Health General Reserves - report to Adult Social Care and Public Health Committee on 10th December 2018.

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 September 2019

Agenda Item: 9

REPORT OF SERVICE DIRECTOR, STRATEGIC COMMISSIONING, SAFEGUARDING AND ACCESS

REVIEW OF ROLES IN THE ADULT ACCESS SERVICE

Purpose of the Report

1. To seek approval for changes to the structure of the Adult Access Service on a temporary basis further to a review of the current and future needs of the service.

Information

2. In August 2017 the Adult Access Service commenced a pilot for developing the three-tier model within Adult Social Care to support transformation at the point of contact. The aim of the pilot was to resolve enquiries at the earliest possible stage by connecting people to existing community resources or short-term support that avoids delays or the need for long term packages of care.

3. As staff continue to increase their knowledge, skills and confidence, the Customer Service Centre has been supported to increase resolution at tier one and reduce the numbers of this type of enquiry being sent to the Adult Access Service. This has meant that the work undertaken by the Adult Access Service has increased in its complexity and involves the Adult Access Service holding caseloads.

4. The current staffing in the Adult Access Service includes a variety of different posts including a Team Manager, Senior Practitioner, Occupational Therapist, Advanced Social Work Practitioners, Social Workers, Community Care Officers, Service Advisors and Benefits Advisors. The requested changes relate to vacant Service Advisor posts and therefore it should be noted that no staff are at risk because of the proposed changes.

5. The review of job descriptions highlighted the differing roles of a Service Advisor (Grade 4) and Community Care Officer (Grade 5), with a Service Advisor's job purpose being to provide effective information, advice and access to services provided by the department, the Council and other associated agencies. The Community Care Officer role includes holding caseloads with responsibility for assessments and support planning which meet outcomes in line with the Adult Social Care Strategy.

6. The current 3.5 FTE Service Advisor (Grade 4) vacancies, along with the continued success of the three-tier approach, provides a useful opportunity to review staffing arrangements temporarily to 'test' the usefulness of having a different staff mix in the Adult Access Service. Therefore, it is proposed that 3.5 FTE temporary Community Care Officer (Grade 5) posts are established from 1st October 2019 until 31st March 2020 using funding from the 3.5 FTE vacant Service Advisor (Grade 4) posts which have been vacant since July 2019. For clarity, this will mean that the 3.5 FTE Service Advisor posts will remain vacant and therefore will not have any impact on the staffing budget within the team.

Other Options Considered

7. The option to recruit Community Care Officers in the Adult Access Service will increase the capacity available for dealing with people's social care queries at the first point of contact with the Council. The option of not establishing temporary Community Care Officer posts would increase the workload of existing staff in the Adult Access Service and reduce the number of cases that can be resolved at tier one or tier two, increasing demand on district operational teams and the number of care and support assessments required.

Reason/s for Recommendation/s

8. The recommendation is made to enable the County Council to continue the successful delivery of the three-tier early resolution project by providing greater options when considering possible solutions for people, increasing the number of cases that can be resolved in the service, thus reducing the number of occasions individual service user cases need to be passed between different staff and ultimately reducing the number of care and support assessments required.

Statutory and Policy Implications

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

Financial Implications

10. Funding for the establishment of 3.5 FTE temporary Community Care Officers (Grade 5) in the Adult Access Service will be provided by the underspend created by the 3.5 FTE vacant Service Advisor posts (Grade 4) within the Service which have been vacant since July 2019. The cost of 3.5 FTE temporary Community Care Officers from 1st October 2019 to 31st March 2020 is £60,779. The current staffing underspend forecast in the Adult Access Service due to 3.5 FTE vacant Service Advisor posts from July 2019 to 31st March 2020 is £77,356. As stated above, for clarity, this will mean that the 3.5 FTE Service Advisor posts will remain vacant and therefore will not have any impact on the staffing budget within the team.

Human Resources Implications

11. These are described throughout the body of the report.

Implications for Service Users

12. The implications on service users will be positive as this approach will reduce the number of staff different staff dealing with their case.

RECOMMENDATION/S

1) That Committee gives approval for the establishment of the following temporary posts from 1st October 2019:

Post Title	FTE	Grade/ Band	End date	Cost per annum	Funding Source
Community Care Officers	3.5	5	31st March 2020	£60,779 (for period of employment)	Adult Access Service staffing budget

Paul Johnson
Service Director, Strategic Commissioning, Safeguarding and Access

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Constitutional Comments (LW 08/08/2019)

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

Financial Comments (DG 28/08/19)

14. The increase in payroll costs for a change of posts from a Grade 4 post to a Grade 5 post for 6 months is £9,209. This can be met from the underspend on the Adult Access Team budget.

HR Comments (SJJ 08/08/19)

15. These posts will be recruited to and appointed to on temporary fixed terms contracts and will be subject to further review as part of the wider workforce remodelling.

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.

ASCPH677 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 September 2019

Agenda Item: 10

REPORT OF SERVICE DIRECTOR, STRATEGIC COMMISSIONING, SAFEGUARDING AND ACCESS

INTERIM REVIEW OF STRUCTURE WITHIN ADULT CARE FINANCIAL SERVICES – FURTHER TO WIDER WORKFORCE REVIEW

Purpose of the Report

1. To advise on the outcome of an interim review of Adult Care Financial Services.

2. To seek approval for the Council to be Appointee or Deputy only as a last resort.

3. To seek approval for Adult Care Financial Services (ACFS) to continue to refer deputyship cases to a panel of solicitors, for application and management of property and financial affairs through the Court of Protection.

4. To seek approval to establish 2 temporary full time equivalent (FTE) Deputyship Officer posts (Band A) for six months and 1.6 FTE temporary Finance Assistant posts (Grade 4) for six months from October 2019.

Information

5. An interim review of Adult Care Financial Services focussing on the management of property and affairs has been undertaken. A range of service improvements have been identified.

6. A Corporate Appointee is where the Council is granted the power via the Department of Works and Pensions to collect state benefits for a service user who is unable to manage their own finances.

7. Deputyship is where the Court of Protection grants the Council greater authority to act in all financial matters. A Court Order for Property and Financial Affairs is issued to the Council, so they can act on behalf of a person who is unable to manage their finances. Part of the Deputy's responsibility is to become the service user's Appointee. Once appointed, the Council will manage all the person's finances and property in line with the Mental Capacity Act and the terms of the Court Order.

8. The Corporate Director of Adult Social Care and Health acts as Court Appointed Deputy for service users. Although this is a non-statutory function that the Council provides, Deputyship allows service users to maintain their independence and safeguards them from financial abuse.

9. The Client Finance Team (CFT) will decide whether to proceed with either a Deputyship application or an Appointee application based on the service user's financial circumstances.

10. To illustrate the role, a Deputyship Officer from the CFT, has been working with 'C', who has a learning disability and mental health issues, for many years. He supports him to manage his money so that he doesn't get in to debt. 'C' has always said that he would like to live on the street where he grew up – and when he was left some money, the Deputyship Officer set to work, supporting him through all the negotiations until he picked up the keys to his own house - six doors away from the house he grew up in.

11. The February 2019 Appointee volumes and caseloads have been compared to the January 2016 Appointee volumes and caseloads, as shown below. There has been a 19% increase in Appointee volumes and caseloads.

Corporate Appointees

	Volumes	Caseload per Finance Assistant
2016	638	160
2019	760	190

12. Currently there are 350 Deputyship cases and 4 Deputyship Officers. The average Deputyship Officer caseload is 88 cases.

13. There is currently a waiting list of 77 service users who require a Deputyship Officer. The CFT is currently only Corporate Appointee for these service users. New cases are currently being allocated a Deputyship Officer only when a current service user ceases to require the service. Safeguarding cases (those where it is perceived that the service user may be at risk of physical, financial or emotional harm) do continue to be prioritised, but there is a significant risk that the team will not be able to progress the cases to the point of applying to the court in a timely manner. This, added to the delay in granting the order by the Court of Protection, leaves vulnerable service users at risk and puts additional strain on social workers who have to provide high levels of support to minimise the risk. In 2016 there was a waiting list of 47 cases. In July 2017 there was a waiting list of 89 cases.

14. Obtaining a deputyship order, which is required based on their financial circumstances, for the 77 cases on the waiting list would lead to an additional fee income of £26,417, based on the difference between appointee fee income and deputyship fee income. (From February 2018 to January 2019 the average fee income per month per appointee case was £42.87. During the same time the average monthly income per deputyship case was £71.46).

15. There are currently 35 service users on the waiting list where the Council acts as appointee. As the Council cannot access all their bank accounts until a Deputyship order is granted they are accruing a debt to the Council which currently stands at £499,754.47. Once the order is granted the debt will be settled.

16. The Office of the Public Guardian is a government body that protects people who may not have the mental capacity to make certain decisions about medical treatment or manage their finances. They register Lasting Power of Attorneys and Deputies who act on a person's behalf in health and financial matters. They supervise Deputies by reviewing annual reports submitted by Attorneys and Deputies and investigate concerns raised about how an Attorney or Deputy is acting.

17. In October 2018 the Office of the Public Guardian (OPG) conducted an assurance visit to the Council. They summarised that they were 'genuinely impressed' with the CFT and 'feedback from clients, care staff and family members alike was extremely positive'. However, the OPG also outlined that 'the high number of cases managed by each Deputyship Officer, the time-consuming nature of more independent clients, and the additional reporting requirements to OPG, appears to have created a situation where staffing levels should be reconsidered.' Following further clarification, the OPG explained that other local authorities currently have deputyship caseloads in the region of 50-60 service users.

18. A benchmarking exercise has been undertaken comparing caseloads held by Deputyship Officers within Nottinghamshire County Council to those in comparable authorities. This showed that other local authorities had caseloads of between 43-57 which were a mix of deputyship and appointee cases. There is evidence that the high caseloads in Nottinghamshire have led to issues with staff retention.

19. There has also been an increase in the number of service users supported to live independently in the community across both deputyships and appointee cases. These cases are more complex, substantially more time consuming and require closer management than service users living in residential care. Service users living in the community require more support to manage their money, pay bills and purchase items for their homes. They also require the service for a substantially longer period of time than service users in residential or nursing homes. The Council's Adult Social Care Strategy aims to encourage and enable people to live independent within the community as opposed to living in a residential or nursing care home. The combined volumes of appointee/deputyship cases and whether they live in the community or a residential/nursing homes is detailed below.

Community/Residential Volumes

	2016	2019
Residential	663	582
Community	428	528

20. Since 2016 there has also been a shift in the average age of service users, as shown in the table below. This means service users will remain with the team longer and there is a need to future proof the team to deal with this challenge as this trend is anticipated to continue

Age Ranges - Volumes

	2016	2019
Under 25	57	50
25-64	577	646
65+	457	414

21. The Office of the Public Guardian has a list of panel deputies, who are court approved professionals available to support people who lack mental capacity. The current expectation is that Nottinghamshire County Council should be the deputy of last resort. A pilot to refer cases to a panel of deputies set up by the Council has been undertaken and a formal framework agreement for this is now in place. 12 cases have been successfully referred on. Solicitors are able to charge higher fees to manage deputyship cases, however the service user does get assigned a Deputy quicker this way. As a result, cases are only referred to a solicitor if the service user has substantial assets, usually over £100,000 and they will be unlikely to require financial support from the Council at any point in the future. Permission is sought to make signposting cases where there are known assets over £100,000 to a solicitor the default position.

22. In 2018-19 the CFT generated £743,009 in actual fee income against a forecast income of £448,660. The 2019/20 budget is £649,000. Income has been increasing as a result of current work volumes and appointeeship and deputyship fees and this has resulted in a departmental surplus. This surplus and the increased income will fund these temporary posts.

Other Options Considered

23. The CFT could reject any new referrals for a set period, however this would put many vulnerable service users at risk and provide additional work for social work teams so is not an acceptable alternative.

24. Other options (panel deputies and signposting) have been considered to manage the deputyship and appointee caseloads. However, these options are needed alongside additional staff resource in order to manage the current volumes, bring them to a more manageable level, improve safeguarding and to deal with demographic challenges.

Reason/s for Recommendation/s

25. The interim re-structure and appointment of 2 FTE temporary additional Deputyship Officer posts would enable the CFT to reduce the existing caseload and obtain a deputyship order for the 77 service users on the Council's waiting list. It would also support the social work team who currently must provide additional support to these service users because the CFT do not have the appropriate powers that a deputyship order provides. It will also ensure the Council can safely discharge its existing responsibilities. This can be part funded by increased income generated by changing the waiting list clients from appointee only cases to deputyship cases and a fee income surplus that is already being generated. It is therefore recommended that 2 new FTE Deputyship Officer posts are established.

26. The 1.6 FTE temporary Finance Assistant posts would enable the CFT to significantly reduce the appointee caseload for the current Finance Assistants on the team (circa. 135 cases). This can be funded by fee income surplus that is already being generated. It is therefore recommended that 1.6 new FTE Finance Assistant posts are established.

27. The success of the pilot has been considered and it has supported the CFT to reduce the waiting list from its maximum in July 2017. Four solicitors have now been accredited to receive referrals from the CFT. Whilst referring these cases to solicitors does reduce the

CFT potential income, ceasing this piece of work would have a detrimental impact on the deputyship waiting list. If volumes became manageable the CFT could reconsider the need to refer cases on. It is therefore recommended that the Council continues to refer clients to a panel of solicitors and this becomes the default position for clients who have over £100,000 in assets.

28. If the CFT were not to start signposting relatives to alternative providers for appointee/deputy cases then the CFT would need additional staff resource, above that being requested in this report, based on the current demographic challenges. The Council should be the appointee/deputy of last resort and support from external providers is currently not being fully explored by relatives and social work teams before approaching CFT. Other local authorities currently have this as part of their appointee process. It is therefore recommended that further support is offered to relatives who feel they are unable to take on the role of appointee/deputy

29. If 2 temporary FTE Deputyship Officer posts were established, the CFT could remove the waiting list of 77 service users and reduce the caseload per Deputyship Officer to 72. If 1.6 new FTE Finance Assistant posts were established, it would reduce the Finance Assistant caseload to 136 cases. Approval to continue to refer cases to a panel of solicitors for cases where the service user has over £100,000 in assets and to signpost relatives to alternative providers where the Council is not the deputy of last resort, would further support a reduction in caseloads. Furthermore, it would enable the Client Finance Team (CFT) to build capacity for safeguarding cases.

30. The wider workforce review within the Department will incorporate the service improvements identified.

Statutory and Policy Implications

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

Financial Implications

32. The cost of establishing 2 temporary FTE Deputyship Officer posts (Band A) is £41,659, and the cost of establishing 1.6 FTE temporary Finance Assistant posts (Grade 4) is £23,598. The full cost of £65,257 would be funded from a combination of additional income and surplus income.

Human Resources Implications

33. The 3.6 FTE temporary posts would all be based in the ACFS Team and line managed accordingly.

Public Sector Equality Duty implications

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

Implications for Service Users

35. Service users requiring appointeeship/deputyship will be able to get support to manage their finances in a timely manner. Service users who require a Deputyship Officer will be allocated one and the CFT will be able to remove the waiting list which is a safeguarding risk. Cases which have higher risk due to safeguarding will have higher priority.

RECOMMENDATION/S

That Committee gives approval:

1) for Adult Care Financial Services to continue to refer Deputyship cases to a panel of solicitors for service users who have assets over £100,000

2) for family and friends to be signposted to alternative support from third parties in relation to Appointee and Deputyship cases, ensuring that cases are only taken on by the Council as the last resort. At the end of the six-month period, a review of the future staffing arrangements will be undertaken to determine the permanent staffing levels required

3) to establish 2 temporary full-time equivalent (FTE) Deputyship Officer posts (Band A) and 1.6 FTE Finance Assistant posts (Grade 4) for a period of six months

4) to receive an update report after six months regarding the reduction in cases and progress.

Paul Johnson
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Constitutional Comments (AK 28/08/19)

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

Financial Comments (OC 30/08/19)

37. The increase in cost to establish 2 temporary full-time equivalent (FTE) Deputyship Officer posts (Band A) and 1.6 FTE Finance Assistant posts (Grade 4) for a period of six months is £65,257. This can be met from the additional income generated by the posts and the surplus that is currently being reported as part of budget monitoring.

HR Comments (SJJ 11/06/19)

38. The posts will be recruited to on a temporary basis and the successful candidates appointed on fixed term contracts.

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.

Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

ASCPH661 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 September 2019

Agenda Item: 11

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE AND PUBLIC HEALTH ALIGNMENT TO THE TWO INTEGRATED CARE SYSTEMS ARCHITECTURE FOR BASSETLAW, MID NOTTINGHAMSHIRE AND SOUTH NOTTINGHAMSHIRE

Purpose of the Report

1. To provide the Committee with details of how Adult Social Care and Public Health are engaging and aligning with Health colleagues on the development of the Integrated Care Systems, Integrated Care Providers and Primary Care Networks across Bassetlaw, South Nottinghamshire and Mid Nottinghamshire to ensure a sustainable health and care system to improve outcomes for people. This report seeks the following:

   a. agreement to the alignment of roles/resources across Adult Social Care and Public Health against the architecture models across the two Integrated Care Systems.

   b. agreement to the planning and practice principles from the Adult Social Care and Public Health perspective to share with Health colleagues.

   c. endorsement of the 2019/20 Memorandum of Understanding (MoU) between the Nottingham and Nottinghamshire Integrated Care System and NHS England/NHS Improvement detailed in **Appendix 4**, through submission of a brief statement of commitment to the ICS Board.

Information

Background

2. Integrated Care Systems (ICSs) have evolved from Sustainability & Transformation Partnerships (STPs) and are central to the NHS Long Term Plan (LTP) published in January 2019. They bring together NHS providers, commissioners and local authorities to work in partnership to improve health and care in their area.

3. Nottinghamshire County Council covers both the Nottingham and Nottinghamshire ICS and the South Yorkshire and Bassetlaw (SYB) ICS.

4. The national model for structuring ICSs recommends the division of work and governance into three separate levels: Neighbourhood, Place and System. In both the Nottingham and Nottinghamshire ICS and South Yorkshire and Bassetlaw ICS, these levels are managed the Primary Care Networks (PCNs), Integrated Care Providers (ICPs) and ICSs respectively.

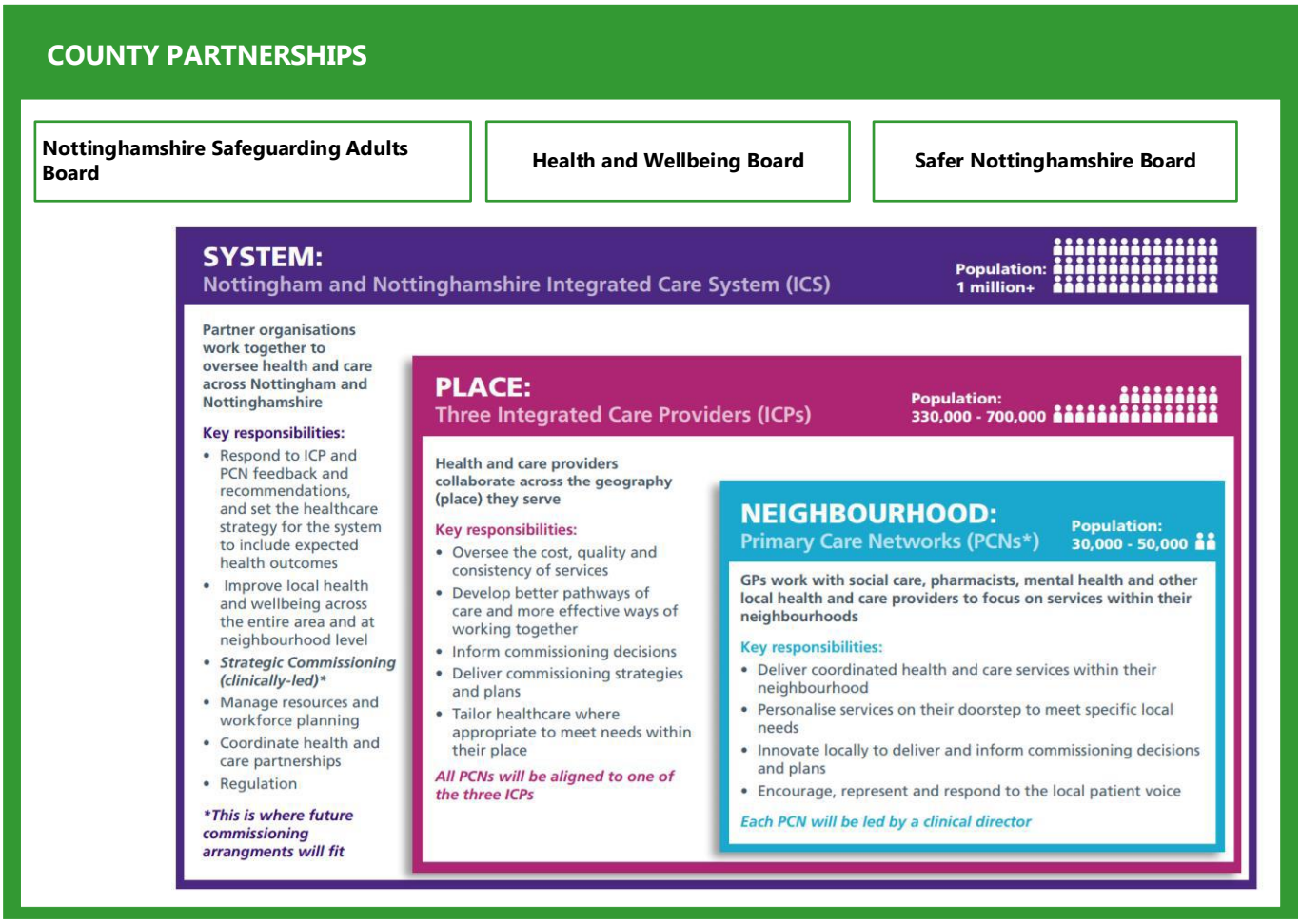
5. PCNs are the key delivery unit for integrated care at a Neighbourhood level. There are 15 PCNs across Bassetlaw, Mid Nottinghamshire and South Nottinghamshire, and each have appointed a Clinical Director who will provide strategic and clinical leadership for the ongoing development of each network (further details are contained in **Appendices 1 and 2**).

6. There are three ICPs across the Nottinghamshire County Council footprint in Bassetlaw, Mid Nottinghamshire and South Nottinghamshire, each at different stages of development. These are provider-led partnerships that are responsible for organising health and social care in line with the outcomes set out by the strategic commissioner.

7. ICSs provide leadership at a system level and cover populations of roughly 1,000,000.

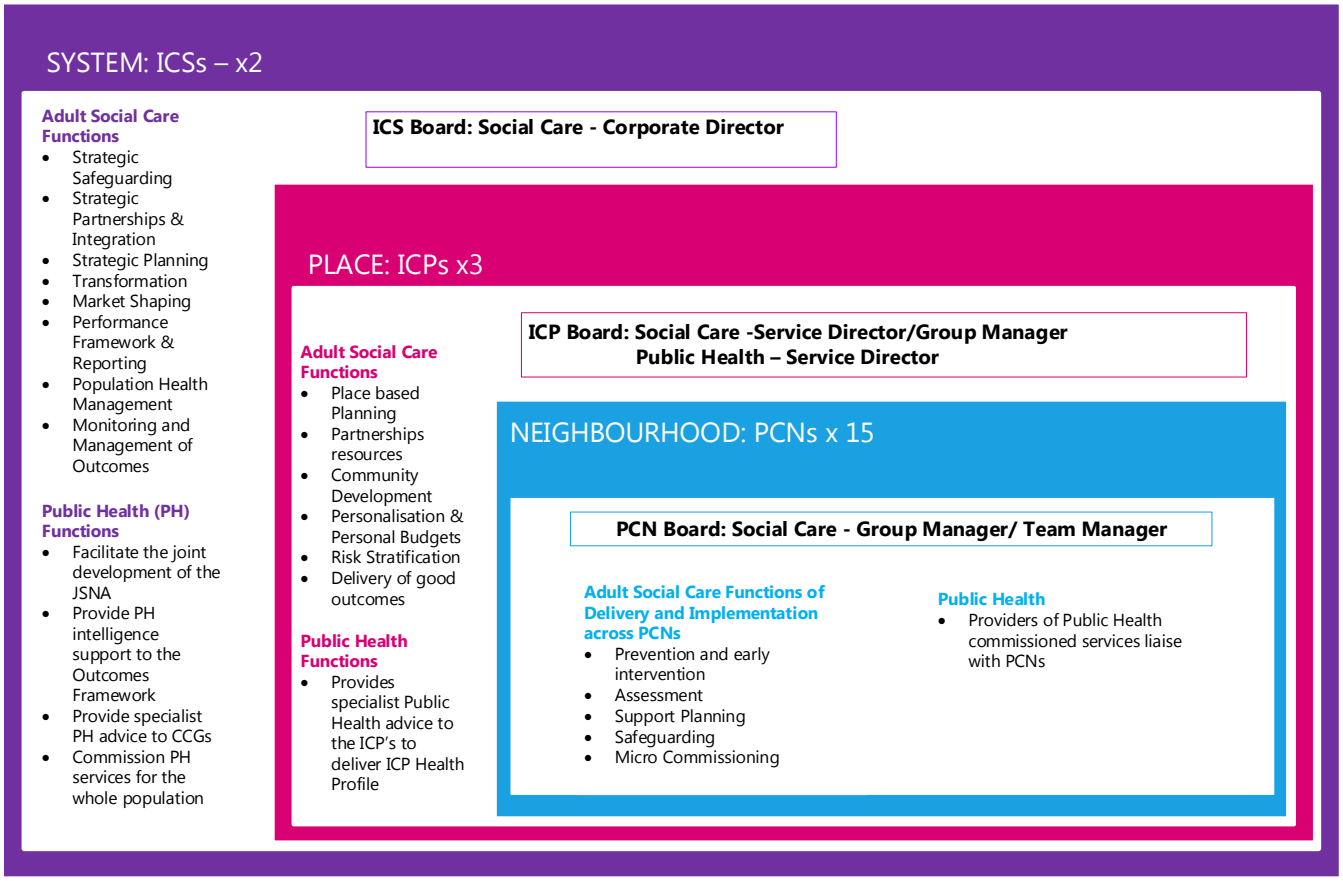
8. The diagram below helps to illustrate the information provided above, and although it describes the Nottingham and Nottinghamshire ICS framework, the SYB ICS will also follow this national structure.

9. The diagram also recognises that the Council has County Partnerships and responsibilities across Nottinghamshire that wrap around the ICSs.



Adult Social Care and Public Health Alignment to ICS Architecture

10. As the ICS architecture evolves there is a need for Adult Social Care and Public Health to align its roles and functions across each element: system, place and neighbourhood. The diagram below supports this aim.



11. Adult Social Care and Public Health will be represented at senior management level across the formal governance of the two ICSs and three ICPs across Bassetlaw, South Nottinghamshire and Mid Nottinghamshire, as shown above.

12. At PCN level Group Managers and Team Managers will work with GPs, nurses, Mental Health and wider community partners to collectively improve the outcomes of people in their neighbourhoods. Public Health providers of commissioned services will liaise with PCNs at this level.

13. Plans are being progressed at ICS/ICP/PCN level throughout Bassetlaw, South Nottinghamshire and Mid Nottinghamshire, which incorporate the programmes of work and transformation workstreams that underpin the formal governance structure, and at which Adult Social Care and Public Health are fully engaged and represented at a variety of levels (further details are contained in **Appendix 3**). For example, both Adult Social Care and Public Health have helped shape the development of the ICS Outcomes framework and have influenced the long-term ICS Clinical and Community Services Strategy document due for publication in Autumn 2019.

14. The Local Authority has a statutory duty to provide specialist Public Health advice to local NHS commissioners. This function is discharged through contribution to and leadership of board level discussions relating to strategic needs, health inequalities, clinical effectiveness reviews to support pathway redesign, Quality, Innovation, Productivity & Prevention (QIPP) plans, prioritisation and individual funding requests, together with the provision of Public Health intelligence to support planning.

15. Within the formal architecture described in the diagram at **paragraph 9** above, Public Health has set out (in the at diagram at paragraph 10) what will be delivered at each element of System, Place and Neighbourhood. Public Health input to the full range of

Clinical Commissioning Groups governance arrangements will be in addition to this. Social Care have reflected what functions fit into the different elements of System, Place and Neighbourhood, also within the diagram at **paragraph 10**.

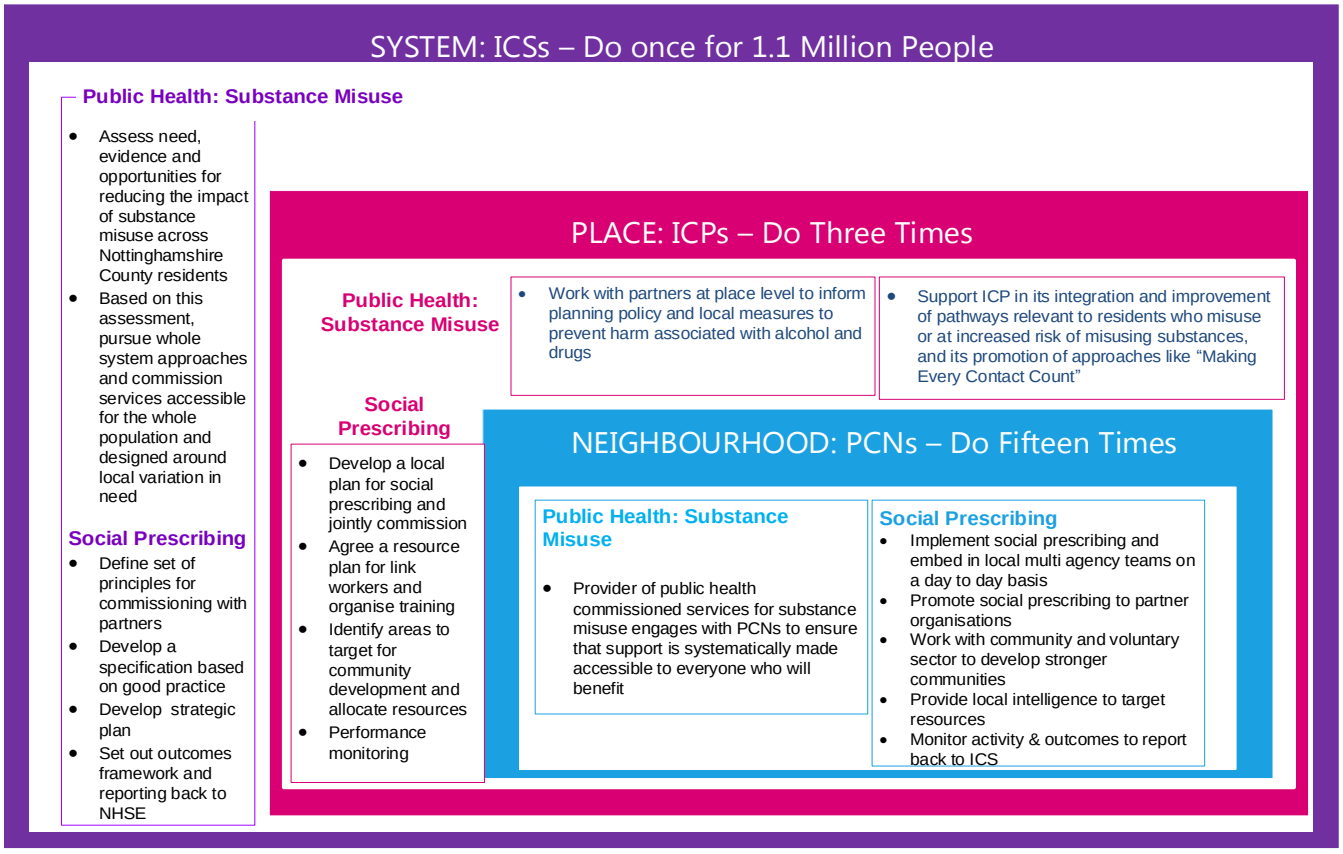
16. Adult Social Care will progress a mixed model of alignment and links with Health partners across the ICS architecture. This model will align to the local needs of the population.

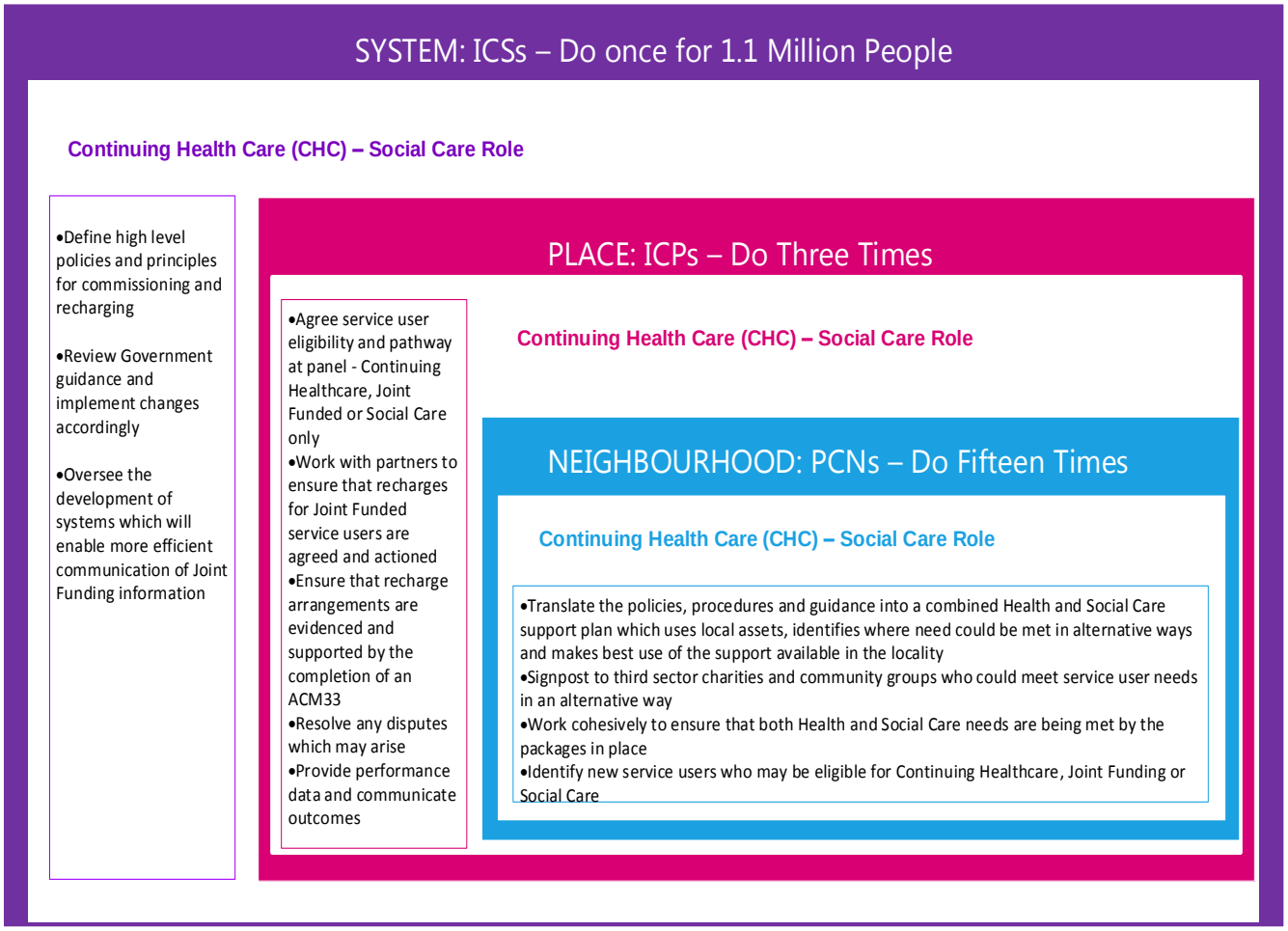
17. It is acknowledged that Learning Disability Teams and Community Mental Health Teams within younger adults (18-64 years), have a long-standing alignment with health community teams at a local level and this will continue as the PCN's develop.

18. A more recent example of alignment has been progressed within Older Adults aged 65 years and over. This has largely advanced due to the Integrated Care Teams Project which is rolling out the best conditions for effective integrated working across the three planning areas. Alignment with community health teams, within Mid Nottinghamshire and Bassetlaw is now complete, and South Nottinghamshire is adopting draft plans, due to recent changes to PCN configuration.

19. Further alignment to PCNs across physical disability teams within younger adults (18-64 years) will be reviewed and developed as part of the Integrated Care Teams Project.

20. Worked examples below for substance misuse, social prescribing and continuing healthcare (CHC) demonstrates how the right task for the right population fits at every level of the ICS architecture.





Principles of Engagement

21. In 2015 a set of Integration principles were developed at a time when the STP plan was produced. Those principles have been refreshed as the Integrated Care System architecture becomes operational and now represent the principles of both Adult Social Care and Public Health. The principles have been split between practice and planning principles to meet both operational and strategic needs when working with partners and wider stakeholders.

Aim – As set out in the Departmental Strategy	Practice Principle
Improve wellbeing through prevention and promoting independence	Share responsibility with partners, providers, families, carers, friends and the voluntary services in the local community to maintain the health, wellbeing and independence of people in the Council's communities.
	Work to prevent or delay the increase of care and support needs by providing advice, information and guidance to support independence for all, regardless of their financial circumstances.
Deliver high quality public health and social care services	Promote choice and control so people can receive support in ways that are meaningful to them but is balanced against effective and efficient use of resources.

Aim – As set out in the Departmental Strategy	Practice Principle
	Work to ensure people are protected from abuse and neglect, and if people do suffer harm work with them to achieve resolution and recovery in line with their wishes.
	Provide support that is proportional to people's needs to make the best use of resources available.
	Commission new services for healthy lifestyles and substance misuse which deliver improved outcomes and value for money for residents.
	Work with partners and wider stakeholders to develop and deliver healthy environments and communities which promote individual health, wellbeing and independence
Aim	Planning Principles
Develop an Integrated health and social care system	A strong evidence base is required before progressing any transformational changes for social care. This will include how leadership of social care, performance and budgetary issues will be maintained/improved. Any changes must also provide equity of access across the County.
	Work with partners and wider stakeholders to embed a strength-based approach to emerging new models of care that meet both the social care and health needs of people across the County.
	Test and evaluate innovative approaches to emerging population health needs.
	Ensure that the Joint Strategic Needs Assessment properly supports timely, evidence-based decision making in the emerging ICS functions
	Maximise the effectiveness, efficiency and flexibility of the Council's workforce as the ICSs/ICPs/PCNs develop

The Nottinghamshire and Nottingham ICS Memorandum of Understanding (MoU) with NHS England & NHS Improvement

22. The MoU at Appendix 4 sets out the national expectations of ICSs and how the national leadership bodies will work to support system leaders and their teams. In June 2019 the ICS Board agreed the local priorities and deliverables for 2019/20 which have been incorporated into the MoU.

23. The ICS will be held accountable for progress against this framework over the coming months as the system evolves, and is seeking partner organisation endorsement of the framework.

24. This report seeks confirmation for the ICS Board that Nottinghamshire County Council will contribute to the delivery of the ICS MOU in 2019/20 through submitting a brief statement of commitment.

Other Options Considered

25. Council representatives have been fully engaged with the development of the ICS across both South Yorkshire and Bassetlaw, and Nottingham and Nottinghamshire ICSs, and no other options have been considered by the Council for this report.

Reason/s for Recommendation/s

26. As a partner of the ICS the Council recognises the need for Adult Social Care and Public Health to fully engage with the emerging ICS architecture, and the principles of engagement and alignment provide a clear framework in which to progress.

27. The MoU framework was agreed at the August 2019 meeting of the Nottinghamshire and Nottingham ICS Board and the endorsement will confirm the Council's continued engagement with the development of the ICS across Mid and South Nottinghamshire.

Statutory and Policy Implications

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

Financial Implications

29. There are no financial implications arising from the content of the report.

RECOMMENDATION/S

That the Committee:

1) agrees to the alignment of roles/resources across Adult Social Care and Public Health against the architecture models across the two Integrated Care Systems as described in **paragraphs 10-19** of the report

2) agrees to the planning and practice principles from the Adult Social Care and Public Health perspective to share with Health colleagues as detailed in **paragraph 21** of the report.

3) endorses the 2019/20 Memorandum of Understanding between the Nottingham and Nottinghamshire Integrated Care System and NHS England/NHS Improvement as contained in **Appendix 4**, through submission of a brief statement of commitment to the ICS Board.

Melanie Brooks
Corporate Director, Adult Social Care and Health

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Constitutional Comments (LW 27/08/19)

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

Financial Comments (DG 28/08/19)

31. There are no specific financial implications arising from this report.

Background Papers and Published Documents

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

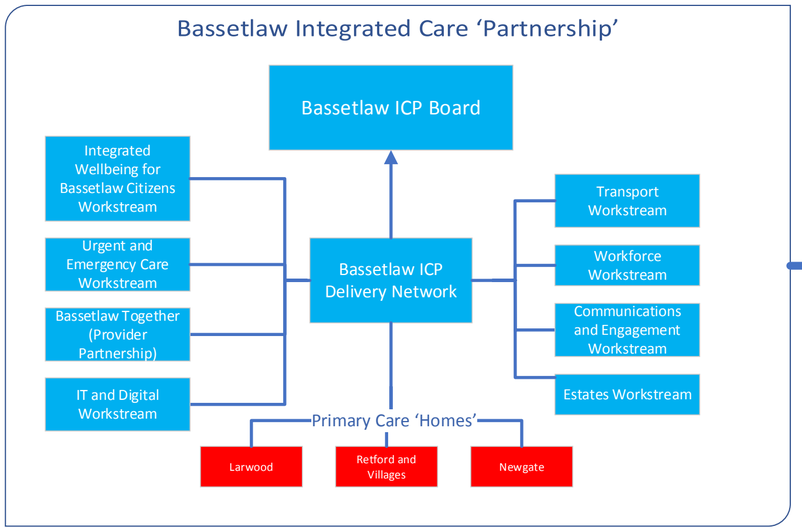
NHS Long Term Plan Published January 2019 Full version and summary version links below:
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf

Health and social care integration in Nottinghamshire – report to at Adult Social Care & Health Committee on 29th June 2015

Electoral Division(s) and Member(s) Affected

All.

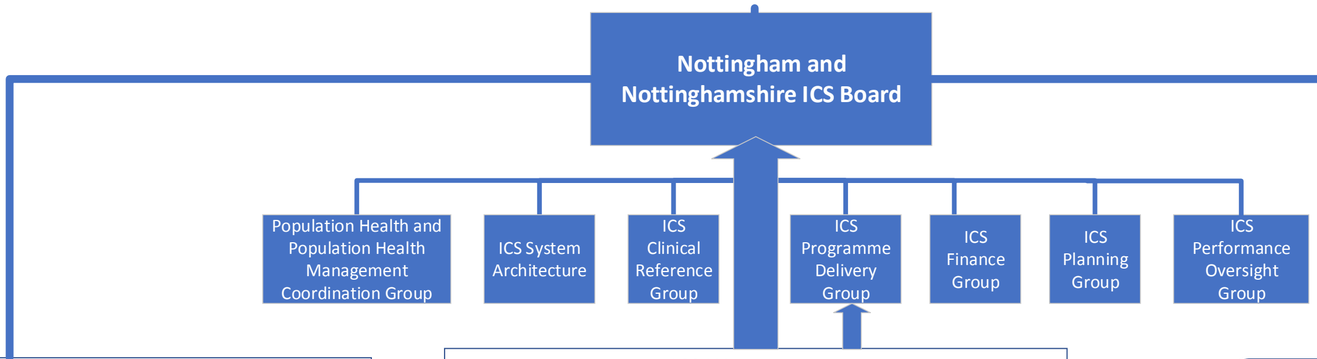
ASCPH672 final

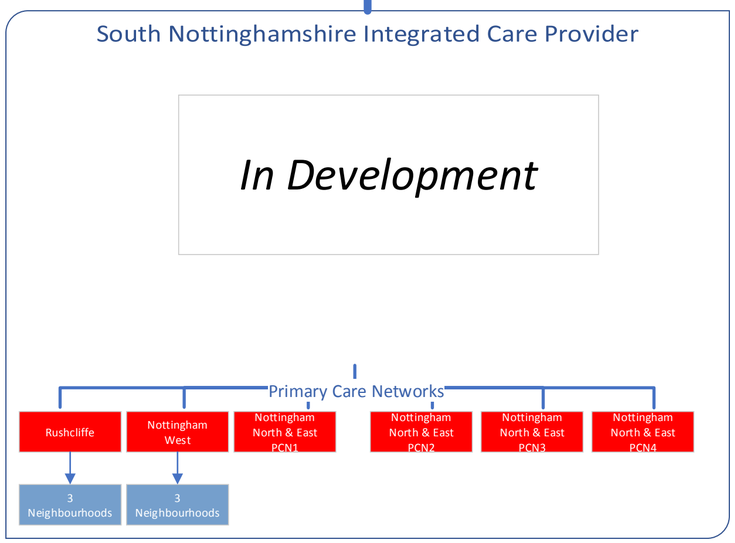

Bassetlaw Integrated Care 'Partnership'
Bassetlaw ICP Board
Integrated Wellbeing for Bassetlaw Citizens Workstream
Urgent and Emergency Care Workstream
Bassetlaw Together (Provider Partnership)
IT and Digital Workstream
Bassetlaw ICP Delivery Network
Transport Workstream
Workforce Workstream
Communications and Engagement Workstream
Estates Workstream
Primary Care 'Homes'
Larwood
Retford and Villages
Newgate

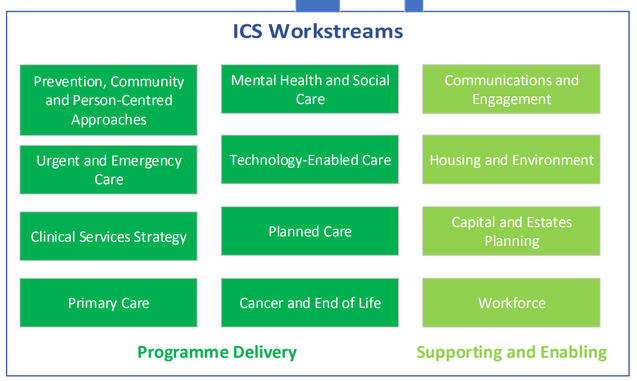
South Yorkshire and Bassetlaw Integrated Care System

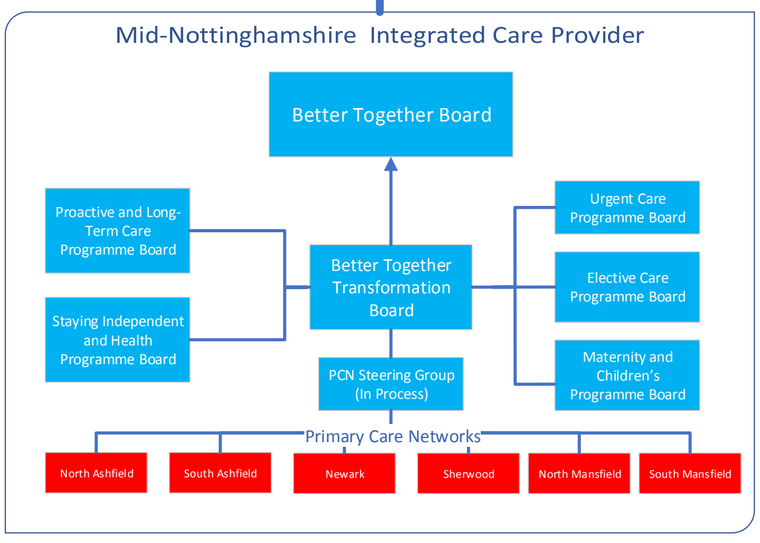
City of Nottingham Integrated Care Provider
In Development

Nottinghamshire Health and Wellbeing Board


Nottingham and Nottinghamshire ICS Board
Population Health and Population Health Management Coordination Group
ICS System Architecture
ICS Clinical Reference Group
ICS Programme Delivery Group
ICS Finance Group
ICS Planning Group
ICS Performance Oversight Group


South Nottinghamshire Integrated Care Provider
In Development
Primary Care Networks
Rushcliffe
Nottingham West
Nottingham North & East PCN1
Nottingham North & East PCN2
Nottingham North & East PCN3
Nottingham North & East PCN4
3 Neighbourhoods
3 Neighbourhoods


ICS Workstreams
Prevention, Community and Person-Centred Approaches
Mental Health and Social Care
Communications and Engagement
Urgent and Emergency Care
Technology-Enabled Care
Housing and Environment
Clinical Services Strategy
Planned Care
Capital and Estates Planning
Primary Care
Cancer and End of Life
Workforce
Programme Delivery
Supporting and Enabling


Mid-Nottinghamshire Integrated Care Provider
Better Together Board
Proactive and Long-Term Care Programme Board
Staying Independent and Health Programme Board
Better Together Transformation Board
PCN Steering Group (In Process)
Urgent Care Programme Board
Elective Care Programme Board
Maternity and Children's Programme Board
Primary Care Networks
North Ashfield
South Ashfield
Newark
Sherwood
North Mansfield
South Mansfield

APPENDIX 4

Meeting:	ICS Board
Report Title:	Nottinghamshire ICS MOU with NHSE/I
Date of meeting:	Thursday 8 August 2019
Agenda Item Number:	9
Work-stream SRO:	
Report Author:	Deborah Jaines, Deputy Managing Director
Attachments/Appendices:	Enc. F2. Agreed ICS MOU Enc. F3. ICS Maturity Matrix

Report Summary:

This paper provides an update to the ICS Board on the Memorandum of Understanding between the ICS and NHS England and Improvement for 2019/20.

This year, the MOU has been populated using a standard template and sets out the national expectations of ICSs, the freedoms and flexibilities that these systems will gain in return, and how the national leadership bodies will work to support system leaders and their teams. The items that we were asked to include were:

- The local priorities and deliverables agreed by the ICS Board on 13 June.
- The financial framework, agreed by the ICS Board on 12 July 2019

The Independent Chair received a final copy from the region on 30 July. In order to ensure that transformation funding was authorised, it was required to sign the MOU by 31 July. An analysis of the content demonstrated that it is essentially the same as the previously circulated draft MOU and the agreed priorities and funding. On this basis the MOU was signed and returned by the Independent Chair.

The ICS will be held accountable for progress against this framework over the coming months as the system evolves.

Alongside this MOU, system leaders were asked to self-assess against the national ICS Maturity Matrix.

The ICS Board are asked to note the requirements of the ICS MOU for 2019/20 and note the Maturity Matrix assessment.

In order to implement the ICS MOU priorities and deliverables, statutory organisations and ICP Boards are asked to endorse the ICS MOU and confirm how they will contribute to delivery. Annex 1 contains a standard report for use at the Board / Governing Body of statutory organisations and ICP Boards. Board secretaries will be engaged to ask that the paper in Annex 1 is scheduled for a suitable future meeting.

Action:

☐ To receive
☒ To approve the recommendations

Recommendations:

1.	Note the requirements of the ICS MOU.

2.	Note the July 2019 assessment against the ICS Maturity Matrix.
3.	That statutory organisations and ICP Boards confirm by 31 August that they endorse the Nottinghamshire ICS MOU and confirm how they will contribute to the delivery of the priorities and deliverables.

Key implications considered in the report:		
Financial	☒	
Value for Money	☐	
Risk	☐	
Legal	☒	
Workforce	☐	
Citizen engagement	☐	
Clinical engagement	☐	
Equality impact assessment	☐	

Engagement to date:

Board	Partnership Forum	Finance Directors Group	Planning Group	Workstream Network
☒	☐	☐	☐	☐
Performance Oversight Group	**Clinical Reference Group**	**Mid Nottingham-shire ICP**	**Nottingham City ICP**	**South Nottingham-shire ICP**
☐	☐	☐	☐	☐

Contribution to delivering the ICS high level ambitions of:	
Health and Wellbeing	☒
Care and Quality	☒
Finance and Efficiency	☒
Culture	☒

Is the paper confidential?

☐ Yes
☒ No

Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release.

Annex 1

STANDARD MATERIAL FOR USE IN STATUTORY BOARD MEETINGS IN THE AUGUST/SEPTEMBER BOARD CYCLE

Agreeing an Integrated Care System Memorandum of Understanding for Nottingham and Nottinghamshire

XXX Board/Governing Body

XXXXX 2019

1. Nottingham and Nottinghamshire has been formally designated as an Integrated Care System (ICS).

2. In brief, the purpose of an ICS is a system in which:

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

3. ICSs will:

   - re-design and integrate clinical and care pathways to better meet the needs of the local population
   - develop population health management approaches that facilitate the integration of services
   - work with key system partners and stakeholders including patients and citizens and their democratic representatives, health and care staff, local government and the voluntary sector to achieve these aims;
   - take collective responsibility for managing financial and operational performance, quality of care and health and care outcomes;
   - implement new methods of payment that support integration of services and population health management approaches, whilst enabling delivery of a shared system control total;
   - create more robust cross-organisational arrangements to tackle the systemic challenges that the health and care system is facing;
   - act as a leadership cohort, demonstrating what can be achieved with strong local leadership, operating with increased freedoms and flexibilities

4. In 2017/18 and 2018/19 an Memorandum of Understanding (MOU) was agreed between the Nottinghamshire ICS and NHS England and Improvement.

5. This paper provides an update to Boards/Governing Bodies/committees on the proposed Memorandum of Understanding between the ICS and NHS England and Improvement for 2019/20.

6. An MOU has been developed using a standard template. The MOU sets out the national expectations of ICSs, the freedoms and flexibilities that these systems will gain in return, and how the national leadership bodies will work to support system leaders and their teams.

7. At its 13 June meeting, the ICS Board agreed the local priorities and deliverables for 2019/20 which have been incorporated into the MOU.

Recommendations

8. The Boards/Governing Bodies/committees is asked to

   - Note this update
   - Confirm that your organisation endorses the Nottinghamshire ICS MOU
   - Confirm to the ICS Board that your organisation will contribute to the delivery of the ICS MOU in 2019/20 through submitting a brief statement of your commitment

Wendy Saviour
Managing Director
29 July 2019

Appendix 1

Nottingham & Nottinghamshire ICS – Primary Care Networks + Clinical Director leads

Mid-Nottinghamshire

PCN	GP Practices	Population	Geographical Area	Accountable Clinical Director
Ashfield North	Brierley Park Medical Centre, Kings Medical Centre, Skegby Family Medical Centre, Willowbrook Medical Practice, Woodlands Medical Practice	51,705	Sutton in Ashfield, Harlow Wood, Huthwaite, Fackley, Teversal, Skegby	Dr Andrew Pountney, Woodlands Medical Practice
Ashfield South	Ashfield House (Annesley), Family Medical Centre (Kirkby), Health Centre Complex, Jacksdale Medical Centre, Kirkby Health Centre, Kirkby Community Primary Care Centre, Lowmoor Road Surgery, Selston Surgery	38,794	Kirkby-In-Ashfield, Annesley, Underwood, Jacksdale, Barrows Green, Selston Green, Hall Green	Dr Junaid Dar, Family Medical Centre (Kirkby)
Mansfield North	Bull Farm Primary Care Resource Centre, Meden Medical Services, Oakwood Surgery, Orchard Medical Practice, Pleasley Surgery, Riverbank Medical Services, Sandy Lane Surgery, St Peter Medical Practice (Dr Sharma)	58,425	Meden Vale, Church Warsop, Warsop Vale, Spion Kop, Mansfield Woodhouse, Ravendale, Mansfield, Pleasley	Dr Khalid Butt, Oakwood Surgery

Mansfield South	Acorn Medical Practice, Churchside Medical Practice, Forest Medical, Mill View Surgery, Roundwood Surgery	46,587	Mansfield, Newton Town, Ladybrook, Bleak Hills, Berry Hill, Forest Town	Dr Milind Tadpatrikar Roundwood Surgery

PCN	GP Practices	Population	Geographical Area	Accountable Clinical Director
Newark PCN	Balderton PCC (C84648), Bamby Gate Surgery, Collingham Medical Centre, Fountain Medical Centre, Hounsfield Surgery. Lombard Medical Centre, Southwell Medical Centre	76,147	Newark-on-Trent, Southwell, Balderton, Collingham, Sutton-on-Trent, Norwell, Caunton, Oxton, Fernwood	Dr James Cusack, Lombard Medical Centre
Sherwood PCN	Abbey Medical Group, Bilsthorpe Surgery, Hill View Surgery, Major Oak Medical Practice, Middleton Lodge Practice, Rainworth HC, Sherwood Medical Partnership	59,627	Ravenshead, Oston, Farnsfield, Bilsthorpe, Ollerton, New Ollerton, Edwinstowe, Kirton, Boughton, Walesby, Perlethorpe, Kings Clipstone, Clipstone, Newlands, Rainworth, Blidworth	Dr Kevin Corfe, Abbey Medical Group

South Nottinghamshire

PCN	GP Practices	Population	Geographical Area	Accountable Clinical Director
PCN 1 Hucknall	Oakenhall Medical Practice, Om Surgery, Torkard Hill Medical Centre, Whyburn Medical Centre	36,715	Hucknall, Bestwood Village, Linby Papplewick	Dr Adam Connor, Whyburn Medical Practice
PCN 2 Arnold and Calverton	Calverton Practice, Highcroft Surgery, Stenhouse Medical Centre	33,778	Arnold, Calverton	Dr Kate Evans, Stenhouse Medical Centre
PCN 3 Carlton Villages	Daybrook Medical Centre, Ivy Medical Centre, Peacock Healthcentre, Plains View Surgery, Unity Surgery, Westdale Lane Surgery	40,969	Carlton, Daybrook, Mapperley, Burton Joyce, Lowdham	Dr Umar Ahmad, Plains View Surgery
PCN 4	Jubilee Practice, Park House Medical Centre, Trentside Medical Group, West Oak Surgery	29,647	Carlton, Netherfield, Bakersfield, Colwick, Gedling, Woodthorpe, Lambley, Burton Joyce, Lowdham, Woodborough, Epperstone, Gunthorpe, Gonalston, Bleasby, Thurgarton, Oxton, Hoveringham, Caythorpe, Mapperley	Ian Campbell, Park House Medical Centre

PCN	PCN Neighbourhood - Beeston:	Population	Geographical Area	Accountable Clinical Director
Nottingham West PCN	Abbey Medical Centre, Bramcote Surgery, Chilwell Valley and Meadows Practice, Manor Surgery, Oaks Medical Centre	47,476	Beeston, Bramcote, Chilwell	Dr Nicole Atkinson, Eastwood Primary Care Centre
	Eastwood PCC, Giltbrook Surgery, Hama Medical Centre, Newthorpe Medical Centre	37,159	Eastwood, Newthorpe, Giltbrook, Kimberley	
	Hicklings Lane Medical Centre, Linden Medical Group, Saxon Cross Surgery	21,337	Stapleford	

PCN	PCN Neighbourhood - Beeston:	Population	Geographical Area	Accountable Clinical Director
Rushcliffe PCN	Belvoir Health Group, East Bridgford Medical Centre, Radcliffe On Trent Health Centre	39,770	East Bridgford, Bingham, Radcliffe -on-Trent	Dr Stephen Shorts, East Leake Medical Group
	Castle Healthcare Practice, Gamston Medical Centre, Musters Medical Centre, St George's Medical Practice, West Bridgford Medical Centre	48,129	West Bridgford, Wilford, Gamston	
	East Leake Medical Group, Keyworth Medical Practice, Orchard Surgery, Ruddington Medical Centre	40,490	Keyworth, East Leake, Kegworth, Ruddington	

South Yorkshire and Bassetlaw ICS – Primary Care Networks + Clinical Director leads

Bassetlaw

PCN	GP Practices	Population	Geographical Area	Accountable Clinical Director
Larwood	Larwood, Westwood, Bawtry and Blyth	35,496	Harworth, Bircotes, Blyth and Langold	Dr Richard Davey (Larwood Surgery)
Newgate	Newgate	30,228	Worksop Town,	Dr Deepti Alla (Newgate Surgery)
Retford and Villages	Tuxford, Kingfisher Family, North Leverton, Riverside, Crown House, Misterton	51,146	Retford and villages across rural Bassetlaw	Dr Joel Chapman (Kingfisher Surgery)

Nottinghamshire County Council

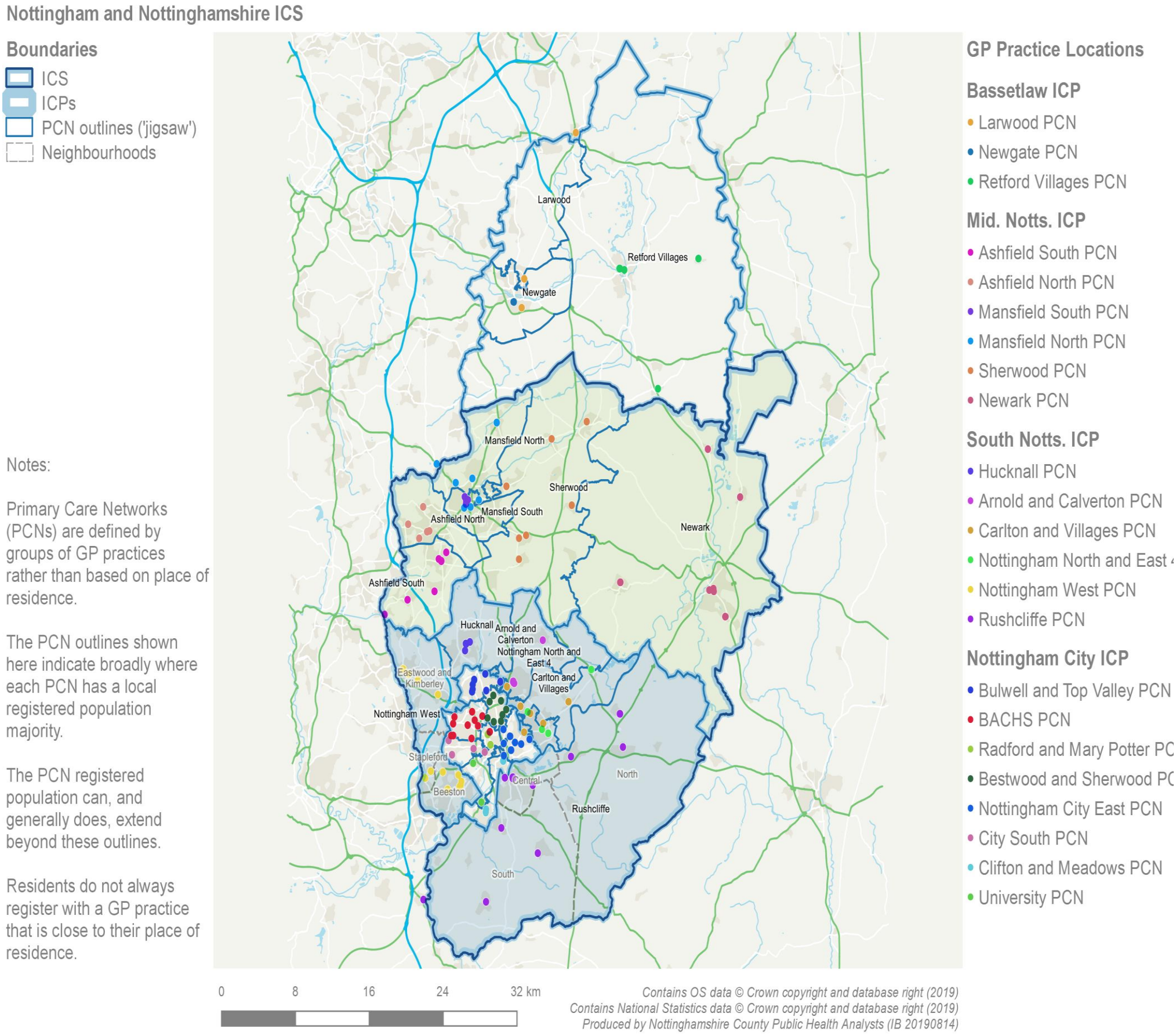
ICS ICP PCN Maps

Appendix 2

30 August 2019

1 Results

1.1 ICPs Bassetlaw, Mid Nottinghamshire & South Nottinghamshire



Nottinghamshire County Council

1.2 ICP Detail – Bassetlaw

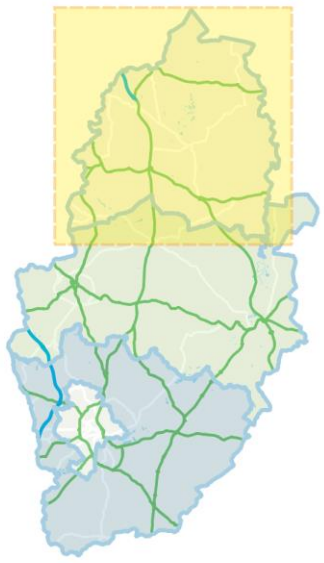
Nottingham and Nottinghamshire ICS
Bassetlaw ICP

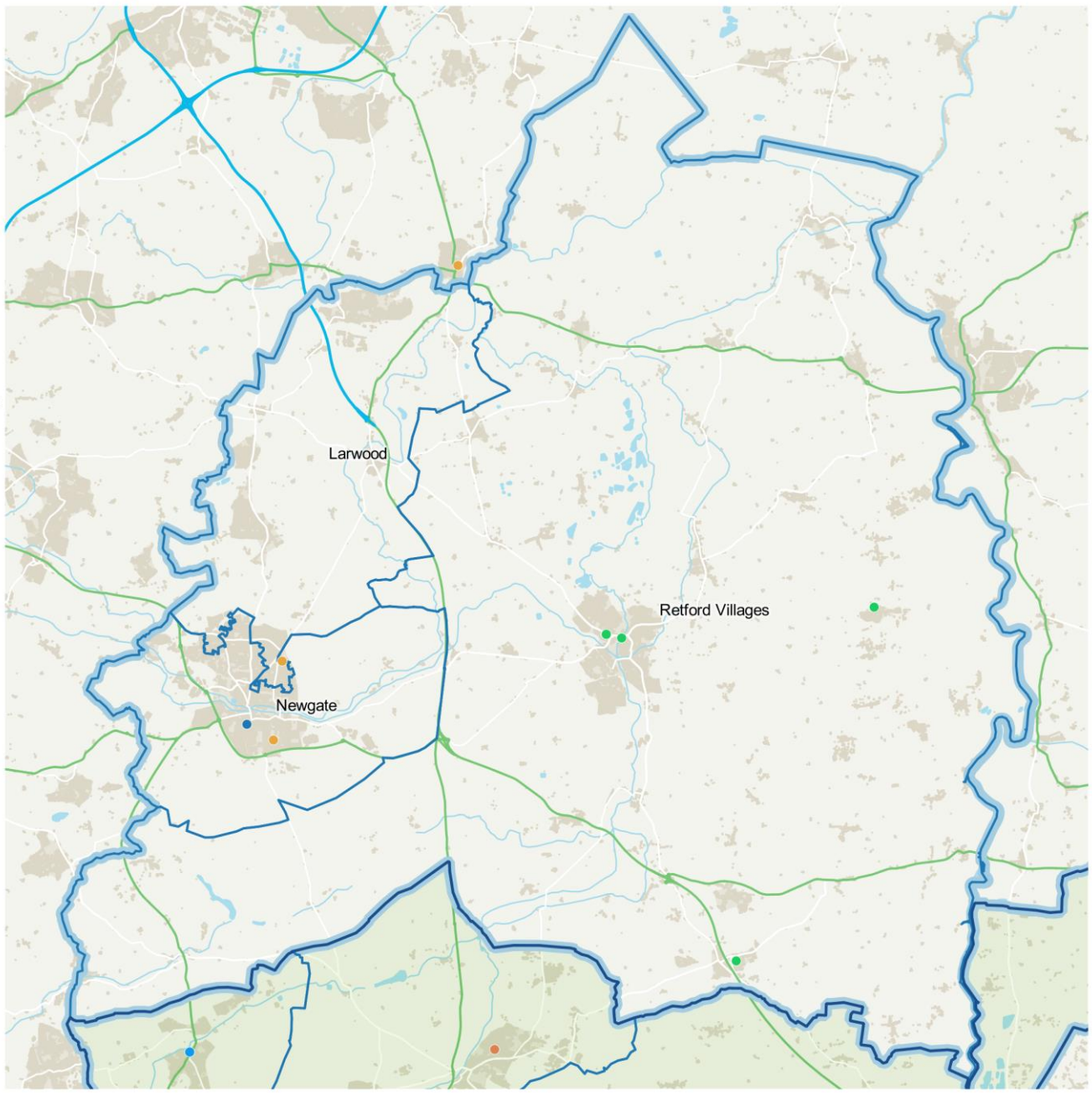
Boundaries
- ICS
- ICPs
- PCN outlines ('jigsaw')
- Neighbourhoods

Notes:

Primary Care Networks (PCNs) are defined by groups of GP practices rather than based on place of residence.

The PCN outlines shown here indicate broadly where each PCN has a local registered population majority.





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GP Practice Locations

Bassetlaw ICP
- Larwood PCN
- Newgate PCN
- Retford Villages PCN

Mid. Notts. ICP
- Ashfield South PCN
- Ashfield North PCN
- Mansfield South PCN
- Mansfield North PCN
- Sherwood PCN
- Newark PCN

South Notts. ICP
- Hucknall PCN
- Arnold and Calverton PCN
- Carlton and Villages PCN
- Nottingham North and East
- Nottingham West PCN
- Rushcliffe PCN

Nottingham City ICP
- Bulwell and Top Valley PCN
- BACHS PCN
- Radford and Mary Potter PC
- Bestwood and Sherwood PC
- Nottingham City East PCN
- City South PCN
- Clifton and Meadows PCN
- University PCN

1.2 ICP Detail – Mid Nottinghamshire

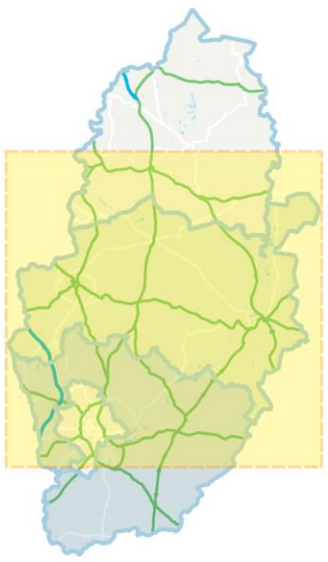
Nottingham and Nottinghamshire ICS
Mid. Notts. ICP

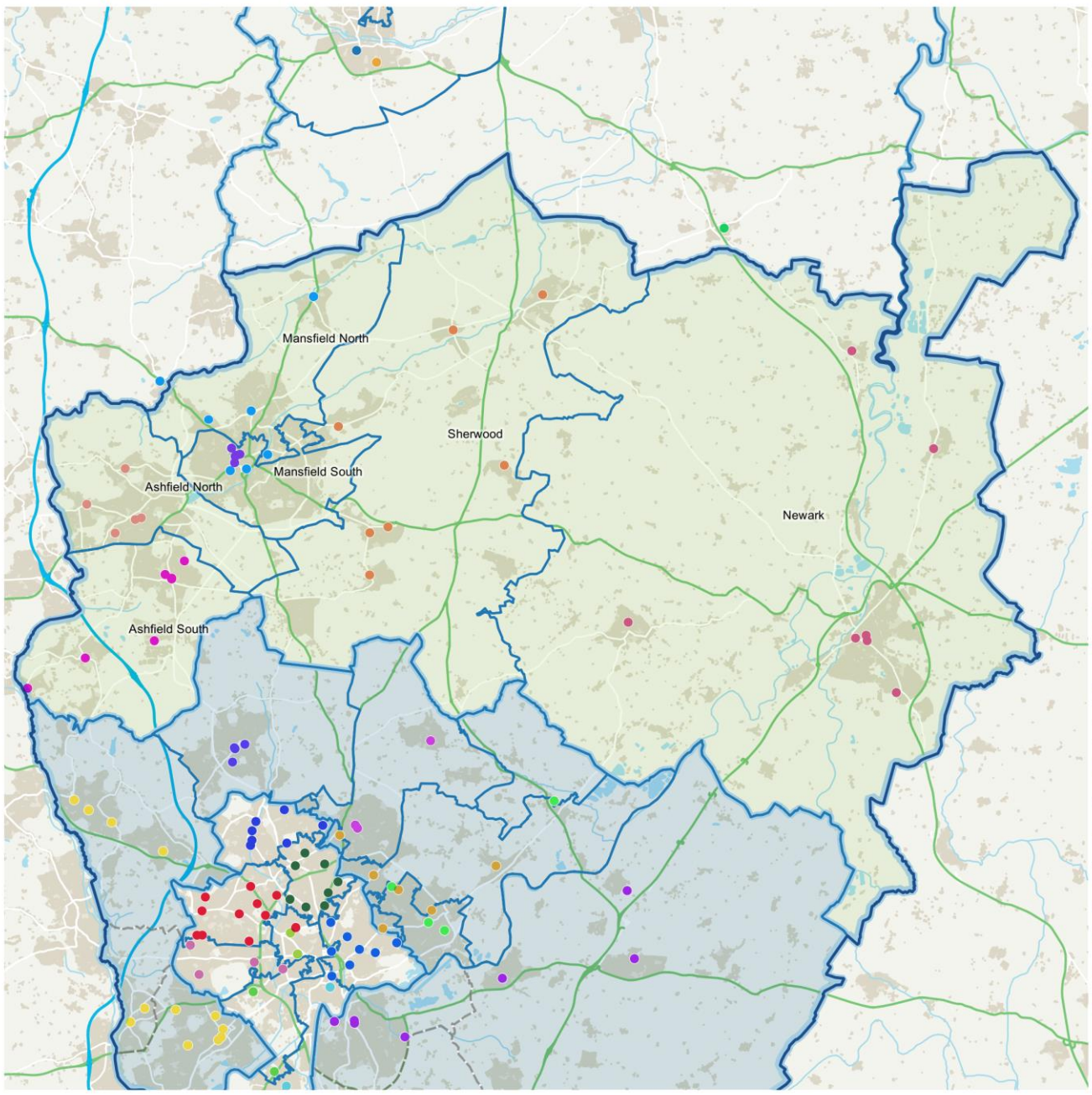
Boundaries
- ICS
- ICPs
- PCN outlines ('jigsaw')
- Neighbourhoods

Notes:

Primary Care Networks (PCNs) are defined by groups of GP practices rather than based on place of residence.

The PCN outlines shown here indicate broadly where each PCN has a local registered population majority.





GP Practice Locations

Bassetlaw ICP
- Larwood PCN
- Newgate PCN
- Retford Villages PCN

Mid. Notts. ICP
- Ashfield South PCN
- Ashfield North PCN
- Mansfield South PCN
- Mansfield North PCN
- Sherwood PCN
- Newark PCN

South Notts. ICP
- Hucknall PCN
- Arnold and Calverton PCN
- Carlton and Villages PCN
- Nottingham North and East
- Nottingham West PCN
- Rushcliffe PCN

Nottingham City ICP
- Bulwell and Top Valley PCN
- BACHS PCN
- Radford and Mary Potter PC
- Bestwood and Sherwood PC
- Nottingham City East PCN
- City South PCN
- Clifton and Meadows PCN
- University PCN

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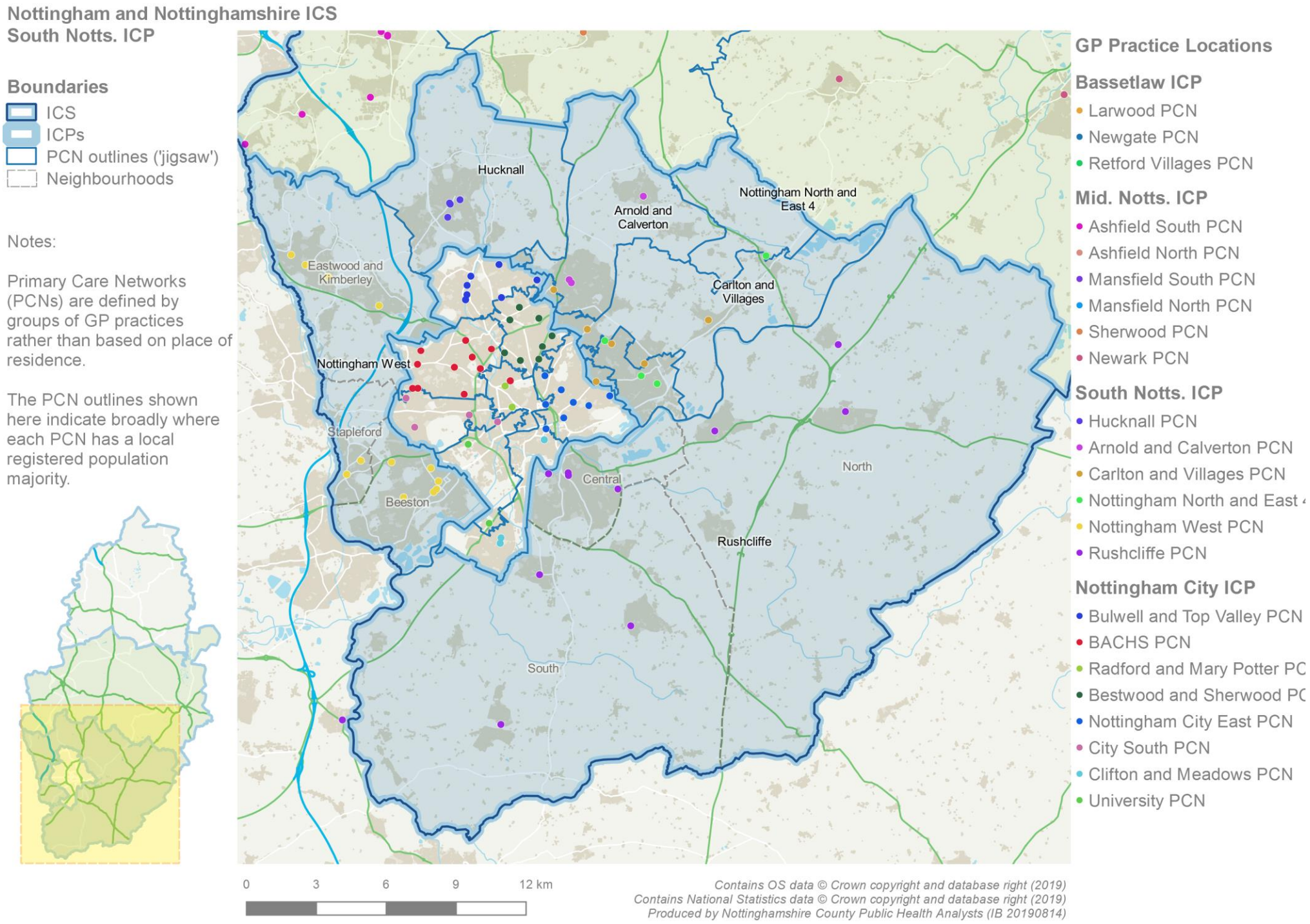
Nottinghamshire County Council

1.3 ICP Detail – South Nottinghamshire



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Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 September 2019

Agenda Item: 12

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING SAFEGUARDING AND ACCESS

MARKET MANAGEMENT POSITION STATEMENT

Purpose of the Report

1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) including:

   - the quality monitoring and market management and shaping activity across both residential and community care services across the County

   - advising the Committee about the services that currently have their contracts suspended by the Council so that the Committee can consider any issues raised and how it may wish to monitor progress.

Information

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

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

4. At a recent Team meeting a representative from Skills for Care attended to update the team about grant funding that is available for providers of social care. In the current financial climate it is important that the team encourage and support providers in accessing appropriate grants and support to enable their services to always aim to provide excellent outcomes for people using their services. Grants are available for staff training and some

forums such as 'Managers Networks' which in turn supports leaders within organisations to share best practice and problem solve together.

QMMT activity and performance information

5. The QMMT has responsibility for monitoring both residential and nursing care homes and community care services across the County for adults over the age of 18 years. In total there are over 360 providers delivering a range of services in Nottinghamshire including:

- Nursing and residential care homes
- Home care
- Day care services
- Care support and enablement services (supported living)
- Extra Care/Housing with Care services.

6. Regulated services are inspected and rated by the Care Quality Commission (CQC). A comparison of Nottinghamshire services against other East Midlands authorities as at May 2019 is set out below:

Current overall ratings for active services															
	Nursing homes ratings as a % of rated				Of all services % not yet rated	Res homes ratings as a % of rated				Of all services % not yet rated	Domiciliary care agency ratings as a % of rated				Of all services % not yet rated
Local Authority	IA	RI	GO	OU		IA	RI	GO	OU		IA	RI	GO	OU	
Derby	0	12	88	0	**0**	0	11	89	0	**2**	0	16	80	5	**33**
Derbyshire	2	17	79	2	1	3	15	81	1	4	2	8	89	1	19
Leicester	0	33	62	5	5	0	9	87	4	7	0	14	85	1	29
Leicestershire	0	23	77	0	0	0	17	81	2	3	1	12	84	4	15
Lincolnshire	1	16	82	0	4	2	12	82	4	3	3	13	76	8	24
Northamptonshire	3	21	72	3	2	1	12	78	10	5	0	15	82	4	32
Nottingham	0	43	52	5	5	2	12	81	6	12	0	30	64	6	40
Nottinghamshire	8	30	54	7	3	4	15	76	6	5	1	10	81	8	17
Rutland	0	0	100	0	0	0	22	78	0	0	0	0	100	0	20

IA: Inadequate	GD: Good
RI: Requires Improvement	OU: Outstanding

7. Nottinghamshire has the highest number of CQC rated services in the East Midlands and maintains its proactive approach to quality monitoring encouraging partners and stakeholders to adopt a similar approach so that we have a transparent picture about the quality of care and support provided to people living in Nottinghamshire. Within the region Nottinghamshire has:

- the highest % of Outstanding nursing home services (7%)
- the second highest % of Outstanding residential home services (6%)
- the highest % of Outstanding domiciliary care agencies (8%) and the second lowest % of Inadequate domiciliary care agencies (1%).

Although the picture changes regularly, in terms of current challenges, the Council has the highest % of Inadequate nursing homes (8%) and the highest % of Inadequate residential

homes (4%). Some ways in which the team are working to drive improvement and address these current challenges are outlined below.

8. Since the data in the above chart was reported there have been changes in the way the regulator, the CQC, re-inspects services following quality or regulatory concerns. Inadequate services are now re-inspected within six months from the date of the publication of their inspection. In the past they were not re-inspected so quickly and so could remain as Inadequate or Requires Improvement even though improvements had been made. There are three services currently rated Inadequate which have been re-inspected by the CQC and are now rated Requires Improvement. This is also the same for Outstanding services and the CQC have inspected a further two services which have now achieved this rating.

9. The QMMT does target poor performing providers working on intelligence received from a number of sources. It also works very closely with the CQC and shares information with them about the findings of the QMMT audits, quality monitoring visits and quality referrals, Whistleblowers etc. An Inspection Manager from the CQC recently stated that she "*found Nottinghamshire QMMT to be responsive to poorly performing providers. However, some of these providers have been poorly performing for some time and require intervention from CQC to remove them from the market. CQC are now taking more active steps to do so in line with their methodology*". Whilst the Council is able to terminate a contract with a provider it does not have the legal power to close a service, this can only be done by the regulator which is the CQC. Where this is necessary the Council fully supports the people using the service and also their families to ensure that an appropriate alternative place to live is found.

10. The QMMT, jointly with the CQC and the Clinical Commissioning Group (CCG), has recently carried out a review of the current quality position of Nottinghamshire services rated as Inadequate or rated as Requires Improvement on more than one occasion. There is a risk that services that continue to be rated Requires Improvement may be rated Inadequate at the next inspection if no improvements are made. The CQC analysed the ratings in Nottinghamshire and one the worst performing areas were large nursing homes (50 plus beds) which is a national issue due to the reduced supply of nurses working in care homes.

11. The purpose of the review was to ensure that a monitoring plan is in place for these services and to review what support is available across the partner organisations to support and sustain improvements to the services. An action from the review was to further increase support given to these services for a fixed time period and this will be jointly with CCG partners.

12. These meetings were supported by Optimum colleagues within the team. They focus on workforce planning and development initiatives and support for independent sector care providers. Optimum has commenced working with and supporting the services to look at what is available in respect of training, guidance and support for the management of the services. With regards to the issue identified about a lack of nurses in the sector, the team has been working to support nurses in the sector by accessing training specifically designed to support nurses working in the sector. Some anecdotal feedback from local nurses about the training provided is listed below:

"The course has given me the opportunity to network with Nurses from a variety of different settings and to understand the challenges that they face. The skills and knowledge that I am developing are also enabling me and my colleagues to support delivery of the right care

in the right place thus improving the quality of life and end of life experience of residents and their loved ones, whilst promoting efficient use of limited health and social care resources"

"Despite having many years' experience of working in health care of the elderly services I have learned a significant amount of new information in terms of identifying and planning person centred interventions to improve the experience of those living with frailty"

"The quality of the lectures has been amazing. The course has made me question a lot more and not just accept why we do things as a company or in any health aspect. I am now reflecting constantly and putting new ideas in to practice. I am working a lot more with the G.P. and other members of the multi-disciplinary team"

"The training has given me confidence to cascade my learning to others which increases their knowledge which in turn gives the residents a better experience of living in a care home"

13. Also, a buddying approach has been used for a younger adults provider that had quality concerns. Another local home manager that had an Outstanding service teamed up with the home manager and offered support, guidance and shared best practice. The feedback from the provider is that the meetings have been both supportive, inspiring and comforting. Their journey towards an improved quality service continues supported by a range of stakeholders led by the QMMT. This type of approach is being adopted more widely by the whole team.

14. Provider Forums are also another way of getting providers together so that they can share information and problem solve. Providers are able to support each other and also visit each other's homes to share good practice and offer support. Stakeholders also attend so that they both share information and give support, advice and sometimes also training.

15. The QMMT also carries out regular information sharing meetings with the CQC, CCG and Healthwatch. There was a workshop in July 2019 to review of this process in response to the national Association of Directors of Adult Social Services (ADASS) Memorandum of Understanding, which sets out what information sharing should look like. The information sharing meeting has changed in response to this and it is now on the agenda to discuss any new Inadequate services and services that continue to be Requires Improvement as well as themes and trends around quality issues.

16. CQC quoted that following the workshop "*We think the communication between Nottinghamshire and CQC is excellent and we are confident that the newly reformed information sharing meetings will see improvement in the future of the Nottinghamshire portfolio. This is as we are both being more proactive at identifying repeat requires improvement services for example and dips in performance. The workshops we have held with Nottinghamshire in this regard are being used as a blueprint for how the CQC works with other local authorities in the central east midlands area*''.

Nottinghamshire CQC Ratings and Outstanding Services

17. The CQC has completed 78 inspections of Nottinghamshire services since June 2019 with the following ratings:

- 3 Outstanding
- 43 Good
- 22 Requires Improvement
- 10 Inadequate.

18. The full list of Outstanding services in Nottinghamshire is below:

Other Social Care Services		
Name of Service	**Type of Service**	**Location**
Shared Lives	Short Breaks	Countywide
Community based adult social care services		
Name of Service	**Type of Service**	**Location**
Right at Home (Nottingham South)	Home care	Nottingham South
Reach Housing & Enablement Services Limited	Care Support and Enablement	Countywide
Reach Learning Disability Care C.I.C	Care Support and Enablement	Countywide
Home Instead Senior Care	Home care	Countywide
Workwise Healthcare Limited	Home care	North Nottinghamshire
Catherine Tam Agency	Home care	Broxtowe
SJW The Wright Care	Home care	North Nottinghamshire
Sherwood Prime Care Ltd	Home care	North Nottinghamshire
Residential social care		
Name of Service	**Type of Service**	**Location**
Ashcroft Care Home	Nursing Home	Ashfield
Beech House Care Home	Residential Home	Bassetlaw
Branthwaite Care Home	Residential Home	Bassetlaw
Cherry Holt	Nursing Home	Bassetlaw
Corner House Residential Care Home	Residential Home	Mansfield
Derbyshire House Residential Care	Residential Home	Rushcliffe
Elston House	Residential Home	Newark
Forest Hill	Nursing Home	Bassetlaw
Hatzfeld House	Residential Home	Newark
Kingfisher Court	Residential Home	Ashfield
Landermeads Care Home	Nursing Home	Broxtowe
Lawrence Mews	Residential Home	Broxtowe
Redbank House	Residential Home	Bassetlaw
RoseLea House	Residential Home	Rushcliffe
Sutton House	Residential Home	Ashfield
The Byars Nursing Home	Nursing Home	Newark
The Oaklands	Residential Home	Mansfield
Thistle Hill Hall	Nursing Home	Mansfield
Wren Hall Nursing Home	Nursing Home	Ashfield

19. The Council has also achieved an Outstanding rating for the Shared Lives scheme. The Nottinghamshire County Council Shared Lives Scheme which is managed by the ASCH Direct Services was inspected by the CQC in June 2019 and has been rated as Outstanding. This is a fantastic achievement and the only scheme in this region to achieve this rating.

20. The scheme matches vulnerable people with carers who are assessed and approved by the Shared Lives team. Service users stay with carers in their home either on a long term or a short term arrangement. The main benefit of Shared Lives is that the person lives as part of the carer's family and can become involved in activities in their local community. The scheme was recently featured on BBC Radio Nottingham where really positive stories were shared by people who use Shared Lives.

21. In July 2019 a nursing home in the Newark and Sherwood district, The Byars, was rated Outstanding for the second time and received this rating in all areas (safe, well led, effective, caring and responsive). The Byars is one of only five nursing homes nationally (outside of London) that has achieved this rating. The Byars is a band 5 quality banded service and has been awarded the Dementia Quality Mark (DQM) since its inception in 2013.

22. A further two care homes in Retford have also received the Outstanding rating with the CQC. The homes are Cherry Holt (nursing home) and Branthwaite (dementia residential) both owned by FBC Care Homes. Both homes have always been rated Good with the CQC and have continuously achieved a band 5 quality rating since the process began. Branthwaite has also achieved the DQM since 2013.

Revised Quality Audit Tool – All Contracted Services

23. The QMMT completed a review of the quality audit process in 2018, including two consultation events with all contracted providers. The revised quality audit tool has taken into account the need to capture good and outstanding practice as well as areas that require improvement. There will also be more emphasis in capturing what people say about the service, ensuring that there is feedback from those using the services. This will enable providers to make further improvements if required and also share the positive feedback with their staff teams.

24. The review was carried out alongside the 'Fair Price for Care' review of fees for older person care homes. Bandings for these services have remained the same for 2019/20 with a planned review of the banding mechanism currently underway.

Older Person Care Homes - New Contract April 2020

25. The current contract for older person care homes has been in place for a number of years and there is a requirement for a new contract to be in place. The plan is for the new contract to be standardised in line with other contracts awarded by the Council in that the standard 'NHS Contract' terms and conditions will be used. The review of the contract has been undertaken in partnership with Nottingham City, the purpose of this approach being that care home providers in both the County and City will be working to similar service specifications; this means that the contracts are aligned where possible which is helpful and supportive to providers in that there are not different expectations of them.

26. The contract award process for older person care homes will also be made using the 'Pro-Contract' system which means that care homes are required to complete a tendering exercise on line. The homes will be required to evidence robust information, such as quality assurance processes, and this contract award process will check the financial status of the organisation to give assurance about their financial sustainability.

27. The QMMT held two engagement events with providers in July 2019 (north and south of the County). The purpose of these events was to inform the market of the Council's commissioning intentions, future demand and to advise them of the new contracting process. Support and guidance will also available and ongoing to all potential providers about how to use the system.

28. There are currently 168 older person care homes that will need to apply for the new contract. The implementation process will commence in October 2019 with the plan that all current care homes will have a contract in place for April 2020.

Home based care services

Overview

29. New contracts for home based care services have now been in place for 12 months. During this time the team has worked with new Lead and Additional Providers to embed the new service model and monitor quality and performance on an ongoing basis. This work is ongoing but progress during the first 12 months includes:

- approximately 1,600 new packages of care sourced for people in Nottinghamshire
- a reduction in the number of service users waiting for a service from over 200 in June 2018 to approximately 30 currently
- reliance on the use of short term/emergency homecare provision has reduced from over 100 this time last year to approximately 24 packages currently
- the Lead/Additional Provider model has had a real and positive impact in previously 'difficult' areas such as Bassetlaw and Newark & Sherwood. Providers in these areas are now regularly picking up the vast majority of home based care referrals made
- over 80% of referrals are regularly picked up by providers collectively each fortnight in Bassetlaw, Mid Nottinghamshire and Broxtowe
- providers are working together to best meet need in particular areas, rather than in competition, and holding regular provider forums to meet, liaise and network
- some providers have taken positive steps towards building a sustainable social care workforce, for example, by offering guaranteed hours contracts to their care staff and increasing rates of pay in some areas
- examples of providers delivering good outcomes for service users and shared good practice among providers
- the introduction of regular customer satisfaction surveys with service users
- work has begun to involve residents who live in the Housing with Care schemes in feedback sessions and quality monitoring

- the development of the role of the Experts by Experience Group following their involvement in the tender process. The Group has worked directly with providers to address trends raised through the customer satisfaction survey

- one of the Experts has also undertaken staff recruitment with a home care provider in the north of the County and both found the experience extremely insightful

- the Experts by Experience Group is also working with the team to look for ways of further strengthening the service user/carer voice in the quality audit process and members of the team regularly attend the groups meetings.

Ongoing focus

30. Nationally, as well as locally, the homecare market continues to face significant challenges, particularly around recruitment and retention of staff. The Council's new model of Home Based Care and Support Services is designed to build and support capacity in the local market over a 10 year period and Community Partnership Officers within the team continue to work alongside their 'portfolio' of providers to embed and develop this.

31. Home based care contracts now contain a requirement for providers to accept or offer on a minimum percentage of referrals made. Overall acceptances/offers by the Lead and Additional Providers is largely steady across the County, but sometimes below contractual requirement for individual providers. Again, Community Partnership Officers are working with providers to support and address this, this includes considering contractual sanctions where necessary.

32. A further tendering exercise is being planned to increase the number of Additional Providers in most areas. This will support resilience in the overall market for commissioned services and help sustain and improve the overall number of care packages accepted by providers.

33. Work to develop and introduce an electronic portal for commissioning home based care services continues. It is anticipated this will be operational from October this year.

34. Winter pressures planning work is now beginning. Community Partnership Officers are working with all providers to help build and ensure capacity during the winter period and that contingency plans are in place to enable providers to respond to weather alerts and possible increased demand for services.

Experts by Experience Engagement Group

35. The team continues to work alongside the 'Experts by Experience' Engagement Group for home based care and the Group is represented on the Joint Health and Social Care Programme Board that meets monthly.

36. Following completion of the first customer satisfaction service, the Group met with a number of providers to look at how they could improve communication with service users and carers; a key theme arising from the survey. This was a useful and productive meeting and providers took away a number of (often small) changes they could implement to help improve communication on a day to day basis. Community Partnership Officers are now

working alongside the Experts by Experience Group and providers to look at how the impact of these improvements can be monitored on an ongoing basis.

Home First Response Service Overview

37. The Home First Response Service (HFRS) is a short term rapid response service providing home based care to facilitate discharge from hospital or to prevent unnecessary admission to short term care or hospital due to a temporary crisis at home. The service is a county-wide service and delivered by one provider, Carers Trust East Midlands, to ensure consistency and flexibility. The service commenced in December 2017 and is available seven days a week.

38. From mid-December 2017 to the end of June 2019, 1,941 people have been through the HFRS. A member of the team works proactively with the service and with operational colleagues to ensure service users move through the service in a timely way and that capacity is maximised.

39. Both the HFRS and new home based care processes are contributing to the County Council's excellent performance in respect of Delayed Transfers of Care.

Optimum

40. Optimum colleagues (a team of three; manager, officer and administrative support colleague) are now integrated in the QMMT and are working alongside Quality Monitoring Officers and Community Partnership Officers to support and develop service quality in a co-ordinated way, using the resources available through the Workforce Development Fund that they administer on behalf of Skills for Care. This joint approach will enable Optimum activities and resources to reflect and be informed by the wider quality work undertaken by QMMT. As part of this, work is being undertaken to raise awareness across the whole team about funds and grants that providers can access in order that staff can offer a wider range of support and information to providers.

41. An action plan is in place for local implementation of the earlier National Recruitment Campaign, which brings together individual projects that Optimum has been working on with providers and partners within the sector over the last 12 months. Surveys are taking place to benchmark current practices and will be re-evaluated towards the end of the year to measure progress against the action plan.

42. A part of this work included the making of a video which featured care staff from a number of local care providers. This is now available on You Tube via the following link https://www.youtube.com/watch?v=LrNi-VvWSuU&feature=youtu.be and can be used to promote social care and supporting people to live within their own home environment.

43. Following on from meetings with commissioners and stakeholders, it has been agreed that Optimum will review work streams for 2019-20 to support the provision of quality services whilst retaining aspects of proactive work with local care providers. Key workstreams are:

- **The Workforce Development Fund** – a successful bid of £112,000 has now been confirmed by Skills for Care (which is a Department of Health fund).

- **The Burdett Trust funded project to develop Advanced Nurse Practitioners in nursing homes** – a £60,000 project over two years, to encourage and support the role of Advanced Nurse Practitioners in nursing care homes. This work is linked with that of the Training Hubs within the Integrated Care System (ICS)

- **Nottinghamshire Independent Sector Recruitment Project** – an investment of £6,000 has been identified for this work to include:

    - the development of a homecare career video to promote working in social care and for providers to use in their own recruitment drives, please see paragraph 42.
    - workshops to improve recruitment and selection practices for homecare and residential services

- **Learning and development interventions** - to support commissioning and quality improvement initiatives and the local recruitment campaign will include management development, coaching opportunities, managers' network meetings and Champions' workshops to deliver knowledge and understanding to meet person-centred needs, health and social care needs.

ICT update - Working with care providers to ensure robust and resilient data security

44. During July the team made an application for grant funding that was available nationally to complete a time limited project, working with care providers to ensure systems and processes for exchanging sensitive, personal information necessary for commissioning and managing care services for individuals are as robust and resilient as they can be at all times.

45. The application was successful and received excellent feedback from the evaluation process. The project will begin in September 2019 and will focus on the local care sector's ability to 'respond and recover' from any potential cyber-attack or similar incident. The project will work with a small number of local care providers from different service areas to test out continuity plans for exchanging sensitive information securely between the Council and providers if systems should fail. A key element, however, will be to develop legacy learning and improvement that can be applied sector wide.

46. A further benefit of the project is that it will help to ensure local care providers are practicing good data security and that personal information is handled correctly at all times. The project will work alongside other successful projects as part of a national network.

Other Options Considered

47. No other options have been considered.

Reason/s for Recommendation/s

48. 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

49. 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

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

Implications for Service Users

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

RECOMMENDATION/S

1) Members consider whether there are any actions they require in relation to the issues contained within the report.

2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Paul Johnson
Service Director, Strategic Commissioning, Safeguarding and Access

For any enquiries about this report please contact:

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Constitutional Comments (AK 28/08/19)

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

Financial Comments (DG 28/08/19)

53. There are no specific financial implications arising from this report.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH670 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

8 September 2019

Agenda Item: 13

REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director, Customers, Governance & Employees

For any enquiries about this report please contact: Sara Allmond – sara.allmond@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 2019-20

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
7 October 2019			
NHS Long Term Plan update and local implementation plan	Progress report on the local implementation of the NHS Long Term Plan	Alex Ball, Director of Communications and Engagement, Integrated Care System and the CCGs.	Lewis Etoria (Head of Communications and Engagement Nottingham& Notts ICS)
Progress report on savings and efficiencies and update on Improving Lives portfolio	Regular update report to committee on progress with savings projects within the department	Service Director, Strategic Commissioning and Integration	Stacey Roe
Substance Misuse Service	To inform committee of the outcome of procurement	Director of Public Health	Sarah Quilty
Novel Psychoactive Substances: update	To provide information on service users presenting to CGL where NPS is stated as a drug used	Director of Public Health	Amanda Fletcher / Sarah Quilty
Progress update on older adults' services	Report on progress across older adults' services, to include update on housing with care development.	Service Director, Mid-Nottinghamshire	Sue Batty
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
11 November 2019			
Adult Social Care and Public Health departmental strategy – 6 monthly performance report	Report on progress against the commitments and measures in the departmental strategy	Service Director, Strategic Commissioning and Integration/Director of Public Health	Jennie Kennington/ Will Brealy
Liberty Protection Safeguards (DoLS) Strategy		Service Director, Mid-Nottinghamshire	Annie Greer
Adult Social Care and Health workforce review	Recommendations from the review of the structure and workforce within ASC&H.	Service Director, South Nottinghamshire	Stacey Roe/Jennie Kennington

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Planning for winter pressures		Service Director, South Nottinghamshire	Sue Batty
Integrated Wellbeing Service		Director of Public Health	Rebecca Atchinson
9 December 2019			
Quality auditing and monitoring activity - care home and community care provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning and Integration	Cherry Dunk
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard
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
Public Health Outcomes in Nottinghamshire – 12 month update	12 month update approved for inclusion December 2018	Director of Public Health	David Gilding
6 January 2020			
Update on Domestic Abuse Support Services	To inform committee of the outcome of procurement	Director of Public Health	Rebecca Atchinson
Summary of the Violence Against Women and Girls (VAWG) Project Evaluation	To inform committee of the outcome of the Violence Against Women and Girls (VAWG) Project Evaluation	Director of Public Health	Rebecca Atchinson
Adult Social Care and Public Health – events, activities and communications	Approval for range of activities and events planned by the department over the coming months (as required).	Corporate Director/Director of Public Health	Jennie Kennington/ Will Brealy
3 February 2020			
Progress report on savings and efficiencies and update on Improving Lives portfolio	Regular update report to committee on progress with savings projects within the department	Service Director, Strategic Commissioning and Integration	Stacey Roe
Adult Social Care and Public Health – events, activities and communications	Approval for range of activities and events planned by the department over the coming months (as required).	Corporate Director/Director of Public Health	Jennie Kennington/ Will Brealy

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
16 March 2020			
Quality auditing and monitoring activity - care home and community care provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning and Integration	Cherry Dunk
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard
Adult Social Care and Public Health – events, activities and communications	Approval for range of activities and events planned by the department over the coming months (as required).	Corporate Director/Director of Public Health	Jennie Kennington/ Will Brealy
20 April 2020			
Adult Social Care and Public Health – events, activities and communications	Approval for range of activities and events planned by the department over the coming months (as required).	Corporate Director/Director of Public Health	Jennie Kennington/ Will Brealy
11 May 2020			
Adult Social Care and Public Health departmental strategy – 6 monthly performance report	Report on progress against the commitments and measures in the departmental strategy	Service Director, Strategic Commissioning and Integration/Director of Public Health	Jennie Kennington/ Will Brealy
Adult Social Care and Public Health – events, activities and communications	Approval for range of activities and events planned by the department over the coming months (as required).	Corporate Director/Director of Public Health	Jennie Kennington/ Will Brealy
8 June 2020			
Adult Social Care and Public Health – events, activities and communications	Approval for range of activities and events planned by the department over the coming months (as required).	Corporate Director/Director of Public Health	Jennie Kennington/ Will Brealy
13 July 2020			
Quality auditing and monitoring activity - care home and community care provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning and Integration	Cherry Dunk
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Adult Social Care and Public Health – events, activities and communications	Approval for range of activities and events planned by the department over the coming months (as required).	Corporate Director/Director of Public Health	Jennie Kennington/ Will Brealy
Progress report on savings and efficiencies and update on Improving Lives portfolio	Regular update report to committee on progress with savings projects within the department	Service Director, Strategic Commissioning and Integration	Stacey Roe