

Adult Social Care and Public Health Committee

Monday, 04 March 2019 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 4 February 2019 | 3 - 6 |
| 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 | Department Core Data Set - Adult Social Care and Health Performance for Quarter 3 | 7 - 20 |
| 5 | Progress Report on Budget, Savings and Improving Lives Portfolio | 21 - 50 |
| 6 | 2018/19 Progress Update on use of the Better Care Fund Care Act Allocation (Recurrent and Reserve), the Improved BCF, the Winter Pressures Grant and Approval of Posts Required in 2019/20 | 51 - 64 |
| 7 | The Mid Nottinghamshire 'Better Together' Alliance Agreement Contract | 65 - 70 |
| 8 | Autism Joint Strategic Needs Assessment and Self-Assessment Framework Actions | 71 - 76 |
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Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.
- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	4 February 2019 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Richard Butler
Boyd Elliott
Sybil Fielding
David Martin

Francis Purdue-Horan
Andy Sissons
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's
Sue Batty, Service Director, Adult Social Care & Health
Melanie Brooks, Corporate Director, Adult Social Care & Health
Dan Flecknoe, Temporary Consultant in Public Health, Adult Social Care & Health
Jonathan Gribbin, Director of Public Health, Adult Social Care & Health
Paul Johnson, Service Director, Adult Social Care & Health
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health
Mark McCall, Service Director, Adult Social Care & Health
Ainsley Macdonnell, Service Director, Adult Social Care & Health
Philippa Milbourne, Business Support Administrator, 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 7 January 2019 were confirmed and signed by the Chair.

MEMBERSHIP CHANGES

Councillor Richard Butler was appointed to the Committee in place of Councillor Tony Harper for this meeting only.

2. APOLOGIES FOR ABSENCE

None

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

4. UPDATE ON THE COMMISSIONING AND PROVISION OF CHLAMYDIA SCREENING FOR 15-24 YEAR OLDS IN NOTTINGHAMSHIRE

Councillor Stuart Wallace and Dan Flecknoe introduced the report and responded to questions.

RESOLVED 2019/012

That there were no further actions arising from the report.

5. CHANGES TO THE PROTECTION OF PROPERTY AND PETS AND FUNERAL ARRANGEMENTS POLICY

Councillor Stuart Wallace and Mark McCall introduced the report and responded to questions.

RESOLVED 2019/013

That the proposed changes to the Protection of Property and Pets and Funeral Arrangements Policy, attached as Appendix 1 to the report, be recommended to Policy Committee for approval.

6. YOUNGER ADULTS (18-64) HOUSING WITH SUPPORT STRATEGY

Councillor Steve Vickers and Ainsley McDonnell introduced the report and responded to questions.

RESOLVED 2019/014

- 1) That further engagement with service users, carers, families, other stakeholders, partners and providers on how to best help people understand what the Housing with Support Strategy means for them, be approved.
- 2) That no further action be required in relation to the update on the development of Community Living Networks.

7. INTEGRATION AND PARTNERSHIPS IN NORTH NOTTINGHAMSHIRE (BASSETLAW)

Councillor Steve Vickers and Ainsley McDonnell introduced the report and responded to questions.

RESOLVED 2019/015

- 1) That no further action was required in relation to the work undertaken to date to progress health and care system integration in South Yorkshire and Bassetlaw.
- 2) That no further action was required in relation to the contents of the draft Bassetlaw Place Plan, attached as Appendix 1 to the report, and supported the direction of travel.

8. ADULT SOCIAL CARE AND HEALTH – CHANGES TO STAFFING ESTABLISHMENT

Councillor Stuart Wallace and Melanie Brooks introduced the report and responded to questions.

RESOLVED 2019/016

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

Post and grade	Number of posts	Extension/ establishment of posts	Type of post	End date
Promoting Independence Workers (Grade 3) in START	3 FTE	Establishment	Operational/ savings	March 2020
Co-production Workers (Band A)	2 FTE	Extension	Operational	March 2020
Strategic Development Assistant (Grade 5)	1 FTE	Extension	Transformation/ savings	September 2019
Direct Payments Auditor (Grade 4)	1 FTE	Establishment	Operational/ Savings	March 2020
Business Support Officer (DP audit team) (Grade 3)	0.5 FTE	Establishment	Operational/ Savings	March 2020
Debt Recovery Officer (Grade 4)	1 FTE	Extension	Operational	March 2020

9. WORK PROGRAMME

RESOLVED 2019/017

That the work programme be accepted with the following addition:-

- An update on progress with the implementation of the Council's policy for calculating the individual contributions that a person in receipt of adult social care services can afford to make towards the cost of their care and support – June 2019 meeting

The meeting closed at 11.41 am.

CHAIR

4 March 2019**Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****DEPARTMENT CORE DATA SET
ADULT SOCIAL CARE AND HEALTH PERFORMANCE FOR QUARTER 3****Purpose of the Report**

1. To provide the Committee with a summary of performance for Adult Social Care and Health for quarter 3 (1 April to 31 December 2018) and seek comments on any actions required.

Information

2. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing its performance to deliver effective and responsive services to service 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. This report provides a summary of the quarter 3 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**.

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

6. 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 Council maintained the ambitious annual target rate of 12.3 per 100,000 popn for 2018/19 and at the end of quarter 3 the admissions rate was already above this at 12.9 per 100,000, meaning that the target cannot be achieved.

7. The rate of admissions of younger adults increased both regionally and nationally in 2017/18 and although the figure for Nottinghamshire (17.1) is roughly in line with the regional average (17.4), they are both above the national average (14.0).
8. This year to date there have been 62 new admissions of younger adults into long term residential or nursing care. Positively however, the overall number of younger adults being supported by the Council in long-term residential or nursing care placements was on target at 635 on 31st December 2018. The annual target has been set at 635 and the number of younger adults supported has been under this target for the last six months.
9. This indicates that although admissions are over target, discharges are being used effectively to move people into more suitable settings and to maintain the overall number of people supported.
10. 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)

11. Admissions for older adults are also monitored as a **rate** per 100,000 population in line with the ASCOF definition. At the end of quarter 3 the admissions **rate** for older adults was 399 per 100,000 popn compared to the annual target of 576 per 100,000 popn.
12. The rate of admissions of older adults increased regionally in 2017/18, however nationally a reduction was seen. Nottinghamshire is performing slightly worse than the national average but better than the regional average.
13. Locally the **number** of new admissions is monitored against a monthly target of 79 per month. Admissions into long-term care are avoided where possible through scrutiny of all cases and the provision of alternatives within the community including Extra Care, telecare and short-term assessment beds for those older people leaving hospital.
14. Positively for the year to date the number of admissions is on target at 657 new admissions of older adults into long term residential or nursing care against a year to date target of 711. This is an average of 73 new admissions per month.
15. The number of older adults supported by the Council in long-term residential or nursing care placements was 2,340 on 31st December 2018, over the annual target of 2,275. This figure has however continued to reduce over the last 24 months, which is positive news given pressures such as increased demand and more critical needs.

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 and the information collected includes patients in acute and non-acute NHS settings.

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 the top performing council nationally (out of 151) for delays attributed to social care in November 2018 (having zero days delays for social care).
18. As part of the improved Better Care Fund, a rate of DToC bed days is now being monitored on a monthly basis. Delays attributed to social care are showing consistently good performance and continue to be better than target. Latest data available for November show delays due to social care reduced positively to a rate of nil compared to a target of 0.7.
19. Clarification guidance was issued in November 2018 following evidence of coding misunderstandings and discrepancies around the country found by The Emergency Care Improvement Partnership Team (part of NHS Improvement). The Council has been improving its performance consistently in relation to delays coded to social care, therefore it is important to be aware of any changes in the coding guidance that may result in more delays being coded to social care. There are potential positive and negative impacts on current performance in the revised guidance.
20. Full details of which can be found in **Appendix B – Changes to Delayed Transfers of Care** guidance. We are working to implement the clarification guidance and mitigate any potential reductions in our performance measures through improving our practice across Nottinghamshire in partnership with our local NHS Trusts, with the aim of having this in place by the end of March 2019. If these actions cannot be put in place within existing resources, then a further report with options to address this will be brought back for Committee to consider.

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

21. 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.
22. Included in this indicator are reablement type services such as:
 - START – short term assessment and reablement service provided in a people'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.

23. This indicator is produced on a rolling three-month snapshot basis. Results to date include people discharged from hospital into reablement services in June, July and August and checks if these people were still at home during the months to November. 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.
24. Performance against both parts (availability and effectiveness) of this indicator is positive and on target for the year.
25. At quarter 3 part one of this indicator was on target at 80% against a target of 80%. In this period out of 4,548 older adults who received a reablement service on discharge from hospital, 436 people were still at home 91 days after.
26. 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). It is better than target at 2.1% against a target of 2%. This is largely due the Council's decision to use temporary Better Care Funding to establish the Homefirst Rapid Response service (described above) and the Transformation project to deliver additional START capacity within the existing resources.

Adults with a Learning Disability in paid employment and settled accommodation

27. These measures are intended to improve the quality of life for adults with a Learning Disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life and the nature of accommodation for people with a Learning Disability has a strong impact on their safety and overall quality of life.
28. At quarter 3 performance for service users in paid employment was 2.7% against the ambitious annual target of 3.3% for 2018/19. Although this performance is currently lower than the national average of 6% there is variation among authorities and in a recent visit to the Council, NHS colleagues discussed reviewing the definition to ensure a more consistent approach (definitions for national indicators are set by the NHS).
29. The figure for service users in settled accommodation positively remains consistent at 75% against a target of 76%. This performance is in line with the national average.

Service users and carers receiving a Direct Payment

30. Research has indicated that personal budgets provided to service users impact positively on wellbeing, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services.
31. The percentage of service users receiving a direct payment was 43% against a target of 46%. Performance for this indicator remains consistently below target, however benchmarking shows that the Council remains a high performer in this area, the latest national average being 29%. The Council currently supports 2,849 service users with a direct payment.
32. Carers are provided with a range of support, including respite and information, advice and support services. Some carers are assessed as eligible for Local Authority support, and

are offered a direct payment to support their wellbeing, usually a small payment of £150 or £200. This equates to 100% of carers receiving a direct payment which has remained consistent in recent years.

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

- 33. This is a measure of the effectiveness of the safeguarding process and could help to prevent repeat enquiries for individuals.
- 34. The percentage of completed safeguarding assessments where the risk was reduced or removed was just below target at 68% against a target of 70%. These results are in line with the national average.
- 35. As part of Making Safeguarding Personal, staff are supporting people to manage existing risks where this is in line with people's 'desired outcomes'. Therefore, this indicator is expected to fluctuate as people are supported to take risks.

Local Key Performance Indicators

Reviews of Long Term Services completed in year

- 36. It is important that people who receive support are reviewed in a timely manner. This maximises people's independence and ensures people only receive the services and support they need.
- 37. During quarter 3, 56% of service users received a review and this is higher than the equivalent period last year. Reviewing activity has increased and 4,115 service users have been reviewed compared with 4,002 for the same time period last year.

Percentage of older adults admissions direct from hospital

- 38. This indicator measures the number of admissions to long term residential or nursing care direct from a hospital setting where the service user did not have access to any reablement type activity beforehand.
- 39. For 2018/19 the target has been maintained at a challenging 18% and the result to date is that the indicator is performing better than target at 14% which is extremely positive.

Safeguarding service user outcomes

- 40. The percentage of safeguarding service users asked what outcomes they wanted as a result of a safeguarding assessment was 81% for quarter 3, better than the target of 80%. Latest benchmarking shows the regional average as 70% for this indicator.
- 41. 72% of people were then satisfied that their outcomes were fully achieved. Although this result is under the target of 80% regional benchmarking shows that this performance is good, the average being 63%.

Percentage of completed Deprivation of Liberty Safeguards (DoLS) assessments

42. In the year to date 79% of referrals received have been completed. Performance on this indicator will continue to improve as the year progresses.

Other Options Considered

43. 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

44. 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

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

Financial Implications

46. There are no 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 31st December 2018.

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LW 19/02/19)

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

Financial Comments (AGW 19/02/19)

48. The financial implications are contained within paragraph 46 of this report.

Background Papers and Published Documents

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

The Adult Social Care Outcomes Framework (ASCOF) Handbook of definitions can be found here: <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 – Nov 18' can be found here: <https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

Electoral Division(s) and Member(s) Affected

All.

ASCPH630 final

National Key Performance Indicator	Nottinghamshire									Comparator Data
	Current Value	Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q2)	Previous Annual	National Average	
Admissions of Younger Adults per 100,000 popn (ASCOF 2A)	12.9	-	Low	12.3	Dec 2018	62	479,962	7.9	17.4	14
Admissions of Older Adults per 100,000 popn (ASCOF 2A)	399	-	Low	576	Dec 2018	657	164,517	217	600	585.6
Number of Younger Adults supported in residential or nursing placements (Stat return)	635	-	Low	635	Dec 2018	635	N/A	632	644	n/a
Number of Older Adults supported in residential or nursing placements (Stat return)	2340	-	Low	2275	Dec 2018	2340	N/A	2284	2307	n/a
Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	8.3	-	Low	5.5	Nov 2018	n/a	n/a	5.9	9.9	12.3
Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)	0.0	=	Low	0.7	Nov 2018	n/a	n/a	0.00	0.20	4.3
Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)	0.5	-	Low	0.55	Nov 2018	n/a	n/a	0.20	0.70	0.9
Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)	79.6%	-	High	80%	Dec 2018	436	548	82.4%	78.8%	82.9%
Proportion of older people at home 91 days after discharge from hospital (availability of the service) (ASCOF 2B)	2.1%	+	high	2%	Dec 2018	548	26,125	1.6%	1.8%	2.9
Percentage of adults with Learning Disability in paid employment (ASCOF 1E)	2.7%	-	High	3.3%	Dec 2018	56	2,098	2.8%	2.8%	6.0%
Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)	74.9%	+	High	76%	Dec 2018	1571	2,098	74.8%	73.1%	74.0%
Proportion of service users receiving a direct payment (ASCOF 1C part 2a)	43.3%	-	High	46%	Dec 2018	2849	6,579	43.7%	44.2%	28.50%
Proportion of carers receiving a direct payment (ASCOF 1C part 2b)	100%	=	High	90%	Dec 2018	1012	1012	100%	100%	74.00%
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	68.0%	-	High	70%	Dec 2018	1144	1682	69.2%	66.9%	67%
Local Key Performance Indicator	Nottinghamshire									Comparator Data
	Current Value	Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q2)	Previous Annual Performance	National Average	
Percentage of reviews of Long Term Service Users completed in year	56%	+	High	80%	Dec 2018	4,115	7,329	41.0%	73.0%	n/a
Percentage of older adults admissions direct from hospital	14%	+	Low	18%	Dec 2018	91	657	16.0%	20.8%	n/a
Percentage of safeguarding service users who were asked what outcomes they wanted	80.8%	+	High	80%	Dec 2018	1358	1682	79.0%	75.0%	n/a
Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved	72%	+	High	80%	Dec 2018	870	1207	71.0%	73.8%	n/a
Percentage of DoLS assessments received and completed in year	79%	+	High	new	Dec 2018	n/a	n/a	77.0%	94.9%	n/a
The most recent data for national average is reported, where available. Where Nottinghamshire performance meets or exceeds the latest national performance information, this is highlighted by the emboldened boxes. Key: (p) = provisional data; (+) = better than previous value; (-) = worse than previous value; (=) = same as previous value; (n/a) = not comparable to previous value										

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

	Local Key Performance Indicator	Monitoring rationale	Target rationale
14	Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	This information is collected on the annual SAC return. This is a measure of the effectiveness of the safeguarding process and could help prevent repeat enquiries for individuals.	This target has been set to improve and achievement will put the department ahead of the national average. It will not be possible to achieve 100% here as there may be reasons why a risk remains in place following the assessment.
15	Average time to complete assessment for new user (days)	These indicators are a signpost to pressures in the system, timeliness of assessment/review highlights areas for discussion around resources	Targets for new assessment measure are subject to review. Reviews - target maintained at 80% as just missed last year. Good progress achieved and if this level of improvement is maintained it is possible the target met this year.
16	Percentage of reviews of Long Term Service Users completed in year		
17	Percentage Older Adults admissions direct from hospital	This indicator forms part of our BCF submission. It is accepted that hospital is not the best place to make an assessment or decision about a 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.	This target was set to reduce as part of the BCF submission.
18	Percentage of safeguarding service users who were asked what outcomes they wanted	These indicators are key to the 'Making Safeguarding Personal' agenda, a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice.	Increased target to 80%. Achieved over 75% for 17/18 so some stretch but potentially achievable.
19	Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved		Target set to improve performance following positive 2017/18 performance.
20	Percentage of completed DoLS assessments	There has been an increase in the number of DoLS referrals received and this indicator monitors how effectively resources allocated are at dealing with the increased demand	Measure changed to look at current in year as all others now completed. TBC

Changes to Delayed Transfer of Care guidance

1. Arrangements for discharging hospital patients with support from social care are set out in the Care Act 2014, the Care and Support Statutory Guidance and the Care and Support (Discharge of Hospital Patients) Regulations 2014. Part of the discharge process involves health and social care organisations agreeing together how any delays in the discharge process (known as Delayed Transfers of Care or DToCs) will be coded and counted. Each NHS Trust is responsible for reporting this data every month to NHS Digital to enable benchmarking and highlight areas for action.
2. The Emergency Care Improvement Partnership Team (part of NHS Improvement) found evidence of coding misunderstandings and discrepancies around the country. This resulted in the production of clarification guidance, issued in November 2018 by NHSE. The November 2018 guidance is called 'Monthly Delayed Transfers of Care Situation Report – Principles, Definitions and Guidance'.
3. Nottinghamshire County Council has been improving its performance consistently in relation to delays coded to social care since 2015 and was ranked as 1st in the country for the first time in November 2018. Therefore, it is important to be aware of any changes in the coding guidance that may result in more delays being coded to social care than before. The Department will work with health colleagues to adopt the new guidance and seek to put in place actions where it indicates that there is the potential to further improve how we avoid any delays to people's safe discharge.

Changes that are beneficial to social care discharge planning

4. We will have a longer period of time to discharge someone from hospital on the day after their Predicted Date of Discharge. A DToC is now counted for every "midnight" when the patient is in hospital instead of being at home. Previously, the day after was counted as a delay if the patient was still on the ward by 11am on the next day.
5. Minimum timescales for action on Notices are longer – Assessment Notices must be issued at least 2 days or 48 hours in advance and one day or 24 hours in advance for Discharge Notices. The previous guidance did not state these timescales in hours.
6. Category of delay "Housing" can no longer be attributed to social care.
7. Within the Mental Health sector, all DToCs falling under the category of 'supported/specialist housing' are to be attributable to the NHS within the SitReps reports under 'O'. Currently all supported housing delays are coded to social care and health (as joint delays) if the patient has a joint funding agreement.

Changes that could increase the number of delays attributed to social care recorded delays and actions being taken to mitigate this

8. Assessment delays (A) must be coded to social care if the patient is waiting for an assessment by a care home, where the placement will be funded by social care. This is a change of practice for South Notts and Bassetlaw, but not Mid Notts. This would have added 7 days of social care delay in November 18 but none in December 18. **Mitigation: these delays can be minimised if the interim care offer is made only for homes that are able to come out and assess straight away.**
9. Waiting for package of care (E) – to avoid a delay waiting for a home care provider to have capacity, ASCH staff offer the patient a free, up to 4-week stay in a residential care home, to enable the discharge. This is known as ‘interim care’ If the patient refuses the option, any resulting delay will be coded to health. There are joint policies in place and leaflets setting out expectations that people will not be able to remain in hospital beds once they are well enough to return home and that whilst every attempt will be made to put the right service in place immediately, sometimes the person will need an ‘interim’ service for a short time. Under the new guidance, a care home placement will not be considered a “reasonable alternative” to care at home so any delays will be coded to social care. This would have added 190 days of social care delay to November and December 18 (60 in Bassetlaw and 130 in Mid-Notts). **Mitigation: the hospital social work teams will work with Strategic Commissioning & Quality and Market Management teams to source alternative homecare options prior to making interim care offers as a last resort.**
10. There are some queries about some sections of the new guidance which have been addressed to the Emergency Care Improvement Partnership Team for advice. These were answered on 11.2.19 so we are now in a position to implement the new clarification guidance in partnership with our Nottinghamshire NHS Trusts.

4 March 2019**Agenda Item: 5****REPORT OF THE TRANSFORMATION DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****PROGRESS REPORT ON BUDGET, SAVINGS AND IMPROVING LIVES
PORTFOLIO****Purpose of the Report**

1. The purpose of this report is to set out the department's current financial position.
2. It also provides a progress report to the Committee on the Improving Lives Portfolio, which is the programme of work delivering service transformation and budget savings for the Adult Social Care and Health department over the period 2018/19 to 2020/21.

Information

3. In December 2018 Committee, a report set out how adult social care in Nottinghamshire is managing the budget at a time of unprecedented financial pressures, diminishing resources, demographic change and increasing demand pressures. The paper provided a comprehensive update on the department's financial position, including how reserves and temporary monies are being used to address current challenges as well as outlining the corporate mid-term financial strategy. This is available as a background paper to this report.
4. This report seeks to provide further detail about the proposed budget for 2019/20. It provides a more detailed description of the departmental financial pressures and how these are being managed. It also provides a progress report on the wider delivery of savings in the Improving Lives Programme and an update on new savings proposals recently approved at Committee.

Current Financial Position

5. As at the end of January 2019, the department is forecasting an underspend of £1.25m before reserves and £0.92m after reserves. This is a small net decrease in spend since the previous period.
6. In the first half of this financial year the department was forecasting an overspend due to increasing care package commitments. A series of in-year mitigations, combined with accelerating the delivery of savings and additional temporary money, have enabled the department to return to an almost break-even position.

7. However, care package commitments in both older and younger adults are still forecasting a net overspend of £0.6m each. For older adults, the overspend is largely in the areas of long term residential and nursing care and homecare. For younger adults, the areas of overspend are long term residential and nursing care and supported living. This is despite increased income from Health.
8. A number of measures are in place across the department to ensure that costs of care packages are scrutinised. These measures include: Manager panels that scrutinise support plans before they are commissioned, allowing for peer review and challenge; Promoting Independence Meetings where teams discuss options to increase people's independence by sharing best practice amongst colleagues and with other specialist teams such as the Notts Enabling Service and Assistive Technology experts; and the development of live dashboards of information that allow teams to link their practice to individuals outcomes and take action where required.
9. The overspend on care packages is currently being offset by increased income from a variety of sources, underspends on Direct Services and reduced contract costs including £0.4m relating to the advocacy contract.
10. Public Health is currently forecasting an underspend of £0.16m. This is mainly due to an underspend on staffing and underspends on Public Health Commissioned Services such as the tobacco control and Obesity Prevention Service. The overall County Council forecast assumes that this net underspend will be transferred to the Public Health reserve.

Proposed Budget Pressures 2019/20

11. Each year the Council has had to find additional money to meet the growing need, complexity and cost of social care; this is referred to as budget pressures. In 2019/20, an additional £18.105m has been put into the Adult Social Care budget to address demographic growth and inflationary cost pressures. **Figure 1** provides a breakdown of this £18.105m.

Figure 1: 2019/20 Budget Pressures in Adult Social Care & Health (ASCH)

	£m
Younger Adults (aged 18-64 Years) Demand	4.606
Older Adults (aged 65 years and over) Demand	1.150
Home Care & Direct Payments	3.052
Fair Price for Care Inflation	1.814
National Living Wage - External	7.483
	<u>18.105</u>

12. As a result of the increasing demand for care packages, the department has had to submit increased pressure bids for both younger and older adult demand in 2019/20. Although the department continues to manage demand at the front door, there is still increased demand for care packages. Many of these packages are increasingly complex and therefore higher in cost.

13. As previously reported to the Committee on 9th July 2018, the homecare tender resulted in an increased hourly rate for the Council's managed homecare packages. This in turn also had an impact on some of the Direct Payment rates. The £3.052m represents the full year cost required by the department as a result of these changes in rates.
14. Fair Price for Care inflation is the contract inflation for older adults banded care home fees. The contracts include a rate of inflation that is set by predetermined national indices which is forecast to cost £1.814m in 2019/20.
15. The contracts for all externally provided care packages include that National Living Wage rates are paid as a minimum. The National Living Wage for over 25 year olds will rise by 38p to £8.21 on 1st April 2019. This results in a forecast cost pressure of £7.483m.

Use of Temporary Monies 2019/20

16. The government has previously announced further temporary funding for Adult Social Care and this is included within the proposed budget. However, temporary funding creates additional risks against delivering current statutory obligations on an ongoing basis. As the table below demonstrates, £34.528m (16.9%) of the proposed net budget for Adult Social Care in 2019/20 is being by funded by temporary money.

Figure 2: Additional Temporary monies against the ASCH budget 2019/20:

	2019/20 (£m)
ASCH original Net Budget	203.743
Temporary sources of funding	
Better Care Fund (BCF) Care Act	2.060
Improved BCF	26.505
Winter Pressures	3.527
BCF Reserves	2.436
Total of temporary funding	34.528

17. Whilst all additional temporary funding is welcome, it fails to address how social care funding will be made sustainable in the longer term. This will not happen until the next spending review expected in 2019 and the Green Paper remains delayed.

Savings 2019/20

18. The temporary funding alone is not sufficient to balance the budget and so the 2019/20 budget for Adult Social Care includes £12.793m of permanent savings, which need to be delivered during 2019/20. This is a combination of approved savings schemes of £12.485m, which will include the continuation of existing schemes and some new schemes which have been approved during 2018/19. It also includes ancillary savings of £308,000, which the department has to find.

Medium Term Financial Strategy (MTFS)

19. The Budget report to Full Council in February 2018 forecast a budget gap of £54.2m for the three years to 2021/22. The Budget Update report to Policy Committee in November 2018 showed a revised budget shortfall of £63.9m. Since the December report, the MTFS has been rolled forward a year to reflect the four year term to 2022/23 and a rigorous review of the Council's MTFS assumptions has taken place and all pressure bids revised. The total specific pressures and non-pay inflationary pressures to 2022/23 now total £69.8m. The Budget report to Full Council in February 2019 shows a remaining gap of £34.1m to 2022/23 after factoring in all new agreed savings and assumptions on Council Tax increases in future years.
20. Therefore, there is still an urgent need to find additional savings to meet the on-going budget gap of the Council of £34.1m. New savings proposals to meet the on-going budget gap are presented to Adult Social Care and Public Health Committee as soon as they are ready for consideration.

Overall savings position

21. In 2018/19, the department is projected to make savings of £13.068m. This is £4.499m more than the target and is primarily due to the early delivery of future savings and the over-achievement of increased joint funded income. The early delivery of savings in 2018/19 provides greater confidence that the department can achieve its increased savings target for 2019/20.
22. The Programme Status Report, attached as **Appendix 1**, provides both a summary of cashable savings at a programme level as well as a status report. An Improving Lives Portfolio project exceptions and mitigating action summary (as at January 2019) can be found at **Appendix 2** and an Adult Social Care and Health Portfolio quarterly update can be found at **Appendix 3**.
23. This brings the total projected savings for the department to £108.149m by the end of 2018/19.
24. Work continues to identify further opportunities to release efficiencies and to transform services. Since December 2018 Committee has approved an additional £3.33m of savings proposals over future years and these are summarised in the table below.

Project	Savings 2019/20 (£m)	Savings 2020/21 (£m)	Total Savings 2019/20 - 2021/22 (£m)
Transforming Reablement	1.199	0.868	2.067
Review of Day Services	0.135		0.135
Review of external contracts	0.125		0.125
Extension of savings for Notts Enabling Services	0.601	0.402	1.003
Total additional approved since December 2018	2.060	1.270	3.330

Other Options Considered

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

Reason/s for Recommendation/s

26. To keep the progress of the Improving Lives Portfolio under review by Committee.

Statutory and Policy Implications

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

Data Protection and Information Governance

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

Financial Implications

29. Progress, as at the reporting period ending January 2019, in achieving the 2018/19 to 2020/21 savings targets for each existing programme is detailed in **Appendix 1**.

Public Sector Equality Duty Implications

30. The equality implications of the Adult Social Care & Health savings and efficiency projects have been considered during their development and, where required, Equality Impact Assessments undertaken.

Implications for Service Users

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

RECOMMENDATION/S

- 1) That Committee considers whether there are any further actions it requires arising from the information contained in the report.

Jane North
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Constitutional Comments (LW 21/02/19)

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

Financial Comments (KAS 18/02/19)

33. The financial implications are contained within paragraph 29 of the report.

Background Papers and Published Documents

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

[Update on Tender for Home Based Care and Support Services](#) - report to Adult Social Care and Public Health Committee on 9th July 2018

[Progress report on Budget, Savings and Improving Lives](#) - report to Adult Social Care and Public Health Committee on 10 December 2018

[Progress Report on Improving Lives](#) - report to Adult Social Care and Public Health Committee on 8th October 2018

[Assessment and advice provided by external savings partner, Newton, to support savings programme](#) - report to Adult Social Care and Public Health Committee on 12th March 2018

[Appendix Assessment and Advice Newton](#) – to Adult Social Care and Public Health Committee on 12th March 2018

[Monitoring of savings in Adult Social Care](#) - report to Improvement and Change Sub-Committee on 25th June 2018

Programmes, Projects and Savings – Quarter 1 - report to the Improvement and Change Sub-Committee on 4th September 2018

Progress Report on Savings and Efficiencies - reports to Adult Social Care and Public Health Committee on 10th July 2017, 11th December 2017 and 16th April 2018

Progress Report on Delivery of Programmes, Projects and Savings - report to the Improvement and Change Sub-Committee on 26th September 2017

Financial Monitoring Report: Period 5 2017/2018 - report to Finance and Major Contracts Management Committee on 16th October 2017

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

Equality Impact Assessments.

Electoral Division(s) and Member(s) Affected

All.

ASCPH633 final

Improving Lives Portfolio - Programme Status Report January 2019
Exceptions and Remediated Exceptions only

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets (£000)s					Savings at Risk / Slippage / Over delivery (£000)s						Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s	Previous Years (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s			
	Improving Lives Portfolio	On Target	On Target	Same		8,569	12,604	4,001	331	25,505	-3,138	-4,499	-342			-7,979	22	-8,001	The overall portfolio status is on target. The Status remains On Target and the trend has improved for some programmes with the early resolution programme status is now on target. There remains significant over achievement against a number of projects, including Targeted Reviews and Continuing Health Care and therefore in 2018/19 we are still forecasting to overachieve savings targets, though the level of overachievement has reduced. There are still a number of projects that are not currently achieving their activity measures and mitigating action is planned to avoid impact on future years savings.
AS CH 180 123	Promoting Independence Interventions This programme of work will look at changes across 3 main areas detailed below:	On Target	On Target	Same		7,087	9,990	2,742	331	20,150	-3,318	-4,319	-606			-8,243	22	-8,265	Overall the Promoting Independence Interventions Programme is on target and is reporting an over achievement for 18-19 of circa £4.3 million. This is a reduction from the figure reported in previous months because of a reduction in the forecasted continuing health care funding. Within the 65+ programme the Housing with Care project remains experiencing obstacles and the Supporting the use of best practice in the support planning of Older Adults' care services has also moved to experiencing obstacles this month. Work is ongoing to mitigate the situation and overall due to activity and delivery of other projects the 65+ Programme remains reporting as on target. The 18-64 programme status remains on target this month. The Reducing the Costs of Residential Placements project remains experiencing obstacles and the Reduction in Long Term Care Placement remains At Risk. However, the programme overall is over achieving it's savings target. The Cross cutting programme continues to over deliver.
AS CH 180 2	Interventions for Adults aged 65+: This work brings together 4 areas of activity: •Improve best practice and decision making in support planning (including in hospital settings). •Increase capacity in reablement •Ensure short term provision is used to maximise independence •Greater provision of Housing with Care (Extra Care). Example Benefits: •More adults aged 65+ completing START reablement. • A shorter average time spent in START, helping to increase capacity. • More service users will have benefitted from appropriate short term intervention, to support them to greater levels of independence. • Greater sharing of best practice will allow for improved consistency in support planning across teams, leading to improved outcomes for service users. • More service users are on a more appropriate pathway, giving them a more independent ongoing level of care.	On Target	On Target	Same	OT	Reablement: This month the transforming reablement project remains on target. The number of people completing reablement during December 2018 was on target: • The number of additional people who completed reablement up to the end of December 2018 was 110, compared to this time last year. • The original target for 18/19 was 75 additional people completing reablement compared to 2017/18, which has also been met. The project is now working towards the target of an additional 41 people completing reablement, which contributes to the new target of 360 people by the end of March 2020. During January the refreshed criteria for START was launched, along with improved information on the referral process and guidance around referral information required. The referral restrictions, based on the capacity of the service (RAG rating), were also lifted and this was communicated to referring partners. Work is underway to prepare for the launch of the national recruitment campaign roll out. The main areas of focus for February will be to finalise for approval the detailed business requirements and anticipated benefits of the 'future state' system development and workflow, to review the application process for reablement support worker posts, and to complete the review of the use of the scheduler.													
					EO	Best Practice in Support Planning: This project is reporting as 'experiencing obstacles' (was 'on target' last month). Project work undertaken to date includes; introduction of an Older Adult (OA) Group Manager Review for all new packages of 12 or more hours a week; monthly performance focus as part of the OA Board; development of older adults profiles and interim older adults dashboards, in preparation for rollout of Promoting Independence meetings (PIMs). As the PIMs are occurring in quarter 4 later than expected, due to the need to complete the Hospital PIM rollout, it is therefore anticipated that the savings for 2018/19 will now occur in 2019/20. To mitigate against further slippage, Transformation Partners are attending OA locality management meetings in February, with Teams Managers and Transformation Partners arranging PIMs as soon as is practical in February and March, taking into account any local priorities or pressures.													
					OT	Commissioning of hospital discharge packages: It has been agreed that this project will look to improve trends in commissioning rather than track cashable savings, due to not being able to benchmark against 2017/18 performance. From the benchmarking data that is available, current analysis of weekly average home care package costs at the point of hospital discharge from Nottingham University Hospital indicates a reduction of £51; from mid Notts a reduction of £73; and from Bassetlaw a reduction of £103 in 2018/19 (up to Dec 2018), compared to costs quoted for 2017/18. Meetings were held in January with hospital teams to set / agree preliminary measures and targets for improving commissioning practice should lead to further savings in average care packages.													
					EO	Housing with Care: Project status is the same as last month, 'experiencing obstacles'. The £62k saving for 2018/19 was based on having 42 new units open during the year and assumed that these units would be filled for at least 31 weeks. Analysis by the project has identified a higher than expected tenancy turnover at Gladstone House as a result of high care needs for those individuals placed there so far in 2018/19. Work to address current vacancies arising from the turnover includes arrangements for the temporary conversion of a small number of units into assessment apartments. In addition, the Town View scheme opens in February creating a further 10 new units. As a result, the project savings for 2018/19 are expected to be delivered in 2019/20 and the project status is expected to be 'on target' in early 2019/20, once service users are placed in the new Town View units. Analysis of the recent soft market testing exercise shows interest in helping to deliver the Council's Housing with Care ambition for Nottinghamshire. The detail of the responses are being considered further as part of project work to determine the required next steps for 19/20.													

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets (£000)s					Savings at Risk / Slippage / Over delivery (£000)s					Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT		
						2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s	Previous Years (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s				Total (£000)s	
AS CH 180 3	Interventions for Adults aged 18-64: The overall aim of this work is to ensure service users are supported to live as independently as possible with a good quality of life. This work will focus across three areas below: • Promoting independence in current settings. • Supporting service users to live as independently as possible. • Preparing for Adulthood – Improving Transitions between Children’s and Adult’s Services. Example Benefits: • Reduction in the number of support / outreach hours commissioned in existing settings (e.g. supported living schemes / residential care) through active reviewing and better use of shared hours and negotiations with providers. • More people supported to move into a more independent setting (e.g. from residential care to supported living, or from supported living into general needs accommodation. •More people receiving short-term enablement support that helps maximise their independence for longer. • Some service users may have earlier engagement than they might otherwise have done from the Transitions Team.	On Target	On Target	Same	AR	Reduction in long-term care placements: The project status remains 'at risk', however, savings resulting from moves from residential care to more independent settings continue to be delivered and the level of 'at risk' savings is reducing. There was an under delivery against previous years' savings targets of £251k, and this amount therefore slipped into 2018/19. Activity during 2018/19 to date has over delivered against remaining savings targets by £136k, and therefore the savings remaining outstanding for delivery across all years have reduced to £115k currently. Significant progress has been made during the first 3 quarters of 2018/19. 34 service users have moved out of residential care to a more independent settings, and a further 4-5 moves are anticipated this financial year. 4 of the completed moves have, however, cost more than the previous setting, due to the complexity of the individuals needs, and one individual has recently moved back into residential care. This has meant a reduction of £20k in savings delivered this year. The contracts of the Community Care Officers and Advanced Social Work Practitioner who support individuals to move to supported living were extended until March 2020 during quarter 3, which means that there will be the required resource available to deliver any savings remaining outstanding by year end. Work continues to progress with the Community Living Networks, which enable moves out of supported living. Work is currently underway with finance to agree savings attached to this work.														
						OT	Ensuring cost-effective services for younger adults through alternative accommodation: The draft Younger Adults (19-64) Housing with Support Strategy was presented to ASCH Committee for consideration in February. Following further engagement with service users, carers, families and other stakeholders, the strategy will take forward the work that has been on going as part of the Reduction in Long Term Care project and this project.													
							OT	Promoting Independence in supported living and outreach services: Project continues to report as on target and is reporting no savings at risk for 18/19. The target was £1.250m and the project has now achieved £1.320m.												
								EO	Reducing the Costs of residential Placements - Younger Adults: This project is reporting as 'experiencing obstacles'. This is not because it has not achieved its savings targets overall, but because it will not achieve the target set for 2018/19 due to early delivery of savings in previous years Since last month, there have been no additional savings reported. As the project has achieved it's savings target overall, the focus is now on writing a strategy to better manage the YA Residential Care market. This work is being undertaken by Strategic Commissioning, with work underway to engage the market.											
									OT	ASCH Strategy - Improving Lives & Notts Enabling Service (NES): This project remains on target this month. The Improving Lives workstream savings are on track. Currently forecasting £258,389, against a target of £175,000, for 2018/19 The NES workstream is also on track currently forecasting savings of £354,654 from the interventions of Promoting Independence Workers, against a target of £200,000 for 2018/19 Work continues to recruit to the vacant NES posts to ensure continued delivery.										
OT	Preparing for Adulthood: This project remains on target to over deliver savings. Savings are being delivered as a result of dedicated Transitions staffing capacity working with individuals to maximise their independence and identify support available within the community. More interventions have been undertaken by the transitions team to maximise peoples' independence than planned and, as a result, the 2017/18 savings target was overachieved by £56k. Actual savings for 2018/19 are now £235,223 (£117,651 of this is from the in year effect and £117,572 of this from the full year effect (FYE) from activity undertaken in 2017/18). This means the project is now reporting an overachievement of £175,223 this year. This amount is not expected to increase significantly before the end of thefinancial year, as going forward the majority of savings attached to activity completed in year will be realised in 2019/20. FYE effect that rolls into 21019/20 from this year's activity currently stands at £79,434. If activity continues at this pace for the remainder of the year, then it is possible that the majority of next years' target will be achieved before the end of this financial year.																			

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						2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s	Previous Years (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s			
AS CH 180 4	<p>Cross cutting interventions:</p> <p>This work refers to intervention that applies to service users aged 18-64 and 65+, and includes work across:</p> <ul style="list-style-type: none">• Reviewing.• Direct Payments.• Further Investment in Assistive Technology (AT) to Promote Independence.• Income Generating Projects, e.g. Improved Collection of Continuing Health Care Contribution.• ASC&PH Strategy Phase 2. <p>Example Benefits:</p> <ul style="list-style-type: none">•More service users will be reviewed earlier or more frequently than previously, maximising the opportunity to increase or maintain their independence and reduce reliance on formal support.•Increased use of community and voluntary support options for existing service users to maximise their independence, and subsequent reduced use of homecare, day services, transport services and other paid for sources of support.•Increase in alternative methods of review utilised.•Increased use of Personal Assistants and Pre Paid Cards.•Increased ability of service users to use Assistive Technology to self-care and remain independent for longer, and increased opportunities to prevent falls and reduce hospital admissions.•Increased income generation.	On Target	On Target	Same	EO	<p>Direct Payments (DPs): Total value of recouped funds from DP accounts has increased from £1.691m last month to £1.734m. The projection is for the total DP recoup income by year end to be £2.081m, against a target of £1.769m, i.e. £0.312m temporary over-achievement.</p> <p>Actual in year project savings to date total £1,489,832 and are projected to be £1,608,787 by year end, i.e. £328,787 above target. There is also already £283k worth of savings for 2019/20 achieved from activity undertaken this year. This means that across all years, the project is now reporting an over-achievement of £512k.</p> <p>The project remains as 'experiencing obstacles' as the target for the recruitment of additional PAs (Personal Assistants) is still not being met (actual of 15.1% against a target of 50%). This is a slight increase on last month but there has been a downward trend prior to this. The project's status also reflects the slippage to timescales to embed the DP calculator into Mosaic. Work is underway with teams to promote greater use of PA's and the project is working closely with our technical teams to progress the development of a live PA measure within team dashboards.</p> <p>DBS (Disclosure and Barring Service) checks are undertaken for established PAs, the Support With Confidence Accreditation Scheme is actively being promoted and PAs are being encouraged to register to enable them to pick up additional hours, and for client succession management. This is proving to be a fairly successful source of additional PAs.</p> <p>Work also continues with ICT colleagues to embed the DP Calculator into MOSAIC. It has been confirmed that embedding the calculator should be a 'straight forward' undertaking, but have yet to formally confirmation of resource requirements and next steps is still needed.</p> <p>In view of the above position, although the project is currently scheduled to finish at the end of March 2019 (and to have delivered all of its savings targets by then), it will continue reporting into 2019/20, until project measures and outstanding activity is delivered. It is anticipated that the project's status will remain as Experiencing Obstacles for the foreseeable future.</p>												
					OT	<p>Targeted Reviews: In terms of savings, the project is currently over-achieving against its £2.010m target for 2018/19 by £1.872m, and there is already £1.311m worth of savings achieved towards next year's revised savings target of £4.000m, from the full year effect of review activity undertaken already this year. This means that across all years, £8.5m+ savings have already been achieved.</p> <p>The % of reviews (of packages of long term care) undertaken in the previous 12 months has decreased from 72.50% at the end of December to 72.29% at the end of January, against a target of 80%. Whilst this is a downward trend, it is still higher than the same time last year.</p> <p>The actual value of package reductions following reviews on packages for adults aged 18-64 is currently below target. However, the equivalent measure for packages for adults aged 65+ is being over-achieved and, as reported above, overall the project's savings targets are being met.</p> <p>In terms of slipped milestones, as previously reported, the changes required to Mosaic to accommodate the Phase II review pathway are taking time to develop and so there is slippage against the initial anticipated timelines. In the meantime, manual work-arounds are in place. In terms of a longer-term solution, a Mosaic change request form has been drafted which seeks to simplify the reviews workflow to prevent multiple reviews being created (and thus improve the reporting on overdue reviews). This is being shared with key stakeholders, so that the interdependencies with, and impact on, other areas can be assessed.</p>												
					OT	<p>Improved Collection of Continuing Health Care Collection:Whilst the capped over-achievement previously reported was £3.568m, this has now reduced to £2.243m due to a reduction in forecasted continuing health care collection.</p>												
					EO	<p>Brokerage for Self Funders: Due to changes required to the Mosaic workflow and invoicing arrangements in order to facilitate implementation of a recurrent, four weekly charge (as opposed to a one-off initial charge), together with a requirement for a signed brokerage agreement in place for all those using the service, the in year income from this charge is currently only £6k, against a target of £28k. Hover, the shortfall of £22k is being met by over-achievement against other fee areas.</p> <p>In mitigation:</p> <ul style="list-style-type: none">•Outstanding signed brokerage agreements are being chased by two Community Care Officers in the Central Reviewing Teams and all are expected to be cleared by the end of February.•For new agreements being set up, alerts are sent by Adult Care Financial Services to the relevant District Teams, to ensure the necessary brokerage agreements are signed.•The brokerage guidance for staff has been reviewed and is being updated and will be communicated with staff.•Communication for service users is also being developed.												
					OT	<p>Assistive Technology: As previously reported, the project is still on target to exceed the net savings target of £174k. This over-achievement has not been reflected in the cashable benefits profile as this is cost avoidance and to avoid potential double counting of savings, as the AT project is an enabler for other projects reporting savings.</p> <p>However, the project's success to date is being taking into account as part of wider considerations of any future additional target setting, either to this project or other projects to which it as enabler.</p> <p>As last month, the measure relating to the use of AT in CYPS pilot is still experiencing obstacles following delays to required process changes in Mosaic. However, this is now in place and training to relevant staff in CYPS wa undertaken at the end of January and referrals are now being encouraged.</p>												
					OT	<p>Review the benefit rates and minimum income guarantee levels used to calculate service users' contributions towards the cost of their care and supportSubsequent to January reporting, a further amendment to the policy has been approved by Policy Committee on 13th February. The Policy will be revised to apply two Minimum Income Guarantee (MIG) levels as from 8th April 2019 and not three; one for people aged pension credit age and over, and one for people aged 18 years to under pension credit age. The implementation of the new rate will also be phased for people under pension credit age between April and November 2019.</p> <p>This amendment results in a reduction of income to the Council of £200k pa. In effect, this means that the £2.8m currently scheduled for delivery in 2019/20 will reduce to £2.6m. The £1.073m scheduled for 2020/21 will remain the same. The projects savings profile will be amended during February reporting in line with when the decision was made. The completion date of key milestones will also be adjusted in line with the revised implementation schedule. The status has been left as 'On Target' as the project activity remains on track.</p> <p>This policy revision has been in response to:</p> <ul style="list-style-type: none">•Further feedback / letters from service users, their carers, and support networks, including a petition presented at Full Council in December 2018, after the last amendment was agreed by Policy Committee.•A further review of the Equality Impact Assessment of the policy. It is recognised that the Policy, as agreed in October, if implemented in full, would have a disproportionate impact on adults aged 18 to under 25 years (compared to people aged 25 years to under pension credit age).												
	Early Resolution					507	394	416		1,317								<p>Overall status – On Track, which is an improvement on last month. This is mainly due to confirmation that the Carers work is now On Track, as savings for 2018/19 were met in 2017/18 by implementing the3 Tier model.</p> <p>It is expected that savings for 2019/20 will be met as the policy has changed to deliver it.</p> <p>The 3 Tier project is On Track due to continued improvement in reduction of Care and Support Assessments.</p>

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets (£000)s					Savings at Risk / Slippage / Over delivery (£000)s					Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s	Previous Years (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s			
AS CH 180 1	Programme relates to interventions that occur when someone first contacts/accesses services. This programme extends the existing Early Resolution project through the adoption of the 3 Tier Model to engage with people who approach the Council for care and support: •Tier 1 connects people to local resources •Tier 2 helps where more that Tier 1 support is required, offering swift and appropriate support to help people regain their independence or develop new skills. This may include access to short term support. •Tier 3 helps those people who, after Tier 2, have ongoing care and support needs. This approach applies equally to Service Users and Carers. Example Benefits: • A reduction in the number of people assessed for care and support and subsequent long term support by providing an alternative way of meeting their needs earlier. • Less people will be formally assessed, but short term support will be provided to more people to help maintain or increase their levels of independence. • Increased capacity in district social care teams to deal with the most complex cases.	Experiencing Obstacles	On Target	Better	OT	Early Resolution: The project continues to reduce the number of CASA's (Care and Support Assessments) sent to district teams, and the status remains on target. 3 Tier performance measures (10 month period 01/04/18 to 31/01/19): • Year to date stretch target of CASA reductions (first 10 months) – 402 • Year to date achievement of CASA reductions (first 10 months) - 428 Resolution rates for the financial year to date 01/04/18 to 31/01/19 at the Adult Access Team continues to improve and is currently at 82%. This means more people have their queries resolved earlier in the process and only those that have more complex needs or situations progress to district teams to work with.												
	OT				Carers: The project status has this month been moved to on target, as finance validation has confirmed that the project achieved savings early in 2017/18, rather than as scheduled in 2018/19: •Total spend on carers personal budgets in 16/17: £1,012,000 •Total spend on carers personal budgets in 17/18: £825,900 (saving of £186,100) Savings were achieved by services working to early resolution principles; principally, the Customer Service Centre (CSC) offering information/advice/alternative resolution instead of referring carers to carers assessments. This resulted in 805 fewer assessments/reviews being completed in 2017/18 ratherthan in 18/19 (achieving the target reduction of 500 in the previous financial year). The number of carers being offered new assessments is reducing year-on-year, due to changes in practice in the CSC who are offering information and advice instead of formal assessments, if this seems appropriate. However, the number of annual reviews relates to the number of assessments in previous years, and is increasing. There has historically been a 'backlog' of annual reviews, where there has not been capacity to process these. However, reducing numbers of assessments results in more capacity within the Adult Access Service to process annual reviews. It is this that is causing the current increase in assessments/reviews. In 2019/20, the project will change how carers are offered support, so that there will no longer be an automatic direct payment to all eligible carers. Instead, they will be offered advice and support and a direct payment only if individual circumstances mean that they will benefit. This will reduce the amount paid in direct payments, and will also mean that fewer carers will require annual reviews in future years. However, this change requires changes to Mosaic and IT systems, plus staff guidance and training, so will not be in place until next financial year. The potential for further action in 2018/19 is limited, as the underlying system is unchanged. It is not possible to reduce the number of annual reviews that are outstanding as this reflects historical activities. However, action over the previous 2 years has significantly reduced the number of new assessments, and so avoided further budget pressures. The project is on target to make the further savings planning in 2019/20.													

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets (£000)s					Savings at Risk / Slippage / Over delivery (£000)s					Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s	Previous Years (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s		
AS CH 180 5	Commissioning & Direct Services	Experiencing Obstacles	Experiencing Obstacles	Same		975	2,220	843		4,038	180	-180	264			264		The status for this programme remains the same as last month and is not expected to change in the next few months. Mitigation actions are in place for each project that is off target. The largest project in the programme, Care and Support Centres, has moved to experiencing obstacles this month. This status will remain until the closure schedule for James Hince Court and Bishops Court is confirmed.
	The main focus of this programme is considering options around the use of some of the Department's Direct Services, in order to optimise opportunities to reduce running costs and increase income through commercial development. Relevant Direct Services under the scope of this work include: •The County Horticulture and Work Training Service •Care and Support Centres •Investment in Shared Lives Outcomes the programme will support: •Promote greater use of the services and their assets. •Increase income generation and maximise productivity. • Increase in the number of Shared Lives carer households recruited.				EO	Care and Support Centres: The project status is Experiencing Obstacles. The project is on track for the closure of St Michaels (March 2019) and Leivers Court (June 2019). The tender process for the assessment bed capacity, to replace that lost from the closure of the care and support centres, is now concluding and the closure of Leivers Court and St Michaels Court are still set to go ahead as planned. A report will be taken to the Adult Social Care and Public Health Committee in April 2019 that should clarify the closure dates for the remaining 2 Care and Support Centres, James Hince Court and Bishops Court. Health have advised that GP cover for Leivers Court will cease at the end of March 2019. This presents a risk, and work is underway to resolve this position as it would mean that the provision of assessment beds would have to stop taking new admissions from the end of February.												
					AR	Investment in Shared lives: The service is currently recruiting to the manager post, which should free up additional capacity to secure more households to the scheme. To avoid potential double-counting, consideration is being given to the savings for this project being recorded against the Younger Adults programme instead. The operational measures, concerned with increasing the number of shared lives households, would continue to be monitored against this project. It is anticipated that the status for this project will remain at risk for this financial year, and that the shortfall will be mitigated by underspends elsewhere within the service. A wider piece of work is also being commenced to scope the potential to increase the scale of the service to recruit a significant number of additions carer households above and beyond the current targets.												
					EO	Maximise the income available to the Council's directly provided adult social care services: Finance are monitoring the impact of the work undertaken to increase the income collected for the provision of carer's short breaks through to the end of the financial year. The Group Manager (Residential Services) is currently evaluating the resource requirements to explore other areas for maximising the income received. The status for this project is likely to remain at experiencing problems until the end of the financial year, and any shortfall this year will be mitigated by underspends elsewhere in the service.												
					EO	County Horticulture and Work Training Service: The site at Skegby and the grounds maintenance and gardening services have now closed. Work is underway to determine the savings that these closures will deliver. Any under delivery of against this year's target will be mitigated by additional income from other areas of the service. Arc have produced costings and have met with the service to share their designs for Brook Farm, and are now working on the detailed costings which will support their quote. The status for this project is expected to remain the same until the end of the current financial year.												
					EO	Integrated Community Equipment Loan Scheme (ICELs): The projected overspend for the ICELS has been evaluated at £246k. This budget position will be mitigated in 2018/19 through the use of additional funding received by the ASCH department. Meetings are planned with colleagues and Health partners to review the current funding split.												
					OT	Review of Day Services: Approved January ASCH Committee												
					OT	Review of external contracts: Approved January ASCH Committee												
					Closed	Merger of Commissioned Crisis Prevention Service for Carers and Rapid Response Service (now called Home First Response Service): £50k savings target achieved												

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

Project exceptions and mitigating action

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

Interventions for Adults aged 65+:	
Project Exception	Mitigation
<p>Housing with care: The £62,000 saving for 2018/19 was based on having 42 new units open during the year and assumed that these units would be filled for at least 31 weeks. Analysis by the project has identified a higher than expected tenancy turnover at Gladstone House as a result of high care needs for those individuals placed there so far in 2018/19. There have also been delays in the opening of the Town View scheme.</p>	<p>Work to address current vacancies arising from the high turnover includes arrangements for the temporary conversion of a small number of units into assessment apartments. Also, the Town View scheme opens in February, creating a further 10 new units. The project status is expected to return to on target in early 2019/20, once service users are placed in the new Town View units. The project savings target for 2018/19 is now expected to be delivered during 2019/20.</p> <p>Additionally, analysis of a recent soft market testing exercise shows interest in helping to deliver the Council's Housing with Care ambition for Nottinghamshire. The details of the responses are being considered further as part of project work to determine the required next steps for 2019/20.</p>
<p>Supporting the use of best practice in the support planning of Older Adults' (OA) care services: This project has moved to experiencing obstacles from on target this month. Initial OA Promoting Independence Meetings (PIMs) are occurring in quarter 4, which is later than expected due to the need to prioritise the roll out of PIMs to Hospital Social Work Teams.</p> <p>It is now projected that the 2018/19 savings target of £130,000 will be delivered in 2019/20.</p>	<p>Project work undertaken so far includes, the introduction of OA Group Manager Reviews for all new packages of 12 or more hours a week; monthly performance focus as part of the OA Board; development of OA profiles and interim OA dashboard, in preparation for rollout of Promoting Independence Meetings (PIMs).</p> <p>Transformation Partners are attending OA locality management meetings from 4th February, with Teams Managers and Transformation Partners arranging PIMs as soon as is practical in February and March, taking into account any local priorities or pressures.</p>

Interventions for Adults aged 18-64:	
Project Exception	Mitigation
<p>Reduction in long-term care placements: This project has been working to reduce the number of adults living in Long Term Care by developing more alternative services and moving suitable individuals from long-term residential care into supported living. A lack of supply of suitable housing has meant that less people have been able to move out of residential care and into supported living than planned, resulting in slippage of £251,000 from previous years.</p>	<p>Significant progress has been made this year, with 34 service users having moved out of residential care to more independent settings, with a further 4-5 moves anticipated this financial year. It is now projected that £115,000 will remain for delivery against this project in 2019/20.</p> <p>Adult Social Care and Public Health Committee on 12th November 2018 approved the extension of 8 Community Care Officers and 1 Advanced Social Work Practitioner until March 2020. This resource will continue to support Younger Adults Promoting Independence Interventions projects. As a result, there is increased confidence in the delivery of the remaining £115,000 in 2019/2020. This amount does currently, however, remains at risk.</p> <p>A report to ASC&PH Committee on 4th February 2019 provided an overview of the Council's draft Housing with Support Strategy for working age adults (18-64), and sought approval for further public engagement. The proposed strategy will take forward the work that has been ongoing as part of the reduction in long-term care placements and other related projects, and its purpose is to ensure that:</p> <ul style="list-style-type: none"> • the right support is provided at the right time, in the right place for all Nottinghamshire residents who have an assessed need. • individuals have access to the right kind of housing to ensure maximum independence whilst their care and support needs are appropriately met. • people lead as fulfilling and positive lives as possible in a place they can call home <p>The strategy also sets out how the Council optimises the commissioned services that make up its supported accommodation offer for working age adults (18-64) in Nottinghamshire who have care and support needs</p>

Reducing the Costs of residential Placements - Younger Adults:

This project has focused on reducing the cost of care through negotiating with care providers about how fees are agreed for individual service users, whilst considering how people's needs may be met differently in the future.

The project status is reporting as 'experiencing obstacles' due to additional activity being required with providers to complete outstanding negotiations.

Across all years the project has over achieved its £2.5 million savings target by £310,000, and the profile of savings achieved reflects early delivery of savings in previous years.

The work that this project has been undertaking with care providers will be taken forward as part of the Housing with Support Strategy for working age adults (18-64) referenced above.

Cross Cutting Interventions:	
Project Exception	Mitigation
<p>Direct Payments: Actual in year project savings to date total £1,489,832 and are projected to be £1,608,787 by year end, i.e. £328,787 above target. There is also already £283,000 worth of savings for 2019/20 achieved from activity undertaken this year. This means that across all years, the project is now reporting an over-achievement of £512,000.</p> <p>However, the project remains as 'experiencing obstacles' as the target for the recruitment of additional Personal Assistants (PAs) is still not being met (actual of 15.1% against a target of 50%). This is a slight increase on last month but there has been a downward trend prior to this. The project's status also reflects the slippage to timescales to embed the Direct Payments calculator into Mosaic.</p> <p>Brokerage of Self Funders: Due to changes required to the Mosaic workflow and invoicing arrangements in order to facilitate implementation of a recurrent, four weekly charge (as opposed to a one-off initial charge), together with a requirement for a signed brokerage agreement in place for all those using the service, the in year income from this charge is currently only £6,000, against a target of £28,000.</p>	<p>In mitigation to the under performance against the targets for the recruitment of additional Personal Assistants:</p> <ul style="list-style-type: none"> • PA recruitment targets are being actively tracked and Team Managers emailed where targets are not met. • Direct Payment project staff have been attending Team Meetings to promote the benefits of using PAs. • A fully revised Communications Action Plan has been drafted to introduce further opportunities to reach new audiences to increase both demand for and supply of PAs. • As DBS (Disclosure and Barring Service) checks are undertaken for established PAs, the Support with Confidence Accreditation Scheme is actively being promoted and PAs are being encouraged to register to enable them to work additional hours. <p>It has been agreed that the project will continue reporting after its current scheduled completion at the end of March 2019, until project measures are achieved and outstanding activity is delivered.</p> <ul style="list-style-type: none"> • Outstanding signed brokerage agreements are being chased by two Community Care Officers in the Central Reviewing Teams and all are expected to be cleared by the end of February. • For new agreements being set up, alerts are sent by Adult Care Financial Services to the relevant District Teams, to ensure the necessary brokerage agreements are signed. • The brokerage guidance for staff has been reviewed and is being updated and will be communicated with staff. • Communication for service users is also being developed. <p>In the meantime, the shortfall of £22,000 is being met by over-achievement against other areas. The project will continue to report beyond its anticipated end in March 2019 until the savings target is delivered.</p>

Early Resolution:	
Project Exception	Mitigation
There are no exceptions within this Programme	
Commissioning & Direct Services:	
Project Exceptions	Mitigation
<p>Care and Support Centres: This project is assessed as experiencing obstacles as the date of closure for 2 of the remaining 4 Care and Support Centres is still to be confirmed.</p> <p>Investment in Shared lives: Staffing issues within the team have delayed the recruitment of new carer households.</p> <p>Maximise the income available to the Council's directly provided adult social care services: It has not been possible to validate the savings delivered by initiatives that have been implemented to deliver</p>	<p>The tender process for the assessment bed capacity, to replace that which will be lost from the closure of St Michaels (March 2019) and Leivers Court (June 2019), is now concluding and the closures are still set to go ahead as planned.</p> <p>A report will be taken to the Adult Social Care and Public Health Committee in April 2019 that should clarify the closure dates for the remaining 2 Care and Support Centres, James Hince Court and Bishops Court. Should this result in any change to the current savings profile a change request will be prepared for consideration by the Improvement and Change Sub-Committee.</p> <p>The service is currently recruiting to the manager post, which should free up additional capacity to secure more households to the scheme. To avoid potential double-counting of savings delivered from the Younger Adults Community Care Budget, the £60,000 in savings for this project are now to be tracked against the Interventions for Adults 18-65 Programme. The operational measures, concerned with increasing the number of shared lives households, will continue to be monitored against this project and it is anticipated that the target for additional carers will be achieved during 2019/20.</p> <p>A wider piece of work is also being commenced to scope the potential to increase the scale of the service to recruit a significant number of additions carer households above and beyond the current targets.</p>

additional income, such as income collected for the provision of carer's short breaks.

County Horticulture and Work Training Service: There have been some delays with the implementation of this project.

Integrated Community Equipment Loan Scheme (ICELS): This project intended to achieve its savings target by negotiating with partners to reduce the Council's contribution to the ICELS pooled budget, in line with a reduction in the Council's prescribing activities and the loaning of community equipment. However, to date there has been no changes to the split of funding.

A number of Direct Service budgets are, however, performing well and the service is exploring with finance colleagues the potential to meet the £130,000 savings target for this project through the reduction of budgets with permanent underspends forecast.

Should it be assessed that the full savings target can be delivered through this method, the budgets will be adjusted accordingly and the project closed in March 2019.

The Skegby site and Ground Maintenance service closed in December 2018. Finance validation is underway to assess the level of savings that this has delivered against the 2018/19 saving target of £51,000. Any under delivery against this year's target will be mitigated by additional income from other areas of the service.

In terms of the redevelopment of Brooke Farm to improve commercial performance, Arc has now appointed a sub-contractor and the service is working with them to agree the final specification and cost.

Meetings are planned with colleagues and Health partners to review the current funding split. There is the potential for this to reduce the amount that the County Council pays, and therefore deliver a proportion of this project's savings target (£134,000).

Alternative methods to deliver the savings continue to be investigated by the Commissioning and Direct Services Programme Board.

The ASCH Improvement and Change Portfolio – December 2018 Update

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

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

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

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Roll-out of the 3 Tier Model, a new approach which aims to resolve people's needs at the earliest possible opportunity	Autumn 2018	The 3 Tier approach is fully implemented at the Customer Service Centre and Adult Access Service and is being used for all new enquiries coming into the Council. By a combination of these two services more people are being offered support at an earlier stage to resolve their enquiries. This means that less people need to be referred through to district social care teams so these teams can concentrate on promoting independence and more complicated cases. The project is on track to deliver outcomes and achieve savings.
Expansion of social care clinics in community settings	Winter 2019	As more people's enquiries are being resolved at the Customer Service Centre and Adult Access Service there is now less requirement for an expansion of clinics as less people are being referred through to district teams. However for those people who are referred through to district teams the Adult Access Service will still offer a clinic appointment where this is appropriate for the person referred. Also work will be undertaken with individual district teams to determine what clinic provision is required and to develop new clinics where this is required.
Approval and implementation of a new carers' strategy with partners to enable carers to access good quality advice, information and support	2019/20	Adult Social Care and Public Health Committee in October 2018 recommended that Policy Committee (date to be confirmed) approve a new carers' strategy, and approved proposals to implement a new carer's support offer for 2019/20.

<p>Deliver the Improving Lives Programme</p>	<p>March 2020</p>	<p>The Improving Lives Programme was approved by the Adult Social Care & Health Committee in March 2018. The programme supports the Department to deliver the next stage of the Adult Social Care Strategy by:</p> <ul style="list-style-type: none"> • Identifying ways to deliver better outcomes for service users through promoting independence • Making sure that our services remain sustainable • Identifying further ways to improve the quality of the advice, guidance and services we are providing <p>Work continues on milestones that will:</p> <ul style="list-style-type: none"> • increase the number of people we can offer a reablement service to • increase the number of queries that can be resolved as early as possible after contacting social care • identify opportunities to work more actively with people who have potential to achieve more independence • ensure people are on the most appropriate care and support pathway and where short-term care is required to recover and rehabilitate; people are supported to regain independence and return home, where possible • provide live information, available at a team level, to help support day to day decision making. <p>Work is now underway in a few services (Adult Access Service, Reablement, Hospital Teams and Younger Adults Teams) to identify the main issues and barriers to promoting people's independence and to support the sharing of best practice in order to help minimise these. In January the focus of the Improving Lives Programme will turn to supporting staff in the Younger and Older Adults Teams to use new or enhanced services and approaches to shape practice going forward. There will be a phased approach to the roll out of this work between now and March 2020.</p>
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Programme 2 - Commercialisation of the Council's directly provided social care services

Programme Outline: Working with the Council's Commercial Development Unit to explore and develop a range of initiatives to generate new business opportunities and income within the Council's directly provided social care services, subject to Local Authority powers to trade; promote greater community use of the services and their assets; and create opportunities for people who fund their own care to purchase support from the Council's direct service provision.

Overview of progress: A proposal to reduce the annual running costs of the County Horticulture & Work Training Service is being implemented. Work continues, with over sight from the Council's Commercial Development Unit, to assess the commercialisation potential of County Enterprise Foods.

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Project: Redesigning the strategic management of assets to generate a revenue return for the County Council.		
Assessment of the commercialisation potential of County Enterprise Foods.	Spring 2019	Work on this continues in a design and discovery phase. Proposals to Committee are planned for spring 2019.
Implementation of the business plan for the Council's County Horticulture Service	Summer 2022	<p>Following a period of consultation with service users, their carers and staff, the Adult Social Care & Public Health Committee approved proposals in April 2018 to implement a commercial business plan for the Council's County Horticulture Service. The key milestones include making improvements to the Brooke Farm site, vacating the site at Skegby and ceasing all grounds maintenance activity.</p> <p>Works on the improvements to the Brooke Farm site are due to start in Spring 2019 and be completed by Summer 2019. The site at Skegby has already been vacated and service users who had received a service on this site have transferred to Brooke Farm or to a Day Service. The Grounds Maintenance and Golden Gardens services ceased to operate at the end of November 2019 and the Horticultural Operatives, who continue to work supernumerary at Brooke Farm, are being supported by the Council's i-Work team in job searching and employment readiness.</p> <p>It is anticipated that the full effect of the business plan will take up to 4 years to deliver.</p>

Programme 3 - High quality and sustainable public health and social care services

Programme Outline: The vast majority of adult social care services are commissioned from independent sector providers, with a mixture of large and small, national and local, private organisations and some not for profit/ charitable organisations. There are various pressures faced by the care and support providers and there is wide recognition that the care market is facing considerable challenges to deliver sufficient volumes of care and support services to meet needs due to difficulties in staff recruitment and retention. The Council is working with care providers to understand their pressures and to ensure the fees paid for care services reflect the cost of delivery of good quality care.

The public health budget is invested in a range of evidence-based services which fulfil statutory duties, and deliver clear public health outcomes and a good return on investment for public money. Many of these services will be due for reprocurement in the period of this plan. Previous rounds of procurement have yielded significant savings and service improvements. The challenge will be to identify ways to sustain outcomes and secure improved value for money using a reduced budget and public health workforce. The scope will include all public health commissioned services, emerging evidence from other areas of innovations which are proving effective, best available intelligence about the national and local market for service provision, and consideration of how best to engage with these markets to get best value for money.

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

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Home care contracts awarded and services to commence	Autumn 2018	The first phase of the new contracts commenced on 1 July 2018 followed by an implementation and transition phase until October 2018. This was successfully completed with little disruption to service users and services have been commissioned with an outcome focus and a payment system that moves away from 'time and task'. Over 700 packages of care were recommissioned and transferred to one of the new providers through the new arrangements. Providers also picked up care packages from the existing waiting list in place on 1 July 2018 in addition to requests for new referrals and overall there has been a significant reduction of the number of people awaiting a long-term package. Bassetlaw, a previously difficult to serve area, is working well with both Lead and

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		Additional Providers responding to the majority of referrals for that area. After the initial procurement exercise not all areas had sufficient providers so a second phase of tenders was held for a Lead Provider in Rushcliffe and more Additional Providers in Bassetlaw, Newark & Sherwood and Rushcliffe. These were concluded in October.
Fair Price for Care review – report to ASCPH Committee on outcome of survey and any resulting proposals	December 2018	The review of the fees has been completed. A reported to the Adult Social Care & Public Health Committee in January 2019 provided information on the outcome and the options going forward but no final decision has been made yet.
Complete the pre-procurement stage for the Commissioning of Public Health Services (Integrated Wellbeing Service and Substance Misuse Service)	December 2018	Premarket events for the Integrated Wellbeing Service and Substance Misuse Service in October 2018 were well attended. Potential providers were invited to tender in November 2018. Submissions closed in January 2019 for both services. This action is now complete.
Commence the procurement stage for the Commissioning of Public Health Services (Integrated Wellbeing Service and Substance Misuse Service)	February 2019	The selection stage commenced in January 2019 and is on track for both services to invite successful providers to attend the competitive dialogue phase in late February 2019.
Complete the commissioning of Public Health services (Integrated Wellbeing Service and Substance Misuse Service) and commence the new services	April 2020	The competitive dialogue process is due to complete in June 2019 and the final tender to be reviewed in August 2019, with a view to final selection in September 2019. Mobilisation phase will run from October 2019 to March 2020 (six months) with new services due to commence on 1 April 2020.

Programme 4 - Work with our local health services

Programme Outline: We are working with health partners to develop and evaluate new models of care that meet both the social care and health needs of people in the County.

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

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Embed a home first approach in hospitals to ensure that a significant proportion of people are assessed for long term services outside of a hospital setting	March 2019	In the south of the County performance data is showing that across health and social care 92% of assessments for long term services are now completed in the community, which is an improvement of 7% against last quarter. The equivalent information for Mid-Notts and Bassetlaw is not currently reportable, but it is estimated that the percentage would be high.
Countywide roll out of best practice model for an integrated care team	July 2019	Mansfield Older Adults assessment staff have been co-located with Community Health staff since 30 th July 2018. Discussions are underway in all other areas of the County to explore options for co-location, develop direct referral mechanisms and undertake necessary organisational development work as appropriate. Smarter Working are supporting the changes. Health partners have been very helpful and welcoming to date.
Develop a multi-agency toolkit on prevention and early intervention for key staff groups and pilot	March 2019	This work has been reviewed and the toolkit will focus on the person-centred approach but link to the Making Every Contact Count (MECC) toolkit which is being developed as part of the wider Prevention work stream. A first draft of the toolkit will be available at the end of January 2019 but we will be looking to adapt this based on feedback from the staff in the accelerator project who will be the practitioners initially piloting the toolkit.
Successful testing and delivery of a new joined up approach across Health and Social Care to assessment and support planning	March 2019	This national pilot is underway with participation from health and social care staff in the Rushcliffe and the two Mansfield integrated care teams. The teams are using a new template called "All about Me" to capture person-centred information about each service user.

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Roll out of information sharing across Health and Social Care, as developed at King's Mill Hospital, to Bassetlaw Hospital and Nottingham University Hospitals	<p>November 2018 (Bassetlaw)</p> <p>End February 2019 (King's Mill – Next Phase)</p>	<p>Bassetlaw Hospital went live in November 2018 with Social Care information now available to the Emergency Department and the Integrated Discharge Team health staff. This is used daily to check basic information. Benefits for this project will begin reporting in February 2019 for NHS Digital and the Bassetlaw Accountable Care Partnership Digital Workstream. There has been some delay due to the roll out in King's Mill due to some of NHS technical resources having to be redirected to higher priority NHS work. Sherwood Forest Hospital Trust approved digitisation of the patient Discharge Notice in December. Resources have now been allocated from Nottingham University Hospitals to support the project and work on design and discovery has now commenced. Timescales are still to be confirmed for the roll out to Nottingham University Hospitals.</p>
Access to Health and Care Community Portal	January 2019	<p>Some minor technical and Information Governance delays were experienced in December. Rushcliffe Older Adults Team is going live in January with the Portal. Information initially will be hospital activity and admissions from Nottingham University Hospitals and Sherwood Forest Hospital Trust, and Mental Health information from Notts Healthcare. GP information is due to follow once all sign up is confirmed.</p> <p>Rollout to the rest of adult social care staff will happen in one launch in mid 2019 once the pilot team access has been reviewed and training and engagement activities completed.</p>

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

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

Overview of Progress: The Council resolved in March 2018 to adopt 'Health in all Policies', guidance that supports local government organisations to think about the impact that every strategic decision may have on the health of local residents. Good progress has already been made in sharing this approach with partners through the Health and Wellbeing Board. The agreed Joint Health and Wellbeing Strategy 2018–2022 includes "Healthier Decision Making" as one of its 4 ambitions. Further implementation is focusing on specific areas of activity aligned to the Healthy and Sustainable Places coordination group.

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Implement changes in Council processes	December 2018	Colleagues from Public Health and Place worked to develop revised spatial planning & health guidance to improve the way spatial planning decisions prioritise health and sustainability. The spatial planning and health guidance is being refreshed following consultation with partners in Nottinghamshire. It is due for publication by April 2019.
Secure ownership for equivalent changes in the decision-making processes of other organisations, starting with Health and Wellbeing Board partners	Summer 2019	The Health and Wellbeing Board's Healthy and Sustainable Places Coordination Group has met twice since October 2018 and initiated a programme of work with focus on physical activity and food environment, utilising the principles of the Health in All Policies approach and developing case studies. Public Health is working with Place (Planning & Transport), District and Borough Council Environmental Health and City Council functions on an Air Quality strategy document to reduce impact of air pollution on human health in the County and City. This is intended to go before the County Health and Wellbeing Board in the summer.

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

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

Overview of Progress: Public Health capacity has been aligned to ensure appropriate support across health and social care services, including the allocation of dedicated consultant support aligned to the Clinical Commissioning Groups (CCGs) and dedicated capacity to support the County's Sustainability and Transformation Plan (STP), now known as the Integrated Care System (ICS).

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Realign specialist public health capacity to emerging CCG, Accountable Care Partnership (ACP) and STP structures and governance processes	November 2018	This action is now complete. By November 2018, a framework for action was developed for the ICS Prevention workstream which indicates the ICS transformation work which requires specialist input. Public Health Consultant capacity has been aligned to the CCG, ICS and ACP structures with specific responsibilities for individual workstreams allocated.
Secure commitment from the STP to enabling health and social care staff and pathways to systematically offer brief advice and referrals to public health services for residents at risk from their exposure to tobacco, excess weight and low physical activity, alcohol or substance misuse.	March 2019	This commitment is now incorporated in the ICS workstream strategy and framework for action for Prevention. Specific commitments on prevention have been secured from other ICS workstreams, of which brief advice and referrals is one aspect.
Put in place additional resources to support Joint Strategic Needs Assessment (JSNA) and mental health workstreams within the Nottingham and Nottinghamshire Integrated Care System.	April 2019	Support for additional capacity in respect of JSNA and mental health was agreed by ASC&PH Committee in December 2018, with allocation of resources from Public Health reserves. Work is underway to mobilise this support from 1 April 2019.

4 March 2019**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR FOR SOUTH NOTTINGHAMSHIRE,
ADULT SOCIAL CARE AND HEALTH****2018/19 PROGRESS UPDATE ON USE OF THE BETTER CARE FUND CARE
ACT ALLOCATION (RECURRENT AND RESERVE), THE IMPROVED BCF,
THE WINTER PRESSURES GRANT AND APPROVAL OF POSTS REQUIRED
IN 2019/20****Purpose of the Report**

1. To advise Committee on progress with the projects and schemes supported by the Better Care Fund (BCF) Care Act Allocation, the Improved BCF, and the Winter Pressures Grant in 2018/19.
2. Dependent upon the Health and Wellbeing Board approving the BCF Plan on 6th March 2019, approval is sought to utilise the Winter Pressures Grant 2019/20 to establish or extend posts that enable the delivery of these schemes where required.

Information**Background to the Better Care Fund**

3. This report covers the BCF Care Act Allocation, the Improved BCF and the separate Winter Pressures Grant. The majority of this allocation has already been approved via the appropriate Committee. The relevant committee reports that originally established the schemes and posts referred to in this paper are available as **Background Papers**. In 2018/19 the Winter Pressures funding was allocated as a separate grant, from 2019/20 it forms part of the BCF pooled budget and plan requiring approval by the Health and Wellbeing Board.
4. In 2015 central government re-purposed the existing NHS Support to Social Care funding into an allocation specifically for the implementation of the Care Act, 2014. The BCF Care Act Allocation was originally established until 31st March 2019 and has now been extended with an inflationary uplift for a further year pending a wider review of the BCF and funding of adult social care. The amount of the inflationary uplift is still to be confirmed and will be used to fund salary increases as appropriate.
5. The grant conditions for the Improved BCF are that it is to be spent on: (i) adult social care and used for the purposes of meeting adult social care needs, (ii) reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are

ready, and (iii) stabilising the social care provider market (including residential homes, care homes and home care).

6. Planning for use of the additional temporary money also considered the principles of the Council's Adult Social Care Strategy, as well as supporting current programmes focused on the transformation of social care provision and the delivery of savings of £102 million from the adult social care budget (from 2011/12 to 2018/19). The Adult Social Care Strategy seeks to manage demand and cost by promoting independence and wellbeing, ensuring value for money, and promoting choice and control.
7. The funding is also intended to support councils to continue to focus on core services, including helping to cover the costs of the increase in the National Living Wage (NLW). The NLW uplift is expected to benefit up to 12,500 social care workers in Nottinghamshire. Along with the 'Fair Price for Care' residential/nursing home uplift of rates in 2018/19, the total costs of both of these amounted to £5.851m. The funds can also be used for adult social care services which could not otherwise be maintained in the context of national funding reductions, as well as for investing in new services such as those which support prevention and best practice in managing transfers of care. Data indicates that the Council's approach to supporting people to (re)gain/retain their skills, independence and confidence at every opportunity has been successful, for example at the end of 2015, 223 more packages of ongoing care and support were provided either in the community or in residential nursing care than at the end of 2018. As well as the extra costs described earlier in this paragraph, the demographic increase in numbers of people living longer with multiple long term conditions means that the people who do require care and support now need significantly larger packages of support, often provided by staff with specialist skills. It is a positive that advances in health intervention and technology means that people are now living longer with one or more long term condition that impacts on them, however, whilst the Council is able to work with people with less needs to become more independent, when people develop very complex needs they are more likely to require significant additional levels of care and support.
8. On 2nd October 2018 central government announced a Winter Pressures Grant of £3.527 million for Nottinghamshire to be focussed on reducing delayed transfers of care, helping to reduce extended lengths of stay in hospital, improving weekend discharge arrangements so that patients are assessed and discharged earlier, and speeding up the process of assessing and agreeing what social care is needed for patients in hospitals. The requirement is for the money to be used within 2018/19, so it is available only for use up to the end of March 2019. In the Budget of 29th October 2018 central government announced that the Winter Pressures Grant would be repeated at the same amount in 2019/20, however this time it is required to cover the full financial year, not four months as in 2018/19.
9. All the BCF Care Act Allocation and Improved BCF plans must be approved by the Nottinghamshire Health and Wellbeing Board (HWB). The Council submits quarterly monitoring reports on progress with the plan to the BCF Steering Group and to the Department of Health and Social Care.
10. The plan proposed in this report has been shared with and is supported by the relevant Clinical Commissioning Group Chief Officers as well as the partners in the Accident & Emergency Delivery Boards for the three planning areas of South Nottinghamshire, Mid Nottinghamshire and Bassetlaw. The Council submits quarterly monitoring reports on

progress with the plan to the BCF Steering Group and to the Department of Health and Social Care.

2018/19 Progress Update

11. All the recurrent BCF Care Act Allocation for 2018/19 and all the 2018/19 Improved BCF is forecast to be spent in this financial year. There is a small amount of money remaining in the BCF Care Act Reserve and the balance will remain in the Reserve to be used in future years.
12. Nottinghamshire adult social care has received national commendation for continuing to exceed its delayed transfer of care (DToC) target, delivering on the requirement to reduce pressures on the healthcare system. In November 2018, Nottinghamshire County Council was announced as the top performing local authority in the country that month for avoiding delayed discharges and has consistently been in the top 20 list of performers over the last year. Several BCF-supported projects and schemes have contributed to this success including the Short-Term Assessment & Reablement Team (START), the Home First Rapid Response Service, and the additional social workers working in hospitals within integrated discharge arrangements.
13. The Home First Response Service (HFRS) which commenced in December 2017 is a short term rapid response service for up to a maximum of 14 days to facilitate timely 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 has been very successful at supporting social care to avoid delays discharging people from hospital, as well as enabling more people to go directly back to their own home, rather than a short term bed. From mid-December 2017 to the end of December 2018 1,395 people have been referred into HFRS. Over 75% of referrals were to expedite hospital discharge. It is difficult to suddenly recruit homecare staff for a short period of time of winter and as part of the 2019/20 winter plan it is therefore proposed to prioritise the allocation of £833,000 from the Winter Pressures Grant to maintain this increased capacity for the service of a minimum of 145 episodes of care per month until March 2020.
14. The Nottinghamshire health and social care community is also recognised as being at the forefront of developments in the automation of information exchange between providers, enabling integrated working practices and seamless pathways for service users. The BCF-supported Interoperability programme is working closely with 'Connected Nottinghamshire' (which creates and develops the technology strategy for the County) to develop and implement a range of projects that will reduce delays, improve decision making and realise efficiencies.
15. The BCF has also supported the development of preventative resources to support community resilience. This work aims to improve people's health and wellbeing and avoid or delay the need for health and social care services. The Age Friendly Notts Team and the Co-Production Team have worked with local groups and volunteers to establish over 70 self-supporting social groups, activities and events across the County. These approaches are being shown to have an effect on reducing social isolation, with Nottingham Trent University having given a positive early evaluation of the Age Friendly approach.

16. Approximately 4,900 (April to December 2018) Nottinghamshire residents have been helped with an early intervention to address their needs and prevent escalation to requiring Council funded care. The 'Moving Forward', 'Brighter Futures' and 'CONNECT' services have helped vulnerable older adults and adults with learning difficulties or mental health issues, to achieve positive outcomes in housing, social connectivity, benefits/money management, healthy lifestyle and training/employment areas. Alongside these external services, the department's in-house Promoting Independence Workers (PIWs) operating within the Notts Enabling Service (NES) have offered hands-on short term assistance to 550 vulnerable younger adults in the same period, boosting their skills, community connections and resilience, saving an estimated £340,000 (April to December 2018) through avoiding the need for traditional packages of care.
17. Along with the financial uplift for social care providers the BCF has supported the development of the social care market by enhancing the work of the Quality & Market Management Team to help improve the quality of service provision, funding the coordination and development of training of staff in the sector through the work of the Optimum Team, and growing the number and quality of micro-providers and Personal Assistants through the work of the Direct Payments Team.
18. As core funding has not kept pace with cost pressures for both younger (YA) and older adults (OA) these pressures have been partly met by the BCF. The pressure on YA budgets has resulted from rising demographic demand for care and support services for younger adults with learning disabilities, mental health needs and autism spectrum disorders. The national policy under the Transforming Care Programme to move people with complex needs out of long stay hospitals into smaller scale community provision has also meant more people require bespoke community provision to meet their needs. The pressure on OA budgets has resulted from increasing numbers of people living into older age, along with an increase in the number of years that older adults spend living with complex needs. The prevalence of people diagnosed with dementia is set to increase by 35% by 2025. In addition to funding additional reablement/Home First episodes and staffing within the hospitals/assessment teams, the Council's plan for the current winter money also included allocating more funding to additional care packages (to enable efficient discharge from hospital). These packages have an ongoing requirement to be funded and so it is proposed to allocate £2.692m of the 2019/20 Winter Pressures Grant to fund community and residential/nursing care placements to help meet these demands.
19. The Improved BCF has also supported the implementation of the Department's transformation plans. These seek to embed new ways of working that enable the Council to support more people to gain and retain their independence wherever possible and thereby provide more tailored support to the increasing numbers of people with complex needs. In 2018/19 Adult Social Care is forecast to deliver £13.068m of recurrent permanent savings to close the gap resulting from central government funding reductions; £4.499m of this is a combination of additional and early delivery of future savings, which has been possible through the additional resources funded by this money. It has also enabled the department to put forward further savings for the coming years which have been approved by Committee during this year. This takes the total planned savings from 2019/20 to 2021/22 to £16.817m. The posts supported by the BCF include frontline Social Work Practitioners, Occupational Therapists, Finance Officers, as well as project and programme management capacity supporting the transformation of adult social care.

20. On 14th December 2018 the department submitted its Winter Pressures Grant national return indicating that between November 2018 and March 2019 the funding would support an extra 107 home care packages across the County, equating to an extra 27,895 hours of home care, and an extra 18 care home placements. Within one month of the plan for the use of the Grant being approved, the department had recruited to 72% of the additional 70 short-term posts planned for, whilst the first national performance return submitted on 7th February 2019 showed that the extra number of care packages supported by the Grant was higher than anticipated. The Council ensures equity of use of the Grant across the County and the three acute hospital systems whilst tailoring this flexibly to local circumstances and demand to consistently deliver on the Grant criteria and objectives.
21. In addition to the national monitoring requirements the department has instigated its own range of quantitative and qualitative indicators to monitor performance in the areas that the Grant has been deployed and will be able to report in more detail on the outputs in the spring.

2019/20 Plan

22. The national allocation and apportionment of the Improved BCF is already in place until March 2020. The BCF Care Act Allocation was due to be superseded in 2019/20, however the delay to the wider national review in 2019 of the BCF and social care funding has meant that this allocation will now be carried-over with an inflationary uplift for another year. Nearly all the schemes supported by these elements of the BCF are already approved, established and/or recurrent and therefore need to be carried-forward for another year; there are no substantial additions or alterations to approve.
23. The Winter Pressures Grant that supported a four-month work programme in 2018/19 is to be carried over at the same level in 2019/20, this time supporting a full year's plan. Consequently, a much smaller number of schemes can be supported by the Grant and the department has had to prioritise those schemes to be continued and it is also proposed that £1.000m is used from the BCF Reserve to facilitate continued capacity alongside the Grant.
24. The various fund totals are allocated as shown in **Table 1** below. A more detailed and full breakdown of all the schemes funded by the funds is shown at **Appendix 1**. On 6th March the Health and Wellbeing Board will be considering for approval the remaining elements within the BCF that have not already previously been approved or that require an extension. This covers the whole Winter Plan 2019/20 as set out in **Appendix 1, Table 6**, which includes £1,954,331 towards the Council's Adult Social Care Transformation Team to continue to deliver the current and future savings required as described earlier in **paragraph 19** and £89,876 towards the Nottingham/Nottinghamshire Integrated Care System for the Council's share of the contribution to the programme management required to run it.

Nottingham/Nottinghamshire Integrated Care System

25. Nottingham/Nottinghamshire was chosen as one of the first areas in the country to develop what is known as an Integrated Care System (ICS). An ICS brings together local NHS partners, councils and the voluntary sector to align and join up how services are delivered in order to best provide support and care to people who need it within their homes and communities. Being an ICS provides greater opportunities to manage local services and invest in what is known to work best for local people: such as focusing on preventing

illnesses and providing more services near where people live. Examples of achievements from this approach include: improved identification of people at risk of stroke resulting in the prevention of 44 strokes and 12 potential deaths; the enhanced care approach to people living in care homes has resulted in a one-third reduction in people in care homes attending A&E. Instead people have been able to remain in their home to have their health needs met. Future plans include work to: increase the number of people diagnosed with cancer who go on to lead healthy lives; reduce local numbers of strokes and heart attacks and ensure better access to GPs, hospital doctors and Accident and Emergency services when that is the service people need.

26. Adult Social Care and Public Health Committee is therefore being asked to make the decision to establish/extend the Nottinghamshire County Council posts described in **paragraphs 28 to 35** and summarised in **Table 2**, dependent on these plans being approved by the Health and Wellbeing Board on 6th March 2019.

Table 1

2019/20	Budget	Committed	Reserve
BCF Care Act Allocation	£2,060,996	£2,060,996	£0
BCF Care Act Reserve	£2,449,575	£2,436,739	£12,836
Improved BCF	£26,505,000	£26,505,000	£0
Winter Pressures Grant	£3,527,000	£3,527,000	£0

27. The final revised 2019/20 national planning guidance for the Care Act BCF and Improved BCF has not yet been published so the proposed plan is based on last year's guidance. If the revised guidance requires an adjustment to the plan, approval is being sought from the Health & Wellbeing Board to respond appropriately with delegated authority for the Corporate Director of Adult Social Care and Health in consultation with the Chair and Vice Chair of the Health and Wellbeing Board to act on behalf of the Board in this matter.

Posts requiring approval or extension to deliver the plan

Additional Occupational Therapy Staff

28. 3 FTE Occupational Therapists (OT) from the Council's Re-ablement service have been working within the three acute hospital integrated discharge arrangements over winter 2018. They have been screening referrals into Reablement, home care and the Home First Response Service with the aim of ensuring referrals are made appropriately, and social care capacity is used effectively. The work includes skills-sharing with health-sector Hospital OTs, for example on types of equipment that can safely support single homecare workers to move people without needing two staff.
29. This approach has helped to maximise people's independence at point of discharge which in turns means that more people require less service support at the point that they return home from hospital. Approval is sought to extend these posts from April 2019 to March 2020 using the Winter Pressures Grant.
- Extend 3 FTE temporary Occupational Therapist (Band B) posts, 1/4/19 to 31/3/20: £136,846

Additional Social Worker Staff in District Community Mental Health Teams

30. The addition of these posts has ensured that all Section 117 aftercare discharge planning is completed in a timely way to facilitate discharge from psychiatric inpatient wards for those people detained on a Section 3 of the Mental Health Act (MHA). This includes scrutiny to ensure the most appropriate support plan is in place, sourcing mainstream housing, homecare, supported living and residential options, as well as liaison with CCGs to ensure health needs assessments are undertaken to establish if the criteria for health funding is met. They are also to avoid delays for all discharges from psychiatric wards and that social circumstances reports are completed for, and represented at, MHA tribunals. Approval is sought to extend these posts from April 2019 to March 2020 using the Winter Pressures Grant.

- Extend 3.5 FTE temporary Social Worker (Band B) posts, 1/4/19 to 31/3/20: £159,651

Additional Social Worker, Community Care Officer and OT Staff to Support Assessment and Discharge Planning

31. Additional Social Work, Community Care Officer and Occupational Therapy posts were approved in the Winter Pressures Grant 2018 to support flow through the hospital systems countywide and include additional capacity to roll out 7-day integrated discharge team working and additional admissions avoidance work at the hospital front door at Bassetlaw Hospital. Due to the short timescales to deliver this extra capacity over winter, agency staff were used to fill these posts. There is an ongoing need for this additional capacity which can now be funded to and recruited into temporary posts for one year. The agency posts have been reviewed to ensure the most appropriate mix of qualified and unqualified roles therefore approval is sought to extend the following posts to March 2020 using the Winter Pressures Grant.

- 1.5 FTE temporary Social Worker (Band B) posts to 31/3/20: £68,422
- 3 FTE temporary Community Care Officer (Grade 5) posts, to 31/3/20: £97,997

32. As a result of reviewing the best skill mix, the difference from the 2018/19 plan is for 1.4 FTE Community Care Officer posts and 1 FTE Occupational Therapist post instead of extending 2 FTE of the existing Social Workers requested in November 2018.

The establishment of the following:

- 1 FTE temporary Occupational Therapist (Band B) post, 1/4/19 to 31/3/20: £45,615
- 1.4 FTE temporary Community Care Officer (Grade 5) posts, 1/4/19 to 31/3/20 £45,615.

Additional short term assessment, therapy and brokerage capacity for 4 months over winter

33. Short-term additional social care assessment, therapy and brokerage capacity will be again required during the pressured winter months to support winter planning with system partners. As part of the plan, it is proposed to allocate £89,857 for this extra capacity from December 2019 to March 2020. The exact roles and place for these need to be planned in tandem with partners in order to be able to respond and pick up referrals to social care from their short term additional services which may be based in the hospital,

residential/nursing care homes or in the community and ensure flow through services. The staffing required for this will therefore be brought back to Committee for approval later in 2019.

Additional Occupational Therapy Capacity to support reviews of packages of care and support

34. Additional OT capacity was added to the Countywide Reviewing Team in winter 2018 to review intensive home care packages for all ages, to promote independence and utilise specialist equipment and technology, to support people with one carer instead of two wherever possible.
35. Custom and practice for many years has been to provide two carers to operate moving and handling equipment. Health and Safety legislation indicates that moving and handling should be individually risk assessed, based on the person's needs, the environment and the task. There have been significant improvements in the type of equipment that can be used for moving and handling over the past five years and a research evidence base to support Single Handling Care has evolved. The benefits of single handling care reviews are improved outcomes for the service user and their carers, release of home care capacity and cost savings to the department due to reduction in care and support packages. The 2018/19 Winter Plan requested 1 FTE qualified Occupational Therapist. A review identified that the work can be undertaken by Community Care Officer Occupational Therapists, supervised by existing qualified OTs. This provides additional capacity to work with more people for the same amount of funding and is a good career progression opportunity. Therefore, instead of 1 FTE OT post, approval is requested to establish 1.4 FTE Community Care Officer Occupational Therapist posts from April 2019 to March 2020 using the Winter Pressures Grant.
 - Establish 1.4 FTE temporary Community Care Officer Occupational Therapist (Grade 5) posts, 1/4/19 to 31/3/20: £45,616

Other Options Considered

36. Each proposal for extending existing posts/schemes has had a robust business case completed which included consideration of options.

Reason/s for Recommendation/s

37. All business cases have been scrutinised by the Senior Leadership Team to prioritise selection of only those that evidence that they best meet both the grant criteria and deliver the Department's core strategic objectives and savings requirements.

Statutory and Policy Implications

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

Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

39. This report is requesting approval for the extension or establishment of posts required to deliver the Winter Pressures Grant in 2019/20.
40. The BCF Care Act Allocation of £2.061m, the Improved BCF of £26.505m and the Winter Pressures Grant of £3.527m will be fully utilised in-year. £0.013m will remain in the BCF Reserve for use in future years.

Human Resources Implications

41. Extensions to current fixed term contracts will be actioned and new posts will be recruited to on fixed term contracts. All other HR implications are contained within the report.

RECOMMENDATION/S

That the Committee:

- 1) considers whether there are any actions or further information they require in relation to the progress made by the projects and schemes supported to date by the Better Care Fund Care Act Recurrent and Reserve Allocations, the Improved BCF and the Winter Pressures Grant in 2018/19.
- 2) approves the extension/establishment of the posts summarised in **Table 2** below utilising the Winter Pressures Grant 2019/20, to enable the delivery of the plan schemes, dependent upon the Health and Wellbeing Board approving the Better Care Fund plan on 6th March 2019.

Table 2 – Posts to deliver Winter Pressures Grant Plan

Additional Occupational Therapy staffing	Extend 3 FTE temporary Occupational Therapist (Band B) posts, to 31/3/20	£136,846
Additional Social Worker staffing in district community mental health teams to support mental health discharge planning	Extend 3.5 FTE temporary Social Worker (Band B) posts, to 31/3/20	£159,651
Additional Social Worker, Community Care Officer & OT staffing to support increased demand for assessment and discharge planning	Bassetlaw:	
	Extend 1 FTE temporary Social Worker (Band B) post, to 31/3/20	£45,615
	Extend 3 FTE temporary Community Care Officer (Grade 5) posts, April 2019 to 31/3/20	£97,997
	Mid Notts:	
	Establish 1.4 FTE temporary Community Care Officer (Grade 5) post, 1/4/19 to 31/3/20	£45,615
	South:	
	Extend 0.5 FTE temporary Social Worker (Band B) post, to 31/3/20	£22,807
	Establish 1 FTE temporary Occupational Therapist (Band B) post, 1/4/19 to 31/3/20	£45,615
Additional Occupational Therapy capacity to district teams and the younger adults' reviewing team	Establish 1.4 FTE temporary Community Care Officer (Grade 5) posts, 1/4/19 to 31/3/20	£45,616

Sue Batty**Service Director, South Nottinghamshire, Adult Social Care and Health****For any enquiries about this report please contact:**

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Constitutional Comments (EP 19/02/19)

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

Financial Comments (OC 19/02/19)

43. The financial implications are detailed throughout this report and are summarised within paragraph 40 of the report.

HR Comments (SJJ 14/02/19)

44. Current temporary fixed term contracts will be extended where appropriate. Establishing long term temporary posts will enable recruitment to these posts which will reduce the need for employing agency staff. New posts will be recruited to in line with the County Council's recruitment procedure.

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.

Better Care Fund – Proposed Allocation of Care Act Funding - report to Adult Social Care and Health Committee on 12 September 2016

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

Approval for the Use in In-Year Improved Better Care Fund Temporary Funding - report to Adult Social Care and Public Health Committee on 13 November 2017

Better Care Fund: 2017/18 Progress Update and Approval for the Use of the BCF Care Act Allocation and the Improved BCF 2018/19 - report to Health and Wellbeing Board on 7 March 2018

Better Care Fund: 2017/18 Progress Update and Approval for the Use of the BCF Care Act Allocation and the Improved BCF 2018/19 - report to Adult Social Care and Public Health Committee on 12 March 2018

Adult Social Care and Health – Changes to the Staffing Establishment - report to Adult Social Care and Public Health Committee on 8 October 2018

Proposals for Allocation of Additional National Funding for Adult Social Care - report to Adult Social Care and Public Health Committee on 12 November 2018

Adult Social Care and Health – Changes to the Staffing Establishment - report to Adult Social Care and Public Health Committee on 12 November 2018

Adult Social Care and Health – Update on Departmental Initiatives - report to Adult Social Care and Public Health Committee on 7 January 2019

Adult Social Care and Health – Changes to the Staffing Establishment - report to Adult Social Care and Public Health Committee on 4 February 2019

2018/19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019/20 - report to Health and Wellbeing Board on 6 March 2019

Electoral Division(s) and Member(s) Affected

All.

ASCPH631 final

APPENDIX 1

The table below details all the schemes supported by the BCF Care Act Allocation, the Improved BCF, and the Winter Pressures Grant in 2019/20.

Table 3 - BCF Care Act Allocation

Carers Assessments	£543,726
Mental Health Crisis Workers	£200,000
Younger Adults Project Team	£192,752
Home First Rapid Response Service	£776,017
Notts Enabling Service	£348,501
TOTAL	£2,060,996

Table 4- BCF Reserve

ICT Project Manager	£55,663
Nottingham/Nottinghamshire Integrated Care System Programme	£89,876
Asperger's Team	£79,955
STIS Assessment Beds	£1,183,579
Assistive Technology Adviser	£27,666
Moved to Winter Pressures	£1,000,000
TOTAL	£2,436,739

Table 5 - Improved BCF

Meeting adult social care needs	Enhanced capacity to support Team Managers	£822,644
	Implementation of Safeguarding audits	£80,902
	Service User Transport Budget	£478,000
	Continued Investment in Prevention Services	£1,213,700
	ASC Strategic Transformation Programmes	£1,954,331
	Demand in Younger Adults	£9,400,140
	Demand in Older Adults	£658,000
Reducing pressures on the NHS, inc. supporting more people to be discharged from hospital	Increased social work capacity based at hospitals	£731,947
	New Models of Care - START, NES, Brighter Futures	£1,415,922
	Home First Rapid Response service	£419,655
	IT projects across Health & Social Care	£345,000
Stabilising the social care provider market	National Living Wage & Fair Price for Care	£8,460,860
	Capacity in Quality and Market Management Team	£158,729
	Optimum Team	£119,267
	Increased capacity in Strategic Commissioning	£245,903
TOTAL		£26,505,000

Table 6 - Winter Pressures Fund 2019/20

Increased social care staffing to enable effective hospital discharge planning, including provision of seven-day services and support for people with mental health needs leaving hospital	Additional Occupational Therapy staffing	£136,846
	Additional Social Worker staffing in district community mental health teams to support mental health discharge planning	£159,651
	Additional Social Worker, Community Care Officer & OT staffing to support increased demand for assessment and discharge planning during the winter period	£257,648
	Additional staffing to support the commissioning of care and support packages	£147,910
Increased intermediate care to provide short-term care to support people to remain at home or when leaving hospital	Additional staffing in Shared Lives service	£12,950
Expansion of Reablement provision – a range of short-term services are focused on supporting people to regain their skills and confidence, and helping them to live as independently as possible	Additional Occupational Therapy and Community Care Officer capacity (Short-Term Independence Service)	£63,402
	Promoting Independence Workers in START	£71,769
Ensuring adequate brokerage services – this helps manage flow and capacity of community services such as homecare to support people home from hospital without delays	Additional capacity to provide brokerage support	£26,455
Expansion of capacity in the County's available community-based care provision, such as home care and prevention services	Increase capacity in Home First Response Service	£833,000
	Additional Occupational Therapy capacity to district teams and the younger adults' reviewing team	£45,616
	Co-Production Development Workers	£79,365
Additional domiciliary care packages (not reablement)	Packages of community care to meet increased demand	£1,346,194
Additional placement capacity in nursing or residential care home (not reablement)	Residential and Nursing Care Home placements to meet increased demand	£1,346,194
Moved from BCF Reserve to support additional packages and placements		-£1,000,000
TOTAL		£3,527,000

4 March 2019**Agenda Item: 7**

REPORT OF THE INTERIM SERVICE DIRECTOR, MID NOTTINGHAMSHIRE

THE MID NOTTINGHAMSHIRE 'BETTER TOGETHER' ALLIANCE AGREEMENT CONTRACT

Purpose of the Report

1. The purpose of the report is to seek approval to extend the Council's membership of the Mid Nottinghamshire Better Together Alliance Agreement for a year from 1 April 2019 to 31 March 2020.

Information

The Mid Nottinghamshire Better Together Transformation

2. A report to Adult Social Care and Health (ASCH) Committee on 13th March 2017 provided an update on progress with the Better Together programme, which was developed in partnership by Ashfield and Mansfield Clinical Commissioning Group (CCG), Newark and Sherwood CCG, Nottinghamshire County Council, seven NHS health providers and voluntary sector partners. The aim of the Better Together programme is to connect services together to deliver better preventative, self-care approaches and ensure that people can get the right advice in the right place, at the right time. In addition, it aims to put in place joined up, responsive urgent care services, that operate outside of hospital wherever possible.
3. The Better Together Programme Board was the original partnership established to initiate the work and drive the programme. In order to meet the scale and complexity of the challenges that the health and social care system face, the Programme Board agreed that a different type of partnership was required for the future. This partnership would have a different relationship with health providers, focus less on managing issues through individual CCG/Council contracts and more on collaborating to deliver jointly agreed outcomes that require the input of more than one partner. A new partnership also needed to jointly consider and actively sign up to a set of principles that would support difficult decision making, based on what is best for local people and the most effective use of public funds. This resulted in the development of the Better Together Alliance.

The Mid Nottinghamshire Better Together Alliance Agreement

4. The Alliance is made up of three main elements:

- (i) the collaborative partnership and governance system
 - (ii) transparency on the respective local budgets for the CCGs and the Council
 - (iii) how the money is spent. This includes elements of the CCG contracts with health provider Alliance Members being linked into the Alliance contract, starting to be developed into outcome based capitated contracts. The CCG and the Council also have other contracts that currently sit fully outside of the Alliance Agreement. Alongside this sits the Council's system for assessing eligibility for and allocating personal budgets for people's individual care and support packages. This includes the option of people taking the money in the form of a Direct Payment to purchase their own services.
5. The purpose of the Alliance is to provide a financial, governance and contractual framework that delivers the commissioner participants' key current objectives, as well as form a robust partnership to meet future demand from changing levels of need, changing funding levels, new legislation and/or policy imperatives, by:
- (i) ensuring health and care system sustainability through more effectively managing system cost whilst maintaining appropriate quality and service user safety
 - (ii) securing best value for the public sector budget in terms of outcomes per pound spent
 - (iii) ensuring that integrated health and care services are delivered coherently and that fragmentation of service delivery is minimised by reducing organisational, professional and service boundaries
 - (iv) directing resources to the right place in order to adequately and sustainably fund the right care for improved patient outcomes
 - (v) incentivising the achievement of positive outcomes for the benefit of the population's health and wellbeing
 - (vi) supporting the process of transition to new care, support and wellbeing models delivering improved outcomes for service users
 - (vii) protecting and promoting service user choice.
6. The Alliance contract includes a set of principles, objectives and behaviours that the Council has signed up to by joining the Alliance. These align well with the "Guiding principles for an integrated health and social care system" agreed by Members in August 2015. Other content includes an Outcomes Framework and scope of services.
7. The term of the original agreement was three years (2016/17 – 2018/19) with an option to extend for a further seven years. The three-year period was agreed to allow a period of further development of various aspects of the Better Together model, including a) capitated payment mechanism for health providers, b) expanding the outcomes-based payment model for NHS service contracts, c) risk and reward mechanisms and d) ongoing development of models of care. The agreement provides for an Alliance member to terminate its participation by giving three months' notice in the event of a policy change at national or local government level which materially impacts on any member's ability to participate in the Alliance.

8. ASCH Committee approved the recommendation for the Council to join the Better Together Alliance as a Full Member in March 2016. This approval was noted by Policy Committee in April 2016.
9. Being a Full Member of the Alliance gives the Council voting rights at the Better Together Board and means that the Council has the ability to influence NHS priorities in Mid Nottinghamshire due to being present in all the relevant discussions. Approval of decisions must be unanimous. Full Membership also emphasises the important role that ASCH and Public Health should have in any strategic decision-making that affects the health and wellbeing of people living in Mid-Nottinghamshire. As a Full Member, the Council is also committed to transparent open book accounting wherever possible. There was and is no requirement for the Council to make any changes to structures, decision-making processes or other changes to policy, contract or financial arrangements.

Wider context of the Integrated Care System (ICS) for Nottingham and Nottinghamshire

10. Since 2016, the Council has participated in the development of the Nottingham and Nottinghamshire Sustainability & Transformation Partnership (STP) which has now become an accelerator site as an ICS. This does not make the Mid Nottinghamshire Alliance irrelevant, since it is important that the relevant and prioritised strategic developments agreed for Mid Nottinghamshire should continue. However, Mid Nottinghamshire must plan within the framework set by the ICS.
11. Given the current uncertainty about what the ICS will require to be put in place across the footprint and how this might impact on Mid-Nottinghamshire, it does not seem sensible to recommend that the Council should continue its membership of the Better Together Alliance Agreement for the additional seven-year period proposed back in 2015. For example, if any legal arrangement is required by the ICS, this may need to cover the whole footprint rather than just one part of it. Governance structures may need to change as the management of all the current six CCGs are brought together. Primary Care Networks (PCNs) will develop from being a theoretical concept to a tangible delivery arm across the patch. PCNs are not referenced in the current Alliance Agreement.
12. Given this evolving picture, it is recommended that the Council continues being a Full Member of the Better Together Alliance for a further year whilst the system architecture for the ICS is established. This advantages of this are:
 - a) the Agreement has been sufficient for the Council's purposes over the last three years
 - b) this option maintains the Council's influence and voting rights
 - c) the Council would continue to show its support for the aims and objectives of the Alliance as well as the care models that are operating in Mid Nottinghamshire now; these have delivered many benefits which have been outlined in previous Committee reports.
 - d) having this extra time will allow the Council to review the position after a further 6-8 months and then report back to Committee with further recommendations, before the end of March 2020.

13. This proposal has the support of the recently appointed Chief Executive of all the six CCGs for City, Broxtowe, Gedling & Rushcliffe, and Mid Nottinghamshire. It is understood that this position can be implemented via a Deed of Variation.

Other Options Considered

14. The other option would be for the Council to let its Membership of the Better Together Alliance expire on 31 March 2019. This would be difficult to explain to the Council's wider system partners as there are no obvious reasons for the Council to withdraw support and commitment to the Better Together Alliance. It is clear that statutory sector partners need to work together ever more closely to meet challenging national requirements, address complex and multi-faceted issues and ensure that system resources are used as effectively as possible around individuals in need of support. Without membership of the Alliance, the Council would not maintain a voting right at the Better Together Board and would not be able to claim the right to attend relevant discussions.

Reason/s for Recommendation/s

15. The reasons for recommending that the Council continues being a Full Member of the Better Together Alliance for a further year are detailed in **paragraph 12**.

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.

Data Protection and Information Governance

17. There are no data protection or information governance implications arising from these recommendations.

Financial implications

18. There are no financial implications arising from these recommendations.

RECOMMENDATION/S:

That the Committee:

- 1) approves the Council extending its full membership of the Mid Nottinghamshire Alliance Agreement contract for a further year from 1 April 2019 to 31 March 2020
- 2) receives a further report before the end of March 2020 with further recommendations in relation to membership of the Alliance or any other governance structure for the Integrated Care System.

Mark McCall
Interim Service Director, Mid Nottinghamshire

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Constitutional Comments (LW 13/02/19)

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

Financial Comments (AGW 19/02/19)

20. The financial implications are contained in paragraph 18 of this report.

Background Papers and Published Documents

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

Update on progress with arrangements to integrate health and social care in Mid-Nottinghamshire – report to Adult Social Care and Health Committee on 13th March 2017

The Mid-Nottinghamshire “Better Together” Alliance Agreement Contract – report to Adult Social Care and Health Committee on 7th March 2016

Electoral Division(s) and Member(s) Affected

All.

ASCPH628 final

4 March 2019**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS****AUTISM JOINT STRATEGIC NEEDS ASSESSMENT AND SELF
ASSESSMENT FRAMEWORK ACTIONS****Purpose of the Report**

1. To provide the Committee with an update regarding the Autism Joint Strategic Needs Assessment (JSNA) and Self Assessment Framework and inform the Committee of the main issues raised by the Health and Wellbeing Board.
2. To seek the support of the Adult Social Care and Public Health Committee for the development of a local Autism Strategy and resultant action plan based on the requirements identified through the completion of the Self Assessment Framework and evidence contained within the Autism JSNA.

Information

3. The annual Self Assessment Framework (SAF) return for Autism was submitted on 10th December 2018. This is an annual survey carried out by Public Health England to assess progress and delivery against the Autism Act and accompanying national Statutory Guidance.
4. As in previous years the questions required Nottinghamshire partners to rate how well they are meeting key areas of service provision as identified within the Statutory Guidance using a combination of yes/no answers and rating against a red (falling short of statutory requirements), amber (room for improvement) or green (meeting statutory requirements) rating scale.
5. Carers and service users were asked for their input into the return alongside partners within the Council, Clinical Commissioning Groups (CCGs), District and Borough Councils, the police, advocacy services, transport and leisure services and higher education institutions.
6. When compared to the previous return it can be seen that Nottinghamshire is strong in many areas of delivery against the Autism Statutory Guidance including:
 - data collection within the Council itself

- the development of an autism-specific JSNA chapter
- the inclusion of autism within the Market Position Statement
- the different approaches to information provision within the County (e.g. through the Customer Services Centre and the NottsHelpYourself website) and the broad nature of this
- the inclusion of all age ranges in autism plans rather than ceasing services at age 65 years
- the availability of autism awareness training to all Council employees (although take-up is relatively low as it is not yet mandatory)
- the inclusion of people with autism in the design and delivery of training
- Nottinghamshire is already NICE (National Institute for Health & Care Excellence) compliant with regards to waiting times for assessment for diagnosis
- the diagnostic pathway is integrated
- the Asperger's team and the targeted work they carry out
- work being carried out within communities including leisure and coproduction groups to ensure that they are "autism friendly" spaces
- carers of autistic people are offered carers assessments
- the newly developed Housing with Support strategy specifically talks about the needs of autistic adults
- the support carried out by the iWorks team to assist people into, and maintain, work.

7. However there are still areas that require further improvement and these are reflected in the findings and recommendations contained within the autism JSNA chapter which was approved at the Health and Wellbeing Board on 9th January 2019. The areas in which improvement is required are:

- having a local autism strategy and delivery plan
- the implementation of an Autism Board with an autistic chair (currently there is under-representation by Autistic Adults at the Learning Disability and Autism Partnership Board)
- greater involvement of people with autism in the planning and design of services (the development of the board would assist with this)
- the development of a joint commissioner role
- adjustments being made to general council services and those of external community based organisations to accommodate the needs of autistic people including the need for, and implementation of, an accessibility policy
- enabling automatic assessments to people at transition from children's to adult services
- reasonable adjustments and easy access to health services (including primary care, secondary care and mental health)
- the development of a multi-agency training plan and specific training programmes with regards to communication and sensory issues
- closer working with the criminal justice system to develop training and report accurate hate crime statistics around autism
- staff training across all organisations (health and social care) including specific training around working with women, older adults and BME (Black and Minority Ethnic) communities. Training is also required around the impact and presentation of autism when carrying out Mental Capacity Act assessments and the impact, and support of, sensory needs

- a simpler diagnostic and post-diagnostic pathway and availability of support for adults requiring an autism diagnosis in line with the NHS 10-Year plan.
8. In order to improve the SAF rating and implement the actions recommended in the JSNA it is proposed that individual task and finish groups be established to take this work forward. Some of this work has already begun through discussions with Children's Services to look at the transitions process and with the Police Disability Advisory Group and the Safer Nottinghamshire Partnership Board to harness closer working relationships with Criminal Justice System partners.
 9. Many of the actions require close working relationships with colleagues from Health and whilst it is proposed that this work be carried out through the Integrated Autism, Learning Disability and Mental Health Steering Group, frequent staff changes within the CCGs has delayed actions to date.
 10. Feedback from the Health and Wellbeing Board on 9th January included five main areas:
 - the evidence-based outcomes achieved by the Asperger's team was commended as a model of good practice, particularly in relation to the prevention of more costly and longer term social care and health interventions
 - the requirement to fully cost actions to address identified needs before progressing any plan
 - the Chair of the Board clarified the purpose of the JSNA as distinct from a business plan
 - the absence of an NHS funded diagnostic service was acknowledged as a priority for the future, as was the requirement for pre and post diagnostic support. Progress towards a diagnostic service should be the responsibility of the Integrated Autism, Learning Disability and Mental Health Steering Group as well as the Integrated Care System (ICS)
 - the Health and Wellbeing Board supported the JSNA and recommended that the Healthy and Sustainable Places Coordination Group would assist in developing the action plan (where required). The Board requested that an update be delivered in six months against the recommended actions.

Other Options Considered

11. Continue with Autism Awareness training being accessed on an ad-hoc basis by individual staff members; however this does not provide consistency of knowledge and awareness across teams and staff groups.
12. Develop individual team or building-based policies around accessibility; however this would not provide a consistent approach across Council services.

Reason/s for Recommendation/s

13. The development of a cross-agency Autism Strategy and implementation plan is in line with national autism guidance. By having engagement and sign-off for the strategy by all key stakeholders, closer working relationships can be forged to take forward the cross-agency recommendations and actions outlined in the SAF and JSNA. An update on progress against this has been requested by the Health and Wellbeing Board at its meeting in September 2019.

14. Currently only 44% of Nottinghamshire County Council employees have accessed the Autism Awareness e-learning. In order to achieve an Amber rating in the next SAF return this figure would need to increase to at least 50%.
15. The Social Care Institute for Excellence (SCIE) is currently developing training criteria which will be released in April 2019 which will form part of the assessment criteria for the next SAF. The likely areas of focus will be around areas of health inequalities including women, BME communities and older people.
16. Although a policy is available around accessible communication needs there is currently no policy around accessibility to Council buildings and facilities. As no policy is in existence a Red rating is currently recorded in the SAF return. By developing a corporate policy around all accessibility needs (including the needs of those with hidden disabilities) and implementing small changes (e.g. the use of quiet spaces and lower level lighting) the SAF rating would increase to Green upon the next return.

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.

Data Protection and Information Governance

18. Greater data collection and information sharing by the Council and its partners may have data protection issues; however the information is required in order to gain an accurate picture of need and appropriate information sharing protocols will be utilised in line with current policy.

Financial Implications

19. The implementation of mandatory training and the development of a corporate accessibility policy will have no financial implications as resources already exist. The implementation of the accessibility policy may have some financial implications however existing resources should be utilised wherever possible (e.g. the use of existing meeting rooms as quiet spaces, the turning off of overhead lights and/or the use of lamps).
20. There is a need to develop specific training around women, BME groups and older people as well as around the sensory needs of people with autism. A training budget is available for this and the most cost-effective option will be considered when developing these training programmes including the development of such programmes internally or by purchasing from external providers.
21. The implementation of a diagnostic service and pre and post diagnostic support is the responsibility of NHS partners.

Human Resources Implications

22. There would be an implication of approximately two hours per staff member by having mandatory Autism Awareness training.

Implications for Service Users

23. By providing all staff members with Autism Awareness training all Council employees will have some knowledge and skills when working with Autistic people.
24. The development of specific training around individual groups and needs will enable frontline staff to work more effectively with service users from these groups.
25. Having a corporate accessibility policy, and the implementation of this, will enable Autistic services users (and those with other physical and hidden disabilities) to access the Council's services and give them and staff confidence to support them in an environment that is suited to their needs.
26. Working more closely with health will enable more accurate data collection and assessment of population need to ensure that services meet the requirements of those who need them in the future.

RECOMMENDATION/S

- 1) That Committee supports the development of a local Autism Strategy and resultant action plan based on the requirements identified through the completion of the Self Assessment Framework and evidence contained within the Autism Joint Strategic Needs Assessment (including the need for a Council-wide accessibility policy, the role out of training, improved data collection and sharing mechanisms plus the development of a clear diagnostic pathway). Any additional resources identified in the action plan will be brought back to Committee for approval.

Paul Johnson

Service Director, Strategic Commissioning, Safeguarding and Access

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Constitutional Comments (AK 20/02/19)

27. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under their terms of reference. Any policy developed on Council wide accessibility will need to go to Policy Committee for approval.

Financial Comments (DG 19/02/19)

28. The financial implications are contained within paragraphs 19-21 of this report.

Background Papers and Published Documents

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

[Autism SAF 2018 \(unpublished\)](#)

[Adult Autism JSNA](#)

Approval of refreshed JSNA Chapter – Autism: report to Health and Wellbeing Board on 9 January 2019

Electoral Division(s) and Member(s) Affected

All.

ASCPH627 final

7 March 2019**Agenda Item: 9****REPORT OF THE TRANSFORMATION PROGRAMME DIRECTOR FOR
ADULT SOCIAL CARE AND HEALTH****THE NHS LONG TERM PLAN****Purpose of the Report**

1. This report provides information which will be supported by a presentation at the meeting of the Committee about the NHS Long Term Plan, which was published in January 2019.

Information

2. In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years, with an average increase of 3.4% a year. The total budget settlement for the NHS was £20.5 billion.
3. In return, the NHS was asked to develop a long term plan for the future of the service, detailing ambitions for improvement over the next decade, and plans to meet them over the five years of the funding settlement.
4. The resulting Long Term Plan sets out clear and costed improvement priorities for the biggest killers and disablers of the population. It largely does so using the latest epidemiological evidence from the Global Burden of Disease (GBD) study for England, supplemented by the views of patients and the public on their priorities for improvement.
5. There was extensive public engagement to develop the plan. This involved 200 engagement events, 500 submissions by letter or email, 2000+ submissions using an online form, and 21,788 views given to the online discussion guide webpage.
6. The working groups have developed a range of specific ideas and ambitions for how the NHS can improve over the next decade, covering all three life stages:
 - Making sure everyone gets the best start in life
 - Delivering world-class care for major health problems
 - Supporting people to age well.
7. The Plan explains how these ideas and ambitions will be implemented through the provision of a new service model for the 21st century, more action to tackle health inequalities and prevent ill health, make further progress on care quality and outcomes, give NHS staff more support, make digitally enabled care a reality and use taxpayers investment to maximum effect.

8. The presentation will explain these different elements of the plan and indicate:
- a) what impact the Plan will have for service users known to Adult Social Care and Public Health
 - b) what the NHS Long Term Plan might mean for the Department
 - c) how Adult Social Care and Health can support the objectives of the Long Term Plan
 - d) next steps - how the Long Term Plan will be implemented within the Integrated Care Systems (Nottingham and Nottinghamshire, South Yorkshire and Bassetlaw).

Other Options Considered

9. There are no other options for consideration.

Reason/s for Recommendation/s

10. The report is for information only but the Committee may feel that there are actions which need to be taken in response to this item.

Statutory and Policy Implications

11. 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

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

Implications for Service Users

13. The implications for service users of the NHS Long Term Plan will be explained in the presentation to be given to Committee.

RECOMMENDATION/S

- 1) That Members consider whether there are any actions they require in relation to the information contained within the report and the presentation to Committee.

Jane North
Transformation Programme Director

For any enquiries about this report please contact:

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Constitutional Comments (AK 14/02/19)

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

Financial Comments (OC 14/02/19)

15. As stated in paragraph 12 there are no financial implications related to 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 NHS Long Term Plan
<https://www.longtermplan.nhs.uk/>

Electoral Division(s) and Member(s) Affected

All.

ASCPH629 final

4 March 2019**Agenda Item: 10****REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE INTERIM
SERVICE DIRECTOR, MID-NOTTINGHAMSHIRE****ADULT SOCIAL CARE AND PUBLIC HEALTH – CHANGES TO THE
STAFFING ESTABLISHMENT****Purpose of the Report**

1. The report seeks approval for changes required to the staffing establishment in Adult Social Care and Public Health to meet the statutory and operational requirements of the department.

Information**Temporary Public Health and Commissioning Manager post**

2. Adult Social Care and Public Health Committee in December 2018 approved the spend of the public health reserves on a number of projects; one of these programmes was the implementation of Routine Enquiry about Adversity in Childhood (REACH) and its associated independent academic evaluation.
3. Implementing REACH addresses recommendations regarding Adverse Childhood Experiences (ACEs) in both the 2017 [Director of Public Health's Annual Report "Investing in the Future: Making a Healthy Start"](#) and the newly published 2018 [Director of Public Health's Annual Report "Violence Prevention: A public health approach"](#).
4. REACH is a licenced evidence-based programme developed by Warren Larkin Associates that will support children, young people, their families and targeted groups of vulnerable adults to address childhood adversity and the impact it has had on their life. It is a population prevention approach for all children and young people – a systematic service-based approach, to build confidence and resilience.
5. Adverse Childhood Experiences (ACE) are highly stressful, and potentially traumatic events or situations that occur during childhood (defined as 0 – 18 years). The most well-known and commonly cited and researched ACEs are:
 - Active abuse: verbal, physical and sexual abuse
 - Passive abuse: physical and psychological neglect

- Absent parents who are not emotionally available: parental death, divorce, substance misuse (including alcohol), mental health, attempted suicide and imprisonment.
6. Nottinghamshire County Council will introduce a programme which address ACEs through a trauma informed way. REACH is the only licenced programme which supports to address ACEs in an evidenced based approach. A project manager is required to work along-side Warren Larkin Associates to support the roll out and delivery of the programme across Nottinghamshire County Council services and commissioned Public Health Services.
 7. Following approval from Adult Social Care and Public Health Committee to procure REACH and the independent evaluation, the following post in the public health division will need to be recruited to project manage the programme:
 - 0.4 FTE Public Health and Commissioning Manager (Band D), a fixed-term post offered as a secondment from April 2019 until March 2020.
 8. The proposed post will be fully funded by the approved allocation for REACH from the public health grant reserves. Given the one-year term of the funding required for the post, appointing on a secondment basis internally within Nottinghamshire County Council will ensure there is no additional cost risk associated with employment rights.

Temporary Team Manager, Countywide Adult Mental Health Practitioners Team

9. This report also seeks approval to convert the current 0.5 FTE temporary Team Manager vacancy in the countywide Adult Mental Health Practitioners (AMHP) Team in Adult Social Care and Health into a full time temporary Team Manager (Band D) post until March 2020. This temporary change to the staffing establishment is required to meet the statutory and operational requirements of the Council.
10. The permanent establishment of the AMHP Team is 1 FTE Team Manager and 10 FTE Adult Mental Health Practitioners. Additional temporary funding has previously been approved to fund 2 FTE additional AMHPs and a 0.5 FTE Team Manager post until March 2020. The post-holders of the 0.5 FTE temporary Team Manager and 0.5 FTE AMHP posts have left the Team and this has created the opportunity to review these posts. The Committee is asked to approve the temporary establishment of an additional 0.5 FTE Team Manager post (Band D, £28,484 p.a) until March 2020 to work within the AMHP Team.
11. The post can be funded by the two currently vacant posts, except for £1,932 which will be funded by a current underspend in the staffing budget because of a small number of AMHP hours which are currently vacant.
12. The Team Managers are also authorised AMHPs and can undertake statutory assessments although not at the level undertaken by a full-time AMHP. This means that there may be a slight increase in AMHP workloads. However, making the current part-time Team Manager post into a full-time post would relieve some of the operational pressure on the permanent Team Manager.
13. Increased management capacity is required in anticipation of an expansion in workload given the NHS Long Term Plan, which includes a commitment of £2.3 billion a year towards mental health services. Mental health spending is expected to grow faster than in other areas of NHS spend, closing a gap and redressing the balance to meet growing needs. The intention is to put mental health services on an equal footing with physical health. The department will

need additional capacity to support the development of local mental health services in line with the aims of the NHS plan.

14. It is therefore requested that the team structure is increased to 2 FTE Team Managers by the establishment of a 0.5 FTE Team Manager post. This change in management would be until March 2020 and would be funded from the current staffing budget.

Advanced Social Work Practitioner post in the Younger Adults Project Team – 1 year fixed term contract

15. The report also seeks approval to establish an Advanced Social Work Practitioner (Band C) post in the Younger Adults Project Team for a fixed term of 1 year.
16. The Younger Adults Project Team (YAPT) is an operational team responsible for implementing Nottinghamshire County Council's response to the Transforming Care Agenda.
17. The Transforming Care Partnership (TCP) made up of City and County Council and all Nottinghamshire Clinical Commissioning Groups (CCGs), has identified the need for an Advanced Social Work Practitioner post and was successful in bidding for NHS England funding for this post for a fixed term of one year. This post would focus on supporting people who have been discharged from hospital and are living in the community.
18. This post would not require any funding from Nottinghamshire County Council but needs Committee approval so that it can be included in the staffing establishment of YAPT.
19. There are currently ongoing challenges with sustaining community placements for people with highly complex needs and challenging behaviours. The post holder will be required to take a whole systems approach to this challenge, working closely with all partners to ensure services are responsive and robust. Should the post prove successful then consideration will be given by the TCP for funding on a longer-term basis from infrastructure monies released from reduction in NHSE secure hospital beds.
20. The money for this post is already identified by the TCP and is available as soon as required.

Other Options Considered

21. Consideration was given to Warren Larkin Associated recruiting the temporary Public Health post, but this was discounted on the basis that the post holder require access to internal team managers to liaise with regarding training, access to book training venues and support from the Public Health Division for delivery of this programme.
22. The current establishment of the countywide AMHP team could have remained the same. However, a requirement for additional capacity at a managerial level to allow the Council to contribute and respond to the strategic developments signalled in the NHS Long Term Plan was felt to be necessary.
23. The TCP considered using the money available for various posts. However, it was felt that the Advanced Social Work Practitioner post in Nottinghamshire County Council's Younger Adults Project Team would be the most effective use of resources.

Reason for Recommendation

24. The Council's Constitution require all posts on the establishment to be approved by the appropriate Committee.

Statutory and Policy Implications

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

Financial Implications

26. A job description for the post of Public Health and Commissioning Manager has been evaluated as Band D. The costs associated with establishing this post at the top of the scale will be £58,729 per annum with on-costs therefore for a 0.4 FTE for 12 months would be £23,492. There is no additional Council resource required to meet the costs of the post as the post would be fully funded through the public health reserves.
27. The increase in Team Manager capacity in the countywide AMHP team from 1.5 FTE post to 2 FTE posts until March 2020 will be funded by current capacity within the team's staffing budget.
28. There are no financial implications for Nottinghamshire County Council for the ASWP (Band C) post in the Younger Adults Project Team as the funding for this has been identified by the Transforming Care Partnership and will be transferred.

Human Resources Implications

29. The human resources implications are outlined in **paragraphs 7 and 10**.

RECOMMENDATION

That the Committee approves:

- 1) the establishment of a temporary one year fixed-term (April 2019 – March 2020) Public Health and Commissioning Manager (Band D) post to project manage the implementation and roll out of the REACH programme
- 2) the temporary establishment of an additional 0.5 FTE Team Manager (Band D) post in the countywide Adult Mental Health Practitioners Team until March 2020.
- 3) the establishment of a temporary one year fixed-term Advanced Social Work Practitioner (Band C) post in the Younger Adults Project Team to address current challenges with sustaining community placements for this cohort.

Jonathan Gribbin
Director of Public Health

Mark McCall
Interim Service Director, Mid-Nottinghamshire

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Constitutional Comments (LW 12/02/19)

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

Financial Comments (DG 20/02/19)

31. The financial implications are contained within paragraphs 26 - 28 of this report. To fund the 0.5 FTE additional Team Manager post in paragraph 27, this will require the disestablishment of a 0.5 FTE Adult Mental Health Practitioner post which is funded temporarily by the IBCF and the balance funded from the team budget.

Human Resources Comments (SJJ 12/02/19)

32. The HR implications are identified in the body of the report in that the temporary posts will be appointed to on a fixed term contract. Trade Union colleagues have received a copy of the report for comments.

Background Papers and Published Documents

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

[Report of the Director of Public Health: Use of Public Health General Reserves](#) - report to Adult Social Care and Public Health Committee on 10 December 2018

[Director of Public Health's Annual Report "Investing in the Future: Making a Healthy Start"](#)
Nottinghamshire County Council - Director of Public Health's Annual Report 2017

[Director of Public Health's Annual Report "Violence Prevention: A public health approach"](#).
Nottinghamshire County Council - Director of Public Health's Annual Report 2018

Electoral Divisions and Members Affected

All.

ASCPH636 final

4 March 2019**Agenda Item: 11****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****ADULT SOCIAL CARE AND PUBLIC HEALTH - EVENTS, ACTIVITIES AND
COMMUNICATIONS****Purpose of the Report**

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

Information

2. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by adult social care and public health are wide ranging and there are a variety of reasons for doing so, for example:
 - promotion of services to give information to people in need of social care and public health services and their carers
 - encouraging interest in recruitment campaigns for staff, carers and volunteers
 - engagement of communities with services in their locality
 - generation of income through public events.
3. Over the next quarter, adult social care and public health would like to undertake the events and activities detailed in **paragraphs 4 - 9**.

Protect against Sexually Transmitted Infections (STI) campaign

4. Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK, affecting both men and women. Since 2016, the detection rate in Nottinghamshire has been below the national and regional averages. In November 2017, Nottinghamshire Public Health commissioned an online chlamydia testing service to increase access to testing and to improve testing rates.
5. The Public Health division within Nottinghamshire County Council proposes to run a local sexual health campaign to promote condom use and advocate chlamydia screening, specifically directing people to the online testing site (<https://www.freetest.me/local/nottinghamshire>). It is recommended that tests should be offered to men and women under 25 who have ever been sexually active, annually or on change of sexual partner.

6. This campaign will include the distribution of posters to partner agencies including GP surgeries, libraries and third sector organisations in areas of high socioeconomic disadvantage across Nottinghamshire, where there is an association with poorer sexual health outcomes. Sexual health promotion teams will use their social media outlets to run targeted social media campaign to target those most at risk. The core materials will be adopted from those produced by Public Health England which have been market-tested to engage effectively with defined disadvantaged populations. Briefings will also be produced to raise awareness of the online testing service amongst health professionals and people working with young people.

Clean Air Day 2019 – Thursday 29th June

7. Air quality and air pollution is a public health issue as it contributes to premature death and respiratory illness, particularly in the most vulnerable groups such as older people and children. Part of our Nottinghamshire partnership approach to improve air quality is to engage and communicate to the public and partner organisations so people are better equipped to understand the issue and know what they can do to help.
8. Clean Air Day is an annual event co-ordinated by the small charity Global Action Plan and supported by a wide range of international and national agencies, local authorities and other public sector organisations. It is one of the largest campaigns to reduce air pollution in the UK. The aim of Clean Air Day is to promote awareness of the importance of clean air, and for the public to find out what they can do to improve air quality and the related health benefits.
9. The Public Health Division proposes to coordinate messages in traditional and social media, with circulation of some print information, as part of Clean Air Day 2019. This will aim to raise awareness of the importance of good air quality, and the good work going on in Nottinghamshire that helps reduce pollution and make our air cleaner. It will comprise showcasing good news stories from NCC such as work with transport, with partners in districts and borough councils, schools, NHS and other workplaces to promote what is being done locally to improve air quality. In addition this will be accompanied by messages around air quality, why it is important and what residents can do help.

Other Options Considered

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

Reason/s for Recommendation/s

11. To ensure that people in need of adult social care and public health services and their carers are aware of the range of services on offer; encourage engagement with local communities, increase income generation and highlight and share good practice.
12. To enable the Local Authority to contribute to the overarching aims and outcomes of the air quality population awareness campaigns as described in **paragraphs 7 - 9** above.

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. Costs associated with the production and distribution of promotional materials for the Sexual Health promotion campaign described in **paragraphs 4 - 6** will be met from the Public Health service budget. With regards the Clean Air Day, the charity which runs the campaign has suggested a contribution of £650 from each participating local authority and this cost can be met from the Public Health budget.

Human Resources Implications

15. There are no human resource implications.

Implications in relation to the NHS Constitution

16. The Public Health communications outlined above support the ethos of the NHS constitution to “...*improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives*”.

Public Sector Equality Duty implications

17. The aim of the Sexual Health campaign as described above supports the principles of reducing stigma and increasing access to chlamydia screening, which is particularly important for younger people (age 15-25) who are most at risk.
18. The aim of the clean air day campaign is to educate and raise awareness in the population around air quality, which has particular impact on older people, children, and those with existing health conditions.

RECOMMENDATION/S

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

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (KK 28.01.2019)

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

Financial Comments (DG 28.01.19)

20. The financial implications are contained within paragraph 14 of this report.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

4 March 2019**Agenda Item: 12****REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

Information

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

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director, Customers, Governance & Employees

For any enquiries about this report please contact: Sara Allmond – sara.allmond@nottsc.gov.uk

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
1 April 2019			
Fees for independent sector care providers and charges – annual report		Service Director, Strategic Commissioning, Access and Safeguarding	Paul Johnson/Cherry Dunk
Approval for re-tender of service to maintain fixed equipment		Service Director, South Nottinghamshire	Cate Bennett
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
Recommissioning of Domestic Violence and Abuse Services	To seek approval to proposed commissioning intentions for this service	Consultant in Public Health	Gill Oliver
Novel Psychoactive Substances (NPS) update		Consultant in Public Health	Sarah Quilty
13 May 2019			
Adult Social Care and Public Health Departmental Strategy - Performance report	Update on performance relating to the department's contribution to commitments in the Council's Strategic Plan	Transformation Programme Director/Director of Public Health	Jennie Kennington/Kay Massingham
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Outcome of review of I-Work service	Report requested by Committee in January 2019 on outcome of review of I-Work service.	Service Director, North Notts and Direct Services	Jane McKay

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Outcome of public engagement on Housing with Support (for adults 18-64) Strategy	Outcome of engagement exercise approved at Committee in Feb 2019.	Service Director, North Notts and Direct Services	Jenni French
10 June 2019			
Single Homelessness support service - procurement	To seek approval to tender for the single homelessness support service	Consultant in Public Health	Dawn Jenkin / Susan March
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Ellie Davies
Update on individual contributions towards the cost of care and support		Service Director, Strategic Commissioning, Access and Safeguarding	Jennifer Allen
8 July 2019			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk