

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

**Monday, 13 December 2021 at 14:00**

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

---

## **AGENDA**

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the last meeting of the Adult Social Care and Public Health Committee held on 20 Sept 2021  | 3 - 6   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Celebrating Success – Departmental Awards Scheme in Adult Social Care & Public Health  | 7 - 10  |
| 5 | Adult Social Care performance and financial position update for Quarter 2 2021-22  | 11 - 20 |
| 6 | Winter planning and National Hospital Discharge Policy   | 21 - 28 |
| 7 | Adult Safeguarding service review  | 29 - 36 |
| 8 | Changes to the staffing establishment in Living Well services  | 37 - 44 |
| 9 | Work Programme   | 45 - 50 |

## **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 Jo Toomey (Tel. 0115 977 4506) 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 8 November 2021 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Boyd Elliott (Chairman)  
Scott Carlton (Vice-Chairman)  
Nigel Turner (Vice-Chairman)

Steve Carr  
Dr. John Doddy  
Sybil Fielding - A  
Paul Henshaw

Eric Kerry  
David Martin- A  
Nigel Moxon  
Michelle Welsh

**SUBSTITUTE MEMBERS**

Councillor Kate Foale

**OFFICERS IN ATTENDANCE**

Melanie Brooks, Corporate Director, Adult Social Care and Health, ASC&PH  
Jonathan Gribbin, Director of Public Health, ASC&PH  
Sue Batty, Service Director, Ageing Well Community Services, ASC&PH  
Ainsley Macdonnell, Service Director, Living Well Community Services, ASC&PH  
Kashif Ahmed, Service Director, Strategic Commissioning and Integration, ASC&PH  
Iris Peel, Group Manager, Living Well, ASC&PH  
Nathalie Birkett, Group Manager, Contracts and Performance, ASC&PH  
Rebecca Atchinson, Senior Public Health and Commissioning Manager, ASC&PH  
Jennie Kennington, Senior Executive Officer, ASC&PH  
Mirela Kinaeva, Personal Support Assistant, Chief Executive's  
Jo Toomey, Advanced Democratic Services Officer, Chief Executive's

**OFFICERS IN REMOTE ATTENDANCE**

Grace Natoli, Director, Transformation and Service Improvement  
Philippa Milbourne, Business Support Assistant, Chief Executive's

**1. MINUTES OF THE LAST MEETING**

The minutes of the meeting of the Adult Social Care and Public Health Committee held on 20 September 2021 were confirmed and signed by the Chair.

## **2. APOLOGIES FOR ABSENCE**

- Councillor Sybil Fielding (medical/sickness) was substituted by Councillor Kate Foale
- Councillor David Martin (other)

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

No interests were disclosed.

## **4. IMPROVING OUTCOMES FOR SURVIVORS OF DOMESTIC ABUSE**

The report asked the Committee to endorse the strategic approach for deliver the Domestic Abuse Strategy in Nottinghamshire by recommending it to Policy Committee for approval. The report also asked the Committee to approve the proposed governance arrangements and terms of reference for the Domestic Abuse Local Partnership Board.

### **RESOLVED 2021/057**

- 1) That the strategic approach for deliver the Domestic Abuse Strategy in Nottinghamshire be endorsed and the proposed Domestic Abuse Strategy (attached as Appendix A to the report) be recommended to Policy Committee for approval.
- 2) That the proposed governance arrangements and terms of reference of the Domestic Abuse Local Partnership Board be approved.

## **5. PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR FUNDED CONTRACTS**

The report updated the Committee on performance and the quality of services commissioned by Public Health over quarters 1 and 2 of 2021/22 (1 April 2021 to 30 September 2021).

During discussions, Members:

- Members asked for clarification about the number of new birth visits were face-to-face and about the period within which they could be fully assured about the development of a child
- Councillors also asked that in listing the number of new birth visits, the total number of births in Nottinghamshire also be provided
- Asked about arrangements for COVID boosters and the time it took to get an appointment or wait at the walk-in centre

### **RESOLVED 2021/058**

That the following actions are required arising from information within the report:

- Clarification about the number of face-to-face new birth visits
- Future performance reports should include the total number of births against the figure of new birth visits

## **6. CARE SUPPORT AND ENABLEMENT FRAMEWORK RE-TENDER**

The report sought Committee's agreement to retender the Care Support and Enablement Framework and award a Framework Agreement.

### **RESOLVED 2021/059**

That the retender of the Care Support and Enablement framework and award of a Framework Agreement be approved.

## **7. CHANGES TO THE STAFFING ESTABLISHMENT IN THE LIVING WELL SERVICE**

In response to increasing demand for mental health services, the report asked Committee to approve posts for Approved Mental Health Practitioners, including a Principal Practitioner. Committee was also asked to approve a temporary Group Manager Post in Living Well services.

### **RESOLVED 2021/060**

That the establishment of the following posts be approved:

- 1) 1 FTE permanent Principal Approved Mental Health Professional post at Band E (subject to Job Evaluation).
- 2) 6 FTE permanent Approved Mental Health Professional posts at Band C from 1<sup>st</sup> April 2022.
- 3) 0.5 FTE temporary Group Manager post in Living Well North until 31<sup>st</sup> August 2023.

## **8. WORK PROGRAMME**

A request was made to add an item to the work programme about recruitment and retention of care home staff and the impact of mandating that all care workers have the COVID vaccination. Committee was advised that this would be captured in the next Market Management Position Statement which would be presented in January 2022.

### **RESOLVED 2021/061**

That the Committee's work programme be approved.

The meeting closed at 12.19pm.

**CHAIRMAN**



**13 December 2021****Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****CELEBRATING SUCCESS – DEPARTMENTAL AWARDS SCHEME IN ADULT  
SOCIAL CARE AND PUBLIC HEALTH****Purpose of the Report**

1. The report supports the presentation of departmental awards for staff and teams across Adult Social Care and Public Health. The winners and highly commended finalists will be announced at this meeting.

**Information**

2. Last year the department introduced the departmental awards, which were focused on the achievements of staff during the height of the Covid-19 pandemic. The scheme was well-received with strong Elected Member support, and presentation of the winners took place at the virtual Committee meeting in December 2020.
3. For this year's awards, there were a few changes to the categories and these are listed below:
  - **Excellence in Leadership**
  - **Working Creatively**
  - **Partnership Working**
  - **Best Team**
  - **Outstanding Contribution**
4. The awards were promoted through the weekly message from members of the Senior Leadership Team and the Practice Newsletter, and through contact with the Extended Leadership Team. There was an excellent response across all the categories with a total of 57 nominations received.
5. Following a short-listing process the nominations were discussed and scored by a judging panel chaired by the Chairman of the Adult Social Care and Public Health Committee, and also including one of last year's award winners, a colleague from another Council

department, the Principal Social Worker and another departmental colleague as well as a member of the Co-production Steering Group.

6. The highest scoring nominations will be announced as winners in the five categories at today's Committee meeting. There will also be two highly commended finalists announced for each category. The winners will receive a trophy in recognition of their achievement.

### **Other Options Considered**

7. Further to the success of last year's first awards the department was keen to offer this opportunity to recognise the achievements of staff on an annual basis, so the option of not having an awards process this year was not considered.

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

8. The department is keen to maintain and improve its approach to celebrating success within the department, and departmental awards are a key part of this approach.

### **Statutory and Policy Implications**

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

### **Financial Implications**

10. There will be a small financial implication in relation to the purchase of prizes for the finalists and award winners. This will be managed through the Corporate Director's budget.

### **Human Resources Implications**

11. The awards allow staff to recognise and celebrate the achievements of their colleagues.

### **RECOMMENDATION/S**

- 1) That the Committee gives a formal vote of thanks to the finalists and winners in the 2021 departmental awards.

**Melanie Brooks**

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

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

Jennie Kennington  
Senior Executive Officer



T: 0115 9774141

E: [jennie.kennington@nottscc.gov.uk](mailto:jennie.kennington@nottscc.gov.uk)

### **Constitutional Comments (AK 22/11/21)**

12. This report falls within the remit of Adult Social Care and Public Health Committee under its terms of reference.

### **Financial Comments (DG 22/11/21)**

13. Any financial costs will be met from the Corporate Director's budget.

### **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.

[Celebrating Success – Departmental Awards Scheme in Adult Social Care & Public Health - report to Adult Social Care and Public Health Committee on 7th December 2020](#)

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

All.

ASCPH783 final



**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE  
FOR QUARTER 2 2021/22****Purpose of the Report**

1. To provide an update on the financial position of Adult Social Care and Public Health at the end of September 2021.
2. To provide Committee with a summary of performance for Adult Social Care for quarter 2, 1 July to 30 September 2021.

**Information**

3. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing performance to deliver effective and responsive services to the people it supports and their carers.
4. This report provides a summary of the department's financial position at the end of quarter 2 2021/22 and an overview of the adult social care performance measures that fall within the responsibility of the Adult Social Care and Public Health Committee.

**Current Financial Position**

5. This forecast takes account of the budget realignment that happened in period 4 which resulted in £5.0m being removed from the Adult Social Care and Public Health budget as a result of the continuing effects of Covid: £3.0m from Ageing Well community care; £1.0m from Maximising Independence Service staffing; and £1.0m from Day Service staffing.
6. As at the end of September 2021, the Adult Social Care and Public Health Department is forecasting to underspend by £2.31m.

Department	Annual Budget £ 000	Actual to Period 6 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
<u>ASCH Committee</u>				
Strategic Commissioning and Integration	(32,806)	(66,580)	(33,228)	(422)
Living Well and Direct Services	128,967	75,731	129,031	64
Ageing Well and Maximising Independence	122,327	64,209	119,877	(2,450)
Public Health	631	(12,762)	241	(390)
<b>Forecast prior to use of reserves</b>	<b>219,119</b>	<b>60,598</b>	<b>215,921</b>	<b>(3,198)</b>
Transfer to / (from) reserves (SCI)	(4,352)	(34)	(3,852)	500
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	-	-	-	-
Transfer to / (from) reserves (Public Health)	(631)	(35)	(241)	390
<b>Subtotal</b>	<b>(4,983)</b>	<b>(69)</b>	<b>(4,093)</b>	<b>890</b>
<b>Net Department Total</b>	<b>214,136</b>	<b>60,529</b>	<b>211,829</b>	<b>(2,307)</b>

7. The forecast underspend is primarily due to: reduced spend on Ageing Well care packages, as a result of delayed demand arising from Covid; difficulties sourcing care; additional client contributions and income received; and also forecast underspends on staffing across the department due to difficulties in recruiting to vacant posts.
8. The forecast includes a net use of reserves of £4.09m. There is an anticipated use of reserves of £0.24m for Public Health, £3.57m for Section 256, and £0.64m Pooled Budget reserves. There is a net contribution to reserves of £0.36m for Carers.

### Service Improvement

9. In the 2021/22 financial year, the department had agreed savings of £4.51m. £1.36m has already been delivered with a further £1.57m expected to be delivered during this financial year. As a result of the ongoing response to the pandemic, the delivery of the remaining £1.58m of these savings is expected to slip into 2022/23 and 2023/24.

### Summary of Quarter 2 2021/22 Performance

10. Performance for quarter 2 for 2021/22 is attached at **Appendix A** and a summary of the highlights, areas for improvement and issues impacting on performance are contained within the body of this report.
11. In July and September 2021, the Adult Social Care and Public Health Committee approved 55.5 FTE of temporary social care posts as part of its recovery plan to address the impact that delayed and new demand due to Covid 19 has had. Recruitment has been challenging but of the additional capacity, 21 FTE of Social Worker, Community Care Officer and Occupational Therapy posts are now in place. An Occupational Therapy agency has also been procured to support the department to reduce the numbers of people waiting for an assessment.
12. A further 55.5 FTE of temporary posts were approved to support recovery and service improvement work, which was also impacted due to the department's priority being on managing the pandemic, and to accelerate workstreams within the Adult Social Care

Service Improvement Plan. 13 FTE of these posts are now in place to provide project support, specialist resource on financial and reporting functionality within Mosaic, Quality & Contracts Officer support to providers and progress the use of Technology Enabled Care initiatives. However, recruitment has remained a challenge and has not been successful in several roles. Due to the short timeframe left it is not anticipated that all posts will be filled to support new initiatives as previously thought. The use of agency roles to reduce the recruitment gap is now being actively pursued.

13. Locally and regionally health and care systems are facing unprecedented demand, coupled with chronic workforce shortages, and this means most systems are declaring Opex 3 and Opex 4 being the highest level of risk and escalation across primary care, community services, ambulances and across three acute hospitals. This level of risk and escalation also exist in adult social care. As a result, the department continues to be challenged in terms of performance, and is likely to see a similar trend continuing for most of this financial year. Having said that, recent success in recruitment and the robust approach to risk management, prioritisation and moving resources where it is needed most should help to mitigate capacity and demand challenges during this winter.
14. The trends of significant increases in demand for Safeguarding referrals, Care Act, Occupational Therapy and Mental Health Act assessments continue, and the combination of these factors continue to affect the department's performance indicators. A process is in place to monitor weekly trends in incoming work, capacity, waiting times and community-based care market capacity. This shows if the recovery plans are on track and if further mitigations or escalation of risk is required.
15. A report on Winter Planning and the National Hospital Discharge Policy, which is also on the agenda of today's Committee meeting, provides an update on progress with partners to implement the national discharge policy, to prepare for Winter, and to build sustainable capacity for the future. The report also seeks approval for some temporary re-ablement posts to provide additional capacity up to the end of March 2022, funded from the national NHS Discharge to Assess Fund. These posts will provide extra re-ablement capacity to meet projected additional demand over the Winter to support people home after a hospital stay.
16. The workforce shortage is not only affecting operational social care community teams, it is also being experienced by the independent sector care market both locally and nationally. The impact of this is that it is difficult to source care to support people of all ages at home and people are experiencing waits for services. Residential and nursing homes are also experiencing staff recruitment and retention difficulties, however, because there is an oversupply of residential care across Nottinghamshire it is still possible to source this for people who need it in a more timely way. Positively, the Council run re-ablement services are still currently recruiting and retaining staff. Short breaks, day service and enablement services are however experiencing the same recruitment and retention difficulties as the rest of the sector.
17. In response to the care sector workforce issues the department has put together a care market action plan with actions designed to have impact in both the short and long term. A robust Winter capacity plan has also been developed with partners which includes an ambitious set of proposals aiming to increase capacity and sustainability of home care during this Winter and if as a system these proposals can be maintained beyond March

2022 it will help to achieve the Council's longer-term ambitions. A local recruitment drive is being developed with partners to run alongside the national one. The campaign plans to include adverts on buses, social media, radio adverts, video from senior leaders and website between partners on job opportunities and on career pathways.

18. In addition, through the recently announced Adult Social Care workforce fund (£2.3m), providers will be encouraged to bid for monies to support recruitment, retention and increase capacity during this Winter. From recent market engagement, providers have told the Council that they would like to use the funding to pay bonuses to retain staff, purchase digital/technical solutions, golden handshakes for new staff and invest more on training and development.
19. The rest of the report highlights by way of example some of the issues faced and improvement plans that are being worked on in more detail.

### Re-ablement

20. Since June 2021 referrals for re-ablement have reduced from previous levels and performance on number of people offered the service has reduced. This is due to some traditional sources of work being much reduced as a result of the pandemic, for example, elective surgery and planned reviews. Also, people who may need homecare are spending longer in the service due to having to wait longer for providers to respond. The numbers of people successfully re-abled is also slightly lower than usual, because the Council's re-ablement service has been picking up urgent homecare calls where the independent sector provider has been unable to cover them.
21. The Maximising Independence Service re-ablement teams are exploring these and other reasons and have developed an improvement plan and are working across the community teams and with health partners to find simple ways of increasing the flow of referrals to them. They are also doing a number of workshops to make sure staff are aware of who to refer and are not ruling people out who could benefit.

### Mental Health Services

22. There have been several changes and new initiatives in mental health provision which are positively contributing to performance, particularly the Council's core metrics of Quality of Life, Independence and Use of Resources.
23. **24/7 Approved Mental Health Practitioner service** - the implementation of the 24 hour/ 7 day a week service was completed in September 2021. This has brought about a number of positive impacts for people with mental health issues, including immediate access to advice, guidance and signposting at all times of the day and night, a quicker response to incoming referrals and better management of the volume of referrals received. It has enabled earlier assessment of people under the Mental Health Act, consistent input, smoother liaison with partners and joint care planning for people in distress and/ or crisis. Feedback from other professionals has been extremely positive and being able to talk directly to an Approved Mental Health Practitioner 24/7 is speeding up decision making.
24. **Mental health discharge support and hospital avoidance services** - as part of the Mental Health Winter Pressures programme and using the Mental Health Recovery Fund,

the department initiated a number of projects to support improved discharge work and avoidance of hospital admission. This included six Discharge to Assess beds with occupational therapy and reablement input, a new rapid response enhanced community support offer and a flexible fund to support people to move into their own homes. This has enabled people to be discharged more rapidly once they are well enough to leave hospital and be supported to build the skills and confidence to maximise their independence.

## Digital Systems and Process

25. One of the themes within the Service Improvement Plan for 2021/22 – 2023/4 is about ensuring the department can respond and support people through digital means, as well as interact and share information with health partners. Some examples of the work that is happening are described in **paragraphs 26 to 28**.
26. The department has been working with colleagues from across the Integrated Care System to bid for funding from the NHSx Digitising Social Care Programme to support the following pilots:
  - a) Digital exemplar care homes – the aim of this project will be to demonstrate how a care home, that has fully embraced the use of digital, can provide an improved health and wellbeing service model for residents and the workforce, as well as enabling system efficiencies and joined-up care.
  - b) 24-hr proactive care monitoring service – a pilot to assess the use of Technology Enabled Care, to deliver a 24-hour home assessment and care service for an initial six-week period post-hospital discharge.
  - c) Care@Home – the aim of this project will be to pilot a number of digital care@home schemes to support patients with existing care packages. The schemes will focus on the use of technology to support early intervention and prevention; improve resident quality of life and ability to self-manage; and reduce levels of social isolation.
27. Colleagues in the department have secured one of only five invitations to take part in the Local Government Association Digital Leadership Programme, alongside officers from Norfolk County Council, Hampshire County Council, Gateshead Council and Rotherham Metropolitan Borough Council. The programme, which runs between November 2021 and March 2022, provides coaching and peer support to councils to help them on their digital journey and to tackle the barriers which are preventing them from reaching their digital goals.
28. In September 2021, Nottinghamshire County Council and Nottinghamshire Health Care Trust went live with the first phase of digital Mental Health referrals between the two organisations. Patient information is now sent directly from Nottinghamshire Health Care Trust's Rio system into the Mosaic social care record system. This is helping to reduce the time that Nottinghamshire Health Care Trust clinical staff spend sending referrals, and to reduce the time for referrals to reach social care. Later phases will add outcomes reporting data so that commissioners have greater oversight of patient outcomes and gaps in service availability.

## Other Options Considered

29. Due to the nature of the report no other options have been considered.

## Reasons for Recommendations

30. 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

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

## Financial Implications

32. At the end of September 2021, the department's forecast outturn position is an underspend of £2.31m as described in **paragraphs 5 to 8** of this report.
33. As described in **paragraph 9**, the department is likely to under-deliver on its savings target of £4.51m with the shortfall of £1.58m of savings now expected to be delivered in 2022/23 and 2023/24.

## RECOMMENDATION

- 1) That Committee considers whether there are any further actions it requires in relation to the finance and performance information for the period 1 July to 30 September 2021.

**Melanie Brooks**

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

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

Jennifer Allen  
Service Improvement Development Manager  
T: 0115 977 2052  
E: [Jennifer.allen@nottsccl.gov.uk](mailto:Jennifer.allen@nottsccl.gov.uk)

## Constitutional Comments (LW 23/11/21)

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



## **Financial Comments (KAS 01/12/21)**

35. At the end of September 2021, the department's forecast outturn position is an underspend of £2.31m with a shortfall of £1.58m of savings now expected to be delivered in 2022/23 and 2023/24.

## **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.

[Adults and Health Recovery from Covid - report to Adult Social Care & Public Health Committee on 26th July 2021](#)

[Update on Adults and Health Recovery from Covid - report to Adult Social Care & Public Health Committee on 20th September 2021](#)

Winter Planning and the National Hospital Discharge Policy – report to Adult Social Care & Public Health Committee on 13<sup>th</sup> December 2021

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

All.

ASCPH786 final



## Adult Social Care Performance Update - Quarter 2 (Apr - Sep 2021)

2019/20 2020/21 May-21 Jun-21 Jul-21 Aug-21 Current Value Target Best to be RAG Direction of Travel ytd National Average

### Contacts / requests

1	<a href="#">MIS Contacts : % resolved (pre assessment)</a>	N/A	N/A	79.9%	79.2%	80.2%	80.7%	<b>81.0%</b>	To Increase	High	G	TOWARDS TARGET	LOCAL
---	--	-----	-----	-------	-------	-------	-------	--------------	-------------	------	---	----------------	-------

### Hospital Discharge

2	<a href="#">Percentage of discharges made on the same day or the next day as the person was deemed Medically Safe for Discharge/Medically Fit for Discharge (MFFD)</a>	N/A	36%	32%	35%	34%	28%	<b>27%</b>	To Increase	High	R	Away from Target	LOCAL
3	<a href="#">The average number of days between MFFD or Discharge Notice and Discharge</a>	N/A	2.88	3.47	3.40	3.51	4.49	<b>5.15</b>	To reduce	low	R	Away from Target	LOCAL CORE

### Reablement & Enablement

4	<a href="#">Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)</a>	84.8%	84.8%	84.4%	82.9%	82.7%	86.6%	<b>82.2%</b>	83.0%	High	A	Away from Target	79%
5	<a href="#">Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)</a>	2.8%	2.2%	2.5%	2.2%	1.8%	2.2%	<b>2.3%</b>	2.5%	High	A	TOWARDS TARGET	3.1%
6	<a href="#">Number of people who completed START reablement</a>	N/A	N/A	284	470	628	751	<b>934</b>	2,421	High	R	TOWARDS TARGET	LOCAL CORE
7	<a href="#">People successfully completing a programme of enablement (with a Promoting Independence Worker)</a>	N/A	N/A	44	74	100	133	<b>169</b>	1,000	High	R	TOWARDS TARGET	LOCAL CORE

### Reviews

8	<a href="#">Percentage of reviews of Long Term Service Users completed in year</a>	84.9%	74.0%	19.0%	27.4%	32.3%	36.6%	<b>40.6%</b>	100.0%	High	A	TOWARDS TARGET	LOCAL & NATIONAL
---	--	-------	-------	-------	-------	-------	-------	--------------	--------	------	---	----------------	------------------

### Packages of Care and Support

9	<a href="#">Number of new packages set up each month</a>	455	549	454	484	496	490	<b>484</b>	To reduce	Low	A	Away from Target	LOCAL CORE
10	<a href="#">Average package cost for LT and ST services</a>	£466	£484	£498	£511	£515	£518	<b>£520</b>	To reduce	Low	A	Away from Target	LOCAL CORE
11	<a href="#">The number of people entered into interim residential care from hospital where this was not the 'ideal' service</a>	N/A	N/A	57	94	117	138	<b>160</b>	TBC	Low			LOCAL CORE
	PLACEHOLDER: The number of people entered into an interim "non ideal" service (community based, not from hospital).	N/A	N/A						TBC	Low			LOCAL CORE

### Direct Payments

12	<a href="#">Proportion of adults receiving direct payments</a>	40.6%	38.6%	38.3%	38.3%	38.3%	38.6%	<b>38.8%</b>	42.0%	High	R	TOWARDS TARGET	26.6%
	<a href="#">Number of new Direct Payments with a Personal Assistant (YTD) (latest Aug 21)</a>	N/A	N/A	26	35	52	67(p)	<b>67(p)</b>	75	High	R	TOWARDS TARGET	LOCAL
13	<a href="#">Percentage of new Direct Payments used to purchase a Personal Assistant (latest Aug 21)</a>	19.0%	26.5%	22.0%	17.0%	27.0%	26%(p)	<b>26%(p)</b>	50.0%	High	R	Away from Target	LOCAL CORE

### Long Term Care

14	<a href="#">Number of Younger Adults supported in residential or nursing placements</a>	662	694	687	686	673	661	<b>664</b>	635	Low	A	Away from Target	LOCAL
15	<a href="#">Long-term support needs of Living Well adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population</a>	25.9	24.6	1.8	4.1	5.9	7.3	<b>11.2</b>	16.4	Low	A	TOWARDS TARGET	13.3

Adult Social Care Performance Update - Quarter 2 (Apr - Sep 2021)													2019/20	2020/21	May-21	Jun-21	Jul-21	Aug-21	Current Value	Target	Best to be	RAG	Direction of Travel ytd	National Average	
16	<a href="#">Number of Older Adults supported in residential or nursing placements</a>													2,375	2,104	2,126	2,158	2,159	2,162	2,146	2,309	Low	G	Away from Target	LOCAL
17	<a href="#">Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population</a>													612.1	494.5	67.4	116.5	161.6	201.6	249.0	469.9	Low	G	TOWARDS TARGET	498.2
18	<a href="#">Percentage of older adults admissions to LTC direct from hospital (BCF)</a>													0.13	5.4%	2.5%	2.9%	4.2%	5.1%	6.0%	11.0%	Low	G	TOWARDS TARGET	LOCAL
Employment and accommodation																									
19	<a href="#">Proportion of adults with learning disabilities in paid employment</a>													2.4%	2.0%	1.8%	1.8%	1.8%	1.9%	1.8%	2.9%	High	R	Away from Target	5.1%
20	<a href="#">Proportion of adults with learning disabilities who live in their own home or with their family</a>													76.3%	74.5%	74.3%	74.5%	74.5%	74.7%	74.7%	77.0%	High	R	No Change	78.3%
21	<a href="#">Proportion of young adults supported to access employment, education, training or volunteering</a>													N/A	8.6%	8.6%	8.5%	8.5%	8.6%	8.5%	25.0%	High	R	TOWARDS TARGET	LOCAL CORE
Safeguarding																									
22	<a href="#">Percentage of safeguarding service users who were asked what outcomes they wanted</a>													82.5%	81.0%	77.5%	80.1%	79.7%	79.6%	79.6%	85.0%	High	A	Away from Target	79.0%
23	<a href="#">Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved</a>													75.0%	75.0%	72.4%	78.7%	79.3%	79.8%	78.8%	80.0%	High	G	TOWARDS TARGET	67.0%
24	<a href="#">Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed</a>													85.9%	86.5%	87.1%	88.6%	88.4%	88.3%	87.6%	90.0%	High	G	TOWARDS TARGET	89.5%
25	<a href="#">Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend</a>													86.9%	85.5%	83.3%	83.1%	82.8%	82.9%	84.2%	90.0%	High	A	Away from Target	87.0%
DoLS																									
26	<a href="#">Percentage of DoLS assessments received and completed in year</a>													89.0%	64.0%	40.0%	45.0%	54%	63%	66%	90.0%	High	G	TOWARDS TARGET	LOCAL

**13 December 2021****Agenda Item: 6****REPORT OF SERVICE DIRECTOR FOR AGEING WELL COMMUNITY  
SERVICES****WINTER PLANNING AND THE NATIONAL HOSPITAL DISCHARGE POLICY****Purpose of the Report**

1. The report asks Committee to note and identify any further actions required on the risks identified in relation to the ceasing of the national temporary Discharge to Assess fund and preparations for the Winter Plan.
2. The report also seeks approval to establish the following temporary re-ablement posts to provide additional capacity up to the end of March 2022:
  - 16.5 FTE Reablement Support Workers (Grade 2)
  - 5 FTE Senior Reablement Support Worker (Grade 3)
  - 1 FTE Reablement Manager (Band A)
  - 1.5 FTE Occupational Therapists (Band B)
  - 3.5 FTE Community Care Officers (Grade 5)
  - 1 FTE Reablement Coordinator (Grade 4).

**Information**

3. In March 2020, in response to the need to create space in hospitals for the anticipated surge in demand due to Covid related illness, the NHS issued a new hospital discharge policy which was underpinned by an approach called Discharge to Assess. This means that no-one should have their care and support assessments completed in hospital, but rather a decision should be made about what support they need to go home with for the first few days. Once settled at home they will be visited by community health or social care to assess their potential for further re-ablement and if they have any ongoing needs to undertake relevant assessments. National short-term funding was made available to local partners via their Clinical Commissioning Groups.
4. The most recently revised policy was issued in October 2021 and covers the expectations and criteria for a final round of national funding up to March 2022. Through a combination of embedding the discharge to assess model and utilising the national discharge fund, there is an expectation that performance continues to reduce the length of stay for people

in acute care, improve people's outcomes following a period of rehabilitation and recovery and minimise the need for long-term care at the end of a person's rehabilitation. The NHS does not intend to provide further additional national temporary funding and expects local systems to have agreed how to sustain their local services from their baseline budgets from April 2022.

5. In 2020/21 the Council used £17.1 million of this national fund for care to support people home or avoid admission and in the current financial year to date, £3.4 million. This was primarily used to fund the first few weeks of an individual's package of care in the community, with some additional funding being used to develop initiatives and test new ways of working to deliver the discharge to assess model.
6. Integrated Care System Chief Executives across Health, City and County Local Authorities agreed to implement work to implement the national policy consistently across all three acute Trusts. Work has progressed, however there is still considerable variance in operational processes where improvements will help to plan earlier and better co-ordinate how people leave hospital. In order to focus work on the areas that will deliver the most rapid benefits, Integrated Care System partners accepted an offer of a Peer Review led by the Local Government Association. The review started in November and will report back in December.
7. A joint Commissioning and Planning Group has oversight of ensuring there is an integrated approach to develop medium term Winter capacity and project additional demand for 2022/23. This is also planning for the additional extra care capacity required to support the new Discharge to Assess Policy to support more people directly home, as well as support the Hospitals Elective Surgery Recovery plans. Due to these factors, health colleagues are projecting a growth in demand at approximately 23.7% in year. The total County Council social care funding gap to meet this projection from 1<sup>st</sup> April 2022 is a recurrent £7.5 million. The Integrated Care System Finance Leads Group are using this and other partners' projections to consider options for how the system can move to fund the Discharge to Assess model on a sustainable basis and share the financial risk, however there are no guarantees yet that any funding will flow into social care to cover this financial gap.
8. For the two years prior to the pandemic and through the initial wave, the Council's performance at ensuring people were supported home from stays in acute hospitals was good and very few people experienced delays. Over the last six months however, this position has changed and there is now an average daily 20 to 30 people in hospital who are well enough to leave. Despite the current significant challenges in the first week in November, for example, 27% of people were supported to leave hospital the same day or next day that they were well enough to do so.
9. The main challenge is the current local and national difficulties sourcing homecare, due to the difficulties the sector is having recruiting and retaining staff. There are also vacancies in social work and occupational therapy posts across all the Council's teams which, coupled with the surge in demand across all services, means that there are not enough staff to work with all referrals. The teams are prioritising all the work that comes into them on the basis of individual needs and risk. Additional temporary resources from agency staff are now being deployed and the Council has developed an ambitious Winter plan with actions to deliver short, medium and long-term solutions in the care market.

## Department of Health Social Care Winter Plan

10. The Department of Health and Social Care (DHSC) published its Adult Social Care COVID19 Winter Plan on 3<sup>rd</sup> November 2021 [adult-social-care-covid-19-winter-plan-2021-to-2022](#). The aim of the plan is to ensure that high-quality, safe, and timely care is provided to everyone who needs it, while continuing to protect people who need care, their carers and the social care workforce from COVID-19 and other respiratory viruses.
11. The plan requires local authorities to continue to collaborate with NHS organisations, social care providers and other stakeholders and builds upon existing plans to ensure that effective provision is maintained to address periods of peak demands in the system, during the Winter months. **Appendix A** provides further detail.
12. Part of the Social Care Winter Plan will also deliver against joint plans with partners to manage the increased demand anticipated. The Council's main service that supports people home is the Home First Response Service which has been commissioned to provide a further 44 places per day up to 31<sup>st</sup> March 2022 to meet both the increased requirements of implementing the policy and meeting Winter pressures. This is almost a 50% increase to the existing capacity.
13. The Council is also using the national temporary fund to increase re-ablement capacity to 31<sup>st</sup> March 2022. This will enable the service to work with a total of 226 more people over this period. Ensuring everyone who is considered for and has access to re-ablement and rehabilitation after a stay in hospital is a key principle of the national discharge policy. This is because it supports people to regain their health, wellbeing and independence, as well as reducing ongoing reliance on care and health services.
14. The following example demonstrates the effectiveness of reablement and how it can be used to increase independence and improve wellbeing:

*Mr D was 79 when the Council's Maximising Independence Service (MIS) Reablement Service received the referral from hospital. He had experienced a severe stroke which left him with left sided weakness. Previously, Mr D was very active and had become very low in mood with suicidal thoughts, reporting he had no hopes for the future. Initially, Mr D was supported by two workers while the occupational therapist worked closely with both Mr D and the Early Stroke Discharge Team to agree challenging but manageable goals. Through the support provided to Mr D his support was gradually reduced to one worker from two and he was able to walk independently again. He also achieved his main goal of being able to take care of his own toileting needs. Mr D continues to receive some support from a private care provider but this is much reduced and he insists on the provider taking the same approach to his support as the MIS Reablement Team, with the aim of increasing his independence further.*

15. Committee is asked to approve the establishment of 28.5 FTE temporary posts to 31<sup>st</sup> March 2022, funded from the national NHS Discharge to Assess Fund.
16. Committee is asked to note, that if no further long-term funding is secured post March 2022, the Council will need to reduce assessment, discharge and reablement provision in line with substantive funding arrangements.

## **Other Options Considered**

17. There are no alternative options to increase the Council's re-ablement capacity to meet projected additional demand over Winter. In addition to the additional temporary posts, staff are also providing some of the extra capacity by working additional hours temporarily.

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

18. To provide extra re-ablement capacity to meet projected additional demand over the winter to support people home after a hospital stay.

## **Statutory and Policy Implications**

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

## **Financial Implications**

20. The additional temporary re-ablement posts are expected to cost £69.7k per month, which will be funded from the national Discharge to Assess Funding held by the Clinical Commissioning Groups.

## **Human Resources Implications**

21. All posts will be recruited to in line with HR policy.

## **Implications for Service Users**

22. The ability for everyone to access re-ablement when they need it has a positive impact on supporting people to live at home independently and confidently.

## **RECOMMENDATION/S**

That Committee:

- 1) notes and identifies any further actions required on the risks identified in relation to the ceasing of the national temporary Discharge to Assess fund and preparations for the Winter Plan
- 2) approves the temporary establishment up to 31<sup>st</sup> March 2022 of the following posts:
  - 16.5 FTE Reablement Support Workers (Grade 2)
  - 5 FTE Senior Reablement Support Workers (Grade 3)
  - 1 FTE Reablement Manager (Band A)



- 1.5 FTE Occupational Therapists (Band B)
- 3.5 FTE Community Care Officers (Grade 5)
- 1 FTE Reablement Coordinator (Grade 4).

**Sue Batty**  
**Service Director, Ageing Well Community Services**

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

Sue Batty  
 Service Director, Ageing Well Community Services  
 T: 0115 9774876  
 E: [sue.batty@nottscg.gov.uk](mailto:sue.batty@nottscg.gov.uk)

### **Constitutional Comments (EP 23/11/21)**

23. The recommendations fall within the remit of the Adult Social Care and Public Health Committee. If Committee resolves that further actions are required it must ensure that such actions are within its terms of reference.

### **Financial Comments (ZS 01/12/21)**

24. The cost of the 28.5FTE posts is £69.7k per month, which will be funded by Nottingham and Nottinghamshire CCG from the Discharge to Assess funding until 31<sup>st</sup> March 2022.

### **HR Comments (SJJ 23/11/21)**

25. All posts will be advertised in line with the Authority's recruitment policy.
26. The temporary posts will be appointed to on fixed term contracts.

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

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

None.

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

All.

ASCPH787 final



## DEPARTMENT OF HEALTH AND SOCIAL CARE AIMS

The Department of Health and Social Care (DHSC) is building on last year's adult social care winter plan, which was independently reviewed by the DHSC Stakeholder Group earlier in the year. as part of ongoing efforts to constantly review and adapt its response to the pandemic.

The aim of the plan this year's [adult-social-care-covid-19-winter-plan](#) is to ensure that high-quality, safe, and timely care is provided to everyone who needs it, while continuing to protect people who need care, their carers and the social care workforce from COVID-19 and other respiratory viruses.

This year's plan sets out key elements of national support available for the social care sector for winter 2021 to 2022, as well as the principal actions for local authorities, NHS organisations and social care providers to take across all settings, including those in the voluntary and community sector.

A few examples of actions to be completed by Local Authorities are :

- Ensure that carers' assessments are reviewed and updated to reflect any additional needs of both carers and those in need of social care
- Develop and maintain links with professionals across the health and care system to ensure joined-up services
- Review any systemic safeguarding concerns that have arisen during the pandemic period, and ensure actions are in place to respond to them, enabling readiness for any increased pressures over the winter period
- Continue to review and update contingency plans for managing service interruptions, including those that arise if a provider is unable to carry on because of business failure
- Work with all relevant partners, including UK Home Care Association (UKHSA) and local health protection boards, to control local outbreaks in line with the contain framework.
- Continue to work to understand consumer demand and need, and where there are potential stresses in the market

## THE COUNCIL'S RESPONSE

We are developing a robust COVID19 Winter Action Plan for 21/22. Key leads have been assigned to continue to engage and collaborate with partners to align existing winter plans and activity , understand our current position and identify what further activity is required to meet the DHSC plan in full.

These actions have been collated into the following four themes:

**Theme 1:** Preventing and controlling the spread of infection in care settings

**Lead:** Jonathan Gribbin

- Personal protective equipment (PPE)
- COVID-19 and Flu testing
- COVID19 and seasonal flu vaccines
- Infection prevention and outbreak management
- Visiting in care homes

**Theme 2:** Collaboration across health and care services

**Lead:** Sue Batty

- Preventing avoidable admissions
- Technology and digital support
- Safe discharge from NHS settings
- Social Prescribing
- End of life care

**Theme 3:** Supporting people who provide care

**Lead::** Ainsley Macdonnell

- Unpaid Carers and respite care
- Supporting the workforce
- Workforce wellbeing
- Workforce Capacity
- Social work and other professional leadership

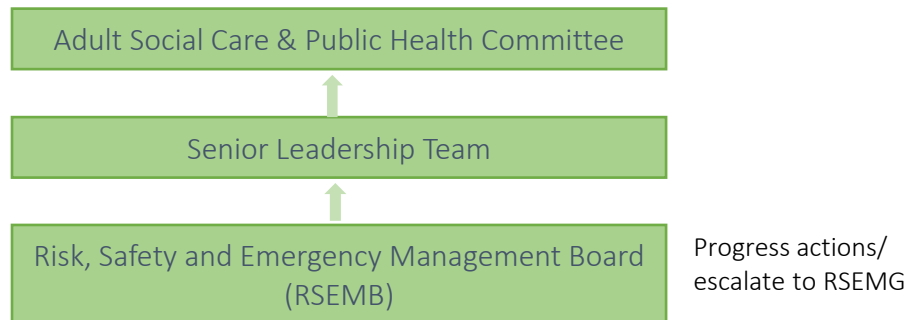
**Theme 4:** Supporting the system

**Lead:** Kashif Ahmed

- Funding
- Market and provider sustainability
- CQC regulatory model
- Local, regional and national oversight and support

## GOVERNANCE

Page 27 of 50





**13 December 2021****Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR FOR AGEING WELL COMMUNITY  
SERVICES****ADULT SAFEGUARDING SERVICE REVIEW****Purpose of the Report**

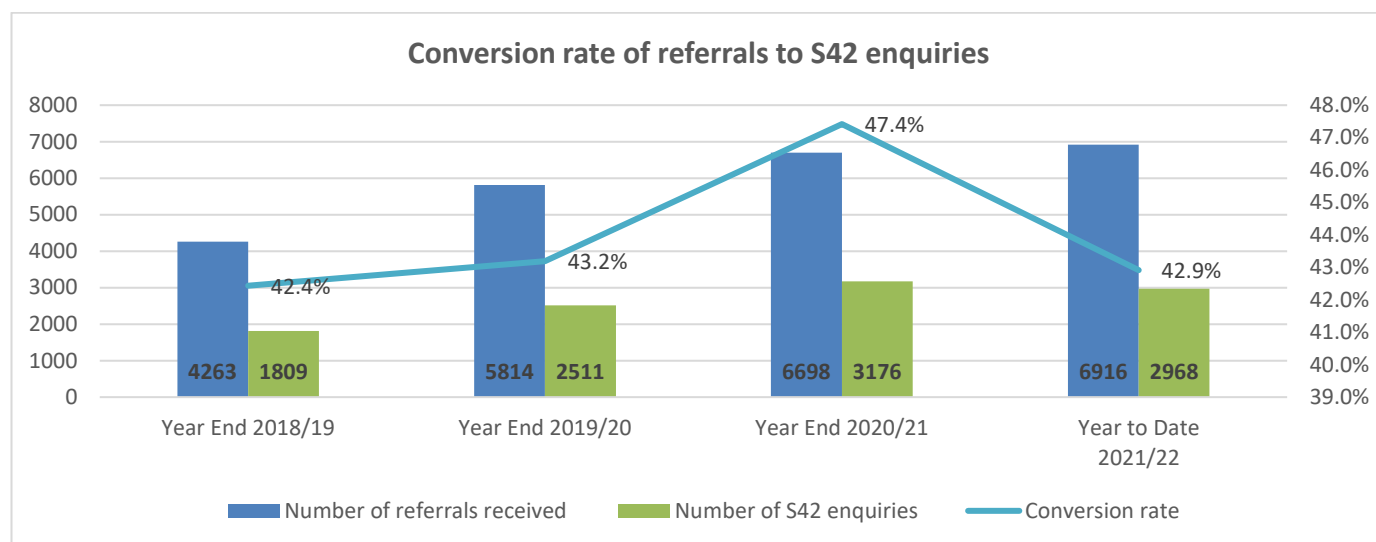
1. This report sets out progress and emerging key themes of the Departmental Adult Safeguarding Service Review and seeks approval to establish the following permanent posts:
  - 1 FTE (full-time equivalent) Head of Safeguarding, Group Manager (Band F/G – subject to job evaluation)
  - 3 FTE Social Workers (Band B)
  - 3 FTE Community Care Officers (Grade 5).

**Information**

2. In July 2021, as part of a Departmental Covid-19 Recovery Plan, Adult Social Care and Public Health Committee approved additional temporary resources up to 31<sup>st</sup> March 2022 to meet sustained, significantly increased safeguarding demand. It also set out plans to undertake a review of adult safeguarding with independent specialist input.
3. The six temporary posts – 3 FTE Social Workers and 3 FTE Community Care Officers - approved for the Multi-Agency Safeguarding Hub have provided stability and are enabling engagement in the adult safeguarding review. Initial scoping of the improvement potential has identified that these six posts will be needed on an ongoing basis to meet national and local predictions that demand will continue to rise both in volume and complexity.
4. Establishing the six posts on a permanent basis will enable the team to have the ability to manage the extra demand, deliver the review actions and realise maximum benefits from it.
5. The trend in adult safeguarding work shows that numbers of safeguarding concerns and enquiries have been increasing over the last few years. The increase in both concerns received by the Multi-Agency Safeguarding Hub and the number converted to Section 42 safeguarding enquiries is higher than the increase seen nationally. Nottinghamshire has the

highest numbers of concerns and enquiries in the East Midlands. Nationally there was a 5% increase in safeguarding concerns received between 2019/20 and 2020/21. In Nottinghamshire the increase was 13%. Nationally the number of S42 enquiries reduced by 6% over the same period, however in Nottinghamshire the number increased by 21%.

## Trends in adult safeguarding referrals



6. Safeguarding referrals into the Multi-Agency Safeguarding Hub for adults increased by 36% between 2018/19 and 2020/21, with a further increase already evident in the current year to date. It is clear now that this is a continued trend and not just a short/medium term effect of Covid-19. The service is now receiving an average of 197 referrals per week, however, the current staffing capacity was established to manage an annual average of 126 cases per week.
7. Currently the highest volumes of referrals come from health partners at 29%, Nursing and Care Homes at 25%, and other statutory agencies (such as the Police, Probation etc.) at 13%. The quality of these referrals could often be improved and some of the work could be managed more effectively through different processes. Nottinghamshire's Safeguarding Adults Strategy for the coming year has picked up this theme and agreed work across partners to address it. These stakeholder agencies will therefore be closely supported in learning and development through a partnership of the Multi-Agency Safeguarding Hub, the Nottinghamshire's Safeguarding Adults Board and the Council's Quality and Market Management Team.
8. There are two key elements that it is predicted are likely to continue to drive increased safeguarding referrals well into the next year. One is the ongoing impact of Covid and delayed demand that is now being referred in as we move into recovery. The second is the prolonged impact of Covid on quality and finances for the wider social care market sector, especially care homes. The continued and significantly recently increased difficulties all providers are experiencing with attracting and retaining frontline care staff into the sector is a national issue that is highly likely to continue through 2022/23. This translates into difficulties maintaining the quality of provision, increased safeguarding work and higher levels of market failure which combine to put more people at greater risk.

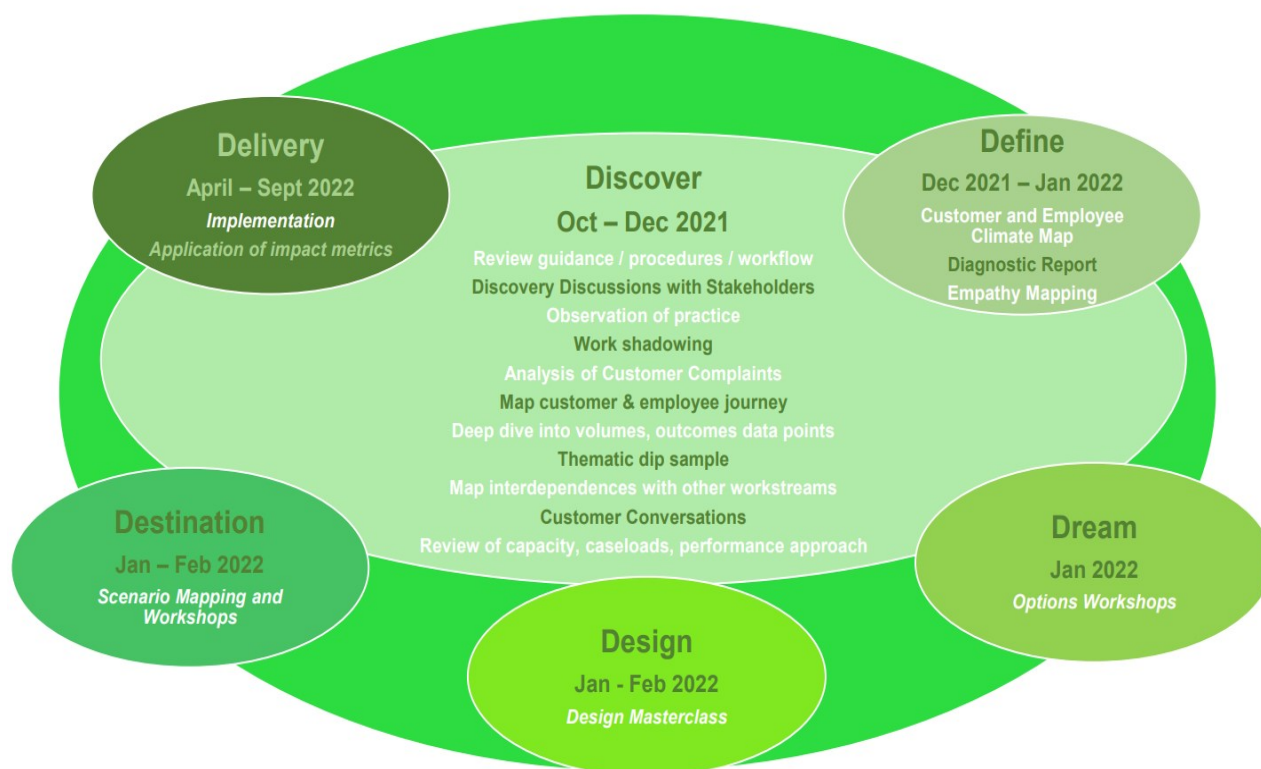
9. The impact of this is that the Multi-Agency Safeguarding Hub becomes unable to triage all the incoming work and then must pass it straight through to the Community Teams who also do not have capacity due to increased demand for their services. People are therefore having to wait longer for low priority safeguarding work and Care Act assessments to be completed. This makes it difficult to meet the objectives in the departmental strategy of providing pro-active, preventative interventions.
10. When staffing matches demand, the Multi-Agency Safeguarding Hub staff have a proven record of resolving approximately 53% of referrals themselves, thereby reducing the proportion of enquiries which are passed to the local Community Teams for further, more complex work. The additional resources mean that this is now mainly being achieved. There are still some occasions that the Multi-Agency Safeguarding Hub is unable to triage all the work, however, these are associated with further spikes and increases in numbers of referrals. As at September 2021 the number of referrals already exceeds the number received in 2020/21.
11. The reasons for this are multi-faceted, initial analysis indicates the rise is due to an increased level of need for safeguarding due to the impact of the pandemic, an increase in referrals that did not meet the criteria and duplicate referrals. The review will explore solutions to these.

### **Aims and emerging themes from the Safeguarding Review**

12. The intended impacts of the Safeguarding Review which commenced in October 2021 are that people:
  - are safer, access the appropriate adult social care service at the right time and are supported to live as independently as possible.
  - are in control of their lives and the support they receive
  - are supported to live meaningful lives and contribute to their families, networks and communities.
13. There are six emerging improvement themes from the Review that align to the six principles of safeguarding set out in the Care Act 2014:
  - Empowerment - people being supported and encouraged to make their own decisions and informed consent. Fully embedding Making Safeguarding Personal and putting people at the centre of the process, as well as empowering staff to be confident in their professional practice and decisions
  - Prevention - it is better to recognise and take action before harm occurs
  - Proportionality - utilise prevention measures and respond to the safeguarding issue in the most unobtrusive way possible appropriate to the risk presented
  - Protection - support and representation for those in greatest need, distinguishing need, vulnerability, and risk
  - Partnership - working together through Nottinghamshire Safeguarding Adults Board to scale good practice and deliver improvement. Building partnerships between services and their local communities to find solutions and supporting communities to play their part in preventing, detecting and reporting neglect and abuse.
  - Accountability - and transparency in safeguarding practice. Ensuring strategy focuses on what matters most.

14. The review will be undertaken using a bespoke methodology that combines Appreciative Enquiry with Innovation Modelling, that has six stages: Discover, Define, Dream, Design, Destination. **Figure 1** below sets out the main tasks within each phase and the indicative timescales:

**Figure 1: Safeguarding Review Tasks and Timescales**



### Strengthening departmental capacity for leadership of safeguarding

15. Since the 2019/20 Departmental Workforce review was undertaken the complexity of senior managers' portfolios has significantly increased due to the ongoing impact of and recovery from Covid. Safeguarding now requires additional dedicated leadership and management capacity which it is not possible to provide within the current Group Manager structure.
16. The proposed Group Manager post will be responsible for developing and implementing safeguarding improvement strategy, practice and quality across the Department, as well as managing the adult team in the Multi-Agency Safeguarding Hub, the Strategic Safeguarding Team and the work of Nottinghamshire's Safeguarding Adults Board. The post will also manage the Deprivation of Liberty Safeguards Team (DoLS) and lead the departmental implementation and transition from DoLS to the new Liberty Protection Safeguards legislation when this comes into force.
17. The increasing work and implementation of the outcomes of the service review will also require additional senior leadership capacity to ensure that the work is managed, partnership working is matured and that the quality of practice across the Department is assured and sustained.



18. Approval is therefore also sought for an additional permanent Group Manager post (Grade F/G, subject to job evaluation) to be the Departmental Head of Safeguarding.

### Other Options Considered

19. Options have been considered to address these pressures from within existing resources, however the identified posts are critical to sustaining stability within the Multi-Agency Safeguarding Hub and positioning the business to reduce the volume of work passing through to district teams for whom incoming work is already a significant pressure.

### Reason/s for Recommendation/s

20. The resource is required to be able to safely manage the increase in safeguarding referrals, deliver an effective service and provide sustained leadership of partnership working and quality assurance.

### Statutory and Policy Implications

21. 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

22. The total costs of the permanent workforce resources are £355,143 excluding on-costs which can be met within the Department's existing resources.

**Table of resources**

Job Title	Band/Grade	Full Time Equivalent	Team	Annual Cost £
Social Workers	Band B	3	Multi-Agency Safeguarding Hub	149,877
Community Care Officers	Grade 5	3	Multi-Agency Safeguarding Hub	109,412
Head of Safeguarding, Group Manager	Band F/G (subject to job evaluation)	1	Multi-Agency Safeguarding Hub	95,854
<b>Total</b>		<b>7</b>		<b>355,143</b>

## **Human Resources Implications**

23. Recruitment to these posts will be undertaken in line with the Council's recruitment procedures.

## **Smarter Working Implications**

24. Although the post holders would ordinarily be office based and undertake face to face visits, due to the current emergency response to the pandemic the expectation is that post holders will be home based. This will be kept under review as Government guidance changes.

## **RECOMMENDATION/S**

That Committee:

- 1) notes the progress with the Adult Safeguarding Service Review and considers whether there are any further actions it requires.
- 2) approves the permanent establishment of the following posts:
  - 1 FTE Head of Safeguarding, Group Manager (Band F/G – subject to job evaluation)
  - 3 FTE Social Workers (Band B)
  - 3 FTE Community Care Officers (Grade 5).

**Sue Batty**  
**Service Director, Ageing Well Community Services**

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

Nicola Peace  
Group Manager, Ageing Well Community Services  
T: 0115 9773458  
E: [Nicola.peace@nottsc.gov.uk](mailto:Nicola.peace@nottsc.gov.uk)

## **Constitutional Comments (ELP 25/11/21)**

25. The recommendations fall within the delegation to Adult Social Care and Public Health Committee by virtue of its frame of reference.

## **Financial Comments (MVJ 02/12/21)**

26. The total costs of the permanent workforce resources are £355,143. This will be met within the Department's existing resources through an increase in the Vacancy Level Turnover (%).

**HR Comments (SJJ 23/11/21)**

27. The Head of Safeguarding role will be subject to a full job evaluation process to determine the grade of the post, in line with the Authority's Grading Policy.
28. Recruitment to these posts will be undertaken in line with the Council's recruitment procedures.
29. The proposals have also been shared with the relevant recognised Trade Unions for information.

**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.

[Adults and Health recovery from Covid - report to Adult Social Care & Public Health Committee on 26th July 2021](#)

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

All.

ASCPH785 final



13 December 2021

Agenda Item: 8

## **REPORT OF THE SERVICE DIRECTOR, COMMUNITY SERVICES, LIVING WELL AND PROVIDER SERVICES**

### **CHANGES TO STAFFING ESTABLISHMENT IN LIVING WELL SERVICES**

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

1. The report seeks approval of the following permanent changes to the staffing establishment in the Living Well Preparing for Adulthood Team from 1<sup>st</sup> January 2022.
  - disestablishment of 1.3 FTE Social Worker (Band B) posts
  - establishment of 1 FTE (37 hour) Advanced Social Work Practitioner (Band C) post.
2. The report also seeks approval to extend two temporary posts within the Living Well Complex Lives Team for an additional period of 12 months, from April 2022, as follows:
  - 1 FTE Advanced Social Work Practitioner (Band C)
  - 1 FTE Forensic Social Worker (Band B).

#### **Information**

##### **Preparing for Adulthood Team**

3. The Preparing for Adulthood Team supports young people who are transitioning from children's social care to adult social care. The team works closely with the Maximising Independence Service to ensure that young people who are able benefit from the opportunity to enhance their skills and access opportunities in the community. The team has a strong person-centred ethic, and works closely with young people and their families to support them with this potentially challenging time in their lives of becoming an adult.
4. The placement of the team in the transitions process necessitates strong partnership working with multiple people and agencies. These include:
  - Young people
  - Families and carers
  - Special Educational Need schools
  - Mainstream schools
  - Further Education Colleges

- Supported Employment Teams
  - Children's Disability Service
  - Integrated Children's Disability Service (responsible for Education, Health and Care Plans)
  - Adult social care teams
  - Maximising Independence Service
  - Children's health professionals
  - Adult specialist health teams
  - Housing teams.
5. Maintaining and strengthening these links will further improve the experiences of young people and their families.
6. Preparing for Adulthood is a key area of focus for the department, and the team has been an Innovation Site as part of the Strength Based Practice initiative. There is a focus on Preparing for Adulthood in the Corporate All Age Approaches programme, and the team has a challenging cashable benefits target to reach over the next three years. The additional senior capacity will support these areas of work.

## **Rationale**

7. Consideration has been given to the balance of leadership in Preparing for Adulthood and the continued need to be involved in strategic and developmental work around the Council's responsibilities to young people who have Preparing for Adulthood outcomes to meet. Working jointly and collaboratively with health and education colleagues as well as the multiple children's teams to improve the overall response to children who are likely to need Adult Social Care and Health support in the future is very active, and there is a risk that, without this additional senior role in the team, the Adult Social Care and Health perspective cannot be represented in all forums.
8. The post has been established temporarily for the past year. The revised staffing structure has been used effectively to support the following areas of development:
- pioneering work to develop strength-based approaches when working with young people
  - embedding strength-based approaches in the team and promoting this way of working with partners
  - developing processes with Education, Health and Care Plans to align reviews
  - planning future accommodation needs for Preparing for Adulthood with the Housing with support team
  - liaising with commissioners in Children & Families Services to align processes and expectations of providers
  - improving links with health regarding young people transitioning from children's health services
  - improving the experience of young people with mental health needs by joining up with leaving care, Looked After Children and Mental Health leads to ensure a good quality response is available
  - improving data and finding ways to better identify the population of children who need to be referred at the right time to Adult Social Care and Health.

9. The team is also focussed on cashable benefits, due to a strong focus on links with the Maximising Independence Service and opportunities for young people to access community resources, training and employment.
10. Given the team's strategic and operational activity and specialism and the potential for further improvement to be made across the partnerships, the department would like to permanently establish the second Advanced Social Work Practitioner post in this team.
11. Trialling this change of establishment for the past year has proved beneficial to developing links with partners, and supporting the strategic work of the department.
12. The two Advanced Social Work Practitioners in Preparing for Adulthood hold a caseload of complex work. This has enabled the team to absorb the loss of 1.3 Social Worker posts.

## **Funding**

13. The proposal is that the funding for this post comes from the existing staffing budget of the team. It requires permission for effectively changing a 1 FTE Social Worker (Band B) post and a 0.3 FTE vacant Social Worker (Band B) post to a 1 FTE (37 hour) Advanced Social Work Practitioner post (Band C) on a permanent basis. This is within the team's current budget.

## **Evaluation**

14. The team will manage caseloads within the remaining social work posts and this will be supported by the Advanced Social Work Practitioner, who will retain a small case load. Additional Advanced Social Work Practitioner capacity has greatly supported the strategic partnership work of the team and will continue to help to strengthen external processes and relationships. These are vital aspects of improving the experience of young people with disabilities and their carers.

## **Complex Lives Team**

15. Currently, the Complex Lives team's main role is to support the Transforming Care programme.
16. Transforming Care is a national programme which helps to support and drive activity to discharge hospital patients into community settings. Specifically, the patients have a learning disability and/or autism and typically display high levels of challenge and risk. Patients are detained under the Mental Health Act in a range of hospitals across the country, which operate various levels of security.
17. The programme is supported by the Transforming Care grant - additional ring-fenced funding until 2023, as announced in the 2020 Budget, to assist with speeding up the discharge of individuals with learning disabilities or autism into the community.
18. Within Nottinghamshire, the lead on assessing, planning and facilitating the discharge of Transforming Care patients sits with the Complex Lives Team in Community Services, Living Well. The team works closely with the Transforming Care Partnership, health

colleagues and commissioning colleagues in facilitating the best use of current resources and the development of new ones to meet the identified need.

19. The Transforming Care programme was developed in response to the Winterbourne View case, with a drive to ensure that hospital patients with a learning disability and/ or autism are supported to have a discharge plan and, where possible, to return to their local communities. The majority of patients require highly specialised assessments and community placements and, in most cases, a legal framework to support a restrictive care plan on discharge. The work is complex and detailed and requires management by a specialist team.
20. The numbers fluctuate, but currently Nottinghamshire has 30 Transforming Care patients. 16 of these are in secure settings commissioned by NHS England (NHSE). It is these patients in secure settings where there is now the primary focus in terms of discharge plans and the setting of targets by NHSE. It is recognised that this is an extremely challenging process due to the levels of risks to self, others and property, the challenges of developing appropriate community provision and the complexity of establishing appropriate legal frameworks for restrictive care plans.
21. The Council has generally been successful in implementing the Transforming Care programme, but it is recognised (locally and nationally) that the challenges are increasing, given the nature of the need of those remaining in hospital.
22. The two roles which Committee is asked to consider are as follows:
  - 1 FTE Advanced Social Work Practitioner (Band C)
    - acting as a bridge between health and social care, particularly with 'receiving' consultants (at the point of transfer of medical responsibility) and the Intensive Community Assessment and Treatment Team
    - supporting community providers to develop expertise and person-centred approaches, based on positive behavioural support through training and awareness raising
    - working with commissioning colleagues to develop the market/new services to meet the new challenges across residential care and supported living services
    - representing Adult Social Care and Health on the 'Discharge Pathway and Community Packages' workstream which sits under the Transforming Care Board
    - developing and sharing expertise and resources in areas of mental capacity and legal frameworks.
  - 1 FTE Forensic Social Worker (Band B)
    - providing 'social supervision' for patients who are restricted by the Ministry of Justice – these are patients who have been convicted of criminal offences and require specific restrictions upon discharge – for example this may be in connection with alcohol consumption, community access, sexual risks, etc. Note: 'social supervision' is a legal requirement in these cases
    - working closely with patients and community multi-disciplinary teams in supporting and monitoring an individual's behaviours, in order to help sustain them in the community



- involvement in the planning process prior to discharge and helping develop appropriate plans and resources to balance risks and independence
- providing consultation to other team members on the management of risk for non-restricted patients.

### **Other Options Considered**

23. To continue with the current establishment of the Preparing for Adulthood team.
24. To absorb the work into other roles within the Complex Lives team.
25. In addition to the Transforming Care programme, the Complex Lives team supports highly complex mental health service users to discharge and, under the re-modelling, now has a brief to provide long-term support to people by the community teams and to help avoid re-admissions. Without the continuation of the roles in question, there would be issues of capacity within the team.
26. The Forensic Social Worker is currently integrated into the health Community Forensic Intellectual Disability Team, as it is accepted that an integrated approach is the most effective way to manage these extreme risks. Siting this work with a postholder(s) within the Adult Social Care and Health structure, either within the Complex Lives team or one or more of the community teams, would water down its effectiveness and increase the risk of re-admission. Other workers taking on this role would require specialist training.

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

27. The Advanced Social Work Practitioner (Band C) post in the Preparing for Adulthood team will enable the team to further develop internal and external relationships and processes to improve the experience of young people who require adult social care support.
28. The additional funding for the proposed posts in the Complex Lives team is available through the Transforming Care grant, without recourse to social care funding, which is the most effective way to support the discharge programme and sustainably manage the risks in the community.

### **Statutory and Policy Implications**

29. 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**

30. The cost of the posts to be temporarily disestablished in the Preparing for Adulthood team are:

1 FTE Social Worker (Band B)	£49,186 pa
0.3 FTE Social Worker (Band B)	£14,756

Total cost of posts to be disestablished	£63,942
--	---------

31. The cost of the 1 FTE (37 hour) Advanced Social Work Practitioner (Band C) post to be temporarily established is £55,955.
32. This change in establishment will generate an annual saving of £7,987 pa.
33. The posts in the Complex Lives team are costed as follows and will be funded from the Transforming Care Partnership grant:

1 FTE Advanced Social Work Practitioner (Band C) - £55,955  
1 FTE Social Worker (Band B) - £49,186

### **Human Resources Implications**

34. There will be an internal recruitment process for the permanent Advanced Social Work Practitioner post in the Preparing for Adulthood team.
35. The posts in the Complex Lives team are both currently filled on a temporary basis.

### **RECOMMENDATION/S**

That Committee:

- 1) approves the following changes to the permanent staffing establishment in the Living Well Preparing for Adulthood Team from 1<sup>st</sup> January 2022.
  - disestablishment of 1.3 FTE Social Worker (Band B) posts
  - establishment of 1 FTE (37 hour) Advanced Social Work Practitioner (Band C) post.
- 2) approves the extension of the following two posts within the Living Well Complex Lives Team for an additional period of 12 months, from April 2022:
  - 1 FTE Advanced Social Work Practitioner (Band C)
  - 1 FTE Forensic Social Worker (Band B).

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

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

Naomi Russell  
Group Manager, Living Well North  
T: 0115 9774213  
E: [Naomi.russell@nottsccl.gov.uk](mailto:Naomi.russell@nottsccl.gov.uk)

### **Constitutional Comments (KK 22/11/21)**

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

### **Financial Comments (OC 25/11/21)**

37. The financial implications are contained within **paragraphs 30 to 33**.
- £105,141 to funded Transforming Care Partnership grant for the extension of 1 FTE Advanced Social Work Practitioner Band C and 1 FTE Forensic Social Worker for 12 months from April 2022.
  - the establishment of 1 FTE Advanced Social Work Practitioner Band C permanently from the dis-establishment of 1.3 FTE Social Worker Band B.

### **HR Comments (SJJ 01/12/21)**

38. There is currently a 0.3 FTE Social Worker vacancy in the Preparing for Adulthood team. The 1 FTE post to be converted is currently occupied by a post holder who is acting into the temporary Advanced Social Work Practitioner post. If the postholder is not successful in being recruited to the permanent post their employment is potentially at risk. However, the department has a large volume of vacancies so there are redeployment opportunities and relevant policies and procedures will be followed as required.
39. The postholders in the temporary posts will have their fixed term contracts extended.
40. A copy of the report has been shared with Trade Union colleagues for information.

### **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.

ASCPH784 final



**13 December 2021****Agenda Item: 9****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-Chairs and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.
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: Jo Toomey – [jo.toomey@nottscg.gov.uk](mailto:jo.toomey@nottscg.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 2021-22**

<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
<b>24<sup>th</sup> January 2022</b>			
Adult Social Care & Public Health Winter Plan 2021-22		Corporate Director, Adult Social Care and Health	Louise Hemment
Update on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund		Corporate Director, Adult Social Care and Health	Cathy Quinn
Public Health Outcomes Framework Paper – Health Inequalities		Director of Public Health	Sue Foley
Carers and Short Breaks Strategies	To present to committee proposed strategies for carers and short breaks support.	Service Director, Living Well/ Service Director, Ageing Well/ Service Director, Strategic Commissioning and Service Improvement	Sue Batty/Ainsley MacDonnell/Kash Ahmed
Personal Assistants Service reconfiguration		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Implementation of supernumerary Social Worker and Occupational Therapist apprenticeship posts as progress into qualified roles		Service Director, Strategic Commissioning and Service Improvement	Veronica Thomson
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
<b>14<sup>th</sup> March 2022</b>			
Performance and financial position update	To update the Committee on the department's current financial situation and	Corporate Director, Adult Social Care and Health	Louise Hemment/Kath Sargent/ Rebecca

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
	current performance across services.		Croxson
Day Opportunities Strategy 2021 – 2026 – consultation outcomes	To present to committee the outcome of the consultation	Service Director, Living Well/ Service Director, Strategic Commissioning and Service Improvement	Ainsley MacDonnell/Kash Ahmed
Co-production strategy/ framework		Service Director, Strategic Commissioning and Service Improvement	Sarah Craggs
Development and progress of the departmental Prevention Strategy		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Refresh of the Adult Social Care & Public Health Department's Digital Strategy for 2021-2024		Corporate Director, Adult Social Care and Health	Grace Natoli/ Jennifer Allen
Proposed increase in fees for independent sector adult social care providers, Direct Payments and other charges		Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
Mental Health discharge avoidance		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Technology Enabled Care		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
<b>25<sup>th</sup> April 2022</b>			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 3)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Oral Health promotion procurement		Consultant in Public Health	Lucy Elliott
Interim evaluation of routine	To provide members with an update on the	Consultant in Public Health	Sarah Quilty



Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
enquiry into Adversity in Childhood (REACH) Programme	findings of the interim report on the REACH Programme in Nottinghamshire		
Proposals on joint commissioning		Service Director, Strategic Commissioning and Service Improvement	Kashif Ahmed
Continuing to support the Brunts Charity through grant funding		Service Director, Strategic Commissioning and Service Improvement	Anna Oliver
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
<b>13<sup>th</sup> June 2022</b>			
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Kath Sargent/ Rebecca Croxson
<b>25<sup>th</sup> July 2022</b>			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 4)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett

