

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

**Monday, 18 April 2016 at 10:30**

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

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### **AGENDA**

1	Minutes of the last meeting held on 7 March 2016	5 - 10
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	National Living Wage Cost Pressures - Proposed Fee Increases for Independent Sector Social Care Providers	11 - 24
5	Tender for Older People's Home Based Care and Support Services	25 - 32
6	Providing Adult Social Care Assessments and Reviews	33 - 40
7	Care Act 2014 - Extension of Essential Posts	41 - 54
8	Temporary Post to Support Implementation of the Accessible Information Standard	55 - 60
9	Deprivation of Liberty Safeguards	61 - 68
10	Update on Work of the Health and Wellbeing Board	69 - 76
11	New Extra Care Schemes in Newark and Worksop	77 - 82

13 Exclusion of the Public

The Committee will be invited to resolve:-

“That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

**Note**

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

14 Exempt Appendix to Item 9: Deprivation of Liberty Safeguards

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

15 Exempt Appendix to Item 11: New Extra Care Schemes in Newark and Worksop

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

**Notes**

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

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 Paul Davies (Tel. 0115 977 3299) 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 HEALTH COMMITTEE

Date 7 March 2016 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Muriel Weisz (Chair)  
Alan Bell (Vice-Chair)

John Cottee  
Jim Creamer  
Glynn Gilfoyle  
David Martin  
Pam Skelding

Stuart Wallace  
Jacky Williams  
Yvonne Woodhead  
Liz Yates

**OFFICERS IN ATTENDANCE**

Sue Batty, Service Director, ASCH&PP  
Laura Chambers, Strategic Commissioning Manager, ASCH&PP  
Paul Davies, Advanced Democratic Services Officer, Resources  
Sarah Hampton, Commissioning Officer, ASCH&PP  
Jennie Kennington, Senior Executive Officer, ASCH&PP  
Jane McKay, Group Manager, Day Services, ASCH&PP  
David Pearson, Corporate Director, ASCH&PP  
Tina Ramage, Principal Social Worker, ASCH&PP  
Sorriya Richeux, Team Manager - Corporate and Environmental Law, Resources  
John Stronach, Commissioning Officer, ASCH&PP

**ALSO IN ATTENDANCE**

Lucy Dadge, Director of Transformation, Mid Nottinghamshire CCGs

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 8 February 2016 were confirmed and signed by the Chair.

**MEMBERSHIP**

It was reported that Councillors Creamer and Gilfoyle had been appointed to the committee in place of Councillors Fielding and Pringle, for this meeting only.

**OUTCOME OF THE ADULT SOCIAL CARE HEALTHCHECK 2015**

**RESOLVED 2016/018**

That the outcome of the Adult Social Care health check carried out between June and August 2015 and the action plan outlining further work to be carried out within the department as set out in Appendix 1 to the report be noted.

### **DEMONSTRATION OF THE NOTTS HELP YOURSELF WEBSITE**

John Stronach gave a presentation on the Notts Help Yourself website, which provides a range of information about adult social care and health to the public, and was supported by the County Council and CCGs. He responded to members' questions and comments.

#### **RESOLVED 2016/019**

That the presentation be received.

### **MID NOTTINGHAMSHIRE "BETTER TOGETHER" ALLIANCE AGREEMENT CONTRACT**

#### **RESOLVED 2016/020**

- (1) That approval be given to the Council signing the Mid-Nottinghamshire Agreement contract as a full member in line with the arrangements set out in the report.
- (2) That authority to agree any final drafting changes be delegated to the Corporate Director for Adult Social Care, Health and Public Protection in consultation with the Chair of the Adult Social Care and Health Committee and the Group Manager for Legal Services.
- (3) That the Corporate Director for Adult Social Care, Health and Public Protection (or his authorised senior officer delegate) be appointed as the Nottinghamshire County Council representative on the Alliance Leadership Development Board, with delegated authority to cast votes on behalf of the Council subject to a requirement to bring all strategic, policy, resource and financial decisions including the approval of the outcome of the transition activities to this Committee or such other body of the Council as may be appropriate in the circumstances.
- (4) That the Service Director for Adult Social Care in Mid-Nottinghamshire be appointed as the County Council representative on the Operational Oversight Group.
- (5) That a further report be presented to Committee in October 2016.

### **ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF CURRENT DEVELOPMENTS**

#### **RESOLVED 2016/021**

- (1) That the work taking place in relation to personal health budgets and the Transforming Care programme be noted.

- (2) That progress with personal health budgets in the County be reviewed by the Committee in six months.
- (3) That a further update on the Transforming Care programme be provided to the Committee in six months.
- (4) That provision of the Disabled Person's Registration Card be ceased.
- (5) That the changes to the staffing establishments in the Bassetlaw Hospital Team and the Adult Deaf and Visual Impairment Service be approved, as described in paragraphs 19 to 22 of the report.

### **DEPARTMENTAL SAVINGS AND EFFICIENCIES PROGRAMME – ADULT SOCIAL CARE AND HEALTH**

#### **RESOLVED 2016/022**

- (1) That the progress on budget savings projects being delivered by the Adult Social Care, Health and Public Protection Department as outlined in Appendices 1 and 2 of the report be noted.
- (2) That approval be given to the creation or extension of additional temporary and permanent posts as outlined in Appendix 3 of the report, to support delivery of existing and new savings projects.

### **FUTURE OF OLLERTON DAY SERVICE**

#### **RESOLVED 2016/023**

- (1) That the impacts of closure in terms of limited potential for further savings, likelihood of additional costs and impact on service capacity be noted.
- (2) That the day service at Ollerton be retained in its current form at this time.

### **INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE (ICELS)**

#### **RESOLVED 2016/024**

- (1) That the information about the contract for the new Integrated Community Equipment Loans Service (ICELS) from April 2016 be noted.
- (2) That the Partnership Team in the joint Integrated Community Loans Service be made permanent from April 2016.
- (3) That a full time, qualified Occupational Therapist (Band B) be appointed until the end of March 2018 to oversee the non-catalogue community equipment and prescriber training.
- (4) That the ICELS Review Team, Review Team Assistant and Minor Adaptations Occupational Therapist posts be aligned so that the posts terminate at the end of March 2018.

## **PROPOSAL TO RESTRUCTURE THE COUNTY HORTICULTURE STAFF TEAM**

### **RESOLVED 2016/025**

That the proposed new structure for Brooke Farm from 1 May 2016 be approved, as set out in Appendix 2 to the report.

## **EXTENSION OF CONTRACTS FOR SUPPORT TO THE EAST MIDLANDS IMPROVEMENT PROGRAMME IN ADULT SOCIAL CARE**

### **RESOLVED 2016/026**

That the temporary posts of East Midlands Joint Improvement Programme Manager (Band F, 22 hours per week) and Business Support Administrator (Grade 4, 30 hours per week) be extended until 31 March 2017.

## **NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE 2016**

### **RESOLVED 2016/027**

- (1) That approval be given for the Chair of the Adult Social Care and Health Committee to attend the National Children and Adult Services Conference in Manchester on 2-4 November 2016, together with any necessary travel and accommodation arrangements.
- (2) That the Committee receive a report on the outcomes of the conference.

## **WORK PROGRAMME**

### **RESOLVED: 2016/028**

That the work programme be noted, subject to reports in six months on personal health budgets and the Transforming Care programme, and in October on the Mid-Nottinghamshire Alliance.

## **EXCLUSION OF THE PUBLIC**

### **RESOLVED 2016/029**

That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

## **EXEMPT INFORMATION ITEM**

## **MID NOTTINGHAMSHIRE "BETTER TOGETHER" ALLIANCE AGREEMENT CONTRACT**

### **RESOLVED 2016/030**



That the information in the exempt appendix be noted.

The meeting closed at 12.50 pm.

**CHAIR**



**18 April 2016****Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,  
ACCESS AND SAFEGUARDING****NATIONAL LIVING WAGE COST PRESSURES – PROPOSED FEE  
INCREASES FOR INDEPENDENT SECTOR SOCIAL CARE PROVIDERS****Purpose of the Report**

1. To advise Members of the historical context of setting fees and applying inflationary increases for care and support services purchased from independent sector providers.
2. To seek Committee approval for the proposed distribution of £9.5m of fee increases to independent sector care and support providers across the different adult social care services, approved by Full Council on 25 February 2016, related to the implementation of the National Living Wage.
3. To seek Committee approval for the proposed distribution of £3.8m to increase the payment rates for sleep-in provision in supported living services and for sleep-in services commissioned through Direct Payments, as approved by Full Council on 25 February 2016.
4. To seek Committee approval for the fee increases to be backdated to 6 April 2016 to align with the payment cycle for the new financial year.

**Information and Advice****The Care Act 2014**

5. Members will be aware of the new and extended statutory duties placed on councils through the Care Act 2014. This includes the provision of comprehensive, accessible and equitable services for council funded service users, carers and self-funders, in order to deliver improved outcomes for all people who require care and support services. The national eligibility criteria, the wellbeing principle and the continued emphasis on personalised care, extending access to preventative services, place further responsibilities on councils not only to ensure there are sufficient care and support services to meet current and future demand but also to ensure there is sufficient diversity to enable service users and carers to have a choice of services.
6. In response to the major failure of the country's largest residential and nursing care home provider, Southern Cross Healthcare, in 2011, the Care Act also places new duties on councils to ensure provider sustainability and viability. Councils are required

to ensure that there is continuity of care for service users and carers, including people who fund their own care, during times of business failure.

7. The Care Act places new statutory duties on councils to facilitate and shape their local market to ensure there is a diverse range of services available to meet the needs of all people in the area who need care and support. This includes services for people who arrange and manage their own care and support services, through the use of Direct Payments, and people who fund their own care and support.
8. The market shaping duties include the role of councils in ensuring that fees paid to providers are sufficient to enable them to meet their employer duties and responsibilities, as detailed in section 4.31 of the Care and Support statutory guidance:

*“When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages of care and agreed quality of care. This should support and promote the wellbeing of people who receive care and support, and allow for the service provider ability to meet the statutory obligations to pay at least the national minimum wage and provide effective training and development of staff. It should also allow for retention of staff commensurate with delivering services to the agreed quality, and encourage innovation and improvement. Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment.” p48.*

### **Care and support services in Nottinghamshire**

9. Care and support services are provided for people who meet the national eligibility threshold as set out in the Care and Support (Eligibility Criteria) Regulations 2014. The Council funds 3,156 (as at end of February 2016) people in total in long term residential and nursing care home placements. This includes those individuals who are residents of the County but who have chosen to live in a care home in another part of the country.
10. The Council commissions a range of care and support services such as home care, supported living and day care services from independent sector providers to help people to remain living independently in their own homes. Currently, there are approximately 9,750 (as at end of February 2016) people who meet the eligibility criteria, under the Care Act, who are receiving community based care and support services across all service user groups. People accessing care and support services are required to contribute to the cost of these services in accordance with their financial circumstances and based on a financial assessment. Some service users will be meeting the full cost of their care.
11. The Council also commissions a range of carers’ support services which aim to help carers to continue with their caring duties. These services include information and advice and one-off support or on-going services, including short breaks provision, to approximately 4,130 carers. Many of these services are delivered through a Direct Payment.

## The budget

12. The Council's net budget for adult social care is £219.8m for 2016/17 with a gross budget of £333.2m. The vast majority of this is spent on care and support services that are commissioned externally from both private and voluntary sector providers through contractual arrangements. The Council's gross budget allocations for externally provided care and support services for 2016/17 are broken down as follows:

Area of service	Budget
Care Home placements - Older Adults	£70.0m
Care Home placements - Younger Adults	£38.4m
Home care services	£17.9m
Supported Living services	£40.2m
Direct Payments*	£48.2m

\*Direct Payments are used by service users and carers to purchase all types of community based services including home care, supported living, day time activities and carers' breaks. This includes one-off Direct Payments.

## Application of fee increases in recent years

### Older adults' residential and nursing care home provision

13. During 2012, the Council completed a comprehensive review of its 'Fair Price for Care' framework and fee levels for independent sector older persons' care homes. This included the application of an index related inflation formula which had been agreed in consultation with the Nottinghamshire Care Association. The proposed new fee structure and fee levels were approved by Policy Committee on 13 February 2013 and at the same time Members approved the application of an annual inflation-linked fee increase to be applied annually to independent sector older persons' care home fees with effect from April 2014.
14. In accordance with the above, financial provisions have been built into the Medium Term Financial Strategy for an annual inflation linked increase. Based on the agreed index, the inflation increase applied for older people's care homes was 0.616% in 2014/15 and 0.6% in 2015/16.

### Younger adults' residential and nursing care home provision

15. Fee levels for younger adults' residential and nursing care home provision are negotiated with the care home providers on an individual basis. Specialist care home placements, for example, for adults with physical and/or learning disabilities, head injuries, or challenging behaviour, have entailed individual negotiations through the application of the 'Care Cost Calculator' for high cost placements. This tool is used by

many health and social care commissioners when determining and reviewing fees in order to ensure value for money and to enable benchmarking across the region for the cost of complex care. The tool also provides a robust framework for agreeing a fair and transparent price for each placement based on the needs of the individual service user.

16. Alongside the implementation of the Care Funding Calculator, in 2014/15 the Council completed an accreditation process and has a contract in place for specialist services with those providers that are able to meet defined quality indicators and which meet the Council's specific commissioning objectives.
17. Due to the financial pressures experienced by the Council in recent years, the specialist care home providers have not been allocated an annual inflationary increase whilst the Care Funding Calculator has been implemented. However, it is recognised that care providers have had cost pressures during this period, arising from increases in the National Minimum Wage and other staffing costs such as requirements to put in place and contribute to pensions for their employees. To counter these additional cost pressures, the Council has been working with the providers to support them to make further efficiencies in their operating costs wherever possible.
18. The Council continues to fund placements in a small number of homes where the providers have retained their provision at lower than average costs and in these instances, the Council has undertaken negotiations on an individual basis with these providers where required, so as to ensure they are able to sustain their services and fully meet the needs of the residents.

### **Home Care, Extra Care and supported living services**

19. Home Care, Extra Care and supported living services are subject to market testing through competitive tender processes on a regular basis, usually every 3 – 5 years. Tendering provides the Council with the opportunity to test the market through an open and transparent competitive process in order to seek best value from providers.
20. Following the completion of the tender for home based care and support services in 2013/14, new contracts were awarded to four core providers for home based care and support services (home care), each covering a large geographical area based on district council boundaries. Implementation of the contracts commenced in April 2014 but since this time, the providers have experienced difficulties in recruiting and retaining adequate levels of staff which has impacted on their ability to deliver sufficient home care capacity.
21. During 2013/14, a tender was also undertaken to commission new Care, Support and Enablement Services (supported living) for adults with learning disabilities and for people with mental health needs. The contract was awarded to four core providers and the services commenced in October 2014. The contract only covers new packages of care and support commissioned from October 2014. Service users already receiving supported living services prior to that date were able to retain their existing care and support provider. This was in order to ensure continuity of care, given the specific needs of people receiving supported living services. In order to ensure equity of provision, the legacy providers were required to deliver services to the same service specification and the terms of the contract as that of the four core providers. In addition,

the Council retained contracts with a small number of providers who deliver an enhanced supported living service for people who require more specialist services due to complex health and social care needs and challenging behaviour.

22. The above contracts do not require the Council to apply an annual inflationary increase and there are no provisions within the Medium Term Financial Strategy for inflationary increases to be applied on an annual basis to any adult social care services other than older persons' residential and nursing care home provision. However, recently there have been a number of factors, including legislative changes, which have resulted in increased cost pressures for care and support providers.
23. Members will recall that in November 2015, Adult Social Care and Health Committee took the exceptional measure to allocate a 10% fee increase, to be applied from 1 December 2015, for the core providers of the Home Care and Extra Care services and specifically for the outreach and enhanced supported living services delivered through the Care, Support and Enablement contract.
24. This increase was applied following the completion of an open book exercise which was undertaken during summer 2015 with the four core home care providers and the four supported living providers as a result of significant concerns about the providers' inability to recruit and retain sufficient care staff to deliver the volumes of services required to meet needs. The fee increase was allocated in recognition of the increased cost pressures experienced by the providers relating to staffing costs and in order to ensure their continued sustainability.
25. The allocation of permanent extra funding of £2.15m to cover the full year cost of the above 10% increase was considered by Members as part of the annual budget setting process and was approved by Full Council on 25 February 2016 and has subsequently been built into the Council's Medium Term Financial Strategy.

### **Day Care Services**

26. During 2012/13, the Council completed an accreditation of independent sector day care providers. One element of the accreditation considered the providers' compliance with the day service rates set by the Council and which are aligned to the Council's own day services. Due to continued financial pressures, the Council has applied 0% inflation to external day services over the past three years.

### **Shared Lives Services**

27. As the Council has developed and expanded its Shared Lives scheme, the fee rates payable to Shared Lives carers were reviewed during 2013/14 and the new fee structure implemented at this time involved aligning fee levels with individual needs. As such, a flat rate increase was not applied across all the services but fees have been taken into account when undertaking individual reviews of service users as and where required.

## Direct Payments

28. The current recommended rates for paying Personal Assistants have been in effect since April 2010 and are as follows:

Day Time Hours	Monday to Saturday	£9.10 per hour
Day Time Hours	Sunday	£13.30 per hour
Night Time Hours	Monday to Saturday	£45.00 per night
Night Time Hours	Sunday	£56.80 per night

29. Many service users have chosen to arrange their own care and support, through a Direct Payment, from a range of different home care agencies. There have been no flat rate inflationary increases applied to services provided by agencies to Direct Payment recipients, however the Council has had to agree to pay agency rates at a higher level than the rates allocated to the core providers for managed services. Whilst the agencies provide similar services to people through Direct Payments arrangements as they do for managed services, the agencies do not have the same levels of overhead costs as they are not required to comply with the Council's electronic monitoring requirements and quality assurance processes. However, they are able to command higher hourly rates where the Council is not able to secure more cost effective services from the core providers.

## Sleep-in provision

30. The County Council commissions sleep-in provision for a significant number of service users who are in supported living arrangements and who, due to their specific needs, require care to be available on-site during the night time. The supported living providers who deliver these services are paid a flat rate of £35 for sleep-in provision. Some of the providers are able to meet the previous national minimum wage requirements by averaging out the hours paid to staff for their waking and sleep-in duties but this has been dependent on the ratio of sleep-in nights undertaken by each employee compared to waking hours they work each week, as well as the hourly rate paid to staff for waking hours. Some detailed analysis has been undertaken with providers relating to sleep-in services and from this, it is evident that where providers are delivering high numbers of sleep-ins, the current £35 flat rate per sleep-in does not enable them to cover the full cost of the packages and as such these services are not currently sustainable. This is exacerbated by the introduction of the NLW.
31. Sleep-in provision is also purchased by some service users who, through the use of Direct Payments, commission their care and support services directly from an agency, or who employ Personal Assistants to meet their care needs. The rate paid for this element of the service varies from case to case, depending on the size and cost of the full package and in many cases on the availability of Personal Assistants.

## Financial pressures arising from the implementation of the National Living Wage

32. Following the announcement by the Chancellor of the Exchequer, in July 2015, of the introduction of the National Living Wage to be implemented from April 2016, the Council has undertaken some detailed analysis of the financial implications across the range of externally commissioned services. By far the largest impact relates to the provision of



adult care services because large proportions of care workforce are employed at or just above National Minimum Wage levels. The analysis undertaken by the Council has considered and been informed by the work completed previously in ascertaining provider costs through the Fair Price for Care fee setting process completed in 2012 and the open book exercise undertaken in summer 2015 with core providers of home care and support living services.

33. At Full Council on 25 February 2016, Members approved an allocation of £9.5m to be applied across the range of adult care services which take into account costs arising from the implementation of the National Living Wage (NLW) from April 2016. It is proposed that differential fee increases are applied across different service areas, and for different providers, based on current fee levels, in order to ensure that the fees are set at realistic levels to enable providers to comply with their requirement to pay their care staff at or above the NLW.

### Proposed Fee increases from April 2016

#### Older adults' residential and nursing care home provision

34. Based on the current care home fee bandings, and the analysis of provider costs undertaken during the 'Fair Price for Care' fee review in 2012, it is proposed that a 6% fee increase is applied to all older adults' residential and nursing care homes which are at Bands 1, 2 and 3. It is proposed that a 3% fee increase is applied to all care homes that are at Band 4 and a 1% fee increase is applied to all care homes that are at Band 5.
35. The application of differential percentage increases is proposed because current fee levels for Bands 4 and 5 do enable the providers to pay their care staff at or above the new NLW. However, an increase in fees is proposed to enable providers to sustain a differential across the bandings and to continue to incentivise providers to sustain and further improve the quality of their services. The table below outlines the current weekly fee levels and the proposed weekly fee levels to be applied from April 2016:

Care Home Banding	Current Fee Residential care	Current Fee *Nursing care	Proposed Fee 2016/17 Residential care	Proposed Fee 2016/17 *Nursing care
Band 1	£405	£440	<b>£429</b>	<b>£466</b>
Band 2	£449	£504	<b>£476</b>	<b>£534</b>
Band 3	£476	£530	<b>£505</b>	<b>£562</b>
Band 4	£502	£556	<b>£517</b>	<b>£573</b>
Band 5	£528	£583	<b>£533</b>	<b>£589</b>

\*The above fee levels are net of Funded Nursing Care Contribution which is set at £112 per person per week.

## **Younger adults' residential and nursing care home provision**

36. As outlined above, fee levels for younger adults' care homes have evolved historically and tend to reflect the complexity of the care and support needs of the individual residents. In many cases, the fees have been set using the Care Funding Calculator and have taken into account actual costs for delivering specific services including where one to one support, or higher ratios of staffing, are required for people with complex care needs. It is proposed that differential rates are applied for these homes as follows:
- 6% increase for care homes where the current fee level is at or below £850 per person per week
  - 3% increase for care homes where the current fee level is between £851 and £1,600 per person per week
  - 0% increase for care homes where the fee is above £1,600.
37. It is possible that where fees are at or above £1,600 per person per week and they have been set in accordance with the Care Funding Calculator but where staffing costs have been based on the national minimum wage, as opposed to higher wage levels, then the Council may be required to negotiate a percentage increase to account for the impact of the NLW. It is proposed that in such circumstances officers are able to negotiate an increase with a care home provider where the provider is able to demonstrate transparency in their staff costs as part of the application of the Care Funding Calculator.

## **Home Care and Extra Care services**

38. Following the analysis of provider cost pressures through the open book exercise undertaken in 2015, it is evident that the four core providers of home care and extra care services are only paying their care staff at or just above the NMW. The 10% fee increase allocation approved by Members in November and allocated from 1 December 2015 related to the costs pressures before the implementation of the NLW. Analysis of the impact of the NLW has identified the need for a further 6% increase to be applied to the hourly rate of the core providers to enable them to meet NLW cost pressures. In order to further support the core providers to deliver the required volumes of home care services it is proposed that a 6% increase is applied for these services.
39. Due to the limited capacity available for the core providers, the Council has had to commission home care services from a number of home care agencies on a spot contracting basis. It is hoped that the 10% fee increase applied in December 2015 and a further 6% to be applied from April should help the core providers to recruit and retain sufficient levels of care workers so that they can meet the demand for these services. This will in turn reduce the need for the Council to commission managed services from other home care agencies on a spot contracting basis.

## **Supported living services**

40. As outlined above, a 10% fee increase was applied for some supported living services in December 2015 to meet the cost of the minimum wage, such as outreach support which, like home care services, have proved difficult for providers to deliver at the volumes required. The 10% increase has also been applied to the enhanced supported living

services which require an experienced, stable and consistent workforce for the delivery of services to people who have multiple and complex needs.

41. It is proposed that a 6% increase is allocated to the accommodation based supported living services which did not receive a fee increase in December 2015, and a 3% increase allocated for the outreach support. It is proposed that this increase is applied for services commissioned from the core providers and the legacy providers as their fee rates are the same.

### Day services

42. The Council has in place matrix rates for day services based on the levels of need of the people who access the services. The current fee levels are:

- Complex Needs - £65.28 per day or £32.64 per session
- High level needs - £33.66 per day or £16.83 per session
- Medium level needs - £22.44 per day or £11.22 per session
- Low level needs - £15.30 per day or £7.65 per session
- 1:1 support - £9.69 per hour

43. The matrix looks at both physical disabilities and cognitive impairment and the effect it will have on a person engaging with the service and the score indicates the level of staff supervision likely to be required. Therefore people with complex needs may need one member of staff to every two service users whereas low needs may be one member of staff to 10 service users depending on the activity being undertaken and size of the service.

44. It is proposed that differential fees are applied as the low and medium rates are currently disproportionately lower than the high and complex rates which already allow a higher level of staff pay or profit margin. Therefore it is proposed that increases are applied to the low, medium and 1:1 rate only to enable the NLW to be implemented (based on 80p per staff hour as with care, support and enablement services and home care) giving the rates detailed in the table below:

Matrix Band	Current Fees		Proposed Fees		% increase
	Per day	Per session	Per Day	Per Session	
Complex needs	£65.28	£32.64	<b>£65.28</b>	<b>£32.64</b>	<b>0%</b>
High level needs	£33.66	£16.83	<b>£33.66</b>	<b>£16.83</b>	<b>0%</b>
Medium level needs	£22.44	£11.22	<b>£23.84</b>	<b>£11.92</b>	<b>6%</b>
Low level needs	£15.30	£7.65	<b>£16.42</b>	<b>£8.21</b>	<b>7%</b>
1:1 Support	£9.69 per hour		<b>£10.49 per hour</b>		<b>8.3%</b>

## **Direct Payments**

45. As outlined above, the rate currently paid for Personal Assistants is £9.10 per hour. This rate includes overhead costs such as National Insurance and pension contributions as well as the hourly rate paid to the PAs. It is proposed that a 6% increase is applied to the Direct Payment rate applied for PAs.
46. In many cases, the hourly rate paid for services delivered by agencies through Direct Payments is above the hourly rate paid to the contracted home care providers. As a result, it is proposed that a flat rate increase is not applied to Direct Payments packages where the service is delivered by a home care agency.
47. It is possible however that some Direct Payments packages delivered by home care agencies may not be at a rate which enables the agency to cover the cost of the NLW. This may particularly be the case in rural and other hard to reach areas where the agency is not able to recruit or retain the staff that are required to deliver the service. Where this is the case, and the provider is able to evidence their costs, then the Council may be required to negotiate an increase in order for the service to be sustainable. It is proposed that Members enable the fee levels to be negotiated by officers where agency rates do not enable the provider to meet the costs of delivering the services.

## **Shared Lives services**

48. In order to support the Council to develop and expand its Shared Lives scheme, it is proposed that a flat rate 6% increase is applied across these services.

## **Sleep-in payments**

49. At Full Council in February 2016, Members approved the allocation of £3.8m to enable an increase to be applied to the rate paid for sleep-in provision. This was based on detailed analysis of the numbers of sleep-ins being commissioned during late 2014 and the rates paid for the sleep-in provision.
50. It is proposed that for supported living services, a flat rate increase is applied to the sleep-in rate from the current £35 per night to a rate of £70 per night. It is proposed that the application of this increase is backdated to 6 April 2016 in line with the other proposed fee increases.
51. Due to the different pay rates for services commissioned through Direct Payments, it is proposed that the amount of increase to be applied is negotiated on a case by case basis and is completed as part of each individual service user's annual review which will be undertaken during the course of 2016. The Council's two reviewing teams and the district based assessment teams will prioritise reviews if and where there is an indication either from service users or carers or from Personal Assistants that the sleep-in rate needs to be urgently reviewed in order to maintain continuity of service.

## **Other Options Considered**

52. Members have already approved the allocation of £9.5m to meet provider cost pressures arising from the impact of the NLW, and a further £3.8m for sleep-ins, and

provisions have been made in the Medium Term Financial Strategy to fund this pressure. The purpose of this report is to propose to Members the most appropriate way of allocating this funding based on the fees already allocated across the different services and based on information about provider costs.

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

53. The Council has a statutory duty to have in place a range of care and support services for people who meet national eligibility criteria, either directly through its internal services or through commissioned services from external providers. This statutory duty extends to ensuring that there is a viable and sustainable market of social care providers who are able to deliver the required services.
54. Consideration has been given to the current fee levels paid to care and support providers within the context of the increasing cost pressures arising from the impact of the NLW. The proposed fees increases should help providers to continue to deliver care and support services at a time when they are facing substantial increases in their costs, most of which relate to staff pay and terms and conditions of employment. The targeted allocation of the fee increases will mean that the providers who have the lowest fee levels will be allocated higher increases as their current fee levels would not enable them to pay their staff at or above the NLW.

### **Statutory and Policy Implications**

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

### **Implications for Service Users**

56. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. An increase in fees paid by the Council to independent sector care and support providers will help to ensure that there are sufficient and viable services within the local market to meet current and future needs.

### **Financial Implications**

57. It is anticipated that the full-year cost implications of the above fee increases will be approximately £9.5m with a further cost of £3.8m for sleep-in provision. This funding will provide some scope for the Council to negotiate a moderate increase for some of the high cost services where no flat rate increase is proposed to costs but where the providers are able to demonstrate additional cost pressures attributed to the NLW.
58. The cost pressures arising from the impact of the NLW, including for sleep-in provision, have been built into the Council's Medium Term Financial Strategy as approved by Council on 25 February 2016.

## **Human Resources Implications**

59. The information and proposals contained in this report relate to externally provided care and support services and do not have a direct impact on internal staffing. Any increases in staff pay across the social care sector will help to ensure that the Council is able to commission appropriate levels of care and support services from independent sector care and support providers.

## **Public Sector Equality Duty Implications**

60. An Equalities Impact Assessment has been completed to ensure that people with protected characteristics are not disadvantaged as a result of the proposed fee increases. The fee increases will be targeted to ensure that the highest increases are applied to providers who currently have the lowest fees levels. This should help ensure that these specific services continue to be sustainable and that providers remain financially viable following the application of the NLW.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the historical context of setting fees and applying inflationary increases for care and support services purchased from independent sector providers.
- 2) approves the proposed distribution of £9.5m of fee increases to independent sector care and support providers across the different adult social care services, as approved by Council on 25 February 2016, related to the implementation of the National Living Wage.
- 3) approves the proposed distribution of £3.8m to increase the payment rates for sleep-in provision in supported living services and for sleep-in services commissioned through Direct Payments, as approved by Full Council on 25 February 2016.
- 4) approves the fee increases to be backdated to 6 April 2016 to align with the payment cycle for the new financial year.

**Caroline Baria**

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## **Constitutional Comments (LM 06/04/16)**

61. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

## **Financial Comments (KAS 06/04/16)**

62. The financial implications are contained within paragraphs 57 and 58 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.

Fair Price for Care – Older Persons’ Care Home Fees – report to Policy Committee on 13 February 2013

Annual budget 2016/17 – report to Full Council on 25 February 2016

Equalities Impact Assessment

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

All.

ASCH389







18 April 2016

Agenda Item: 5

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

**TENDER FOR OLDER PEOPLE'S HOME BASED CARE AND SUPPORT  
SERVICES**

**Purpose of the Report**

1. This report advises Members of the need to re-tender the home based care and support services and outlines the process and the timescales to be followed.
2. The report seeks Committee approval for the establishment of a temporary 18 month project manager post (Hay Band D) to assist in the delivery of the commissioning and procurement process, to be hosted by the County Council and to be funded jointly between the County Council, the County Clinical Commissioning Groups (CCGs) (not including Bassetlaw CCG), the City Council and Nottingham City CCG.
3. It is proposed that a further report is brought back to Committee in July 2016, once the planning process is near to completion, to seek approval to progress the proposed model of service and to identify the potential financial implications of retendering the home based care and support services.

**Information and Advice**

**Background**

4. The total budget for home-based domiciliary care and support is approximately £17.9m for 2016/17 with approximately 1,560 service users receiving a service at any one time (figures relate to March 2016) and the delivery of approximately 22,780 hours of service provision by independent sector providers per week. This includes services commissioned with the four core providers and with other providers on a spot contracting basis. This does not include people who arrange and manage their own home care services through the use of a Direct Payment.
5. In September 2013 Full Council approved the commencement of the tender for home based care and support services and for the new contracts to be awarded for commencement in April 2014. Contracts were awarded to four core providers for home based care and support services, each covering a large geographical area based on district council boundaries. The contracts were let for a period of three years with an option to extend for up to a further two years.

6. These contracts were awarded on the basis that each of the providers would be required to deliver all the services in a specific geographical area including delivery of services which are less attractive due to their location or size of the package. The contracts were awarded to the following providers:
  - Comfort Call – covering Newark & Sherwood District and Bassetlaw District
  - Care UK (recently acquired by Mears) – covering Ashfield and Mansfield Districts
  - Direct health – covering Broxtowe Borough
  - Agincare – covering Gedling and Rushcliffe Boroughs.
7. The above providers are also required to deliver the care and support services within the existing Extra Care scheme/s in their specific areas and in the new schemes that are currently being developed as and when they open.
8. As well as the four core providers, the Council also purchases home care services from a number of other providers on a spot basis as and where needed.
9. In addition to the contracted providers, there are in excess of 150 home care agencies registered with the Care Quality Commission (CQC) within Nottinghamshire. Many of these organisations are small local providers who have not sought a contract with the Council because they focus on delivering services to people that are self-funding or people who arrange and manage their own care through a direct payment.

### **Provider capacity**

10. Since the award of the contracts and the services commencing in July 2014, the home care providers have consistently reported difficulties in recruiting and retaining care staff. Consequently, the providers have not been able to deliver services at the capacity required to meet demand. As a result, the Council has had to issue spot contracts to agencies as a means of securing services for individuals in a timely way, but this has been at higher cost.
11. The Council continues to offer choice and control to people who are willing and able to manage their own care and support through the use of Direct Payments. However, many people prefer to use their Direct Payment to commission their care and support services directly from non-contracted home care agencies rather than choosing to employ a Personal Assistant (PA). Where such arrangements have been put in place as a result of the lack of capacity from core providers, the Council has had to agree a higher hourly rate as set by the non-contracted agencies.
12. Difficulties in recruiting and retaining sufficient levels of skilled, well-trained and motivated care staff is a national issue as higher numbers of care workers are required across the range of services in order to meet increasing demand for care and support services. It is recognised nationally that there is a lack of sufficient workforce capacity across the health and social care sector, and this is particularly the case in relation to the private and voluntary sector. Locally, this has resulted in the core providers being unable to deliver services at the quantity required by the Council.
13. As a result of the lack of home care capacity, in summer 2015 the Council completed an open book exercise with home care providers and supported living providers in

Nottinghamshire. The exercise showed that the cost to providers for the delivery of home care services has increased considerably since the award of the contracts in 2014 and it highlighted concerns about provider viability and their ability to meet increasing demand. One of the key concerns identified was that the staff turnover across the four core providers had averaged 54% over the previous 12 month period. The main cost pressures to the providers are directly as a result of increasing staffing costs relating to staff pay and terms and conditions of employment. These cost pressures are further compounded by the implementation of the National Living Wage in April 2016. The open book exercise showed that the average cost of the home care contracts with the four core providers was significantly above their average tendered price.

14. The findings of the open book exercise were outlined in a report to Adult Social Care and Health Committee in November 2015 and resulted in the Committee approving a 10% in-year fee increase to the core providers which was subsequently applied from 1 December 2015. The full-year cost of the increase to the Council for home care is £950,000.
15. Since this time, further detailed consideration has been given to the cost implications arising from the National Living Wage, culminating in a report to Full Council in February 2016 where Members approved funding to the value of £9.5m to be applied across the wide range of independent sector care and support services from April 2016. The allocation of this funding across the different services, including home care services, is subject to a separate report to this meeting of the Adult Social Care and Health Committee.
16. Given the on-going concerns about capacity, the Council has been completing a review of the existing services and it is proposed that, rather than extending the current contracts beyond the initial three year period, a further tender process is undertaken to secure new home care services across the County to commence from July 2017. The current contract has been commissioned jointly with the six county CCGs and five of the CCGs are also requesting that new home care services are commissioned through a new tender. Bassetlaw CCG has decided to commission its own home care service for people who meet Continuing Healthcare (CHC) eligibility criteria and for people who are at the end of life. The City Council and City CCG also have a contract, based on a similar model to the County, and they are also planning to re-tender their home care services. Discussions are underway about the option of undertaking a joint commissioning and procurement process with the City Council and City CCG.

### **The commissioning and tender planning process**

17. The County Council will remain the lead agency for the contract and will lead the tender process. The CCG Commissioners will be key partners in the commissioning and contractual arrangements. People who use services and their carers will also be key players in the process, including in the development of the service specification and the model of service delivery. A reference group is being established, comprising people who use health and social care services, and their carers, for this purpose.
18. Work has already been undertaken to consider the lessons learned from the previous tender process. This includes:

- a review of the current core provider model
- the planned intention to utilise sub-contracting arrangements
- the tender evaluation process and the contract award criteria, including the hourly rates submitted by tenderers
- the application of TUPE transfer rules
- the planned intention to commission services which are outcomes-focussed
- the use of the electronic monitoring system
- the implementation of the provider portal
- the interface with the prevention and early intervention service which was commissioned in 2015.

19. Part of the planning process includes a review of the types and range of services to be commissioned within the context of the requirements laid out in the Care Act 2014. It is anticipated that the following services will be included:

- home care, including dementia care, end of life care and jointly contracted health commissioned services
- hospital discharge provision
- extra care
- respite care (non-residential)
- carers support services
- social inclusion activities
- 24/7 urgent care and crisis/rapid response
- 24/7 social care response to telecare.

20. It is proposed that a temporary Project Manager post (Hay Band D) is established full time for an 18 month period to co-ordinate and support the commissioning process. The post would be jointly funded by each of the commissioning partners. The County Council's contribution to the cost of the post would be approximately £23,000 over the 18 month period. If approved, the post would be hosted by the County Council.

21. The timescale for delivery of the programme is detailed below. It is anticipated that the transition period will be over a six month period commencing in January through to June 2017 after which the new contracts will have had time to become established.

Stage	Date
Market sounding engagement events with existing and prospective providers	June 2016
Commence the procurement with the publication of the OJEU notice	September 2016
Bidders' day and closure of tender clarification period	October 2016
Tenders returned	Early November 2016
Evaluation of tenders	November and December 2016

Stage	Date
Notify all bidders of the outcomes of their tenders and award contract to successful providers	Early January 2017
Contract commencement	Late January 2017
Transition from current providers to new providers	January to June 2017

### Other Options Considered

22. The Council has the option of extending the current contract with the core providers for up to a further two years beyond June 2017. However, the Council believes that continuation of the current contract would not provide adequate levels of home care services to meet needs and enable timely hospital discharges. There are also concerns that there is a lack of home care provision to enable swift hospital discharges.
23. As a result of the limited capacity from the core providers, the Council is having to commission a significant volume of home care through spot contracting arrangements and this is at a higher hourly rate than the services delivered through the core provider contracts. The Council has also had to negotiate higher hourly rates where people have requested a Direct Payment in order to secure more timely home care services and have sought to purchase their home care from non-contracted agencies.

### Reason/s for Recommendation/s

24. The core providers are not currently able to provide the required capacity of home care services. Since the award of the contract in 2014, there have been a number of significant changes, including the introduction of the Care Act 2014, and the implementation of the NLW. Given these significant changes, it would be timely to allow the contract to end without extending it and to re-commission the services. The County CCGs are keen for the home care services to be re-commissioned.

### Statutory and Policy Implications

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

### Implications for Service Users

26. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. The aim of the tender process is to enable the Council to commission sufficient volumes of home care services and to ensure these services are sustainable and are able to meet current and future needs.

27. The re-tendering of home care and support services is likely to impact on some people who currently receive home care from the core providers. However, the Council will work with the providers to ensure that, where there is to be a change of providers, that the transition is managed carefully to ensure continuity of care and to limit any disruption to people who are using the services.

### **Human Resources Implications**

28. It is proposed that a temporary project manager post is established for an 18 month period, on a full-time basis, to support the completion of this complex project and to enable it to be managed effectively and to deliver the required outcomes within very tight timescales. The cost to the Council would be £23,000 over the 18 month period. The post holder would be employed by the County Council but would operate in a partnership capacity across each of the commissioning organisations.

### **Financial Implications**

29. As outlined above, the current budget for home care services is £17.9m. The average hourly rate across the core provider contracts is currently £14.20 per hour. This rate is due to increase pending approval from Members to allocate a 6% increase to the core providers, backdated to 6 April 2016, in recognition of cost pressures relating to the National Living Wage.
30. As part of the tender planning process, detailed consideration will be given the various options relating to the determination of the hourly rate. This will include consideration of various options such as setting a fixed rate as is currently applied in the Care, Support and Enablement Contracts for supported living services; setting of fixed rates based on specific geographical areas and contract lots; the setting of floor and ceiling rates as a guide to acceptable fee levels.
31. The £23,000 cost of the County Council's share of the Project Manager post for 18 months will be funded from departmental reserves.

### **Public Sector Equality Duty Implications**

32. The nature of the services to be commissioned mean they will affect older adults and people with disabilities, including people who have multiple and complex health and social care needs. The Council has completed an Equalities Impact Assessment to consider the implications of the tender process on people with protected characteristics and to identify and put in place mitigating action to ensure that these groups of people are not disadvantaged as a result of the tender process.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the need to re-tender the home based care and support services and the process and the timescales to be followed.

- 2) approves the establishment of a 1 fte temporary 18 month Project Manager post (Hay Band D) to assist in the delivery of the commissioning and procurement process, to be hosted by the County Council and to be funded jointly between the County Council, the City Council and the City and County CCGs
- 3) receives a further report in July 2016 once the planning process is near to completion to seek approval to progress the proposed model of service and to identify the potential financial implications of retendering the home based care and support services.

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#### **Constitutional Comments (SMG 30/03/16)**

33. The proposals in this report fall within the remit of this Committee.
34. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

#### **Financial Comments (KAS 06/04/16)**

35. The financial implications are contained within paragraphs 29 to 31 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.

Tender for Home Based Care and Support Services – report to Full Council on 26 September 2013

The Social Care Market: Provider Cost Pressures and Sustainability – report to Adult Social Care and Health Committee on 30 November 2015

Annual Budget 2016-17 – report to Full Council on 25 February 2016

Equality Impact Assessment

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

All.

ASCH388





**REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND  
PUBLIC PROTECTION**

**PROVIDING ADULT SOCIAL CARE ASSESSMENTS AND REVIEWS**

**Purpose of the Report**

1. To inform Members of the current position in relation to outstanding assessments and reviews within Adult Social Care and Health.
2. To seek approval to purchase additional temporary capacity to help manage assessments and reviews and to realise efficiency savings.

**Information and Advice**

**Background**

3. People whose social care needs cannot be met through the provision of information and advice, or by signposting to other agencies at the Customer Service Centre, will be referred for an assessment of their social care needs. These assessments are usually completed by social work or occupational therapy staff and may result in the person being deemed eligible for support from the County Council, resulting in the creation of a Care and Support Plan to meet their agreed outcomes.
4. There is no national timescale to complete new assessments within 28 days of initial contact, but the department has a local target to achieve this in 80% of cases. In some cases there is a legitimate reason why an assessment may take longer than 28 days, due to rapidly changing circumstances or an extended period of rehabilitation or reablement. The performance of the department, as reported regularly to previous Adult Social Care and Health Committee meetings, stands at 60% for 2015/16. It is worth noting that Nottinghamshire remains a high performing council in most areas and has done so for a number of years.
5. Given that the needs of service users change over time and that resources are finite, workers will need to ensure whether the support from the Council is still needed. If social care support is needed, workers will need to ensure it is provided in the most cost effective way possible. To achieve this, workers will need to regularly review people's support needs and their Support Plan. This is in line with the Adult Social Care Strategy.
6. There is also an expectation within the Care Act 2014 that authorities should conduct a review of a service user's care plan no later than every 12 months. In reality a high

proportion of reviews are often completed earlier to review short term goals and to increase people's independence.

7. In addition the Council is also responsible for assessing and reviewing the needs of those who act as carers to those with social care needs.
8. As a result of increased demand for social care support, demographic changes and finite resources, like a number of councils, the waiting lists for assessments and reviews have increased.
9. As a result of staffing and funding reductions the department has had to prioritise work requiring an urgent response such as safeguarding, carer breakdown and Mental Health Act assessments above more routine and less urgent assessments and reviews. This situation has been exacerbated by increased demand on social care from the Care Act, as detailed in a separate report also presented on the agenda of this meeting of the Committee. In addition to this reviewing teams have been undertaking urgent work to transfer a large number of service users with direct payments to new accredited providers of direct payment support services, as a result of the suspension of a service provider subject to an ongoing Trading Standards investigation.
10. In order to address this, the department established a project under the direction of the Service Director, South Nottinghamshire and Public Protection, to look at ways of addressing the issue outside of the usual day to day operating procedures.
11. The project's aim was to analyse and understand the causes and significantly reduce the number of unallocated social care and occupational therapy assessments and reviews across the department. The project will ensure that the department undertakes both short term action to reduce the waiting list and based on evidence at a team level, will recommend a future approach that avoids the future build-up of backlogs. The future approach will be in line with the Adult Social Care Strategy and support new ways of working.

### **Current situation and steps being taken to address this**

12. Since April 2015, staff in the Council have completed 10,609 social care and occupational therapy (OT) assessments and 15,692 reviews. In the same period, staff have undertaken 2,935 carers' assessments and 2,241 carers' reviews.
13. As at 20<sup>th</sup> March 2016, the number of assessments awaiting progression outside of the Council's 28 day timescale was 443 social care and 11 occupational therapy (the latter all in younger adults' services). In relation to occupational therapy assessments, following changes to the way that referrals are handled, including innovative work in the Adult Access team, and some increase in capacity, the numbers outside the 28 day timescales are the lowest they have been for a very long time.
14. Where assessments are essentially focused on people who may need social care support for the first time, reviews are required to ensure that the support people are currently receiving is still appropriate to meet their needs. A review may require the support to be increased, or reduced in line with the level of need at that time. The number of reviews (where service users have not been reviewed within the last 12

months) is 2,508 social care; 2,252 carers; 1,679 people living in care homes and 226 occupational therapy. Many of these reviews will only be a relatively short period outside of the timescale, but nevertheless action is required to ensure the capacity is available to complete the reviews.

15. A number of immediate actions are already underway. The first step was a data cleansing exercise. By running the data against various other data sources, this identified individuals who no longer require input from the department, or who are adding to the figures by appearing more than once as duplicate records.
16. Two external agencies, one for social work and the other for OT, will be commissioned to assist with reducing the waiting time for assessment. By working with these external workers, the Council will be able to ensure people have a timely assessment and review. Unallocated work will be carefully identified to ensure the Local Authority achieves best value from agency staff. The agency staff will be paid on a per assessment basis.
17. A significant number of the reviews relate to service users who have been placed within residential or nursing settings as part of their package of support. It is proposed that these individuals will be reviewed by those providing their care. This accounts for approximately 40% of the overdue reviews. Staff from the department's Market Management Team are currently putting together a process to enable this work.
18. Significant progress has already been made in relation to Carers Assessments, with the appointment of 5.8fte Carers Support workers, within the Adult Access Service. These workers are currently prioritising work on Carers Assessments, and are seeking to undertake assessments via the telephone wherever possible. In a short time they have significantly reduced the number of carers waiting for an assessment. Once these assessments have been completed they will focus on the Carer Reviews.
19. A further part of the data cleansing exercise will focus on the prioritisation of the remaining service user reviews. It is anticipated that a significant percentage of those with outstanding reviews will be in receipt of single services, such as meals and day services. Reviews for these individuals will be straight forward and can be completed in a relatively short space of time by Council staff.

### **Longer Term Changes**

20. The Council has recently appointed 15 additional Community Care Officers (CCOs) and 10 additional social workers. There are still significant vacancy levels across the department in operational teams. The Care Act funded posts are temporary, due to the initial temporary nature of the money to fund these posts from central government. Following clarity of future funding arrangements, the department has reviewed the posts required to meet the needs of the Care Act going forward balanced with the ongoing demand for social care that has contributed to the current backlog situation. Recommendations from this review are shared for consideration and discussion with the Adult Social Care and Health Committee in a separate report at today's meeting.
21. Given the increase in the number of people in Nottinghamshire who will need social care to help manage long term conditions and disability, part of the response is to continue rolling out new ways of working, and the principles of the Adult Social Care Strategy. This

includes utilising clinics and hubs to keep up with future demand. There will also be strong performance monitoring of teams in relation to this work, to ensure that good practice can be shared across the County.

22. Other steps include changes in the way staff work, through the mobilisation of the workforce and the automatic scheduling of fieldworker appointments. The Adult Social Care operational workforce has now been issued with Lenovo ThinkPad devices. This uses Total Mobile software which enables assessments to be completed away from a work base and aims to increase productivity by 10% per full time equivalent post, reduce mileage costs for staff and enable the flexibility to work anywhere.
23. The scheduling of fieldworker appointments involves social work field work appointments being automatically scheduled into field workers' diaries following triage by the Adult Access Service. In advance, field workers block out a pre-agreed number of slots in their diary and forward these to the Adult Access Service for work to be scheduled into. The evidence base from evaluations of similar projects in other councils, such as Kent, has shown that this is an effective way of reducing the time it takes for people to have their assessment or review completed, saves social worker time and avoids people having to wait for their assessment to start.
24. As well as changes to the way staff work, the department will introduce a number of measures that will change the expectations of people who receive an assessment. In order to maximise the ability to undertake assessments, the department will increase the use of clinics, telephone assessments or reviews and online assessments and reviews.
25. Social Care clinics have been piloted at two sites within the County during 2015, reducing staff travel time, and freeing up more time for assessment. Service user feedback from these has been positive, and staff have been able to undertake their work more quickly. It is proposed to roll this out to further sites.
26. Telephone based assessments have already been successfully tested and used within some areas of the department, for example for carers' assessments and non-complex occupational therapy assessments. In these areas, a worker can complete 3-4 non-complex assessments per day.
27. The availability of supported self-assessment is a central aspect of the Care Act. The availability of online assessment tools is crucial to enabling this in the most efficient way. Most councils are developing online assessments; in Oxfordshire for example 68% of all their carer assessments are now completed on line.
28. The Council is currently developing online service user and carer assessments forms via the County Council website. The carers supported self-assessment went live on 23<sup>rd</sup> March and has already been completed by a handful of carers who have provided positive feedback on the new process. The review of carers needs is due to go live in mid-April. The next set of forms will go live in October 2016. These will include the supported self- assessment for service users.

## **Additional Capacity**

29. In order to assist with the number of outstanding assessments and reviews, it is proposed that Members approve £300,000 to provide additional capacity to purchase assessments or reviews from independent social work or occupational therapy agencies. The agencies will be paid on a per assessment basis and will work in accordance with the Adult Social Care Strategy. The additional capacity will also help to realise savings identified in the proposal on Targeted Reviews (C07) which was approved as part of the budget report at Full Council in February 2016. These savings have a target of £2.5million over 3 years.
30. As part of the Targeted Review proposal, £300,000 has already been approved at Full Council. The proposal focuses on prioritisation of reviewing resources to achieve maximum benefit.

## **Summary**

31. This report identifies the steps that have been taken to keep pace with the level of assessments and reviews required, and to ensure that the Council carries out these responsibilities in a timely way. This involves ensuring there is the right level of staffing in the establishment, some temporary additional resources and taking advantage of new and innovative ways of working.
32. In line with the Adult Social Care Strategy, the department will continue to prevent or delay the development of need for care and support by providing advice, information and services that support independence.
33. Where someone is eligible for support, workers will undertake assessments and reviews according to the level of complexity service users present, whilst ensuring that the method used is appropriate.
34. Therefore, some of the more straight forward, single service reviews may be addressed via the sending and return of a letter, some carers assessments and reviews will be carried out via the telephone, those physically able to attend clinics will be invited to do so, those with the capacity to undertake online assessment can choose to reduce their waiting time by opting for this option and those with complex needs can continue to expect to be assessed or reviewed at home.
35. By taking positive steps in implementing both the long and short term measures detailed above, it is anticipated that the level of need and demand for assessments and reviews over the coming months can be managed in a timely way. However the level of demand and the effectiveness of these measures will be kept under continuous review.

## **Other Options Considered**

36. Additional Council staff would be appointed to complete assessments and reviews. This was discounted due to the current need and the difficulty in recruiting qualified staff.

## **Reason/s for Recommendations/s**

37. The Council has a duty to complete Community Care Assessments. In order to assist with the number of outstanding assessment reviews and to realise efficiency savings, it is proposed to procure additional capacity to undertake assessments or reviews.

38. Additional capacity is required to realise the required efficiency savings.

### **Statutory and Policy Implications**

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

### **Financial Implications**

40. £300,000 will be needed from departmental reserves to purchase additional capacity to assist with outstanding assessments and reviews and to realise efficiency savings, as identified in paragraphs 29 and 30.

### **Safeguarding of Children and Adults at Risk Implications**

41. Service users will receive a timely community care assessment and review.

### **Implications for Service Users**

42. Service users will receive a timely community care assessment and review.

### **Ways of Working Implications**

43. The additional reviewing team will need mobilisation equipment to undertake social care assessments.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the current position in relation to outstanding assessments and reviews and that the Committee will receive a further update on progress in October 2016.
- 2) approves the purchase of additional capacity to help manage the level of assessments and reviews and to realise savings, at a cost of £300,000 from departmental reserves.

**Paul McKay**

**Service Director, South Nottinghamshire and Public Protection**

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### **Constitutional Comments (SLB 24/03/16)**

44. Adult Social Care and Health Committee is the appropriate body to consider the content of this report subject to the procurement rules set out in the Council's Financial Regulations.

### **Financial Comments (KAS 23/03/16)**

45. The financial implications are contained within paragraph 40 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.

Annual budget 2016 - 17 – report to Full Council on 25 February 2016.

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

All.

ASCH387





**18 April 2016****Agenda Item: 7****REPORT OF PROGRAMME DIRECTOR, TRANSFORMATION PROGRAMME  
CARE ACT 2014 - EXTENSION OF ESSENTIAL POSTS****Purpose of the Report**

1. The purpose of the report is to request an extension to the funding of 69.5 full-time equivalent (fte) posts currently funded temporarily by the Care Act grant. These posts were due to end at the end of the financial year 2015-16 but have been extended by three months.
2. The report requests that out of 69.5 fte posts, 53 are made permanent as these posts are essential for meeting lasting statutory and core duties.
3. The report also seeks to increase the team manager post in the Asperger's Team to full time (from 0.5 fte) and to remove the 0.6 fte Advanced Social Work Practitioner post from the structure.

**Information and Advice**

4. Part One of the Care Act (2014) contained over 782 requirements within the guidance. This was implemented nationally in April 2015 introducing a whole range of new responsibilities and extending others. In brief, the Care Act requires the Council:
  - to promote wellbeing when carrying out any of its care and support functions
  - to provide a range of information and advice to the residents of Nottinghamshire
  - to provide preventative services to reduce or delay people's need for social care support
  - to assess and provide services to carers and self-funders where they are eligible
  - to introduce a new national eligibility criteria for social care
  - to provide independent advocacy where otherwise the person would struggle to take a full and active role in the process of identifying and supporting a person's social care needs
  - to extend the responsibilities for young people in transition from children's to adult social care
  - to assess and provide services to eligible prisoners
  - to make safeguarding enquiries or cause others to do so where it believes that an adult is experiencing or is at risk of abuse or neglect using an expanded definition of abuse or neglect which includes self-neglect and modern day slavery
  - to offer deferred payments to a person who is being cared for in a care home, who meets the criteria and is able to provide adequate security. There is also discretion to

extend deferred payments to those living in supported living where they intend to use the deferred payment to pay for their care and accommodation costs from the deferred payment

- to facilitate a vibrant, diverse and sustainable market of care and support provision
  - to meet people's needs if a provider of care fails.
5. The Council used temporary funding such as the Care Act grant to meet the costs of a variety of temporary posts to meet new or extended responsibilities under the Care Act and to fund other essential posts where no other source of funding could be identified.
  6. Increasingly, the Council has relied on temporary posts to support statutory and core duties, in the absence of permanent funding.
  7. In addition to the pressing financial need to review the temporary posts across the department, there are significant demands and challenges faced by adult social care. A recent employee health check survey conducted found that staff morale across the department is low; this is linked in part to the uncertainty surrounding temporary posts. A large scale recruitment exercise was undertaken in autumn 2015 and had some success in recruiting a number of Social Workers and Community Care Officers. However, there are still a number of vacant operational posts, which have been difficult to recruit to because of their temporary nature.
  8. In late December 2015, under the local government settlement, the Council received confirmation of ongoing funding to meet the new responsibilities under the Care Act. This permanent funding totals £4.43 million in 2016/17. This confirmation of permanent funding enabled the department to review the future requirements of the workforce over the next two years.

### **Assessing the future requirements of the workforce**

9. To determine the on-going need for these temporary posts and balance this against the pressing need to reduce costs, the department has conducted a rigorous exercise to understand which posts will be needed. The scope of this work includes an assessment of all temporary posts required in 2016/17 and 2017/18 as well as consideration as to whether posts were absolutely required on a permanent basis.
10. The outcome from this rigorous assessment of workforce requirements is that 69.5 fte posts are required to meet the core and statutory functions of the Council. Of the 69.5 fte posts, 53 of them are required on an ongoing basis and it is recommended these are made permanent posts.
11. The following posts cover a number of operational teams and areas of core and statutory work. A full breakdown of them is attached as **Appendix A**.
12. In the following sections of the report there is a summary of key areas of work and the resource requirements to meet core and statutory functions.

### **Assessments, support planning and review**

13. The Care Act introduced new and extended responsibilities to assess people who may have care and support needs and to provide those people who are eligible with support.

The duty to assess was extended to include those people who have sufficient resources to fund their own care and the duty to provide support to eligible people was extended to include carers. The criteria for safeguarding were extended to cover self-neglect, domestic violence and modern day slavery.

14. Out of the 69.5 fte posts requested, 37.9 fte posts carry out assessment and review activity including safeguarding assessments, work with young people in transition from children’s services to adult services, assessment in prisons and discharge from hospital.
15. The data shows an overall increase in the number of people making contact with Adult Social Care by 30% this year compared to last, although overall there is a small decrease in the number of care and support assessments completed (by approximately 4%). This could be for two reasons. Firstly, the assessment numbers do not take account of those assessments and reviews either not started or completed. Secondly, the Council is putting in place measures to manage demand and find alternatives to assessment. The number of people who had an early resolution to their assessment has gone up slightly this year compared to last year.
16. The number of safeguarding referrals received to date this year has increased by 3% over the full year’s figures for last year. The number of these which became safeguarding enquiries has also increased by 15% compared to last year’s figures. Safeguarding enquiries (assessments) are largely the responsibility of social workers to complete.
17. The funding of or extension to the 37.9 fte posts is essential to enable the Council to reach a point where the demand for assessments and reviews can be successfully managed, the backlog reduced and new approaches embedded. The stability of teams is a crucial part of this and this has not been achieved in the last couple of years with high levels of vacancies and temporary posts.
18. The table below sets out the 37.9 fte posts with a breakdown by type of post, service area and whether it is required on a permanent or temporary basis.

**Table 1: Younger Adults Posts**

<b>Posts in Younger Adults</b>	<b>FTE Temporary</b>	<b>FTE Permanent</b>	<b>Total</b>
Team Manager	0.5		
Social Worker	1	3	
Occupational Therapy		3	
Community care Officer		2	
<b>Total</b>	1.5	8	<b>9.5</b>

19. In addition to the proposal to extend and /or make permanent a number of posts across younger adult teams, there is an additional request to increase the team manager post in the Asperger’s Team to full time (from 0.5 fte) and to remove the 0.6 fte Advanced Social Work Practitioner post from the structure. This would present a slight saving as the difference between a 0.6 fte ASWP and a 1.0 fte Team Manager is a saving of £3,000. This proposed change does not feature in the lists of posts or overall number of posts set out in this report as there are no additional financial implications associated with the proposed change.

**Table 2: Older Adults Posts**

<b>Posts in Older Adults</b>	<b>FTE Temporary</b>	<b>FTE Permanent</b>	<b>Total</b>
Social Worker	1	12.5	
Occupational Therapy		3.5	
Community Care Officer	7	3	
Service Advisor		1	
<b>Total</b>	<b>8</b>	<b>20</b>	<b>28</b>

**Adult Care Financial Services**

20. The Care Act places a duty on councils to offer deferred payments arrangements to all people who meet the criteria and whose needs will be met by moving into a care home and /or supported living. Nottinghamshire County Council already offered a deferred placement scheme which was updated by the Care Act to include supported living and to introduce a charge based on the legal and administrative costs for setting up and maintaining the deferred payment agreement.
21. The Care Act reiterated the role of direct payments in offering the most choice and control over the support received via a personal budget. Approximately, 50% of eligible people in Nottinghamshire receive their personal budget as a direct payment. The Adult Care Financial Services (ACFS) team plays a key role in setting up and auditing of direct payment accounts.
22. The last three financial years has seen a year on year increase in the number of financial assessments completed by the ACFS team from 23,216 in 2013/14 to 34,562 in 2015//16.
23. The following 6.8 fte posts are considered essential to the Council's on-going compliance with and management of deferred payments and direct payments with just over half of the posts requiring permanent funding to provide stability within the team.

**Table 3: Posts in Adult Care Financial Services**

<b>Posts in Adult Care Financial Services</b>	<b>FTE Temporary</b>	<b>FTE Permanent</b>	<b>Total</b>
Adult Care Financial Services Finance Officers - Grade 5		3	
CCO Grade 5	1		
Senior Practitioner - Grade C	1		
Statutory Debt Officer - Grade 4	1		
Direct Payments Finance Officer- Grade 4		0.8	
<b>Total</b>	<b>3</b>	<b>3.8</b>	<b>6.8</b>

## Customer Service Centre/Adult Access Team

24. The Care Act extended the council's duty to offer social care advice and information to all citizens who require it. One of the ways that this is achieved is via an electronic data base of resources which is called Nottinghamshire Help Yourself. One of the following posts is for a temporary commissioning officer to support the on-going development of this resource.
25. The Customer Services Centre, the Adult Access team and the Multi-Agency Safeguarding Hub provide the first point of access to adult social care. They play a crucial role in managing demand and meeting statutory functions in providing access to personalised information and advice, preventative services, triage, reablement as well as completing simple assessments and reviews for the provision of equipment, carers' assessments and supporting the pilot to auto-schedule appointments for district teams.
26. The impact of the Care Act on the activity of the front end teams is one of increasing demand. The Multi-Agency Safeguarding Hub has experienced an increase in the number of safeguarding referrals (up by 3.25%). The overall number of calls to the Customer Services Centre is steady but the duration of each customer call is increasing on average as the advisors support new customers to access the information they require via Nottinghamshire Help Yourself. Between April and September 2015, there was a total of 46,562 social care enquiries made to the customer service centre of which 85.5% were resolved by the team of advisors. The resolution rate includes enquiries which were re-directed, resolved via the provision of information and advice or forwarded to specialist teams for assessment.
27. The Adult Access service has experienced similar pressures to the district teams, there has been a 5.5% increase in the numbers of carer contacts compared to last year, but there has also been an increase in the number of carers' assessments waiting to be completed.
28. Work has commenced with both the Customer Services Centre and Adult Access teams to begin to manage work differently from the initial customer enquiry through to assessment. This will potentially involve spending more time with each person seeking to resolve their enquiry using a combination of Nottinghamshire Help Yourself, local knowledge of community activities and short term preventative services. In each case, the advisor will try to resolve over the telephone, but where this is not possible a clinic appointment will be offered which is likely to involve workers from the Adult Access team.
29. The aim is to resolve a larger proportion of enquiries at this point which will require development over the next 12 months and stable teams to embed the changes into day to day practices. The following 15.19 fte posts are considered essential to manage current demand and to embed new ways of working.

**Table 4: Posts in front end teams**

Posts in Front End Teams	FTE Temporary	FTE Permanent	Total
Team Manager		1	
Designated Safeguarding Manager	1		

Community Care Officers		5.1	
Customer Service Advisors		3.25	
Team Leaders		0.2	
Technical Support officer		0.28	
Customer Services Business Partner		0.36	
Social Worker	1	2	
Commissioning Officer	1		
<b>Total</b>	<b>3</b>	<b>12.19</b>	<b>15.19</b>

### Data Input Team

30. Since April 2015 the Data Input Team (DIT) has commissioned 8,000 support packages. In addition to incoming work, the team has been undertaking work to improve the quality of information available on Framework.
31. The extension of the 10 fte posts of Business Support Assistant (Grade 3) in the Data Input Team for one year from March 2016 to March 2017 was agreed at the Adult Social Care and Health Committee on 5<sup>th</sup> October 2015 at an annual cost of £250,000, funded from Care Act funding. Committee is now being asked to make these posts permanent.
32. The data input team support social care workers to set up and cease care packages and are considered an essential business requirement on a permanent basis to achieve the accurate and timely recording of package costs. This ensures accurate financial information to inform budget monitoring.

**Table 5: Data Input Team**

<b>Posts in Data Input Team</b>	<b>FTE Temporary</b>	<b>FTE Permanent</b>	<b>Total</b>
Data Input Team		10	<b>10</b>

### Funding Arrangements

33. All of the costs for the temporary and permanent posts are contained within the permanent Care Act funding of £4.43 million in 2016/17.
34. The cost of the temporary posts are £667,827 and the costs of the permanent posts are £1,923,682. This totals £2,591,509.
35. All of these costs include on costs, but exclude travel costs.

**Table 6: Summary table of costs of all posts contained in the report**

Area	Permanent Posts		Temporary Posts	
	FTE	Cost PA	FTE	Cost for period between 1/04/16-31/03/2018
ACFS	3.8	£ 118,517	3.0	£ 94,500
DIT	10.0	£ 230,990	0.0	£ -
Frontend	12.2	£ 434,030	3.0	£ 100,008
Older Adults	19.0	£ 803,349	9.0	£ 378,580
Younger Adults	8.0	£ 336,796	1.5	£ 94,739
<b>Grand Total</b>	<b>53.0</b>	<b>£ 1,923,682</b>	<b>16.5</b>	<b>£ 667,827</b>

### Other Options Considered

36. A process of rigorous assessment of the on-going requirements associated with the duties inherent in the Care Act has been completed and detailed in the section titled 'Assessing the future requirements of the workforce'. Of the 69.5 fte posts there is not considered to be any other sustainable option other than to request their extension.

### Reason/s for Recommendation/s

37. These recommendations are made to ensure that the Council has sufficient workforce to meet its core and statutory duties under the Care Act and that those permanent duties are fulfilled in a timely way.

### Statutory and Policy Implications

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

### Financial Implications

39. The financial implications are contained within the body of the report and within paragraphs 19 and 33-35. This is summarised in Table 6.

## Human Resources Implications

40. In most circumstances this represents the extension of existing contracts for staff already in post. Where posts are vacant they will be recruited to using the corporate recruitment scheme. The request to make a proportion of the temporary posts permanent will ensure that ongoing core and statutory duties are met, but will also provide stability to teams which are under-going major changes.

## RECOMMENDATION/S

That the Committee:

- 1) approves the proposal to extend and/or to make permanent the 69.5 fte posts detailed in the report and **Appendix A**.
- 2) approves the additional request to increase the team manager post in the Asperger's Team to full time (from 0.5 fte) and to remove the 0.6 fte Advanced Social Work Practitioner post from the structure.

**Jane North**  
**Transformation Director**

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## Constitutional Comments (SLB 24/03/16)

41. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require reports regarding changes to staffing structures to include HR comments and for the recognised trade unions to be consulted.

## Financial Comments (KAS 31/03/16)

42. The financial implications are contained within paragraphs 19, 33-35 and 39 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.

Adult Social Care and Health – overview of current developments – report to Adult Social Care and Health Committee on 5 October 2015



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

All.

ASCH385



## Posts in Younger Adults

Post type	Number of FTE	Legislation	Request for Permanent or temporary funding
Newark/Bassetlaw Physical Disability Care Act Occupational therapist - Grade A/B	1.0	Care Act	Permanent
Mansfield/Ashfield Learning Disability social worker - Grade A/B	1.0	Care Act	Permanent
Mansfield/Ashfield Learning Disability Community Care Officer - Grade 5	1.0	Care Act	Permanent
Mansfield/Ashfield Physical Disability Care Act Occupational therapist - Grade A/B	1.0	Care Act	Permanent
Newark/Bassetlaw Learning Disability Care Act Social Worker - Grade A/B	0.5	Care Act	Permanent
Newark/Bassetlaw Learning Disability Care Act Social Worker - Grade A/B	0.5	Care Act	Permanent
Newark/Bassetlaw Learning Disability Care Act Community Care Officer - Grade 5	0.5	Care Act	Permanent
Newark/Bassetlaw Learning Disability Care Act Community Care Officer - Grade 5	0.5	Care Act	Permanent
Broxtowe/Gedling/Rushcliffe Physical Disability Care Act Occupational Therapist - Grade A/B	0.5	Care Act	Permanent
Broxtowe/Gedling/Rushcliffe Care Act Occupational Therapist - Grade A/B	0.5	Care Act	Permanent
Team Manager Gedling Mental Health - Grade D	0.5	Care Act	01/01/2017
Transitions team social worker - Grade A/B	1.0		Permanent
Younger Adults Project social worker - Grade B	1.0	Care Act	30/9/2017
<b>Total</b>	<b>9.5</b>		

## Posts in Older Adults

Post type	Number of FTE	Legislation	Request for Permanent or temporary funding
Broxtowe/Gedling/Rushcliffe reablement- ASWP Grade C	1.0	Care Act	Permanent
Prison Social Worker – countywide - ASWP Grade C	1.0	Care Act	31/03/2017
Queens Medical Centre-Social Worker - Grade A/B	3.5	Care Act	Permanent
Queens Medical Centre - community care officer - Grade 5	3.0	Care Act	Permanent
Queens Medical Centre - Service Advisor - Grade 4	1.0	Care Act	Permanent
Countywide Reviewing Team Care Act Community Care Officer - Grade 5	3.5	Care Act	31/03/2017
Countywide Reviewing Team Care Act Community Care Officer - Grade 5	3.5	Care Act	31/03/2017
Mansfield/Ashfield Care Act Social Worker - Grade A/B	2.0	Care Act	Permanent
Newark Care Act Social Worker - Grade A/B	1.0	Care Act	Permanent
Bassetlaw CC Care Act Social Worker - Grade A/B	1.0	Care Act	Permanent
Mansfield/Ashfield Care Act Occupational therapy - Grade A/B	1.0	Care Act	Permanent
Broxtowe Care Act Social Worker - Grade A/B	1.0	Care Act	Permanent
Rushcliffe Care Act Social Worker - Grade A/B	1.0	Care Act	Permanent
Gedling Care Act Social Worker - Grade A/B	1.0	Care Act	Permanent
Newark Care Act Occupational Therapy - Grade A/B	0.5	Care Act	Permanent
Bassetlaw Care Act Occupational Therapy - Grade A/B	0.5	Care Act	Permanent
Broxtowe Care Act Occupational Therapy - grade A/B	0.5	Care Act	Permanent
Rushcliffe Care Act Occupational Therapy - Grade A/B	0.5	Care Act	Permanent
Gedling Care Act Occupational Therapy - Grade A/B	0.5	Care Act	Permanent
Newark /Bassetlaw Hospital – ASWP Grade C	1	Care Act	31/8/18
<b>Total</b>	<b>28</b>		

## Posts in ACFS

Post Type	Number of FTE	Legislation	Request for Permanent or temporary funding
Adult Care Financial Services Finance Officer (2.75 Financial Assessments, 1 Deferred Payments Agreements) - Grade 5	3.0	Care Act	Permanent
ACFS Senior Practitioner- Grade C	1.0	Care Act	31/03/2017
CCO - Grade 5	1.0	Care Act	30/09/2016
Statutory Debt Recovery Officer - Grade 4	1.0	Care Act	31/03/2017
ACFS Direct Payments Finance Officer - Grade 4	0.8	Care Act	Permanent
<b>Total</b>	<b>6.8</b>		

## Posts in Customer Service Centre/ Adult Access Team/MASH

Post type	Number of FTE	Legislation	Request for Permanent or temporary funding
Adult Access Care Act CCO - Grade 5	5.1	Care Act	Permanent
Adult Access/Multi-Agency Safeguarding Hub- Team Manager – Grade D	1.0	Care Act	Permanent
Adult Access Care Act Social Worker - Grade A/B	1.0	Care Act	31/12/2016
CSC Level 2 Service Advisors - Grade 4	2.0	Care Act	Permanent
CSC Level 2 Service Advisors - Grade 4	1.0	Care Act	Permanent
CSC Team Leader - Grade A	0.2	Care Act	Permanent
CSC Level 1 Service Advisor - Grade 5	0.3	Care Act	Permanent
Technical Support Officer - Grade 5	0.28	Care Act	Permanent
Business Partner (Development) - Grade C	0.4	Care Act	Permanent
Multi-Agency Safeguarding Hub social worker - Grade A/B	2.0	Care Act	Permanent
Designated Adult Safeguarding- Team Manager - Grade D	1.0	Care Act	31/3/17
Strategic commissioning officer - Grade C	1.0	Care Act	31/3/17
<b>Total</b>	<b>15.28</b>		

## Data Input Team

<b>Post type</b>	<b>Number of FTE</b>	<b>Legislation</b>	<b>Request for Permanent or temporary funding</b>
Data Input Team - Grade 3	10	Care Act	Permanent
<b>Total</b>	<b>10</b>		

18<sup>th</sup> April 2016

Agenda Item: 8

**REPORT OF SERVICE DIRECTOR, STRATEGIC COMMISSIONING, ACCESS  
AND SAFEGUARDING****TEMPORARY POST TO SUPPORT IMPLEMENTATION OF THE  
ACCESSIBLE INFORMATION STANDARD****Purpose of the Report**

1. The report is to inform the Committee about the Accessible Information Standard and to seek approval for a temporary Project Manager post to oversee implementation of the Standard in Adult Social Care, Health and Public Protection, and across the Council as required.

**Information and Advice**

2. The Accessible Information Standard was approved on 24<sup>th</sup> June 2015. All organisations that provide NHS or adult social care must follow the Accessible Information Standard by law. The legal context is set out in the Equality Act 2010, the Care Act 2014 and the Health and Social Care Act 2012, which lists the organisations which must have regard to the Standard. Organisations must follow the Standard in full by 31<sup>st</sup> July 2016. However there were more immediate deadlines for action in early April.
3. The aim of the Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. This is to ensure that they are not put at a substantial disadvantage in comparison with persons who are not disabled, when accessing NHS or adult social services.
4. This includes accessible information and communication support to enable individuals to:
  - make decisions about their health and wellbeing, and about their care and treatment
  - self-manage conditions
  - access services appropriately and independently
  - make choices about treatments and procedures including the provision or withholding of consent.
5. As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things. They must:
  - ask people if they have any information or communication needs, and find out how to meet their needs

- record those needs clearly and in a set way – ensuring that they are ‘highly visible’ on either electronic or paper records
  - highlight or flag the person’s file or notes so it is clear that they have information or communication needs and how to meet those needs – again this is suggested as electronic flags or alerts, where appropriate
  - share information about people’s information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so – as part of existing data-sharing processes, and routine referral, discharge and handover processes
  - take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.
6. The Standard must be implemented and adhered to by all providers of NHS and publicly-funded adult social care, as well as suppliers of IT systems, software and hardware to health and adult social care organisations and providers.
  7. Although commissioners are exempt from implementing the Standard themselves, they must ensure that their actions, especially through contracting and performance-management arrangements (including incentivisation and penalisation), enable and support provider organisations from which they commission services to implement and comply with the requirements of the Standard.
  8. The scope of the Standard extends to individuals (patients and service users, and where appropriate the parents and carers of patients and service users) who have information and /or communication support needs which are related to or caused by a disability, impairment or sensory loss. This includes needs for: information in ‘non-standard’, alternative or specific formats; use of specific or alternative contact methods; arrangement of support from a communication professional (for example a deafblind manual interpreter or British Sign Language interpreter); and support to communicate in a different or particular way or to use communication aids (for example to lipread or use a hearing aid).
  9. The Standard is, therefore, of particular relevance to individuals who have sensory loss (including people who are blind, deaf or deafblind) and people who have a learning disability. However, it will also support people who have other communication disabilities such as aphasia, autism or a mental health condition which affects their ability to communicate. Individuals with any form or type of disability (or impairment) which affects their ability to read or receive information, to understand information, and/or to communicate, are within the scope of this Standard.
  10. The accessibility of health and social care websites is currently out of scope of the Accessible Information Standard. However, the Standard remains relevant in circumstances where a health or social care professional would usually refer a patient or service user (or their carer) to a website for information. In these instances, it will be the duty of the professional, or their employing organisation, to verify that the website is accessible to the individual and, if it is not, to provide or make the information available in another way. Organisations are therefore advised - although not required - to review and



if necessary take steps to improve the accessibility of their website as part of preparation to implement the Standard; increasing web and digital accessibility will reduce the need to produce information in alternative formats.

## **Timescales for implementation**

11. As mentioned above organisations are required to follow the Standard in full by 31<sup>st</sup> July 2016. By 1<sup>st</sup> April relevant organisations are expected to have identified and recorded the information and communication needs of service users when they first interact or register with the service. From 1<sup>st</sup> April organisations will be expected to identify and record these needs as part of routine interaction with the service, for existing service users.
12. By 31<sup>st</sup> July it is expected that:
  - recording systems and relevant documentation will enable the recording of information and communication needs in line with the standard, and that these will be highly visible
  - arrangements and protocols are in place such that information about individuals' information and / or communication support needs is included as part of existing data-sharing processes, and as a routine part of referral, discharge and handover
  - there are policies and procedures in place to enable communication support, professional communication support and information in alternative formats to be provided promptly and without unreasonable delay
  - staff awareness of policies and procedures with regards to provision of communication support and information in alternative formats is high and they are embedded as part of 'business as usual'
  - an accessible communication policy has been published and is publicly available. This policy outlines how the information and communication needs of patients, service users, carers and parents, will be identified, recorded, flagged, shared and met
  - contracts, frameworks and performance management arrangements reflect, enable and support implementation and compliance with the Standard by providers of health and adult social care.
13. A workshop was held by NHS England in Nottingham on 22<sup>nd</sup> January on the implementation of the Standard. The Accessible Information Standard specification is available as a background paper.
14. Given the significant impact of the Standard and the requirements and deadlines highlighted above, the Committee is asked to approve a temporary full-time Project Manager post (indicative Band C) for 12 months from appointment to support full implementation of the Standard. The work will be sponsored by the Service Director, Strategic Commissioning, Access and Safeguarding.
15. Implementation will require an approach focused on short term, medium term and long term goals that will enable the Council to meet the requirements. This will require input from officers across the department, especially in the first instance from services that directly provide adult social care. It is also likely to require the involvement of colleagues in other parts of the Council, including the Customer Service Centre, IT and

Communications, as well as making links with colleagues in health organisations and ensuring that independent sector care providers are aware of their responsibilities.

### **Progress to date and work planned**

16. Work has already started to establish what the Council currently does in relation to the identification, recording and response to service users' communication needs, in order to understand where action needs to be focused in order to meet the Standard.
17. Across the department there is evidence that the Council is meeting or partially meeting the Standard within current practice, but considerable work will be required to ensure that the Council is fully compliant. For example, communication needs are covered in general within the audit framework used to review contracted care providers, but this area will need to be made more specific in the documentation. In relation to the home based care providers, 'grab sheets' are used which contain all of the key information about the service user, including communication needs, and can be taken with them when they attend appointments with other agencies, or are admitted to hospital. There is a section within the Council's Care and Support assessment undertaken by commissioning staff on what support is required to ensure people are involved in their assessment but it will need to be made more explicit to meet the Standard in relation to specific communication needs.
18. Within the Council's day services a care plan is produced with new service users when they start to attend the service, which includes a section relating to communication needs. Work is underway to ensure that this approach and format is used consistently across the service.
19. In addition to this, there have been communications with internal staff and independent care providers with regard to the Standard. It was discussed at the recent Optimum conference and all contracted residential and domiciliary care providers have been contacted with information about their responsibilities in relation to the Standard.
20. Work is also taking place to review the information provided through Nottinghamshire Help Yourself to ensure this can be made accessible to people with a wide range of communication needs.

### **Other Options Considered**

21. The option of incorporating the work required to implement the Standard through existing resources has been considered. Given the deadlines, the breadth of the work and the number of services and teams affected across the Council as a whole, the recommendation is that implementation of the Standard requires a dedicated lead and resources over a time-limited period.

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

22. Implementation of the Standard is required by law as mentioned in **paragraph 2** of the report.

### **Statutory and Policy Implications**

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

### **Financial Implications**

24. The cost of the Project Manager post will be £51,100 per annum (including on-costs) for a period of 12 months. It will be funded from departmental reserves.

### **Human Resources Implications**

25. The temporary post has been allocated an anticipated grade by HR subject to a full evaluation and the post will be recruited to on a fixed term contract for 12 months.

### **Ways of Working Implications**

26. Implementation of the Standard will require changes in working practices, processes and systems within a number of service areas across the Council.

### **Implications for Service Users**

27. As indicated in **paragraphs 2 and 3** of the report, the legal context for the Standard is set out in the Equality Act 2010 and it is intended to ensure that people with disabilities and impairments that affect their communication and understanding are not put at a substantial disadvantage in comparison with people who are not disabled.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the introduction and implications of the Accessible Information Standard
- 2) approves the establishment of a temporary (12 months) 1.0 fte Project Manager post (indicative Band C).

**Caroline Baria**

**Service Director, Strategic Commissioning, Access and Safeguarding**

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

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**Constitutional Comments (LM 05/04/16)**

28. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

#### **Financial Comments (KAS 06/04/16)**

29. The financial implications are contained within paragraph 24 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.

Accessible Information: Specification – NHS England

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

All.

ASCH390



**18<sup>th</sup> April 2016**

**Agenda Item: 9**

## **9REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE DEPRIVATION OF LIBERTY SAFEGUARDS**

### **Purpose of the Report**

1. To update Members on the progress with actions being taken to respond to the increasing number of referrals for Best Interest Assessments (BIAs) under Deprivation of Liberty Safeguards (DoLS).
2. To approve the permanent establishment of 25 posts and the extension of 3 temporary posts for 12 months.

### **Information and Advice**

3. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972, this covers information relating to the financial or business affairs of any particular person (including the Council). Having regard to all the circumstances, on balance, the public interest in disclosing the information does not outweigh the reason for exemption because of the risk to the Council's commercial position disclosure is likely to pose. The exempt information is set out in the **Exempt Appendix**.
4. In December 2014 and June 2015 reports were presented to Committee which highlighted the impact for the Council arising from legal judgements in relation to the Deprivation of Liberty Safeguards (DoLS). These arose from the publication of the Supreme Court judgment in the case of P v Cheshire West and Chester Council, and P and Q v Surrey County Council, which further defined the meaning of Deprivation of Liberty and significantly expanded the number of people to whom it applies. These previous reports set out the predicted national and local increase in demand for assessments and the proposed Corporate Strategy and plan to address these. Resources were approved in order to meet these new pressures in Nottinghamshire. This included an increase in the capacity of the central DoLS team from 6.8 FTE (full-time equivalent) to 20 permanent and 4 temporary FTE Best Interests Assessors (BIAs) and an increase from 5 FTE to 8 FTE Business Support posts to manage the additional administration of referrals and assessments. A progress report on implementation was presented to ASCH Committee on 11<sup>th</sup> January 2016.
5. Nationally Best Interests Assessors (BIAs) are in high demand and short supply. However, the team has now successfully recruited 16.5 FTE permanent BIA staff with 7.5 FTE BIA vacancies remaining. A rolling advert is on the Nottinghamshire County Council

website to attract applications for the remaining posts and agency cover is being sought whilst any vacant posts are recruited to.

6. A successful arrangement has been put in place with the Council's staffing agency, Reed. In addition to any suitably qualified full time staff that are available to work within the team, Reed has identified a number of staff who were able to offer part time hours and be paid on a per assessment basis. The current average number of assessments completed in this way by Reed BIAs is 21 per week.
7. 11 staff successfully completed their BIA training in June 2015, five more are due to complete this in May 2016 with eight planned to undertake the training later in 2016. The aim is to train 16 candidates per annum through the University of Birmingham and Nottingham Trent University. Work is being undertaken with the operational teams to develop more flexible ways to attract more of these newly trained BIA staff to work in the central DoLS service. This will maintain a balance of sufficient experienced staff in the Districts. An example is pro-actively promoting the options of part-time work in the DoLS team, alongside part-time work in the District Teams.
8. The predicted significant upward trend in DoLS referrals in Nottinghamshire over the previous 18 months has proved to be accurate in line with the Council's predicted projection. The projected numbers of DoLS referrals from April 2015 to February 2016 has been accurate, with 2,542 received, against a predicted 2,557 to date.
9. On 25<sup>th</sup> February 2016 Full Council approved the budget which included an additional recurrent £2m to meet the pressures on the DoLS service. This brings the total budget to £2.809m. A further one-off £1m is held in reserves.
10. Between 2<sup>nd</sup> and 4<sup>th</sup> March 2016, a team visited the Council to undertake a Peer Review. The team was led by the Director of People and Deputy Chief Executive of Rutland County Council. As well as providing some overall peer review of the direction of adult social care in Nottinghamshire, they were asked to look in more detail at two areas, one of which was the DoLS service. The key line of enquiry was:  
  
*'In June 2015, the Council developed a corporate strategy and project plan to address the increasing demand for DoLS assessments. Do we have the strategy, approach and capacity in place to do this efficiently and effectively, and to ensure that arrangements are in line with meeting legal requirements?'*
11. The Council will receive a formal Peer Review report. Verbal feedback at the end of the three days was that the Council had taken the correct actions to address increasing demand for DoLS. Feedback shows a strong ethical basis and that the Council is at the vanguard of local authorities for its use of data. Now that additional resources have been agreed, the Peer Review advises the Council to consider how this can be used in order to prioritise resources and time spent working with people who are most likely to benefit, as well as manage risks to the Council.
12. The review team also felt that Nottinghamshire's engagement in regional and national fora was positive. East Midlands DoLS leads are meeting to explore areas where there may be a benefit from collaborating across authorities, for example, training or agency contracts.

13. Nottinghamshire County Council is also engaging in an Association of Directors of Adult Social Services (ADASS) led piece of work to assess other options to streamline the assessment process in some situations, for example, using information recently gathered for other assessments/reviews.
14. The above work is in its early stages and this has informed the staffing establishment proposed in this report to utilise the additional £2m resources. A revised strategy and plan will also be developed to get the best outcomes for vulnerable adults in Nottinghamshire, whilst minimising exposure to legal and reputational risks to the Council. The plan will be based on:
  - risk assessment to identify which service users are most likely to benefit from an assessment
  - based on the risk assessment, the development of a targeted, stratified, proportionate method of response
  - this methodology will include assessment of the potential level of risks of not completing the assessment to both the individual and the Council arising from the context of different situations
15. In addition to effectively managing the capacity of the DoLS service, preventative work and process reviews will continue to be steered by the Strategic Development Manager and implemented by the Operational Development Officer. This will include the following:
  - the DoLS preventative work will continue to identify opportunities to educate managing authorities in order to avoid inappropriate referrals (currently approx. 8% of total referrals)
  - implementation of a phase 2 Lean Plus review to continue to streamline all DoLS processes
  - implementation of phase 2 of the DoLS IT project which will allow wider stakeholders to submit DoLS forms through the NCC website.

### **Establishment of additional DoLS posts**

16. The following additional permanent staffing complement will enable assessment capacity to be maximised, whilst also having the resources to proportionately increase all the other elements of DoLS, such as Mental Health Assessments:
  - 1 FTE Operational Development Officer
  - 1 FTE Team Manager (Band D)
  - 4 FTE Community Care Officers (Grade 5)
  - 14 FTE Social Workers/Best Interest Assessors (Band B)
  - 2 FTE Advanced Social Work Practitioner (Band C)
  - 1 FTE Business Support Administrator (Grade 5)
  - 2 FTE Business Support Administrators (Grade 3).

The Community Care Officer posts will enable the work on Community DoLS to be scoped and support the work that needs to be progressed.

17. The posts are required on a permanent basis because of the projected demand based on the calculations of the total potential DoLS population, and demographic predictions show that this will not decrease. The Law Commission is undertaking a review of the current DoLS legislation and framework with a view to introducing a less complex system but this will not be in place before 2017, and it is very clear that the Supreme Court judgment will continue to require a significant ongoing resource to deal with the level of demand.

### Other Options Considered

18. Various staffing complements have been considered. The service will grow incrementally and proportionally. The proposed establishment set out in this report represents best use of resources to achieve maximum outputs. Officers will continue to make local, regional and national links to identify future cost effective options.

### Reason/s for Recommendation/s

19. Any future options will continue to require high numbers of assessors which this staffing model offers. Numbers of social work, senior practitioner and administrative staffing requested are stated as a maximum, which gives flexibility to recruit in proportion to the resources required due to the numbers of assessments being completed. Due to high demand for BIA trained social workers it will not be possible to recruit permanently to all these posts at the beginning of the year and a range of options to attract staff into the posts are being considered, alongside use of agency staff.

### Statutory and Policy Implications

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

### Financial Implications

21. Adding the existing establishment to those set out at **paragraph 16** above, the total establishment and cost of permanent staffing for the DoLS service from April 2016 will be:

<b>Permanent Staffing Resource</b>	<b>Annual Cost</b>
1 FTE Operational Development Officer	£37,127
2 FTE Team Managers	£103,947
Up to 29 FTE permanent Social Workers/BIA's (Band B)	£1,238,371



<b>Permanent Staffing Resource</b>	<b>Annual Cost</b>
Up to 7 FTE Advanced Social Work Practitioner BIAS (Band C)	£339,789
Up to 7 FTE Business Support Admin staff (Grade 3)	£153,607
1 FTE Business Support Officer (Grade 5)	£30,607
4 FTE Community Care Officers	£114,733
<b>Total</b>	<b>£2,018,181</b>

### **Total Costs of the DoLS Service**

22. The total recurrent DoLS budget from 2016/17 is £2,809,348. In addition to staffing costs, the rest of the budget is required to fund Mental Health Assessments, Advocacy (Independent Mental Health Capacity Advocates and Paid Representatives), legal fees and running costs of the team.
23. Temporary funding from departmental reserves also funds up to March 2016:
  - 3 FTE temporary Business Support Administrators
24. Approval is sought to extend these posts up to 31<sup>st</sup> March 2017, using allocated departmental reserves of £65,832. Additional administrative resources are currently required, however, ongoing work to streamline processes and utilise electronic methods aims to reduce this requirement in the long-term.
25. The one-off £1m reserves approved in February 2016 as part of the budget will be used for additional temporary agency and Mental Health Assessor capacity to support the management of waiting times.

### **Human Resources Implications**

26. The Operational Development Officer post will require job evaluation. Costs are calculated at Band A for the purpose of this report.

## **RECOMMENDATIONS**

That the Committee:

- 1) notes the progress with actions being taken to respond to the increasing number of referrals for Best Interest Assessments (BIAs) under Deprivation of Liberty Safeguards (DoLS).
- 2) approves the permanent establishment of up to a maximum of the following posts:
  - 1 FTE Team Manager (Band D)

- 4 FTE Community Care Officers (Grade 5)
  - 14 FTE Social Workers/Best Interest Assessors (BIAs) (Band B)
  - 2 FTE Advanced Social Work Practitioner (Band C)
- All the above posts to be allocated authorised car user status.

- 1 FTE Operational Development Officer
- 1 FTE Business Support Administrator (Grade 5)
- 2 FTE Business Support Administrators (Grade 3)

3) approves the extension of the following temporary posts by a further 12 months:

- 3 FTE Business Support Administrators (Grade 3).

**Sue Batty**  
**Service Director, Mid Nottinghamshire**

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### **Constitutional Comments (LM 29/03/16)**

27. The recommendations in the report fall within the terms of Reference of the Adult Social Care and Health Committee.

### **Financial Comments (KAS 29/03/16)**

28. The financial implications are contained within paragraphs 22-25 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.

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 1 December 2014

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 1 June 2015

Adult Social Care and Health – Overview of Current Developments - report to Adult Social Care & Health Committee on 11<sup>th</sup> January 2016

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

All.

ASCH391





**18<sup>th</sup> April 2016**

**Agenda Item: 10**

**REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION**

**UPDATE ON WORK OF THE HEALTH AND WELLBEING BOARD**

**Purpose of the Report**

1. The report updates the Committee on the key issues covered by the Health and Wellbeing Board over the last six months.

**Information and Advice**

2. The Health and Wellbeing Board is the vehicle by which councils are expected to exercise their lead role in integrating the commissioning of health, social care and public health services to better meet the needs of individuals and families using the services. Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies are key to this process. The Board is chaired by Councillor Joyce Bosnjak.
3. The Committee received a report in October 2015 on the work and priorities of the Board over the previous six months. This update covers the period from September 2015 to March 2016. During that period there have been six meetings. There have also been a number of Health and Wellbeing Stakeholder network events, between August 2015 and February 2016.

**September to December 2015**

4. In September 2015, there were presentations on the vanguard sites in mid-Nottinghamshire and Rushcliffe. There was also a report on the annual Healthwatch report for 2014/15, which referenced achievements such as the launch of the new website and a number of events held with the public including a carers' conference.
5. There was a report on the implementation of the findings from the peer challenge of the Health and Wellbeing Board which took place in February 2015. The three main themes from the feedback had been: to improve the strategic leadership of the Board through a clear vision and refined Strategy; to streamline and strengthen governance and support arrangements to assist the Board and Chair in their leadership task and link the Board to complementary work streams and leadership structures; and to build better communication and engagement with key partners, especially local acute providers and the Voluntary and Community Sector. The report focused on the considerable work undertaken to date to respond to the findings which were followed up at a workshop following the peer challenge.

6. Also presented was a report on the current state of health inequalities in Nottinghamshire. This included reference to healthy life expectancy (HLE) – the average number of years a person can expect to live in good health. This is an indicator which had not been reported previously in the County so it represented a baseline for future activity. The report showed that Nottinghamshire had a worse HLE than the national average for men, and may have a worse HLE than the regional and national average for men and women together. The report set out the need to develop multi-agency plans to address the leading causes of health inequalities.
7. At the Board meeting in October 2015, there was a report on the role of the Nottinghamshire Fire and Rescue Service in health and wellbeing, and the potential to improve this. The service had expressed a desire to work with wider public sector partners to make the most of their workforce and their skills and knowledge in relation to prevention.
8. The Board also received a report with a draft young people's health strategy and the results of the young people's health survey, which attracted over 1,000 responses. The survey illustrated the importance of emotional and mental wellbeing to the young people that had responded.
9. There was an update report on progress against Nottinghamshire's Better Care Fund plan and the impact of recent policy changes. The update included progress in relation to seven day services. There was also a report highlighting the impact of excess winter deaths and the prevalence of fuel poverty in the County. This report looked at the work undertaken to date in the County to address preventable deaths and recommended refreshing the Affordable Warmth Strategy for the County (from 2011) to bring it into line with the current Health and Wellbeing Strategy and NICE guidance, in order to address the needs of people at risk.
10. In December 2015 the Board received an overview of progress on the Joint Strategic Needs Assessment (JSNA), which now has 33 chapters. The Board heard that information in the JSNA is widely used; Trading Standards, voluntary sector organisations and commissioners have all referred to it when reviewing services. There is a programme of work to continue to develop the JSNA, in particular to improve how the voluntary sector can contribute to the evidence.
11. Chris Few, Chair of the Nottinghamshire Safeguarding Children Board, attended the meeting to present the annual report. He assured members that safeguarding arrangements in Nottinghamshire had been audited and rated as 'good'. The Safeguarding Board continues to deal with cases of historic sexual abuse. Chris was keen to assure the Board that services had changed and are being continuously improved to avoid such cases happening in the future. The Safeguarding Board is also encouraging a Think Family approach to support services to think about families when dealing with issues, rather than focusing on individuals in isolation.
12. The Board received an update on the community empowerment and resilience programme, which is being developed to support community development in Nottinghamshire. It is based on two themes: to universally support the voluntary sector so it can maintain and improve its support to communities, and a focus on particular areas or topics like loneliness. The programme aims to bring together strands of similar

work which are already happening in health, local government and through other partners like the Police. The Board agreed that voluntary sector organisations play a vital role in improving health and wellbeing and welcomed the opportunity to support them and develop their services.

13. Other items included confirmation that 21 partners had agreed to sign up to the tobacco control declaration in Nottinghamshire. These included Nottinghamshire Police, Nottingham University Hospitals and East Midlands Ambulance Service. John Tomlinson set out the plan for the tobacco team over the next 12 months, including continued support to the organisations who have already signed up and aims to get more employers on board.
14. Health and Wellbeing Board members asked for regular reports from the Better Care Fund, the Health and Wellbeing Implementation Group and the three transformation boards in Nottinghamshire to be added to the work programme.

### **January 2016**

15. At the meeting on 6 January 2016, members of the Board welcomed Dr Jeremy Griffiths from Rushcliffe Clinical Commissioning Group as the new Vice Chair to the Health and Wellbeing Board following the resignation of Dr Stephen Kell.
16. Jane North, Transformation Programme Director in Adult Social Care, Health and Public Protection, introduced an item on the considerable progress with the implementation of the Care Act by showing films made by the Council about changes to social care resulting from the legislation. Members agreed to share the films with colleagues, service users, patients and the public.
17. Cheryl George, Senior Public Health Manager, updated the Board on the progress of the Wellbeing@Work Work-Place Health Award Scheme. The scheme brings together a network of interested businesses and gives information and training for staff on the importance of health and wellbeing. Employees receive nationally accredited Royal Society of Public Health training so they can act as a health trainer in their workplace. The award scheme comprises five award levels from bronze to platinum across five themes including substance use/misuse, emotional and mental health and wellbeing, healthy weight, and safety at work.
18. The Board heard that 38 workplaces have signed up and 360 champions have been trained as accredited health trainers. Two workplaces - EATONS Manufacturing and EDF Energy - were awarded their platinum awards in 2015. Board members were encouraged to promote sign up of their own organisations.
19. Cathy Quinn, Associate Director of Public Health, and Lynn Bacon, Chief Executive of Nottingham CityCare Partnership and Chair of the Local Education and Training Council (LETC) for Nottinghamshire, presented a report on the joint Health and Wellbeing Board workshop on workforce designed to address workforce issues across the city and county. The workshop had focused on seven themed discussions covering areas such as seven day services and Hybrid workers - a multi-skilled worker model. The workshop had identified a number of common issues and approaches with more work required around flexible working, job satisfaction and opportunities for joint working. A workforce

development plan was to be developed and would be supported by the LETC, with a focus on avoiding duplication and having a consistent approach across the transformation programmes and the Health and Wellbeing Boards.

20. David Pearson, Corporate Director, Adult Social Care, Health and Public Protection, gave an update on the impact of the devolution bid made for Derbyshire and Nottinghamshire. He explained that the bid focussed on the economic development for the region covering areas such as jobs, transport and housing, but included the potential to develop a proposal for health and social care. Following the submission of the bid a workshop was held to consider the impact of devolution on health and social care.

## **February 2016**

21. In February 2016 the Board meeting was held at Beeston Town Hall, where it received a presentation and report on child sexual exploitation (CSE). Steve Edwards, Service Director, Children's Social Care, gave an overview of CSE in Nottinghamshire. The safety of children using the internet is now a huge concern both locally and nationally. There has been local action jointly with Barnardo's, Childline and NSPCC through schools and with parents using e-learning and other face to face training, but there is more work to do. Many of the characteristics of child sexual exploitation are also common to other issues such as radicalisation, cyber bullying and sexting.
22. It was acknowledged that the most powerful way to identify children at risk is through their friends so there is work going on in schools to educate children and give them the confidence to raise concerns with adults. Board members welcomed the report but raised concerns about how professionals and other adults were supported when they had to deal with cases of CSE. Board members were encouraged to undertake the PACE (Parents Against Child Sexual Exploitation) on-line training.
23. This meeting also included an update from Jez Alcock, Chief Executive Officer of Healthwatch Nottinghamshire, with an overview of their recent work which is focused on gathering evidence and insight from local people. This is then presented to a prioritisation panel to identify current issues. There is currently a project looking at dementia care and another one will start soon focusing on services for autism. Board members welcomed the update and commented on the work looking at opticians' services and transport for renal patients. They were keen to see Healthwatch utilise the networks already in place, like the Clinical Commissioning Group (CCG) patient networks and appointments data and the experience of professionals as well as the public. The Board also suggested that Healthwatch would be well placed to look at how successful the integration of health and social care services had been and asked that the prioritisation panel consider this as part of future work.
24. There was an item on Connected Nottinghamshire, which was set up in 2013 as part of Productive Notts and has focused on information sharing across health and social care to improve the patient experience of services. The programme has three priorities - the comprehensive geriatric assessment, end of life care and urgent and emergency care. It has also been working with health and social care to ensure that patient records use the NHS number as a unique identifier for everyone.



25. Andy Evans, Programme Director, described the progress made so far which means that Nottinghamshire is well ahead of similar areas across the country. He described the digital roadmap that is being prepared for submission to the Department of Health in June 2016 to demonstrate how information sharing is being achieved. The roadmap is also being aligned with the transformation plans in south and mid-Nottinghamshire. Andy assured the Board that Nottinghamshire was on track to deliver the national requirement for the NHS to be 'digital by default' by 2018. Board members were pleased with the progress made so far but interested to know how awareness of the NHS number system would be publicised and are keen to continue to improve information sharing between GPs, hospital departments and other partners.
26. Karon Glynn, Assistant Director, Mental Health and Learning Disabilities, Newark and Sherwood CCG, gave an update on how the Mental Health Crisis Care Concordat is being implemented in Nottinghamshire. The Concordat is a national initiative to improve the support people get during a mental health crisis. A Nottinghamshire Board, chaired by the Police and Crime Commissioner, has developed an action plan to implement the Concordat. So far this has delivered a street triage service, better response to mental health issues through 111 and better crisis liaison in south Nottinghamshire. As a result more services are aware of mental health issues, there is a better response for people who do reach crisis and there have been fewer detentions under Section 136 of the Mental Health Act, resulting in no children detained in police custody last year.
27. More work is planned to improve crisis support in mid-Nottinghamshire and Bassetlaw, and support with housing issues resulting from changes to benefits will be improved. The Board was pleased with progress, particularly as mental health has been part of the urgent care vanguard in Greater Nottingham. It was acknowledged that there had been some problems at the end of 2015 but the local peak in demand for services reflected a similar problem across the country. Board members also welcomed the on-going work to manage the transition from children's to adults' services.
28. The Board also received a report on health protection in Nottinghamshire. Generally arrangements in the County are good but there are still areas for improvement. For example, cancer screening rates for the County as a whole are good but there are small areas where the uptake of screening is poor. There are plans to address areas of local risk, including a Nottinghamshire plan to address anti-microbial resistance, which will include antibiotic guardians, updating pandemic 'flu plans, updating the Nottinghamshire Air Quality Strategy, looking at immunisation rates and also the management of small outbreaks of disease which have occasionally been difficult to deal with.
29. Board members supported the work which has been undertaken by Public Health but concerns were expressed about the effectiveness of annual 'flu campaigns and fewer people being vaccinated. There was also concern expressed about the implications of funding changes on the work of Public Health.

### **March 2016**

30. At the Health and Wellbeing Board in March the Chair of the Nottinghamshire Safeguarding Adults Board (NSAB), Allan Breeton, presented the Board's annual report. Much of the work of the Board had been to ensure it was fit for purpose in relation to the new responsibilities introduced in the Care Act – from April 1<sup>st</sup> 2015 adult safeguarding

has been on a statutory footing. It was noted that the Board had worked closely with the Learning Disability and Autism Partnership Board to design and co-deliver training opportunities. The report also noted the upward trend in safeguarding referrals, with 5,183 received in 2014/15 – an increase of 432 referrals from 2013/14.

31. There were presentations on the new models of care, vanguards and transformation taking place in mid and south Nottinghamshire, as well as an update report on the current performance of the Better Care Fund and progress with planning for 2016/17. The report included reference to the Sustainability and Transformation Plans required for each regional area by 2017, to ensure the integration of health and social care by 2020.
32. Also at the March Board meeting there was a report on Dementia Care in Nottinghamshire. In February 2015, the Prime Minister's new dementia challenge 2020, with an agenda for the next five years, was published. A dementia stakeholder event was organised for November 2015 with the intention of developing a response to the Prime Minister's challenge. The countywide framework for action to improve services for people with dementia and their carers, in line with NHS England's Well Pathway and associated metrics in the Public Health Outcomes Framework Dementia Profile, will be presented to the Health and Wellbeing Board in May 2016.
33. The Health and Wellbeing Board stakeholder network events conducted during this period were:
  - Young People's health event, 13<sup>th</sup> August 2015
  - Voluntary sector – We're in it together, 22<sup>nd</sup> September 2015
  - [Dementia event](#), 24<sup>th</sup> November 2015
  - Working together to secure a tobacco-free generation, 23<sup>rd</sup> February 2016.

### **Other Options Considered**

34. The report is for information only.

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

35. The update on the recent work of the Health and Wellbeing Board is for noting only.

### **Statutory and Policy Implications**

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

### **Financial Implications**

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

## **Implications for Service Users**

38. The summary of reports and issues covered by the Health and Wellbeing Board over the last six months indicates a wide range of work and developments that are focused on improving the health and wellbeing of the public in Nottinghamshire, prevention of ill-health and reduction of health inequalities.

## **RECOMMENDATION/S**

- 1) That the Committee notes the update on the key issues covered by the Health and Wellbeing Board from September 2015 to March 2016.

**David Pearson**

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

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

Jennie Kennington

Senior Executive Officer

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## **Constitutional Comments (SLB 24/03/16)**

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

## **Financial Comments (KAS 29/03/16)**

40. There are no financial implications contained within 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.

Adult Social Care and Health – Overview of Developments – report to Adult Social Care and Health Committee on 5 October 2015

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

All.

ASCH383





18<sup>th</sup> April 2016

Agenda Item: 11

## **REPORT OF SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE**

### **NEW EXTRA CARE SCHEMES IN NEWARK AND WORKSOP**

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

1. The purpose of this report is for the Committee to:
  - note the award of national Homes and Communities Agency (HCA) grant funding for two proposed new Extra Care schemes on Bowbridge Road in Newark and in Worksop
  - note the development work and timescales to finalise plans for the proposed new Worksop Extra Care scheme and require a report in 2016 to provide detailed plans and financial implications for consideration to approve the allocation of capital funding
  - give approval for the Council to enter into an agreement with Newark and Sherwood District Council regarding the Bowbridge Road Extra Care scheme as set out in **paragraphs 5-14** of this report, with the allocation of Extra Care capital funding at the level outlined in the **Exempt Appendix**.

#### **Information and Advice**

2. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information comprises commercially sensitive and confidential information about the Extra Care schemes. The exempt information is set out in the Exempt Appendix.
3. The two new Extra Care schemes as proposed by this report would be part of the Council's strategy for the additional development of Extra Care accommodation across Nottinghamshire. The Council currently has nine existing Extra Care schemes and as part of its intention to improve choice for older people is committed to creating 160 new Extra Care places by March 2018 as an alternative to residential care.
4. Extra Care accommodation, with its combination of communal facilities, on-site care team and specialist housing design, helps to prevent and reduce the need for health and social care intervention. For example, accessible on-site communal facilities help to prevent social isolation and promote mental and emotional wellbeing. The high quality of the accommodation provided helps to prevent falls. Overall, the support and prevention offered by Extra Care in turn means that all the older adults living in those schemes (both those in the Council's nomination units as well as those in the remainder of the units in a

scheme) benefit from living in specialist accommodation designed to help older adults remain living at home safely for longer.

### **Bowbridge Road Extra Care in Newark**

5. In terms of the background to the proposed new Extra Care scheme in Newark, the Council currently has an Extra Care scheme at Vale View in Newark, which provides 28 nomination units for use by the County Council as an alternative to residential care. Vale View is well used and over-subscribed. The Council has a waiting list of eligible service users who need an Extra Care service in Newark.
6. Analysis of demographic data shows a demand for additional Extra Care in Newark:
  - firstly, the District has a slightly older demographic profile than the average for the East Midlands, with higher levels of population in all age groups over 55 years of age. Currently, 27% of the District population is over 60 years of age
  - secondly, population projections show the number of older people aged 65 years and over in the District is expected to increase by 54.5% over the 20 years from 2013 – thereby creating the need for more care and support options for older adults in Newark in order to help avoid unnecessary admissions to long term residential care.
7. A current review by the District Council of its strategic priorities has identified the need to continue to develop a mixed provision of affordable homes in the District – including increasing the availability of supported housing and Extra Care schemes, thereby ensuring that these choices are extended as widely as possible.
8. In order to meet the need for additional Extra Care, at its meeting on 2<sup>nd</sup> February 2015 the Committee resolved to approve work with Newark and Sherwood District Council to develop a proposal for an Extra Care scheme on land owned by the District off Bowbridge Road in Newark. Detailed plans and financial implications were to be brought to Committee during the course of 2015 regarding approval to make a financial contribution from the Council's Extra Care capital allocation.
9. During 2015 officers worked with colleagues from Newark and Sherwood District Council to develop a proposal for an Extra Care scheme of 60 apartments on land owned by the District off Bowbridge Road in Newark. The chosen site is well-situated, adjacent to the new Leisure Centre currently in development and opposite the site of the proposed new GP facility currently being discussed with the Clinical Commissioning Group. It is proposed that the new Extra Care scheme would:
  - provide communal facilities and also intensive housing support services for all 60 apartments, managed on-site by staff from Newark and Sherwood Homes
  - provide nomination rights for the County Council to use 40 of the 60 apartments for a 30 year period to provide its service users with an alternative to residential care. In line with the Council's Home Based Support Contract, the County's nominated Core Provider would provide a care team onsite 24/7 to meet the care and support needs of the County Council's service users living in the 40 extra care nomination units

- ensure all 60 apartments would be designed to the same high standard as required by the County Council's Extra Care Design in order to meet the expected needs of older adults as they age. For example, the accommodation would be wheelchair accessible as well as providing lifeline alarms and bathrooms with level access showers etc.
10. A further report was submitted to Committee on 29<sup>th</sup> June 2015. Members noted the progress with the development of proposals for the Extra Care scheme on the Bowbridge Road site and approved the submission of a joint bid with Newark & Sherwood District Council to the national Homes and Communities Agency (HCA) Care and Support Specialised Housing Fund.
  11. The HCA's Care and Support Specialised Housing Fund requires all schemes awarded funding to be delivered by March 2018 at the latest. Grant announcements were initially expected in October 2015. However, following a significant delay at a national level, grant funding awards were finally made on 10<sup>th</sup> March 2016 including the confirmation of funding for the Bowbridge Road scheme.
  12. The national delay in announcements has meant that prior to receiving confirmation of grant funding, the District needed to progress work on the scheme at risk in order to stay on track to be able to meet the HCA's required completion date of March 2018. Development work undertaken by the District has included the submission of a planning application due to be presented to the District's Planning Committee in April and a District procurement exercise currently underway to select an appropriate contractor for the build contract.
  13. Following the confirmation on 10<sup>th</sup> March of HCA grant funding, the District has prepared a report for its 24<sup>th</sup> March Policy and Finance Committee to seek approval of the District's funding towards the proposed Bowbridge Extra Care scheme. The District is also asking the County Council for a contribution of capital funding, equating to 36% of the total development costs, in return for the nomination rights to 40 of the 60 new apartments available within the scheme (equating to 67% of all nomination units). The District advises that without funding from the County Council it would be unable to afford the higher construction costs required to develop Extra Care and would instead only be able to deliver a general housing scheme for older adults on the site.
  14. The actual amounts of funding which make up the percentages below are as set out in the Exempt Appendix to this report (this information is contained in an Exempt Appendix due to the need for confidentiality during the District's current procurement exercise). As shown in the Exempt Appendix, a 36% contribution is within the range of approved County Council contributions to other new Extra Care schemes in Nottinghamshire:

<b>Funding Source for proposed Bowbridge Road Extra Care</b>	<b>% split</b>
<b>Homes and Communities Agency</b>	17%
<b>Nottinghamshire County Council</b>	36%
<b>Newark and Sherwood District Council</b> including capital finance from Newark and Sherwood Homes	47%

## **Proposal for a new Worksop Extra Care scheme**

15. Bassetlaw District Council is keen to work with the County Council to create a new build Extra Care scheme in Worksop. Extra Care accommodation currently exists at Abbey Grove in Worksop, managed by A1 Housing (the District's Housing Provider). Discussions between Council officers, District officers and A1 Housing colleagues have identified the need for additional Extra Care to meet local demand. In addition, further improvements are needed to the existing fabric of Abbey Grove to upgrade accommodation in line with Fire Safety requirements.
16. At its meeting on 2<sup>nd</sup> February 2015, the Committee approved work with Bassetlaw District Council to develop a proposal for a new Extra Care scheme in Worksop. During 2015 officers worked with colleagues from Bassetlaw District Council to develop a proposal to extend the footprint of the existing Abbey Grove site to enable a new 50 bed scheme for older adults to be created on the site, of which approximately 36 units would be designated Extra Care accommodation for use by County Council service users as an alternative to residential care.
17. A further report was submitted to Committee on 29<sup>th</sup> June 2015, where Members noted the progress with the development of proposals for the Extra Care scheme in Worksop and approved the submission of a joint bid with Bassetlaw District Council to the national Homes and Communities Agency (HCA) Care and Support Specialised Housing Fund. On 10<sup>th</sup> March 2016, the HCA announced the award of grant funding for the development of a new Extra Care scheme in Worksop. The HCA award is conditional on a revised design being submitted to the HCA for approval. Further work is therefore required to the initial suggested scheme layout in order to be able to meet the design requirements of the HCA whilst also complying with the planning restrictions placed on the site due to its proximity to the nearby Gatehouse, which is a grade 1 listed structure.
18. District colleagues are working to finalise a revised design, which will then be submitted to the HCA for approval, as well as being shared with the County Council for confirmation that it meets the Council's Extra Care design standard. At this point, it will be possible to finalise discussions with District colleagues regarding what would be the minimum contribution required from the County Council to deliver the proposed Extra Care scheme. It is therefore suggested that financial implications are presented as part of detailed plans to be brought to Committee during the course of 2016 for consideration and decision.

## **Other Options Considered**

19. When deciding where to create new Extra Care accommodation, the location of existing schemes and local services, as well as demand/population demographics, are all considered by officers when making recommendations to Committee.

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

20. The Council's 'Living at Home' Programme (which manages the creation of new Extra Care schemes for the Council) is bringing the use of residential care in line with Nottinghamshire's comparator authorities by increasing alternative choices for older people to residential care and thereby delivering savings to the Adult Social Care and



Health budget. The business case for the creation of new Extra Care, as developed in 2013/14, shows the net revenue saving to the County Council of placing an older adult in Extra Care (as opposed to residential care) is £94 per person per week, equating to an average annual saving of £4,888 per person.

## **Statutory and Policy Implications**

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

## **Financial Implications**

22. These are as set out in the Exempt Appendix.

## **Implications for Service Users**

23. The creation of additional Extra Care provision will provide additional choice and opportunities for service users who in the past would have only had one option which would have been a place in a residential care home.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the award of national Homes and Communities Agency (HCA) grant funding for two proposed new Extra Care schemes on Bowbridge Road in Newark and in Worksop
- 2) notes the development work and timescales to finalise plans for the proposed new Worksop Extra Care scheme and requires a report in 2016 to provide detailed plans and financial implications for consideration to approve the allocation of capital funding
- 3) gives approval for the Council to enter into an agreement with Newark and Sherwood District Council regarding the Bowbridge Road Extra Care scheme as set out in **paragraphs 5-14** of this report, with the allocation of Extra Care capital funding at the level outlined in the Exempt Appendix.

**Sue Batty**  
**Service Director for Mid Nottinghamshire**

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

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### **Constitutional Comments (LM 29/03/16)**

24. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

### **Financial Comments (KAS 29/03/16)**

25. The financial implications are contained within paragraph 22 of the report and the Exempt Appendix.

### **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 the Development of New Extra Care Schemes for Nottinghamshire – report to Adult Social Care & Health Committee on 2 February 2015

Development of Proposals for New Extra Care Schemes for Newark, Worksop and Arnold – report to Adult Social Care & Health Committee on 29 June 2015

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

All.

ASCH384

**18 April 2016****Agenda Item: 12****REPORT OF CORPORATE DIRECTOR, RESOURCES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2016.

**Information and Advice**

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 finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION**

- 1) That the committee's work programme be noted, and consideration be given to any changes which the committee wishes to make.

**Jayne Francis-Ward**  
**Corporate Director, Resources**

For any enquiries about this report please contact: Paul Davies, x 73299

### **Constitutional Comments (HD)**

1. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

### **Financial Comments (NS)**

2. 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**

None.

### **Electoral Divisions and Members Affected**

All.

## ADULT SOCIAL CARE AND HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
<b>16<sup>th</sup> May 2016</b>			
Update on establishment of local authority trading company for adult social care direct services	Update on progress and outcome of consultation	Service Director, North Nottinghamshire and Direct Services	Jennifer Allen/Ian Haines
Proposed Changes to the First Contact Scheme: Outcome of Consultation	Report on the outcomes of the consultation and the recommendations for action	Service Director, Strategic Commissioning, Access and Safeguarding	Lyn Farrow / Josephine Yousaf
Outcome of the Sector Led Improvement Peer Review 2016	Report of the sector led improvement peer review of ASCH&PP in March 2016.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Celia Morris/Matthew Garrard
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton
Personal Outcomes Evaluation Tool (POET) survey – implementation of outcomes	Report on implementation of outcomes	Service Director, Strategic Commissioning, Access and Safeguarding	Penny Spice
Progress report on the actions from the Peer Review March 2015 (Commissioning for Better Outcomes)	Report on progress against actions identified as a result of the peer review on commissioning for better outcomes which took place in March 2015.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Laura Chambers
Integration, health and housing		Service Director, Mid-Nottinghamshire	Jane Cashmore/Sue Turner
Revised Market Position Statement		Service Director, Strategic Commissioning, Access and Safeguarding	Jane Cashmore

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
<b>13<sup>th</sup> June 2016</b>			
Update on Transformation portfolio		Programme Director, Transformation	Jane North/ Stacey Roe
<b>11<sup>th</sup> July 2016</b>			
Update on Integrating Health and Social Care: Two Schemes to Reduce the Length of Stay in Hospital	Progress report since June 2015 on two schemes (SCOPES and EOSS) to reduce the length of stay in hospital	Service Director, Strategic Commissioning, Access and Safeguarding	Steve Jennings-Hough / Yasmin Raza
Update on the Transfer of the Independent Living Fund	Progress report since June 2015 on the transfer of the Independent Living Fund	Service Director, Mid Nottinghamshire	Paul Johnson
<b>To be placed</b>			
Appropriate Adults Service		Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard
Carers' Information and Advice Hub and Support Service Progress Report	Update and evaluation on the service being provided following the contract awarded in 2015	Service Director, Mid Nottinghamshire	Penny Spice
Transformation update	Required Jan 2017	Programme Director, Transformation	Stacey Roe
Adult Social Care and Health – Overview of developments	Required Jan 2017 and July 2017.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Personal Health Budgets – progress	Progress report		

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Transforming Care programme - update	Progress report	Service Director, Strategic Commissioning, Access and Safeguarding	Cath Cameron-Jones
Development of the Mid Nottinghamshire Better Together Programme – commissioner provider alliance agreement	Progress report	Service Director, Mid Nottinghamshire	Wendy Lippmann
National Children and Adult Services Conference: 2 - 4 November 2016	Report back on outcomes	Corporate Director, Adult Social Care, Health and Public Protection	David Pearson
Stakeholder engagement – proposed re-design	To outline future proposals for better engagement with all stakeholders, particularly service users and carers through co-production	Service Director, Strategic Commissioning, Access and Safeguarding	Felicity Britton

