

## Adult Social Care and Health Committee

**Monday, 13 June 2016 at 10:30**

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

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### AGENDA

- 1 To note the appointment by the County Council on 12 May 2016 of Councillor Muriel Weisz as Chair of the Committee and Councillor Alan Bell as Vice-Chair.
- 2 Minutes of the last meeting held on 16 May 2016 3 - 6
- 3 Apologies for Absence
- 4 Declarations of Interests by Members and Officers:- (see note below)
  - (a) Disclosable Pecuniary Interests
  - (b) Private Interests (pecuniary and non-pecuniary)
- 5 Sustainability and Transformation Plan - Presentation by David Pearson
- 6 Adult Social Care and Health Market Position Statement 7 - 52
- 7 Update on the Transformation Portfolio 53 - 78
- 8 Performance Update for Adult Social Care and Health 79 - 86
- 9 Work Programme 87 - 94

### 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 16 May 2016 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

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

Chris Barnfather  
John Cottee  
Jim Creamer  
David Martin  
Sheila Place

Mike Pringle  
Pam Skelding  
Stuart Wallace  
Jacky Williams

**OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, ASCH&PP  
Sue Batty, Service Director, ASCH&PP  
Sue Bearman, Senior Solicitor, Resources  
Rebecca Croxson, Programme Manager, ASCH&PP  
Paul Davies, Advanced Democratic Services Officer, Resources  
Jane North, Transformation Programme Director, ASCH&PP  
David Pearson, Corporate Director, ASCH&PP

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 18 April 2016 were confirmed and signed by the Chair.

**MEMBERSHIP**

It was reported that Councillors Jim Creamer, Sheila Place and Chris Barnfather had been appointed to the committee in place of Councillors Sybil Fielding, Yvonne Woodhead and Liz Yates for this meeting only.

**DECLARATION OF INTERESTS BY MEMBERS AND OFFICERS**

None

**UPDATE ON PROPOSAL TO ESTABLISH A LOCAL AUTHORITY TRADING COMPANY FOR DELIVERY OF ADULT SOCIAL CARE SERVICES**

**RESOLVED 2016/042**

- (1) That the progress to date and responses received to the consultation on the proposal to establish a Local Authority Trading Company to deliver adult social care services be noted.
- (2) That the description of the work that will need to be undertaken to develop a full business case for the proposal be noted.
- (3) That approval be given to the extended timescale and further work to develop a full business case to establish a Local Authority Trading Company to deliver adult social care services.

## **EXTENSION OF BETTER CARE FUND AND INTERMEDIATE CARE POSTS**

### **RESOLVED 2016/043**

- (1) That the following 12.9 fte temporary posts funded from the Better Care Fund be extended to the end of March 2017:
  - 2 fte Advanced Social Work Practitioners, South (Band C)
  - 2 fte Social Workers South (Band B)
  - 6.4 fte Community Care Officers (4.4 fte South, 2 fte Central Carers Support Team) (Grade 5)
  - 2 fte START South Service Co-ordinators (Grade 4)
  - 0.5 fte Project Manager countywide START (Band D).
- (2) That the following 6.8 fte temporary Intermediate Care posts be extended on a temporary basis to the end of March 2017:
  - 1 fte Advanced Social Work Practitioner, Newark and Bassetlaw (Band C)
  - 4 fte Social Workers (Band B)
  - 0.8 fte Community Care Officer, South (Grade 5)
  - 1 fte Community Care Officer, Bassetlaw (Grade 5)
- (3) That the following 4.5 fte temporary posts be established on a permanent basis:
  - 4 fte Social Workers, IRIS Team (Band B)
  - 0.5 fte Team Manager, Intermediate Care, Newark and Bassetlaw (Band D)

## **UPDATE REGARDING EASTWOOD EXTRA CARE SCHEME AND LYNNCROFT PRIMARY DEVELOPMENT**

### **RESOLVED 2016/044**

That the following decisions taken by the Chief Executive under the urgency procedures be noted:

- (1) to end the Council's involvement with the current proposed Eastwood Extra Care scheme
- (2) to approve Adult Social Care & Health (ASCH) officers to undertake scoping work to identify options for the creation of an alternative Eastwood Extra Care scheme on a smaller plot within the Walker Street site and report back to Committee in 2016

- (3) to allocate part of the land currently within the Extra Care scheme to enable the Education Funding Agency (EFA) to construct a new school to replace the Lynncroft Primary School; and
- (4) when the school project is complete, to include the existing school land and buildings in the site area to be sold for development.

### **PERSONAL OUTCOMES EVALUATION TOOL (POET) SURVEY OUTCOMES 2015 - UPDATE**

During discussion, the Committee requested a further update after a year.

#### **RESOLVED 2016/045**

- (1) That the progress that has achieved in relation to the outcomes of the Personal Outcomes Evaluation Tool (POET) conducted via the national framework to assess the effectiveness of the Department's Personal Budgets process be noted.
- (2) That a further update be reported to Committee in a year's time.

### **COMMISSIONING FOR BETTER OUTCOMES PEER REVIEW 2015 – PROGRESS ON ACTIONS**

#### **RESOLVED 2016/046**

- (1) That the update on activity undertaken to date within the Council in response to the March 2015 Better Outcomes Peer Review recommendations, relating to the fourth key line of enquiry, 'Are people's individual outcomes enhanced through stakeholder involvement in the commissioning and delivery of services?' be noted, with a further update to be brought to the Committee in six months.
- (2) That the proposals for improving engagement by developing clearer processes for co-production with service users, carers, stakeholders and partners to inform commissioning activity in accordance with Peer Review (March 2015) and Care Act 2014 recommendations be noted.

### **OUTCOME OF THE SECTOR LED IMPROVEMENT PEER REVIEW MARCH 2016**

During discussion, the Committee requested an update after six months.

#### **RESOLVED 2016/047**

- (1) That the work undertaken during the peer review and the outcomes of the review be noted.
- (2) That a progress update on work to address the areas of development identified in the peer review be presented in six months.

## **CARE HOME PROVIDER CONTRACT SUSPENSIONS**

It was indicated that since the report had been written, the contract with a further older adults' care home had been suspended.

### **RESOLVED 2016/048**

That the overview of quality auditing and monitoring activities in care homes and live suspensions of care home provider contracts in Nottinghamshire be noted.

## **WORK PROGRAMME**

### **RESOLVED: 2016/049**

That the work programme be noted, subject to reports on the Personal Outcomes Evaluation Tool (POET) in a year's time, and on each of the peer reviews in six months' time.

## **EXCLUSION OF THE PUBLIC**

### **RESOLVED 2016/050**

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**

## **CARE HOME PROVIDER CONTRACT SUSPENSIONS**

### **RESOLVED 2016/051**

That the information in the exempt appendix be noted.

The meeting closed at 12.15 pm.

**CHAIR**



13 June 2016

Agenda Item: 6

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

**ADULT SOCIAL CARE AND HEALTH MARKET POSITION STATEMENT  
2016-18**

**Purpose of the Report**

1. The report seeks approval of the revised Market Position Statement for 2016-18.
2. Members are asked to consider and agree the key indicators relating to market sustainability. These will inform the work that is being undertaken within the department to assess the longer term sustainability of the local social care market and form the basis of a further detailed report to Committee. Approval is also sought to delegate authority to the Corporate Director, Adult Social Care, Health and Public Protection, to make minor changes to update the Market Position Statement for 2016-18 in line with market circumstances after it has been published.

**Information and Advice**

**The Market Position Statement**

3. Committee approval is sought for the revised Nottinghamshire Market Position Statement (MPS) 2016-18, which is attached as **Appendix 1**. It is intended that this document be published on the County Council website and the Nottinghamshire Help Yourself website, subject to its approval by the Committee.
4. The MPS contributes to the Council's activities to fulfil its statutory duties under the Care Act 2014 to share market intelligence and to promote diversity and quality in the provision of services. This includes services which the Council contracts directly with providers, as well as those for people who will arrange their own care and support either through a Direct Payment provided by the Council or by funding their own support (self-funders).
5. It provides key market intelligence that will be of use to existing or potential providers of social care and support services for adults when making business and investment decisions. It will provide a starting point for further discussion between providers and Nottinghamshire County Council, highlighting the services that that the Council wishes to purchase in the future.
6. The MPS 2016-18 consolidates and builds on a range of previous work that the Council has undertaken with current providers and potential new providers coming into

Nottinghamshire. It covers services funded by Nottinghamshire County Council, including those commissioned jointly with Health or other partners.

### **Determining sustainability of the local adult social care market**

7. At the April meeting of the Adult Social Care & Health (ASCH) Committee, Members asked that a report be brought to a future Committee providing information about the sustainability of the adult social care market locally. There are many factors which impact on and support a robust, vibrant and sustainable social care market for example, local authority fee levels, the terms and conditions of care staff, the local economy including levels of employment, and the numbers of self funders within the county. Also, there are some key indicators which help to gauge the financial viability of care providers operating in the local area, and the sustainability of the local care market. These indicators include:

- Workforce capacity, including staff turnover
- Workforce capabilities, including training and development
- Availability of choice of services and diversity of services
- Market expansion, or contraction, and new service developments and investments
- Fee levels, including fees charged to people who fund their own care
- Care Quality Commission (CQC) ratings
- Findings from quality monitoring and auditing activities, including levels of safeguarding enquiries
- Feedback from people who use services including customer satisfaction surveys

8. It is proposed that a detailed report is brought to Committee which considers each of the above indicators in relation to the local social care providers. This will provide a better understanding of the state of the care market and the sustainability of the services across Nottinghamshire. In order to ensure that the report is comprehensive, members are asked to consider whether any further indicators should also be included for consideration in the future report in addition to those listed above.

### **Other Options Considered**

9. The production of a MPS is a requirement of the Care Act and this document is a refreshed version of an earlier departmental publication.

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

10. Local authorities are required to produce a MPS as part of their responsibilities relating to market shaping under the Care Act.

11. Members have asked that a report be brought to a future ASCH Committee meeting which considers the current and future sustainability of the local adult social care market.

### **Statutory and Policy Implications**

12. 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**

13. There are no direct financial implications but the MPS is intended to inform providers about the financial position of the Council and its future commissioning intentions, so enabling providers to make more informed business decisions. They will also be able to develop services that offer choice, are affordable and sustainable.

### **Implications for Service Users**

14. The MPS is intended to inform and advise providers about the social care needs and requirements of the people of Nottinghamshire. Providers will therefore be more able to develop services that are responsive to need, promote independence and are value for money.

## **RECOMMENDATION/S**

That the Committee:

- 1) approves the revised Market Position Statement for 2016-18.
- 2) considers and agrees the key indicators relating to market sustainability, as listed in paragraph 7 above, which will then be used as the basis for a future report to Committee which analyses the longer term sustainability of the local social care market.
- 3) delegates authority to the Corporate Director, Adult Social Care, Health and Public Protection, to make minor changes to update the Market Position Statement for 2016-18 in line with market circumstances after it has been published.

**Caroline Baria**

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

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

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### **Constitutional Comments (LM 25/05/16)**

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

**Financial Comments (KAS 26/05/16)**

16. The financial implications are contained within paragraph 13 of the report.

**Background Papers and Published Documents**

None.

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

All.

ASCH397

# Nottinghamshire's Market Position Statement 2016/18

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## 1. The purpose of this document

The purpose of this document is to provide key market intelligence, which will be useful to existing and potential providers in making business and investment decisions. It should act as a starting point for discussions between providers and the County Council by highlighting the social care support that the Council wishes to provide or commission in the future.

It includes information on:

- Current and anticipated future demand
- Supply, quality, and models of care preferred by the Council
- Opportunities arising from the use of personal budgets and the increasing take up of direct payments.

The number of people funding their own care is forming an increasingly large part of Nottinghamshire's social care market; ensuring that there is sufficient service capacity and information for these people is becoming increasingly important. In the future the Council aims to have better quality and more detailed information to share with providers, including about people who fund their own care.

Over the next two to three years the Council will be focusing on the development of small and individual businesses, such as micro-providers and personal assistants (PAs), to support the growing use of direct payments and the introduction of [Personal Health Budgets \(PHBs\)](#).

## 2. The county of Nottinghamshire and its people

Nottinghamshire is a large and vibrant county, with a population of 797,200 residents (2013 mid-year population estimates (ONS.) The County Council area (excluding the City of Nottingham) is 805 square miles covering both urban and rural areas. In the 2011 Census, 92.6% of the county's population classed themselves as White British, with 2.9% being Other White and the remainder, 4.5%, belonging to Black and Minority Ethnic Groups.

The population of Nottinghamshire is expected to increase by a further 7% to 840,700 by 2021. Overall the age structure of Nottinghamshire is slightly older than the national average, with 19% of the population aged 65+ in 2011 compared with 17% in England.

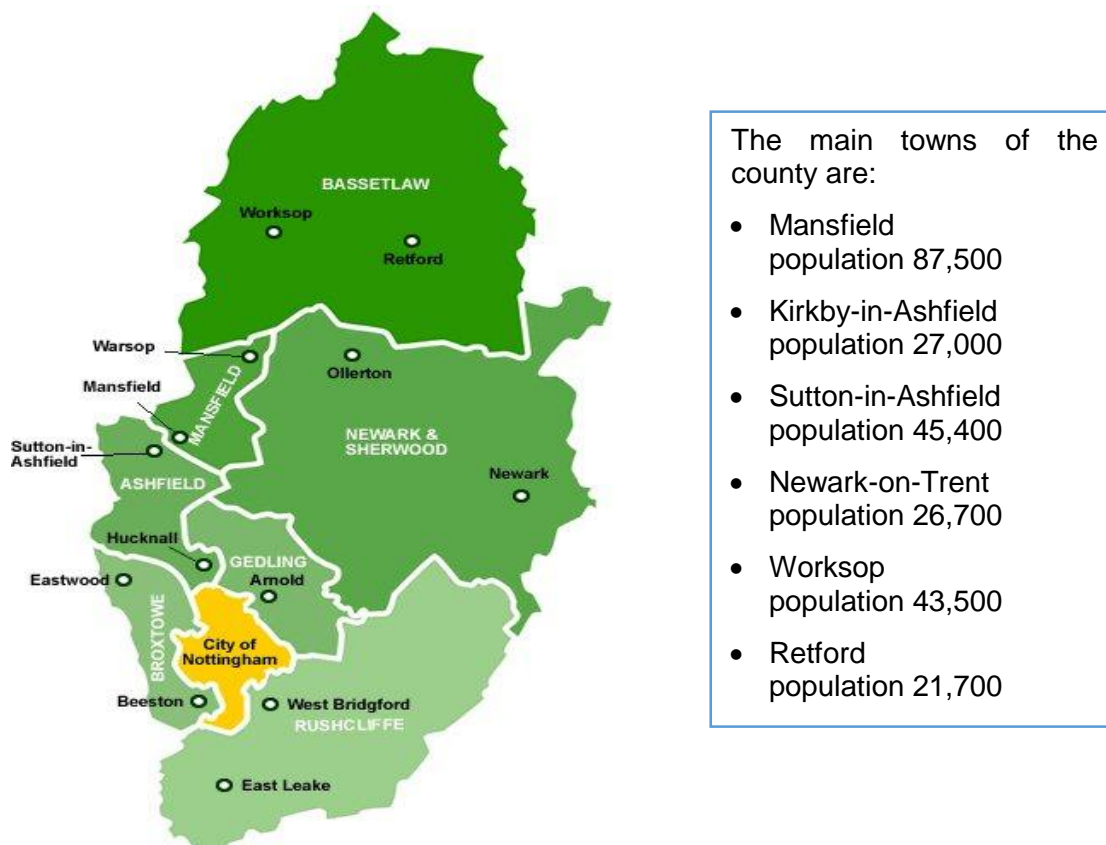
Further detailed information about Nottinghamshire's demographics can be found in the [Joint Strategic Needs Assessment](#).

The Council is the 9th largest local authority in the UK employing 18,000 people, including those employed in schools. The Council will administer an annual budget of £478.9 million in 2016/17 to provide cost effective public services to people in the county.

The county has a significant variation in levels of deprivation, with Mansfield being the most deprived district locally and within the top fifth of most deprived areas nationally. Conversely, Rushcliffe is the least deprived district in the county and is in the least deprived fifth nationally. Areas of deprivation are largely concentrated geographically in the north-west of the county, particularly in Mansfield, Ashfield and western Bassetlaw.

About a fifth of the population live in rural areas, mostly in small towns and villages (less than 10,000 population size). This can present challenges to service providers due to travel times and costs, as well as the viability of providing local services in small communities. Currently, there are three areas where there are problems related to providers having the ability to provide sufficient capacity to meet demand for community based services; Bassetlaw, Newark & Sherwood and Rushcliffe.

Nottinghamshire has a two tier structure; the County Council and the seven district and borough councils. There are six Clinical Commissioning Groups (CCGs) within the county. A separate CCG covers the unitary authority area of Nottingham City. CCGs are largely coterminous with county boundaries, with some small differences, particularly in the east of the county, affecting Nottingham North & East CCG.



**Figure 1: Nottinghamshire map showing District & Borough Councils**

Work is underway to align and, where possible, integrate health and social care across the three health areas of Bassetlaw, Mid-Nottinghamshire and South Nottinghamshire. This includes implementation of the ['Better Care Fund'](#)<sup>1</sup>. The Council is also working more closely with Nottingham City Council and CCG, and some other regional councils, on issues and services which are of mutual interest.

The Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) is further evidence of national and local commitment to integrating health and care services.

<sup>1</sup> Local funding allocations for 16/17 had not been announced at time of writing; national allocation is £3.9bn for 16/17 and was £3.8bn in 2015/16. After 16/17 the BCF will end and become part of the Sustainability and Transformation Plans.

The Spending Review 2016 announced that every area is required to develop a plan for the integration of health and care by 2020/21. STPs will be place-based, multi-year plans built around the needs of local populations. They will build and strengthen local relationships, agree the future model for integrated local health and care services, and identify the steps to achieving this.

Nottinghamshire comes under two separate NHS England regional areas; Greater Nottingham / South Nottinghamshire and Mid Nottinghamshire are part of Midlands and East, and Bassetlaw is part of North of England. The work of the STP will build on good work that is already underway across Nottinghamshire. Further information on STPs is available at [STPs](#).

## 2.1 Forecasting current and future demand

The population of Nottinghamshire is expected to increase by 76,200 people over the next 15 years. The district with the largest anticipated increase is Rushcliffe, which is projected to grow by 13,900 by 2031, followed by Broxtowe (12,700) and Ashfield (12,600). The proportion of older people aged 65 to 84 years is also set to increase, most significantly in Bassetlaw, Newark & Sherwood, Rushcliffe and Ashfield. The population over 85 is expected to increase by 20,000 by 2031, again with the largest increases in Bassetlaw, Newark & Sherwood and Rushcliffe. Bassetlaw, Mansfield and Newark & Sherwood districts show decreases in the working age population (20-64 years) up to 2031.

Older people are more likely to experience disability and limiting long-term illnesses. The majority of carers who provide 50 or more hours of care per week are aged 65 and over, and are often caring for a partner. These carers are more likely to experience poorer health than those of a similar age who do not provide care.

Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. Dementia can affect people of any age but is most common in older people, particularly those aged over 65 years.. The number of people aged over 65 living with dementia in Nottinghamshire is predicted to rise from 11,022 in 2015 to 12,781 in 2020. This represents a 15.9% increase over 5 years.

Disability affects a large proportion of the population in Nottinghamshire. Approximately one in ten adults in Nottinghamshire aged 18-64 live with moderate/severe physical disabilities and approximately one in five people aged 65+ are unable to manage at least one daily activity<sup>2</sup>. For older people the numbers are expected to increase from 29,000 in 2015 to 43,000 by 2030. Levels of disability are higher in districts with high deprivation (greatest in Mansfield 24% and lowest in Rushcliffe at 16%). The number of 18-64 year olds predicted to have a serious physical disability in Nottinghamshire in 2015 was 11,863, increasing by 204 by 2030. The number of 18-64 year olds predicted to have a moderate physical disability in Nottinghamshire in 2015 was 38,729 decreasing by 164 by 2030.<sup>3</sup>

<sup>2</sup> Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

<sup>3</sup> Projection in the number of people predicted to have a moderate or severe physical disability aged 18-64 years, Source :PANSI Apr 2015. Taken from JSNA The People of Nottinghamshire 2015.

Approximately 2% of the population of England has a learning disability, which is about 14,715 people over the age of 18 in Nottinghamshire. National figures show an expected increase in people with learning disabilities by approximately 14% between 2011 and 2030, which equates to a total of 17,000 people in Nottinghamshire. The increase is expected to be concentrated in the older age range, with 48% growth in people with learning disabilities aged over 65.

## 2.2 The financial challenge

The Council is facing a £50.2m budget shortfall over the next three years.

The Government has confirmed that the Council's Revenue Support Grant (RSG) is to be reduced from £90.3m to £63.23m in 2016/17, with further reductions to £38.51m in 2017/18, £22.55m in 2018/19 and £6.95m in 2019/20. Alongside this, the Government is proposing that local authorities retain a greater proportion of business rates raised locally, in addition to the 50% they currently retain.

The reduction in the Government grant next year is approximately £9m greater than had been anticipated when the budget proposals for 2016/17 were prepared. For more information on the Council's budget see: [Council funding and spending](#). The Council's expenditure for 2014/15 and 2015/16 is set out below. This shows the budget across the Council.

**Table 1: Council's expenditure 2014/15 and 2015/16**

<b>Nottinghamshire County Council Expenditure</b>	<b>2014/15 £m</b>	<b>2015/16 £m</b>
<b>ASCHPP</b>	<b>325.3</b>	<b>306.7</b>
Corporate Director & Departmental costs	1.4	1.4
Strategic Commissioning & Direct Services	59.3	6.1
Access & Public Protection	9.3	8.9
North & Mid Nottinghamshire	162.6	158.0
South Nottinghamshire	92.7	92.3
<b>Care and support for young people</b>	<b>547.4</b>	<b>503.0</b>
<b>Roads, waste and the environment</b>	<b>117.8</b>	<b>112.9</b>
<b>Cultural &amp; other services</b>	<b>78.4</b>	<b>101.1</b>
<b>Gross expenditure</b>	<b>1,068.9</b>	<b>1,023.7</b>

The financial challenge<sup>4</sup> is one of the pressures on adult social care both nationally and locally, which include:

<sup>4</sup> In recognition of the huge challenges facing local authorities, in terms of reducing finances and increasing levels of demand and the introduction of new legislation such as The Care Act and other national requirements, the Council launched its corporate strategy '[Redefining your Council](#)' in June 2014. The strategic programme will radically transform the Council and the services that it provides.



- Increasing demand arising from the complexity of people's needs
- Additional funding from the Better Care Fund not becoming available until 2018/19 and 2019/20
- The introduction of the National Living Wage (NLW)
- Extended statutory duties and new responsibilities from Care Act 2014
- Increasing safeguarding referrals
- The transforming care agenda in response to the Winterbourne View scandal
- Change to housing benefit rules.

The Council's net budget for adult social care for 2016/17 is £219.8m with a gross budget of £333.2m. The majority of this is spent on care and support services that are commissioned from independent sector providers including voluntary sector organisations. The Council's gross budget allocations for externally provided services for 2016/17 is as follows:


**Table 2: Adult Social Care & Health Department budget 2016/17**


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


### 3. Commissioning principles

The Council is committed to ensuring that there is a high quality, affordable, efficient and diverse social care and health market in Nottinghamshire. It has developed an Adult Social Care Strategy and a charter, which sets out how it intends to commission services in future.


We will promote individual health, well-being and independence 

We will share responsibility for maintaining the health and well-being of people in our communities with families, carers, friends and other organisations 

We will work to prevent or delay the development of needs for care and support by providing advice, information and services that support independence 

We will promote choice and control so people can receive support in ways that are meaningful to them, but will balance this against the effective and efficient use of our resources 

We will work to ensure people are protected from significant harm whilst allowing people to take risks 

We will always seek the most cost effective way to provide support, in order to ensure we can continue to meet the needs of all people who are eligible for care and support 

Future commissioning decisions will be based on the charter and on the following principles:

- The Council will work with individuals, families, communities, partners and providers to prevent, delay and reduce the need for people to access care services. When people do require services the intention will be to support them to live at home, safely and independently for as long as possible.
- The Council will promote diversity and quality in local services<sup>5</sup>, including directly managed services, and services purchased by people using a direct payment or using their own funds to pay for their care and support.
- The Council will reduce the need for residential and nursing home care wherever possible.
- When awarding contracts, providers will be expected to demonstrate that they will pay staff the living wage or above (including travel time and travel costs). They will also be required to ensure that a significant proportion of their staff are on employment contracts which give them guaranteed hours of work.
- The Council will seek to address the capacity issues that it has, particularly in areas such as Bassetlaw, Newark & Sherwood and Rushcliffe.
- The Council will work with providers to meet the current and future financial challenges.
- The Council is committed to involving the people of Nottinghamshire and stakeholders in the development and commissioning of services<sup>6</sup>, as well as seeking views from the public on difficult decisions such as budget and service reductions.
- The Council will work closely with the Clinical Commissioning Groups and the district and borough councils to ensure that services are planned and delivered in the most co-ordinated and effective way.

## 4. The Council as a provider of services

### 4.1 Council services

The Council continues to provide a number of services, although some of these have reduced following previous initiatives including: the transfer of older adults' care homes to independent sector providers; integrating day care provision; and generally rationalising services, where it has been possible to do so.

Currently the Council provides: integrated day care, County Enterprise Foods, transport, START (Short Term Assessment Reablement Teams), short breaks services for younger adults, a residential care home for people with learning disabilities, employment opportunities such as iWorks and Brooke Farm, plus six Care and Support Centres for older adults. However, the Care and Support

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<sup>5</sup> ['Caring for our Future' July 2012](#) and [The Care Act 2014](#), strengthen the need to share market intelligence with providers as part of the Government's intention to introduce a duty upon local authorities to promote diversity and quality in the provision of services.

<sup>6</sup> Over the past few years the Council has worked with service users, carers and the general public to inform service development. Services have included: the integrated community equipment service (ICELS), carers services for people with dementia and at the end of life, the early intervention service, Extra Care Housing and the use of care and support centres.

Centres are planned to close over the next few years. Further information on these services is contained within the sections below and future plans are explained in 4.2.

## 4.2 Proposal to establish a Council owned company

On 5<sup>th</sup> October 2015 the Adult Social Care & Health Committee agreed to the Council consulting on the proposal to establish a council owned company for the delivery of some adult social care services.

The proposed services are:

- Church Street Residential Unit
- Shared Lives
- County Enterprise Foods, the Meals at Home Service
- Day Services
- Short Breaks
- I-Work

## 4.3 The reason for the proposal

Despite making savings over the last few years, the Council still faces a shortage of money and needs to look at different ways of working.

These services have had big budget reductions over the last few years, whilst at the same time dealing with increased demand.

Whilst the services continue to sit within the Council, more savings are likely to be needed. It is important that the Council changes the way it works in order to keep the current range of services and maintain quality.

Being part of a Council owned company would allow services to work in ways they cannot do under direct Council control, whilst allowing the Council to continue to play a major role.

## 5. Preventative support

This section covers preventative, early intervention and universal services. These services are available to people who may not be eligible for social care if assessed. They include a range of services from advice and information to targeted, short term reablement services that are aimed at avoiding, delaying or reducing people's need for on-going social care.

### 5.1 Grant Aid

The Council provides funding to a number of voluntary organisations through its Grant Aid programme. The funding is targeted at preventative services which improve outcomes for service users. Grant Aid priorities for adult social care for 2015-18 are:

- **Information & Advice:** delivering a broad range of information and advice services across the County, supporting people to find the information they need online and supporting people to complete online social care/carer assessments

- **Promoting Independence:** in particular, developing skills that enable people to continue to self-manage or achieve greater independence; work skills and opportunities for vulnerable adults; and the maintenance or improvement of physical fitness and emotional and mental health and well-being
- **Connected Communities:** improving well-being and confidence through connecting people with their local community, the people in it and utilising any opportunities that it affords.

### Key note for providers:

The next Grant Aid application and award process will be due in 2018 and will be advertised widely. The Council will be actively encouraging consortium bids and innovative solutions to meeting people's needs.

## 5.2 Community empowerment and resilience

In July 2015, the Council's Community Empowerment and Resilience Programme was launched to help deliver the transformation set out in the 'Redefining Your Council' (RYC) framework. This was in recognition of the significant role that the Voluntary and Community Sector (VCS) has in shaping and supporting the socio-economic wellbeing of Nottinghamshire communities. Most of the public sector bodies in Nottinghamshire have financial challenges and have developed transformation and efficiency programmes, which typically include initiatives aimed at improving outcomes for communities.

The Council will work with and support the VCS to build capacity within Nottinghamshire communities and working more collaboratively with partners in target localities.

'Nottinghamshire Together'<sup>7</sup> commissioned a ['Nottinghamshire State of Sector' survey and report](#). The report provides a wealth of information and offers a snapshot of the community and voluntary sector in 2015 as a period of increasing change continues.

The findings of the study were shared at two events in October 2015. An action plan is being developed using a co-production approach. It will be based on the six core themes of the report:

- 1) Creating Active Participation
- 2) Co-ordinating Sector Voice



<sup>7</sup> 'Nottinghamshire Together' is a consortium of VCS organisations and the Council

- 3) Enabling Social Action
- 4) Sector Solution to the Volunteering Gap
- 5) Understanding and Mastering Commissioning for Local Success
- 6) Community Co-ordinated Development

This will shape and inform the work of 'Nottinghamshire Together' as well as the work of the Council to pursue the wider objectives of the Community Empowerment and Resilience Programme.

### 5.3 Nottinghamshire Help Yourself

This is an online directory of information and advice to enable people, carers and families to make choices about their care and support.

The service is free for providers to register with and advertise their services. See paragraph [16.1](#) for more information.

#### Key note for providers:

The Council is keen to encourage providers to register their services with and signpost service users to, [Nottinghamshire Help Yourself](#).

### 5.4 Early intervention & promoting independence support

The Council funds a number of services, aimed at supporting people to recover, maintain or achieve independent living. This provision has been reviewed in the light of the Care Act and a number of services were re-commissioned during 2015 to reflect both these duties and priorities for adult social care.

During 2015 the Council commissioned Early Intervention Support to promote continued self-management among older people and people with long term conditions. From January 2016, three providers have delivered the service, known throughout the county as Connect.

Providing two tiers of service, Connect services will initially provide brief interventions (advice, signposting and up to two home visits) but, based on assessed risk, may also provide up to three months of support. The extended support will enable people to resolve issues related to inappropriate housing, social isolation and loneliness, health management, and money skills and resources, in order to regain the confidence to manage their own lives.

Where possible, Connect services will support people to identify informal, community-based solutions to help them achieve identified goals, but there will be circumstances where a service offer is needed. Information will be gathered on the experience of people using the services and where there is evidence of insufficient service availability the Council will look for creative opportunities to support the development of capacity'.

During 2015 the Council re-commissioned a service currently provided to a broad range of vulnerable adults, including people with low to moderate learning disabilities and people with autism spectrum disorder. The NASS<sup>8</sup> will support vulnerable adults to develop the skills required to attain the greatest level of independence achievable and address issues that may put the sustainability of that independence at risk in the absence of formal support. Alongside this, and with similar aims, the Council also re-commissioned a specialist Deaf Support Service for deaf, deafened and hearing impaired adults.



### Key notes for providers:

- During 2016, the Adult Social Care, Health and Public Protection Department will determine the requirements for achieving good adult mental health, including the prevention of mental health problems, early intervention where problems occur and support for recovery.
- The existing mental health support service, known as Moving Forward, will be reconsidered as part of this. A tender process for specified services will follow in 2016-17.

## 5.5 Assistive technology and Telecare

The Council utilises telecare and other assistive technology to help support the independence of vulnerable older people, people with physical or learning disabilities, and people with mental health issues. The Council provides three main assistive technology schemes that focus support on carers, to reduce or delay admission to residential care and prevent or delay the need for more intensive social care support. The three types of assistive technology available are:

- Telecare risk management sensors (including falls, wandering, epilepsy and smoke detectors) linked to a 24 hour monitoring centre. The Council provides a 24 hour emergency response service staffed by a registered care provider to enable access to home care support within 45 minutes of a request being sent to the monitoring centre by an eligible service user.
- Standalone assistive technology interventions. These sensors provide the same risk management as the telecare technologies, but alerts are sent to a short range pager unit. One of the primary purposes of this scheme is to support carers living in the same home as the person they care for. In addition this scheme provides equipment to enable people to manage their own daily living activities, such as automatic medication dispensers.

Additionally the Council also works in partnership with local Clinical Commissioning Groups to use the NHS [‘Flo Simple Teleheath’](#) system to support people to self-manage daily living activities by sending ‘prompting’ text messages.

- ‘Just Checking’ is commissioned in partnership with Nottinghamshire NHS Healthcare Trust. The Council makes extensive use of the ‘Just Checking’ monitoring system to help with assessments of how well people with dementia are managing in their own home. The Council also uses ‘Just Checking’ to assist with the assessment of support needs for people with learning disabilities living in supported living schemes.

### Key note for providers:

Most assistive technology services are contracted out to external service providers.

## 5.6 Integrated Community Equipment Loans Service (ICELS)

The Council is the lead commissioner for an Integrated Community Equipment Loans Service (ICELS) partnership for adults and children. The partnership includes all the local CCGs plus Nottingham City Council and Nottingham City CCG.

The new service will provide easier access through a greater use of IT systems, on-line advice and guidance, including a self-purchasing facility for people who wish to buy their own items of equipment. It has been extended to a seven day service with longer operating hours. It will also enable more equipment to be reused and recycled. For further information on equipment services see: [Equipment to help you](#)

### Key note for providers:

During 2015/16 a tender exercise was held to secure a provider for a new service which commenced in April 2016. The partnership awarded the new contract to the [British Red Cross](#) (BRC) for five years with an option to extend for a further two years.

## 5.7 Handyperson Adaptation Service

The Handyperson Adaptation Service (HPAS) is available to people living in Nottinghamshire who are aged 60-plus, or who have a disability. The service is commissioned through a partnership consisting of the Council, including Public Health, and all the district and borough councils in Nottinghamshire.

Individuals, their families, a volunteer or a professional can make a referral to the [Customer Service Centre](#) on 0300 500 80 80. If eligible, the work is allocated to a trader who has been approved under the Council’s approved trader scheme “Check a Trade”. Under this scheme, traders are trained to fit aids and adaptations, conduct basic home safety checks, and give winter warmth advice.

HPAS uses the scheme to source traders for an average of 3,000 jobs per annum. Traders are paid at either £20 or £30 per hour dependent on whether the work required is fast tracked hospital discharge or standard HPAS work.

### Key note for providers:

All traders must be vetted by Trading Standards officers and "Check a Trade" to ensure they are solvent, adequately insured and do not have a history of financial fraud.

## 5.8 County Enterprise Foods (CEF)

CEF provide freshly made single portion hot meals and/or frozen meals that are delivered to service users' homes and tailored to accommodate special dietary needs. On average, the provision equates to approximately 1000 service users or 5000 meals per week or 260,000 meals per year.

### Key note for providers:

- This service will be included in the consultation on the proposal to establish a Council owned trading company.

## 5.9 Reablement at home

The Council directly provides a short-term (maximum six weeks) assessment and reablement homecare service for older people, including those living with dementia, who are either living in the community or being discharged from hospital. START (Short Term Assessment and Reablement Team) aims to ensure people are as independent and well as they can be, so that they no longer need social care support or their support needs are minimised.

Reablement services were provided to approximately 2300 individuals in 2014/15 and performance data shows that 67% of service users required no further support after a period of reablement, with a further 14% requiring a reduced package of care.

The Council is working with local health partners to try to align START with similar reablement type services in the NHS. This is to ensure best use of limited resources, reduce duplication and provide an effective and responsive service.

The Council is also keen to see the principles of reablement (the recovery of skills) and enablement (the development of skills) applied to all services and not just to specific short term services. When an individual's health does deteriorate, the first priority should be to restore or develop his/her independence, confidence, autonomy and community support, as far as possible, to its maximum potential.



### Key notes for providers:

- The Council will continue to work with health partners to align its reablement service with similar services in the NHS.
- The Council will consider including reablement and enablement in all its contracts and specifications, where appropriate.

## 5.10 Intermediate care and assessment beds

The Council commissions and provides intermediate care services jointly with the NHS.

Between 2014/15 and 2017/18 the Council is undertaking a programme of service efficiencies. As part of this process intermediate care services will have their Council funding reduced, and the Council's own Care and Support Centres will be used to provide residential settings for intermediate style care, short stay assessment beds and reablement services, rather than purchasing beds from independent providers.

Assessment beds are primarily focussed on avoiding long term residential care for people discharged from hospital and, in some cases, on preventing admission to hospital. The Council provides assessment beds in its Care and Support Centres and currently has 62 beds across the county.

### Key notes for providers:

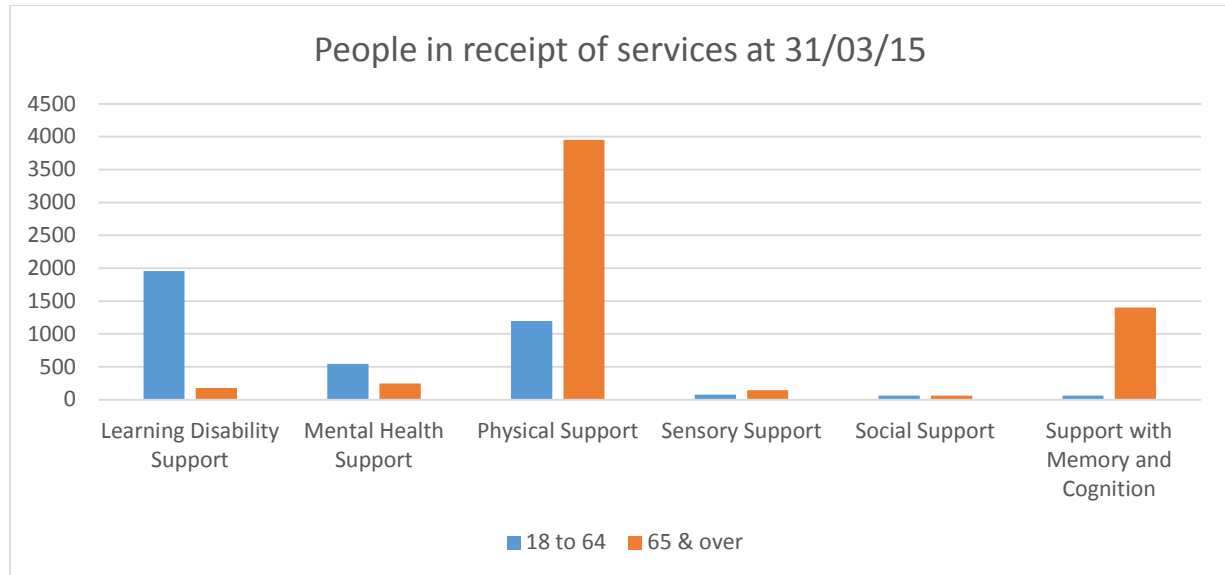
- During 2016/17 the Council will be considering options for the future delivery of intermediate care and assessment beds.
- The Council will be testing out different types and models of services, such as assessment flats in Extra Care schemes or by using vacant housing stock as alternatives to assessment beds in care homes.
- The Council will work with health partners to agree the future service model for intermediate care and reablement services according to the priorities of the three health planning areas.

## 6. Personal budgets

This section covers services for people who have been assessed and are eligible for social care services. Once an individual has been identified as eligible they are given an indicative personal budget, which is the amount of money that it has been calculated may be required to cover an individual's care costs. A personal budget can be taken as a managed service, as a direct payment or a combination of both.

At the end of March 2015, the County Council was commissioning community based support services for 6,541 service users to support them to live independently in their own homes, and was funding a further 3,345 service users in long term residential or nursing home placements.

The table below shows the breakdown of people in receipt of services on 31<sup>st</sup> March 2015. The largest group is older adults who require services to support them with physical care needs.



For further details about the breakdown of services see Appendix 2.

## 7. Direct payments and pre-payment cards

The Council's aim is that direct payments (DPs) will be the main way in which people choose to arrange their social care. The Council is constantly searching for ways to make this easier and welcomes innovative ideas from providers.

In March 2016 there were 6,490 service users receiving a long term community based service, 50% of whom used a DP to buy their services. The majority of these people chose to take all of their personal budget as a DP and a small number (approximately 10%) used a DP and also received some managed services. There is a very slight difference between the number of younger adults and older adults using DPs, generally it is 52/48%. Across the county there is a small variation in the percentage of people using DPs, Rushcliffe has the highest at 55% whilst Ashfield has the lowest at 46%<sup>9</sup>.

There has already been a significant increase in the uptake of direct payments and decrease in managed home care; in 2007/08 managed home care represented 22% of the budget and direct payments 1.6%, whereas in 2015/16 direct payments have increased to 16% of the budget for external packages and home care has decreased to 8%.

## **7.1 Direct payments in care homes**

Nottinghamshire is one of councils which are exploring how DPs can improve outcomes and increase choice and control for people living in care homes. The Government has deferred the implementation of this approach until 2020 but Nottinghamshire is still able to use direct payments in this way under the Care and Support (Direct Payment) Regulations 2014.

## **7.2 Personal health budgets (PHB)**

The Council is working in partnership with the Clinical Commissioning Groups (CCGs) to develop personal health budgets. This will result in service users having a single integrated health and social care budget with which to purchase their care and support services.

## **7.3 Pre-payment Cards**

Pre-payment cards are in use, which enable people to pay providers directly for their support via pre-loaded cards, without the need for complicated transactions or a bank account. As of March 2016 15% of people receiving a DP use a pre-payment card.

## **7.4 Direct payment support**

Approximately 45% of service users and carers arrange their own care and support services. Where service users need support in managing their DP, the Council has accredited providers who provide a Direct Payments Support Service. These services are currently used by over 900 individual service users who require a third party managed DP to allow them independence and control over their social care services.

## **7.5 Personal assistants (PAs)**

The Council's intention is to increase the number of personal assistants (PAs) to offer DP recipients greater choice and control over the services that they receive. Currently<sup>10</sup> there are approximately 23% of people using their DP to buy their care from a PA. The Council is developing opportunities for PAs to access improved training options and peer support through networks. It will also be investigating other ways of supporting and promoting PA services. The intended outcomes of this approach include a better skilled workforce and the potential to influence the PA market.

## Key notes for providers:

- The Council wants to encourage providers to consider the future options for their services, including: opportunities to diversify and offer a range of flexible support options; marketing their services directly to individuals; and transparent reasonable unit costs which should not cost people more to buy with their direct payment than through a directly managed contract with the Council
- The Council will continue to promote the use of pre-payment cards.
- The Council's intention is to continue the shift from managed home care services to people receiving their service from a Personal Assistant via a direct payment.

## 8. Home based care services

The Council currently purchases homecare services for around 1,650 people, totalling approximately 18,000 hours per week.

In early 2014 the Council concluded a joint tender for homecare services, with local Clinical Commissioning Groups (CCGs), which sought homecare providers on a geographical basis. The number of contracted social care providers in Nottinghamshire was reduced from 30 to 4. The average cost for care from these core providers is £15.10<sup>11</sup> an hour. Contracts are also in place with a further 3 complex care providers for the provision of CCG commissioned services.

Due to issues of capacity supplementary arrangements have been made with other home care providers, as and when required.

Most of the home based care is delivered to older adults, although small amounts of homecare may be commissioned for younger people with a primary need of learning disability, autism, mental health or physical disability if eligible needs are personal care only. However, the majority of people with these primary needs will receive services from contracted Care, Support and Enablement providers or choose to have a direct payment to employ Personal Assistants, live-in-carers or agencies to deliver their care.

Nottinghamshire's supply and demand across the seven districts varies, but generally in rural areas, especially Rushcliffe and Newark & Sherwood, there are difficulties meeting demand. Providers state the reasons for being unable to provide sufficient capacity are not being able to recruit staff due to competition from other industries and limited access to transport.

Discussion with providers is underway to identify a cost effective way to address these issues as part of the on-going support provided by the Council under the new contract.

<sup>11</sup> Agreed rate for core providers from April 2016

## Key notes for providers:

- The Council will review its model for home based care services and re-commission services in 2017/18. This will be planned collaboratively with the local CCGs.

## 9. Day services

The Council has an established approved list, which currently has 32 external providers on it. The day service provision run by the Council is integrated across all client groups and operates from 10 dedicated day service buildings situated around the county.

As at the end of January 2016, 2,071 adults attended a day service; 1,377 of these people use day services provided by the Council. 694 people use day services run by external providers, with an approximate £3,663,000 a year associated external purchasing budget (including transport costs to attend these services).

The Council continually encourages new applicants onto its approved list of day service providers. The approved day service list is the way by which the Council is able to spot purchase services for people opting for a managed personal budget and it does not guarantee any ongoing, set level of funding or purchasing of services. The providers on the approved list have passed a series of tests, including quality and financial standards, and commit to only charging the relevant band price per session per service user as detailed below:

<b>Band</b>	<b>Price per Session (1/2 day)</b>
Complex Needs	£32.64
High Needs	£16.83
Medium Needs	£11.92
Low Needs	£8.21

People who are eligible for social care are assessed by the Council as falling within one of the 4 bands. Services are spot purchased at this fixed price per session (a session is defined as half a day) for a maximum of fifty weeks per annum. Costs for additional one-to-one support are in addition to this, typically being charged at £10.49 per hour.

Within this price range, the Council seeks a local market that offers a variety of innovative outcome focussed models of day service that support people to re/gain skills and independence, and also offers increased choice in the range of support that people can purchase to enable them to have daytime opportunities e.g. to take part in sport, meet people, have hobbies etc.

People who do not want to attend an approved provider are able to take their funding as a direct payment in order to attend a non-approved day service. Funding for the direct payment is calculated using the same method as for an approved provider.

## Key notes for providers:

Specific areas for the future are:

- Developing more building based services for older people in the south of the county where there is currently limited choice
- Developing more community based services in the north of the county, as most community based provision is currently in the south
- Offering more options for people who require dementia specific care and support
- Increasing the range of cost effective alternatives and geographic bases to support people with head injury related needs
- Reducing the long distances that some people have to travel to access day services, as well as exploring alternative forms of more cost effective transport.

The Council is also working in partnership with service users and local community organisations to develop and run a co-production service for people with mental health problems to offer an alternative to more traditional, building-based day services.

This Council's day service will be included in the consultation on the proposal to establish a Council owned company.

## 10. Work opportunities

The Council offers several work opportunities for people with a learning disability. These include the I-Work Service, County Horticulture Work Training (CHWT) and the Employment and Skills Training Hub.

The I-Work service supports service users with a learning disability or autism into employment. In 2013/14 the service was working with a total of 530 service users. Of these, 138 people were receiving 'intensive support', where work is undertaken with service users in the community; 369 people were receiving 'contact support', whilst they are in employment; and 23 people in 'project support' where they attend a project that the Council runs, working towards paid employment.

The Council also runs the County Horticulture Work Training (CHWT), which comprises a horticulture base where people train to gain skills relevant for work and where produce is grown for sale. The service also provides garden maintenance to County facilities and local residents. There are 11 members of staff with disabilities, and 64 work trainees attend the 3 different horticulture sites during the week. The majority of these work trainees have a learning disability.

In September 2015 the Adult Social Care and Health Committee approved the development of a time limited 'Employment and Skills Training Hub' at CHWT. This is currently being developed and will provide a focused, time limited employment and skills training service.

The Hub will support people with a range of needs to develop skills in horticulture, retail, and administration work for a defined period of time (maximum of three years). The staff members within the Hub will assist people to find work or other vocational opportunities.

### Key note for providers:

These services will be included in the consultation on the proposal to establish a Council owned company.

## 11. Accommodation and support

In February 2015 the Council produced its draft 'Accommodation and Support Plan 2015-17' for consultation. The updated version is accessible through the [Council's Policy Library](#).

It outlines the approach that the Council will be taking to ensure the development of good quality, affordable and appropriate accommodation and support options for vulnerable people in the County.

Underpinning this is the Council's aim to reduce the number of people it supports financially in long term residential care.

The plan concentrates on four main priorities for younger and older adults:

- The promotion of a whole system partnership across all the agencies working to support health and well-being
- The development of a wide range of housing and support options, including new models of housing and support
- That service users, their families and carers, and the people working with them, are confident that they can live independent lives
- Working with the care home market to ensure it better meets the needs of younger and older adults

### 11.1 The dynamic purchasing system (DPS)

The Council will be using a Dynamic Purchasing System (DPS) to procure new supported living accommodation and to make future placements in residential care homes for younger adults. The DPS is a multi-stage process to establish a list of qualified providers who will in turn be invited to tender for individual contracts as and when they are required.

### Key note for providers:

The DPS for younger adults will commence in summer 2016.  
Applications to the DPS will be through the on-line portal:  
[www.eastmidstenders.org](http://www.eastmidstenders.org)

## 11.2 Supported accommodation for single adults

The Council commissions quick access supported accommodation services for single adults based across four locations. The contract value for this service is £922,000 a year.

## 11.3 Shared Lives Services

The '[Shared Lives](#)' service supports vulnerable people to live as independently as possible in the community. The support is provided by carers also living in the community and who are different from traditional Personal Assistants. Shared lives carers become part of the extended family of the person they are caring for by sharing their home and personal time.

Over the last three years the [Shared Lives Service](#) has increased the number of carers to 62; 29 service users are supported in mid to long term placements and 33 service users and families benefit from short term breaks. Existing Shared Lives carers and service users have helped with expanding the scheme, developing the publicity and encouraging more people to become Shared Lives carers.

### Key notes for providers:

- There are opportunities to increase the number of Shared Lives carers.
- This service will be included in the consultation on the proposal to establish a Council owned company.

## 12. Accommodation and support for older adults

### 12.1 Extra Care housing schemes

One of the services for older people that the Council is seeking to develop further is Extra Care Housing. There are currently eleven Extra Care schemes in Nottinghamshire, which provide a mix of purpose built accommodation and communal facilities, as well as schemes located within remodelled sheltered housing accommodation:

- Moorfield Court in Southwell



- Abbeygrove in Worksop
- Westmorland House in Harworth
- Spring Meadows in Cotgrave
- Cricketers Court in Cotgrave
- Hilton Grange in Edwalton
- Vale View in Newark
- St Andrews House in Gedling
- Bilsthorpe Bungalows in Newark & Sherwood
- Poppy Fields in Mansfield.
- Darlison Court in Ashfield

The above list includes four new Extra Care schemes which have opened since 2015/16 and the Council has plans in place for a number of additional new schemes across the county.

The Council has nomination rights to a number of units of accommodation within each scheme. The accommodation, which includes apartments and bungalows, is to be used as an alternative for people at risk of needing residential care. Therefore, applicants will need to be assessed as being eligible for social care support and will be expected to have reasonably high levels of dependency.

With Extra Care Housing schemes there is usually at least one member of care staff on-site, 24 hours a day over 7 days a week, provided by the Council's contracted care provider for that location.

### Key notes for providers:

- The Council has allocated capital funding to develop a minimum of 160 new Extra Care Housing units across Nottinghamshire by March 2018.
- All the new Extra Care schemes are required to be located close to nearby shops and local amenities and have a range of services and facilities available on-site, dependent on the size and location of each scheme, such as a communal lounge/café and flexible space that can be used for wellbeing clinics etc.

## 12.2 Care homes for older adults

The Council is committed to continuing to reduce the number of older adults it supports in long term residential care or at least to delay admission into a care home. Whilst it recognises that for some people care homes are an appropriate service it wants to ensure that people are given viable alternatives, hence the investment in Extra Care Housing.

The Council is also committed to ensuring good quality care in all homes in Nottinghamshire, so offers a quality banding system of five levels under the current 'Fair Price for Care' agreement and a [dementia quality mark](#) (DQM) fee for homes that have evidenced that they provide excellent quality dementia care.

The tables below shows information about the number of care homes that provide support to people with dementia and the number of care homes that were successful in achieving the DQM 2014-16.

**Table 2: Dementia Care Homes and DQM Award 2015/16**

District/Borough	Total Homes	Dementia Homes	DQM Homes 2015/16
<b>Bassetlaw</b>	29	23	3
<b>Broxtowe</b>	22	16	4
<b>Gedling</b>	26	14	3
<b>Mansfield &amp; Ashfield</b>	49	38	12
<b>Newark &amp; Sherwood</b>	27	21	3
<b>Rushcliffe</b>	22	13	8
<b>Total</b>	<b>175</b>	<b>125</b>	<b>33</b>

The DQM was introduced in 2013 and was awarded to 33 homes for a period of two years (2013-15). Applications were invited during that period to cover a further two years (2014-16) and again 33 homes were successful; some homes retained the award, some were unsuccessful and lost the award, whilst others attained it for the first time.

Ashfield and Rushcliffe have the highest representation of DQM homes with 8 each, whilst other districts have three to four. The DQM will continue for a further two years and homes will be invited to apply during 2016.

The current 'Fair Price for Care' agreement covers the period 2013-18; it offers five levels relating to quality and differential rates between residential and nursing care. The funded nursing rate (FNC) is paid in addition to the Council's nursing fee.

The quality in care homes has been shown to have improved since 2008/09 as the number of band one homes has decreased and the number of band four and five homes has increased. The table below shows the shift in bandings from 2008 to the current year.

**Table 3: Quality bandings 2008-2016/17**

Band	2008/09 No. of care homes	2015/16 No. of care homes	2008/09 %	2015/16 %	2016/17 %
<b>Band 1</b>	39	27	(23.5%)	(15.4%)	9.8%
<b>Band 2</b>	46	21	(27.7%)	(12%)	9.8%
<b>Band 3</b>	57	42	(34.3%)	(24%)	22.2%
<b>Band 4</b>	22	38	(13.3%)	(21.7%)	23.4%
<b>Band 5</b>	2	47	(1.2%)	(26.8%)	34.4%
<b>Total</b>	166	175			174

In addition the Council has also supported some care homes to achieve the Gold Standard Framework (GSF) for end of life care. (See para.15 [End of Life](#) for more information).

Details of current fee rates can be found in Nottinghamshire's [Care Services Directory](#).

Overall the care home market for older adults has remained fairly static over the past five years in terms of number of care homes, at approximately 175. However the number of beds has increased from 6796 in 2012 to 7042 in 2016 due to new larger homes replacing smaller older homes.

Current provision is relatively evenly spread by population of over 65s. However, the distribution is often perceived as being inequitable in the more rural areas such as Bassetlaw, Newark & Sherwood and Rushcliffe, whilst in Mansfield and Ashfield it is perceived that there is more capacity than demand.

The number of care home places funded by the Council as at 31<sup>st</sup> January 2016 is shown below. This indicates that 35% of care home places are funded by the Council; 22% of nursing places and 47% of residential places. The remaining places will be a mixture of self-funders, health or other local authority funded, or vacancies.

**Table 4: Number of care home places and % funded by the Council**

District	Nursing beds funded by NCC	Total number of nursing beds	% of NCC funded beds	Residential beds funded by NCC	Total number of resi beds	% of NCC funded beds	Total number of beds funded by NCC	Total number of beds
<b>Bassetlaw</b>	148	479	31%	333	729	46%	481	1208
<b>Broxtowe</b>	117	556	21%	216	346	62%	333	902
<b>Gedling</b>	118	528	22%	234	492	47%	352	1020
<b>Mansfield &amp; Ashfield</b>	190	833	23%	512	1144	45%	702	1977
<b>Newark &amp; Sherwood</b>	67	473	14%	287	606	47%	354	1079
<b>Rushcliffe</b>	85	446	19%	173	400	43%	258	856
<b>TOTALS</b>	<b>725</b>	<b>3315</b>	<b>22%</b>	<b>1755</b>	<b>3717</b>	<b>47%</b>	<b>2480</b>	<b>7042</b>

### Key notes for providers:

- In Mansfield and Ashfield there is currently an over capacity of residential places and this is causing a challenge to the provider market as some homes are struggling to maintain viable occupancy rates.
- Generally across Nottinghamshire there is sufficient residential care, although not spread equitably, and in some areas there is an over capacity. There is likely to be more of a shift towards dementia and/or nursing care, as shown by the demographic information.
- The DQM will continue for a further two year period (2016/18). Homes will be invited to apply during 2016.
- The Council is planning to develop new Extra Care facilities which will provide modern accommodation as the Care and Support Centres close.
- The Council wants to encourage care home provision which is affordable for local people without the increasing use of third party payments.
- The Council will work with the CCGs and other local authorities to jointly plan, commission and procure care home services where there is a common interest. This will assist in ensuring the provision of good quality services and achieving greater efficiency.
- The current 'Fair Price for Care' agreement with expire in 2018; work will be undertaken, including negotiations with care home providers, to determine a new fair rate for 2018 and beyond.

### 12.3 Respite and short term care

The Council no longer admits long term residents to its Care and Support Centres. The centres are used instead for short term and respite care services. These services are also provided by the independent sector when required on a spot-purchased arrangement.

Carers frequently comment that they would like to be able to book respite care in advance but this is difficult as many care homes do not accept advance bookings.

### Key notes for providers:

- The availability of respite and short term care varies depending on the needs of the person and their location. For more information see the Council's Accommodation and Support Plan 2015/17.
- Carers would like to be able to book respite care breaks in advance.

## 13. Accommodation and support for younger adults

### 13.1 Care support and enablement (CSE)

Support to people in supported living services or those wanting outreach support is provided through the Council's Care, Support and Enablement contracts.

The Council selected four core providers in 2014 to provide CSE support to adults with learning disabilities, mental health issues, Autism and physical disabilities. There is one provider for each of the following locations:

- Mansfield and Ashfield
- Bassetlaw
- Newark and Sherwood
- Broxtowe, Gedling and Rushcliffe

The contracts run until August 2017, with the provision to extend for up to four years. All new supported living placements are automatically referred to the core providers who have the option of providing the service direct, transferring to another core provider, or sub-contracting to another organisation.

There are in addition 17 legacy providers delivering supported living and outreach support. Voids in these shared services are authorised to be re-commissioned with these providers but new work will only be delivered by the four core providers.

In 2013/14 CSE spend was approximately £24m which increased to £36m by 15/16. The considerable growth is due to de-registrations of homes and continued development. CSE providers now support over 1,000 people in supported living or through outreach support.

Standard hourly rates are £13.78 for accommodation based services, £14.30 for low level outreach services, £16.50 for Supported Living Plus and £70 for sleep-in nights. There is expected to be additional management support, staff training and expertise and higher staff pay, for this additional funding. Supported Living Plus services have been specifically designed to help manage individuals with very complex needs and challenging behaviours, and have been used to facilitate moves from secure hospitals and treatment units back into the community for people with learning disabilities.

Service growth, together with challenges in recruitment is a national issue, but in Nottinghamshire is particularly evident in the south of the county and for outreach rather than accommodation based services. This has meant that it is difficult to put services in place at short notice (for example, to aid hospital discharge). It is hoped that this will be eased by recent increases in hourly rates for Supported Living Plus and for low level outreach services. Increased provision will be needed in the future, as increasing numbers of people are supported to live at home.

Current trends show that the relatively small number of people with a hearing impairment are choosing to arrange their own care and support with a direct payment and are not using services from the approved providers.

Only one of the existing providers offering a service to people who have a hearing impairment is currently able to also provide appropriately trained staff to work with people who, in addition, also have a learning disability.

### Key notes for providers:

- The Council has recently tendered for Home Based Support and for Care, Support and Enablement services. Contracts were only awarded to those providers who could demonstrate that they paid their staff the national minimum wage or above (including travel time and travel costs).
- Additionally, the providers were required to ensure that a significant proportion of their staff were on employment contracts which give them guaranteed hours of work.
- The Council has a comprehensive audit process for care homes, home based care and support, day services and care, support and enablement services, which is outcomes-focused.
- There is a shortage of male workers, which is an issue for all community based services.

## 13.2 Care homes for younger adults

The term 'younger adult' includes the following service user groups: learning disability, mental health, Autism, and physical disability.

The number of younger adults living in residential or nursing care is slowly reducing with the increasing development of supported living options. As at November 2015 Nottinghamshire had 564 younger adults living in residential care and 103 living in nursing care. Of this 667 people, 65% have a primary learning disability need, 16% have a primary need of physical or sensory support, 13% a primary need of mental health and the remaining 6% have a primary support need of memory and cognition or social support.

*An increase is predicted in people with learning disabilities reaching the age 65 needing residential care. Increasing numbers of these service users are also being diagnosed with dementia.*

With regard to younger adults the total spend for 2015/16 is anticipated to be approximately £36m.

As of December 2015, there were approximately 138 care homes in Nottinghamshire registered by the Care Quality Commission for the provision of care to younger adults.

There are 6 homes specifically registered as providing support for people with mental health problems and 8 for people with a primary need relating to their physical health. The remaining homes are registered as mixed categories of care with a primary registration of learning disability, Autism or mental health.

There are currently 92 care homes on Nottinghamshire's accredited list, 8 of which are in Nottingham City. Currently this list is primarily used for people with learning disabilities but the new Dynamic Purchasing System will be for the procurement of all younger adult care home placements.

Currently the supply of beds exceeds demand from within Nottinghamshire. This is especially so in the north of the county (predominantly Ashfield). However, there are still gaps in some geographical areas or for specialist homes. A strategic review has been underway since 2015/16 and will run until 2017/18. Its aim is to help existing providers consider where they best fit within the market, to identify where there are still service gaps, and to ensure that the needs of people from Nottinghamshire who may require residential care in future can be appropriately met. It is anticipated that there will be particular need for the following groups of people:

- those going through a transition – for example, leaving the parental home for the first time or coming out of hospital
- those who need to learn independence skills – residential care can take care of everything for them and then gradually help them to learn to do things for themselves at a pace to suit them
- those who have very challenging behaviours which may require Deprivation of Liberty Safeguards
- those who are getting older and experiencing a gradual reduction in their independence alongside age related frailties, including dementia, who due to their primary need may not have their needs appropriately met in general older people's homes.
- those who need very short term care in an emergency or crisis
- those with very high personal care needs due to illness or disability.

In the future the Council aims to:

- continue to move younger adults from residential care to supported living where this helps promote their independence; targets are 40 per year to 2017/18
- offer supported living as the first option to new service users, especially those coming through into adults services from children's services
- encourage providers to promote independence within care home settings and support people to move on where possible
- move people currently living in residential care out of the county back into Nottinghamshire and avoid further placements that take people away from their families/local networks<sup>12</sup>.

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<sup>12</sup> The Council moved 38 people back into the community with approximately 70% of the people into supported living and 30% into residential care between April 2013 and Dec 2015. The Council has approximately 38 more people to move back into the community over the next 3 years.

### Key notes for providers:

- There is significantly less choice of care homes for all younger adults in the south of the county (Rushcliffe and Broxtowe).
- Specialist provision for younger adults with a physical disability is of limited availability throughout the county, and this means people are sometimes placed into older people's nursing homes.
- Specialist provision for those with very high levels of challenging behaviour is often not available, and through the Transforming Care agenda this will be a potential growth area. Providers who can offer appropriate accommodation as well as staff well trained in Autism and positive behavioural support will be required.

### 13.3 Respite and short term care

The Council currently runs three short break units for people with learning disabilities, which provide 31 beds and give sufficient provision for residential based respite care:

- Wynhill Lodge in Bingham
- Holles Street in Bassetlaw
- Helmsley Road in Mansfield.

With the introduction of the Council's short breaks policy, carers and service users will have greater flexibility to spend their allocation via a direct payment.

### Key note for providers:

Alternative short break provision is available in a limited number of care homes but this is an area for future development, both to support the "transforming care agenda" and to offer some innovative alternatives to residential style short breaks.

## 14. Services for carers

A number of specific carers' services are currently commissioned for unpaid carers providing support to family or friends. Carers play a vital role and the Council is committed to enabling people to continue caring as long as they wish and are able to do so, whilst having a life of their own outside of their caring role.

Commissioned services include the Nottinghamshire Carers Hub, providing universal information and advice services which are available to all unpaid carers. This began operation in August 2015 and will be due for re-tender in 2018. Additionally, a Crisis Prevention Service for carers has been developed providing short term cover for 24 hours a day, seven days per week. The Crisis Prevention service for carers sits within the core provider framework for home-based services for older adults.



The Council has a dedicated Carers' Support Service, based at its Customer Service Centre. This includes:

- Provision of information and advice
- Carers' assessments by phone
- Commissioning of carers' personal budgets

As part of the package of support for the cared-for person, the Council has a number of directly contracted Approved Framework contracts in place with a range of providers, such as respite, day services and sitting services. All the services are listed on [Nottinghamshire Help Yourself](#).

Eligible carers may receive a carers' personal budget to help them look after their own health and wellbeing. They can choose to spend the money on a variety of different services to meet their needs, some of which are main-stream and some that are bespoke, which smaller or micro-enterprises may be interested in developing.

In 2014/15, 4,630 carers were assessed or reviewed, and of these 3,535 carers received a direct payment, and of these 1396 were over 65.

In 2014, two further carers' services were jointly commissioned by the Council in partnership with the local Clinical Commissioning Groups. These are the Compass Workers Service for carers of people with dementia; and the [End of Life Service](#) for carers looking after people at the end of their life.

### Key note for providers:

The Nottinghamshire Carers Hub, providing universal information and advice services to all unpaid carers, will be due for re-tender in 2018.

Some carers want support or services that are flexible and tailored to their need – small providers, such as micro-providers, may be interested in working with carers to develop bespoke services.

## 15. End of life

As part of the new approach to inspection, the Care Quality Commission has included end of life care as one of eight core services routinely inspected in acute hospitals and other settings where it is delivered, such as care homes and hospices.



Nottinghamshire has taken a multi-disciplinary approach to the provision of end of life care in health and social care; and work has been ongoing on the Gold Standard Framework (GSF) Cross Boundary Care project. In order to support services and providers across the community, care homes, hospitals and hospice settings, the Council and Newark & Sherwood Clinical

Commissioning Group have been promoting, explaining and training staff on the Gold Standard Framework.

Further funding for this training has been made available to enable additional providers to achieve this qualification.

To date 9 homes have secured the full GSF accreditation, 22 have the foundation level GSF certificate and several other homes are due to gain the certification in coming months.

### Key note for providers:

There is widespread recognition of the importance of this aspect of caring, therefore support for care homes to achieve the GSF along with training for home care providers on 'end of life' will continue to be made available to all interested providers.

## 16. Supporting providers

This section describes the support available from the Council to support providers.

The Council recognises the importance of open discussion with providers and potential providers of all sizes to encourage a diverse and viable social care market, and it is committed to offering a range of support mechanisms, some of which are described below.

### 16.1 Nottinghamshire Help Yourself

The online directory, [Nottinghamshire Help Yourself](#), allows providers to advertise their services for free and show any accreditation standards they have achieved.

The site will have a dedicated area, called 'Do you provide a service?' which will be for communications between the Council and providers. Within this section there is an interactive Provider Forum to enable organisations to have more engagement with each other and share good practice. It will also encourage discussion between providers and the Council about service development.

There is an information resource and training calendar to enable registered organisations to be able to access relevant information and training opportunities to develop their business.

The site will also enable the public to give simple feedback on services and let both the Council and interested providers know if there are services they would like to purchase, but are not able to find.

If you have any comments regarding the site's development, the Council would like to hear from you. Please contact [nottshelpyourself@nottsc.gov.uk](mailto:nottshelpyourself@nottsc.gov.uk) with your suggestions.

## 16.2 Procurement support

The Council spends approximately £200 million per annum with 18,000 suppliers and contractors.

The Council aims to be transparent and fair when conducting business with providers (also referred to as suppliers and contractors). It aims to give all interested parties an opportunity to tender on equal terms, and to encourage a diverse range of companies to do business with it.

You can access information on the Council's public website page ["Doing business with us"](#). This page includes information about what the Council buys, how it buys and where suppliers/providers can find out about contracting opportunities.

There is also information specific to social care businesses on the Council's web site under [Supporting Social Care Businesses](#)

## 16.3 Developing micro-providers

The Council offers specific support to micro-providers (businesses that have five or less paid or unpaid workers) to enable local people to provide local support that:

- provides personal, flexible and responsive support and care
- gives local people more choice and control over the support they get
- Offers an alternative to more traditional services

The micro-provider project has worked with over 40 providers, offering:

- advice and practical information on regulation, training and insurances
- sign posting to other organisations who can help
- support to understand legal requirements and any care regulations that might apply to the area of work a micro provider plans to work within
- professional feedback on ideas
- a training seminar in conjunction with Optimum training

## 16.4 'Support With Confidence' scheme & personal assistants (PAs)

The 'Support With Confidence' scheme is run by a number of local authorities and provides a list of individuals providing care and support services who have been successfully approved, demonstrating that they have undergone the appropriate training and met background checks. Through the scheme the Council offers training, references and checks through the Disclosure & Barring Service (DBS) to people wanting to be employed as a Personal Assistant (PA).

The Council website has a [dedicated area](#) for people interested in being employed as a PA. Through this interested people can apply to the scheme and access the training, and there are links to other relevant information. Once this has been successfully completed, the PA can promote themselves through the

Personal Assistant Finder on the Nottinghamshire Help Your Self website. This is a dedicated area which brings together PAs and people wanting to employ a PA.

PAs carry out a wide range of tasks and support with things such as personal care (washing, dressing, help with toileting), domestic help (cooking and cleaning) and social support (enabling people to go out and access leisure activities, study or educational courses, and their local communities). PAs can support and enable people to have greater independence and live a fuller life.

## 16.5 Quality development

The Council has a dedicated Quality and Market Management Team. This team works in partnership with current and new providers to develop new services where needed and to support the quality of service provision.

## 16.6 Workforce development and learning opportunities

The Nottinghamshire Partnership for Social Care changed its name to [Optimum Workforce Leadership \(OWL\)](#) in March 2014. As a membership organisation OWL provides business and workforce development learning opportunities to employers of health and social care staff across Nottingham City and Nottinghamshire County. OWL is pleased to work with key stakeholders from local authorities, Clinical Commissioning Groups and Healthcare organisations to design, develop and deliver events and initiatives, aimed at raising levels of person-centred care in residential, nursing, domiciliary and supported living care settings across the county.

As at 1<sup>st</sup> January 2016 OWL has a membership of 125 health and social care provider settings. These providers are attending learning events and conferences, using products and services that put managers in control of their businesses and give them confidence in the competence of their workforce.

Optimum is also the lead partner for the Workforce Development Fund (WDF). This is a funding stream from the Department of Health which is disbursed by Skills for Care and is available to support the ongoing professional development of adult social care staff. The fund enables employers to reclaim a contribution towards the learning and development costs incurred by employees who have successfully completed qualification units, listed on the Qualifications Credit Framework (QCF). This has benefits for their organisation, workforce and those who need care and support.

All the learning initiatives that are developed by OWL are based on intelligence identified nationally from the Department of Health and, at a local county-wide level, from the quality audits carried out by the Council's Quality and Market Management Team and in discussions with Nottingham City quality leads. Information is also gathered from Care Quality Commission data and from discussions with organisations already using the services.

## 16.7 Workplace health

Nottinghamshire County 'Wellbeing@ Work' Workplace award scheme is led by the Council's Public Health Department.

The scheme aims to work across key partners such as statutory, private, voluntary and community businesses to effectively reduce absenteeism across workplaces. It is also in line with the national 'Change for Life' programme to engage a key sector of the adult working age population, using the workplace as a setting to promote healthy lifestyle adoption and a sustainable health working culture and environment.

From April 2016 the Workplace Health Channel will be added to The Nottinghamshire Help Yourself website. This section of the site will be to enable providers to improve the health and well-being of their staff. Providers will be able to register onto the scheme through the channel.

## **16.8 Provider and stakeholder forums**

The Council facilitates a range of provider and stakeholder forums to share information and discuss future ideas.

Stakeholder Forums are being established for housing related services to inform and feedback on current services and to also inform any future commissioning plans.

There is strong partnership working with contracted service providers and regular meetings with them to share good practice and consider service developments. The Council has developed a mature working relationship with the Nottinghamshire Care Association (NCA) over the years through which it has discussed and negotiated contract terms and conditions, and shared and promoted best practice.

The Care, Support and Enablement Provider Forum has been running for over ten years and includes carer representatives. This provides opportunities for exchanging views, sharing key strategic messages, increasing awareness of expectations under the contract relating to service delivery, and responding to provider concerns. The forum has also shared best practice and opportunities to deliver services more cost effectively. Where the services are jointly commissioned with CCGs, their representatives also attend these forums.

## **16.9 Provider views and feedback**

As part of the development of this market position statement (MPS) providers were invited to comment on their experience of doing business in Nottinghamshire and asked for their views on a draft version of this document, including what additional information they would like included in future editions and how they could become more involved in its production. For further details see [Appendix 3](#).

## **16.10 Funding opportunities for providers**

There are opportunities for providers to diversify their service provision and income by participating in time limited service pilot projects and innovations. These tend to be funded via short term funding opportunities or central Government initiatives. The Council intends to use the 'Do you provide a service?' on [Nottinghamshire Help Yourself](#) and [Sourcenottinghamshire.co.uk](#) websites to promote all funding opportunities as they become available.

Opportunities to tender for Council contracts will also be advertised on [Source Nottinghamshire](#)

### Key notes for providers:

Current projects include the:

- development of competence frameworks for managers to use within their businesses;
- setting up of registered managers peer support networks;
- development of a specialist nursing programme for nurses working in social care;
- best practice in implementing the Mental Capacity Act and Deprivation of Liberty Safeguards
- a specialist learning initiative targeting nutrition and Dysphagia.

Funding for these projects comes from a range of sources including local authorities, Skills for Care, the Workforce Development Innovation Fund, Health Education England and employers themselves.

## 17. Tell us what you think

This document is only published online so that it can be updated regularly.

The Council recognises that providers may want more detailed local information about the volumes and values of the purchasing described. This is a high priority for improving the Market Position Statement (MPS) in future.

The Council is keen to work with the Provider Engagement Network so that the MPS can include market intelligence and important learning from providers.

Please get in touch to discuss any aspects of the MPS further, or give feedback on how it can be improved. Contact the Quality and Market Management Team [gmm@nottsc.gov.uk](mailto:gmm@nottsc.gov.uk).

## 18. Appendix 1 – National legislation and local plans & strategies

### 18.1 National Legislation

- [The Care Act \(2014\)](#)
- [The Care Act Statutory Guidance \(2016\)](#)

The Care Act (2014) became law on 1<sup>st</sup> April 2014

Under the Act, local authorities take on new functions to ensure that people who live in their areas:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
- can get the information and advice they need to make good decisions about care and support
- have a range of providers offering a choice of high quality, appropriate services

The Act requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to their communities.

When buying and arranging services, local authorities must consider how they might affect an individual's wellbeing. This makes it clear that local authorities should think about whether their approaches to buying and arranging services support and promote the wellbeing of people receiving those services.

Local authorities should also engage with local providers, to help each other understand what services are likely to be needed in the future, and that new types of support should be developed. To do this, authorities should engage with local people about their needs and aspirations.

In addition to the Care Act there are a number of other key documents that are influencing the strategic direction that the Council is taking in its commissioning intentions. Relevant key documents are hyperlinked below:

- [The Autism Act \(2009\)](#)
- [Adult Autism Statutory Guidance 2015](#)
- [Code of practice: Mental Health Act 1983 \(2015 revision\)](#)
- [Transforming care: A national response to Winterbourne View Hospital](#)
- [Carers Strategy Second National Action Plan](#)
- [NHS 5 Year Forward View](#)
- [Caring for our Future \(2012\)](#)
- [Accessible Information Standard: Service Specification \(2014\)](#)

## 18.2 Local Plans and Strategies

The Council's Adult Social Care and Health (ASCH) commissioning plans (both individual and with partners) are developed within the context of the Council's Strategic Plan in order to deliver the stated ambitions.

[Nottinghamshire's Strategic Plan 2014-18](#) sets the vision for making Nottinghamshire a better place to live, work and visit. It defines the Council's five priorities that will help achieve the vision, these are:

- Supporting safe and thriving communities
- Protecting the environment
- Supporting economic growth and employment
- Providing care and promoting health
- Investing in our future

Nottinghamshire's vision for health and wellbeing is set out in detail in its [2014/17 Health & Wellbeing Strategy](#). The key aspiration can be summarised as "to work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in the communities with the poorest health". This will be achieved by providing the most efficient and effective services and sets out four key ambitions for the people of Nottinghamshire:

- A Good Start
- Living Well
- Coping well
- Working Together



## 19. Appendix 2 – number of people accessing social care support 31/3/2015

At the end of March 2015, the County Council was commissioning community based support services for 6,541 service users to support them to live independently in their own homes, and was funding a further 3,345 service users in long term residential or nursing home placements.

**Table 1** gives a breakdown of the number of service users receiving long term support (residential or community based) grouped by age band and Primary Support Reason (PSR) as of 31/03/2015.

	18 to 64	65 & over	Grand Total
<b>Learning Disability Support</b>	<b>1954</b>	<b>180</b>	<b>2134</b>
Learning Disability Support	1954	180	2134
<b>Mental Health Support</b>	<b>546</b>	<b>246</b>	<b>792</b>
Mental Health Support	546	246	792
<b>Physical Support</b>	<b>1197</b>	<b>3955</b>	<b>5152</b>
Access and Mobility	1075	280	1355
Personal Care	122	3675	3797
<b>Sensory Support</b>	<b>75</b>	<b>146</b>	<b>221</b>
Support for Dual Impairment	4	17	21
Support for Hearing Impairment	20	26	46
Support for Visual Impairment	51	103	154
<b>Social Support</b>	<b>62</b>	<b>61</b>	<b>123</b>
Substance Misuse support	3	3	6
Support for Social Isolation/other	59	58	117
<b>Support with Memory and Cognition</b>	<b>62</b>	<b>1402</b>	<b>1464</b>
Support with Memory and Cognition	62	1402	1464
<b>Grand Total</b>	<b>3896</b>	<b>5990</b>	<b>9886</b>

## 20. Appendix 3 – provider views and feedback.

### Copy of questionnaire/survey monkey circulated to providers

We are currently developing the Nottinghamshire County Council Market Position Statement (MPS) 2016/18 and are seeking the views of registered care, voluntary and community providers on its content and format. We would also like your views on what you would like to see in future editions.

The survey is anonymous so any feedback you give will be unidentifiable. However we will collate the answers to inform future plans for the MPS and include a summary within the new MPS.

#### 1. Are you currently a provider of social care within Nottinghamshire?

Yes  
No

If No what would encourage / enable you to offer a service within Nottinghamshire in the future?

#### 2. What type of service is your organisation?

Care home  
Supported living/Extra Care  
Day service/activities  
Home care/Care, Support and Enablement  
Voluntary and Community Sector  
Other (please specify)

#### 3. How would you rate your experience of working within Nottinghamshire?

<b>Very good</b>	<b>Good</b>	<b>Ok</b>	<b>Poor</b>	<b>Very poor</b>
Very good	Good	Ok	Poor	Very poor

If good or very good please provide information why you feel this is the case. If poor or very poor please provide suggestions of what could be done to improve this?

#### 4. How would you rate your experience of working with Nottinghamshire County Council?

<b>Very good</b>	<b>Good</b>	<b>Ok</b>	<b>Poor</b>	<b>Very poor</b>
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If good or very good please provide information why you feel this is the case. If poor or very poor please provide suggestions of what could be done to improve this? Also it would be useful if you could specify the type of contact you have had with the Council.

#### 5. How would you rate your experience of recruiting and retaining staff within Nottinghamshire?

<b>Very good</b>	<b>Good</b>	<b>Ok</b>	<b>Poor</b>	<b>Very poor</b>
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If good or very good please provide information why you feel this is the case. If poor or very poor please provide suggestions of what could be done to improve this?

**6. How would you rate the draft Market Position Statement?**

Score 1-5: 1 being very poor, 5 being very good.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Presentation/format</b>					
<b>Easy to read</b>					
<b>Content</b>					
<b>Relevance to your service</b>					

Any additional comments

**7. Is there any additional information you would like to be included within future editions of the Market Position Statement?**

**8. If you would like to be involved in future discussions regarding the Market Position Statement or if you are interested in setting up a social care business within Nottinghamshire and would like to discuss this with someone prior to doing so please email [strategic.commissioning@nottsc.gov.uk](mailto:strategic.commissioning@nottsc.gov.uk)**

Thank you for taking the time to complete this survey.





13 June 2016

Agenda Item: 7

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

**UPDATE ON THE TRANSFORMATION PORTFOLIO**

**Purpose of the Report**

1. To update the Committee on progress with budget savings projects being delivered by the Adult Social Care, Health and Public Protection (ASCH&PP) department over the period 2015/16 to 2019/20.
2. To update the Committee on the progress of the Adults Portfolio of Redefining Your Council.
3. To seek Committee approval for extension of the ASCH&PP Transformation posts to support the ongoing delivery of this portfolio, including the savings and efficiency programme.

**Information and Advice**

**ASCH&PP Department's Savings and Efficiency Programme**

4. The ASCH&PP department has already delivered efficiency savings of £57m over the period 2011/12 to 2014/15 through the delivery of savings and efficiency projects relating to Adult Social Care (excluding Public Protection savings). Total actual savings achieved over 2015/16 are still being confirmed, but indicative savings to date are outlined in **paragraph 13** of this report.
5. This report updates Committee on progress, as at Period 1 2016/17, with the remaining projects falling under the remit of the Adult Social Care and Health (ASCH) Committee, approved by Full Council on 27 February 2014, 26 February 2015 and 25 February 2016. Please refer to **Appendices 1 and 2**.
6. This report also updates the Committee on progress in relation to the Adults portfolio of Redefining Your Council. Please refer to **Appendix 3**. Policy Committee also receives quarterly reports on progress against the Council's Strategic Plan and Redefining Your Council, with the next one due on 15 June 2016.
7. Please note that this report excludes progress on the savings projects falling under the remit of the Community Safety Committee, Public Health Committee, and the Business Support Services Review (ASCH&PP and Children, Families & Cultural Services) project, which falls under the remit of the Personnel Committee.

8. The overall financial position of the department, including savings at risk, is contained within the body of the financial monitoring report that is regularly considered by Finance and Property Committee.
9. The department's remaining savings targets, including the new projects approved in February 2016, are profiled as follows:

2016/17	2017/18	2018/19	2019/20	Total
£12.223m	£6.591m	£6.534m	£0.294m	<b>£25.642m</b>

10. The current statuses of the projects as at Period 1 2016/17, and the breakdown of the remaining savings targets assigned to them, are provided in **Appendix 1**. This also shows any projects reporting exceptions and savings at risk.
11. The Appendix also shows:
  - a. projects that ended in March 2016 which have now been completed. They will now be closed down.
  - b. projects that have savings targets for 2016/17 and beyond and which remain unchanged.
  - c. existing projects that have had their timescales extended following approval by Full Council in February 2016.
  - d. new projects approved by Full Council in February 2016. Some of these have been merged into existing projects.
12. As Members are aware, each project is RAG (Red; Amber; Green) rated as defined in the status key within **Appendix 1**. Based on good practice from elsewhere, the County Council uses an 'experiencing obstacles' (yellow) category. This gives project managers a chance to highlight that aspects of a project are 'off target' without this necessarily meaning that there will be a resultant risk to overall savings delivery (e.g. some slippage in tasks within the plan etc.). In effect, the 'experiencing obstacles' category provides an early warning that action needs to be taken to rectify a problem and / or stop a position worsening so the project becomes 'at risk.' However, at this stage the scale of the issue, and any potential savings at risk, may be unknown and further work is required to ascertain this.
13. The current RAG rating of projects and any known savings at risk of either slippage into future financial years or at risk of non-delivery are provided in **Appendix 1**. Total actual savings achieved over 2015/16 are still being confirmed, but indicative savings to date against a target of £11.281m for 2015/16 are as follows:
  - a. £9.675m of the savings were achieved.
  - b. £1.402m one off additional savings were achieved above the target against the Direct Payments project. This has gone into corporate reserves.
  - c. £0.475m of the savings have slipped into future years.
  - d. £0.400m of the savings have been delivered in an alternative way

- e. £0.731m of the savings are still unconfirmed (this relates to the *Living at Home* project and *Handy Persons Preventative Adaptation Service*) - see **Appendix 2** for further information).
14. Within a portfolio(s) of programmes and projects of the scale of that being undertaken by the Department, it is to be expected that some projects will have delivery issues, which ultimately may result in failure to meet some or all of the savings. This is particularly the case where change has been overlaid on change and where projects are more transformational. For those projects reporting exceptions in **Appendix 1**, further detail on the reasons for these, and mitigating action in place to manage these, is provided in **Appendix 2**.

### **Resources required to deliver the Adults Transformation Portfolio**

15. The Adult Social Care Transformation Team supports the delivery of the Adults Portfolio of Transformation, one of the five major portfolios established under Redefining Your Council. A cost benefit analysis exercise shows that the Adult Social Care Strategy has been successful in managing rising demand. In 2010, as a Social Care department, 8.4% of the estimated eligible population was provided with long term support; in 2015, while the potential eligible population has increased, long term support was being provided to 4.8% of the estimated eligible population.
16. The introduction of the Adult Social Care Strategy has enabled the department to more effectively manage and avoid the increasing demand for services. This has led to reduced budget pressures being put forward in Younger Adults and no budget pressures being submitted in Older Adults Services in 2016/17. This demand management is being achieved in a number of ways including: embedding the principle of wellbeing and promoting independence; providing good quality information and advice; increased work on the prevention agenda; early resolution at the front end; and greater consideration to the short term support available as well as alternatives such as informal community resources.
17. A quarterly update on key achievements for the five programmes that comprise the Portfolio, is contained in **Appendix 3**. The Portfolio is reporting good progress in achieving key outcomes and benefits required from the programme. The update also provides a forward view for the next three months. It is intended to include these key achievements, milestones and progress on savings in the next Council-wide Performance and Redefining Your Council Progress Update to Policy Committee.
18. The Adults Portfolio comprises the following key areas of work:
- the Adult Social Care Strategy & market development – preventing & reducing care needs by promoting independence
  - Integration with health – implementing joined-up working practices and initiatives with health
  - Public Health Outcomes – working with key stakeholders to establish how to allocate the current budget
  - Care Act Implementation – implementing the changes needed to embed the new duties and extended responsibilities of the Care Act
  - Direct Services Provision – developing different ways of delivering services.

19. The work to implement the Adult Social Care Strategy includes: work to develop and implement new ways of working across the department; effectively manage the demand for services through increasing the use of preventative actions; accessing a wider range of support rather than formal services; and better use of short term support. To effectively make the changes required the programme is supporting a transformational change in both systems and processes and behaviours and practices. To manage demand a performance system is required to measure what interventions work and to embed a performance culture within frontline staff.
20. In order to continue to successfully deliver the Adult Portfolio of transformation, as part of Redefining Your Council, additional temporary staffing resources have previously been established in the department to lead this work. A review of the existing resource has taken place with a view to ensuring that the transformation and delivery of savings across the department continues and maintains pace, balanced with the fact that in the current financial climate every request for resource needs to be scrutinised.
21. The result of the review, is summarised in the table below. Following completion of these business cases the outcomes of the review were then considered and supported by both the Adults Senior Leadership Team and the Corporate Leadership Team and shared and supported by the Chair and Vice Chair of the Adult Social Care and Health Committee.

<b>Post</b>	<b>FTE</b>	<b>Grade</b>	<b>Cost pa £</b>	<b>Currently approved until</b>	<b>Requested until</b>
Transformation Director	1	H	91,571	31/03/2017	31/03/2018
Strategic Development Manager	2	E	121,732	31/03/2017	31/03/2018
Project Manager	3	D	163,304	30/06/2016	31/03/2018
Commissioning Officer	4	C	204,072	30/06/2016	31/03/2018
Programme Officer	2.5	B	105,223	30/06/2016	31/03/2018
Business Support Officer	0.5	3	11,549	30/06/2016	31/03/2018
<b>Total</b>	<b>13</b>		<b>697,451</b>		

22. The review highlighted that two posts that have previously been established are no longer required due to the changing nature of the transformation work. These are one full time Finance Business Partner at Band C and one part time Digital Officer at Band A.
23. In addition to the above posts established in the Adult Social Care Transformation Team, it is also proposed to second a Team Manager from within the department to join the team for a temporary six month period. The cost of this will be met from within the agreed budget and will utilise slippage money from various posts.
24. The review has also led to the removal of 1 FTE Strategic Development Manager post at Band E instead to be replaced by a Project Manager post; this post is currently being evaluated but is anticipated to realise a saving against the current Strategic Development Manager post.



25. This reports seeks the approval of funding to cover the costs of the above 13 FTE posts until 31<sup>st</sup> March 2018 to support the delivery of the Adults Transformation Portfolio as part of Redefining Your Council, using funding identified at a cost of £697,451 in 2016/2017 and £1,394,902 for the period until 31<sup>st</sup> March 2018.
26. It is proposed that the posts are extended in two parts, firstly extending posts that currently end in 2016 to 31<sup>st</sup> March 2017 and that then a review of the team and the ongoing requirements and configuration of the posts is undertaken before further extensions to 31<sup>st</sup> March 2018.
27. The proposal is to fund the posts from two funding sources. Listed below are the posts that it is proposed are funded from Care Act money that has now been put into the department's base budget. The total cost from the Care Act money is £336,605 p.a and £673,210 for the duration of the extension period until 31<sup>st</sup> April 2018. This amount can be contained within the Care Act allocation. This is proposed to support teams to transform ways of working to meet the increased demands placed upon the department as a result of the Care Act and other legislative change.
28. These posts are:

Post	FTE	Grade	Cost pa £	Currently approved until	Requested until
Project Manager	2	D	108,869	30/06/2016	31/03/2018
Commissioning Officer	3	C	153,054	30/06/2016	31/03/2018
Programme Officer	1.5	B	63,133	30/06/2016	31/03/2018
Business Support Officer	0.5	3	11,549	30/06/2016	31/03/2018
<b>Total</b>	<b>7</b>		<b>336,605</b>		

29. It is proposed that the remaining posts in the team are funded from the use of reserves. This proposal seeks approval to use £360,844 p.a and £721,688 for the duration of the extension period being requested from reserves to extend the posts below:

Post	FTE	Grade	Cost pa £	Currently approved until	Requested until
Transformation Director	1	H	91,571	31/03/2017	31/03/2018
Strategic Development Manager	2	E	121,732	31/03/2017	31/03/2018
Project Manager	1	D	54,434	30/06/2016	31/03/2018
Commissioning Officer	1	C	51,018	30/06/2016	31/03/2018
Programme Officer	1	B	42,089	30/06/2016	31/03/2018
<b>Total</b>	<b>6</b>		<b>360,844</b>		

30. In addition to the ASC Transformation Team, there is a small number of new or additional posts also supporting transformation and the delivery of savings across the department that this report proposes to establish, extend or utilise differently:

- i. 2 FTE Framework Technical Specialists at Band C: it is proposed to extend these for a further 12 months from 1<sup>st</sup> April 2016 until 31<sup>st</sup> March 2017 funded from reserves at a cost of £102,036. The Framework system is a vital part of the department's strategy for managing electronic social care records, financial and performance information, and requires considerable Technical Specialist input.
  - ii. 1 FTE Social Worker in Ashfield Mental Health at Band B: this post is currently funded by Ashfield District Council. This post supports part of Nottinghamshire's Prevent strategy to find new ways of working across multiple agencies. There is no cost to the Council for this post as it has external funding agreed but approval to extend the post for 12 months from 1<sup>st</sup> April 2016 until 31<sup>st</sup> March 2017 is requested.
31. In November 2015 ASCH Committee ([New ways of working in Social Care](#)) approved the establishment of 20 FTE Community Care Officers (CCOs) for 12 months to drive forward the use of new ways of working across assessment and care management teams. These posts support the implementation of the Early Resolution Project with a savings target of £350,000. Recruitment has now taken place for these posts and contracts offered until 31<sup>st</sup> March 2017. Due to varying start dates there will be some slippage against the approved amount of £644,360. In order to maximise the benefit of the agreed resources and meet new requirements, permission is sought to use the remaining money to increase the number of CCOs by 1 FTE and to support the new ways of working with aftercare support from an additional 2 FTE Business System Support Officers. The establishment of these posts does not represent an additional financial commitment to the Council.
32. There is 1 FTE temporary Team Manager in the Central Reviewing Team and 2 FTE Data Input Officers in the Data Input Team, established until 31<sup>st</sup> March 2017. The Team Manager post is required to provide additional management capacity to effectively supervise and coordinate reviewing activities across a number of savings projects, totalling circa £3.5million over the next three years. Additional data inputting capacity is required to action the package changes following the reviews. Currently the Data Input Team is resourced to manage business as usual and additional capacity is required to manage the additional activity following the review of service users' needs. There are no additional financial implications of these posts to the Council and they will be funded from £300,000 provisionally approved by Committee in April 2016 in the [Providing Adult Social Care Assessments and Reviews Report](#).
33. At Committee in March 2016 ([Departmental Savings and Efficiency Report](#)) approval was given to recruit to 1 FTE Senior Practitioner, 2 FTE Social Workers and 1 FTE Community Care Officer to support the delivery of two projects:
  - Promoting independence in supported living and outreach services
  - Reduction in the average cost of younger adults residential care.

It has not been possible to recruit to the Band B Social Worker posts (no applications were received and a shortage of applicants for other social work posts suggests re-advertising would not be successful). Approval is therefore sought from Committee to disestablish these two social worker posts and in their place establish 2.5 FTE Community Care Officer posts. The senior practitioner will mentor and support the

Community Care Officers in their role. This proposal does not represent any additional costs; it reduces the cost of the posts for the above projects by £9,200.

### **Other Options Considered**

34. There are no other options to outline in relation to the savings and efficiency elements of the report as this aims to update Committee on existing budget saving projects currently being delivered by the ASCH&PP Department.
35. In relation to the resources required to deliver the Adults Transformation Portfolio and the savings and efficiency programme, an alternative approach would be to use existing resources. There is not sufficient capacity within the permanent establishment of the department to undertake the scale of change required for the Adults Transformation Portfolio at the pace required to deliver the required savings to make this a feasible option.

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

36. To continue to support delivery of the Adults Transformation Portfolio, including the savings and efficiency programme.

### **Statutory and Policy Implications**

37. 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**

38. The progress in achieving the 2015/16 savings target for each project is detailed within this report and in **Appendices 1 and 2**.
39. In relation to the resources required to deliver the Adults Transformation Portfolio, Finance colleagues have been involved in the development of the report and the detailed financial implications are contained within the body of this report.
40. In total, this reports seeks approval for the continued funding for posts to the amount of £1,496,932 between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2018.
41. Of the £1,496,932 it is proposed that £637,210 be funded through the use of Care Act money which is now included in the departmental budget and that the remaining £823,722 be funded from reserves.

### **Human Resources Implications**

42. The HR implications associated with the resource changes required to deliver the Adults Transformation Portfolio are included in the main body of the report and HR colleagues have advised on the content.
43. Trade Union colleagues have been consulted, they support the authority in its drive to deliver a quality service whilst striving to achieve its budgetary savings, and however they express concern over the use of temporary contracts instead of permanent contracts extensions.

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

44. The equality implications of the projects were considered in Equality Impact Assessments undertaken, published and considered as part of the 2014/15, 2015/16 and 2016/17 budget consultation process.

### **Implications for Service Users**

45. The implications of the projects on service users were considered in the Outline Business Cases and Options for Change undertaken during their development that were published and considered as part of the 2014/15, 2015/16, and 2016/17 budget consultation process.

### **Ways of Working Implications**

46. The post extensions requested in this report are for existing posts and therefore there are no additional ways of working implications. Where the posts represent a physical increase, these will be negotiated separately and accommodation and mobile device deployment considered and arranged where appropriate.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the progress over 2015/16 on budget saving projects, as detailed in **Appendices 1 and 2**.
- 2) notes the key achievements of the Adults Portfolio of Redefining Your Council, as outlined in **Appendix 3**.
- 3) approves the following:
  - a) the extension of 13 FTE Adult Social Care Transformation Team posts supporting the delivery of the Adults Transformation Portfolio and the implementation of the Adult Social Care Strategy until 31<sup>st</sup> March 2018, approving the use of an additional £1,139,511 from reserves.
  - b) the secondment of 1 FTE Team Manager at Band D for a six month period, to be funded from the Adult Social Care Transformation Team budget.

- c) the extension of the Transformation Team posts in two parts, initially extending the posts detailed in the report until 31<sup>st</sup> March 2017 and then to review the Adult Social Care Transformation Team as required for the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018.
- d) the extension of 2 FTE Framework Technical Specialists posts at Band C, for a further 12 months from 1<sup>st</sup> April 2016 until 31<sup>st</sup> March 2017, funded from reserves at a cost of £102,036.
- e) the extension of 1 FTE Social Worker post in Ashfield Mental Health at a Band B for 12 months from 1<sup>st</sup> April 2016 until 31<sup>st</sup> March 2017. This post is currently funded by Ashfield District Council and there is no cost to the Council for this post.
- f) an increase in the number of Community Care Officers by 1 FTE and 2 FTE Business System Support Officer posts agreed by Committee in November 2015, on the condition that no additional funds are required above what has already been agreed and that slippage money from posts starting after 1<sup>st</sup> April 2016 be used.
- g) the establishment of a new temporary 1 FTE Team Manager post in the Central Reviewing Team and 2 FTE Data Input Officer posts in the Data Input Team until 31<sup>st</sup> March 2017, to be funded as previously agreed by Committee in April 2016.
- h) the disestablishment of 2 FTE Social Worker posts in Strategic Commissioning (that could not be recruited to) and the establishment of 2.5 FTE Community Care Officers.

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

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

Savings and Efficiency Programme update element of this report:

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Changes to resource requirements element of this report:

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**Constitutional Comments (LM 27/05/16)**

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

## Financial Comments (NDR 27/05/16)

48. The financial implications of extending the Transformation posts are set out in paragraphs 39 to 41 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.

- Report to Policy Committee, 13 November 2013: Savings Proposals 2014/15 – 2016/17 and associated published Outline Business Cases and Equality Impact Assessments
- Report to Full Council, 27 February 2014: *Annual Budget 2014/15* and associated published Outline Business Cases and Equality Impact Assessments.
- Report to Adult Social Care and Health Committee, 12 May 2014: *Overview of Savings Projects to be delivered 2014/15 to 2016/17 by the Adult Social Care and Health Department.*
- Report to Adult Social Care and Health Committee, 3 November 2014: *Overview of Departmental Savings and Efficiencies Programme.*
- Report to Policy Committee, 12 November 2014: *Redefining Your Council: Transformation and Spending Proposals 2015/16 – 2017/18.*
- Report to Full Council, 26 February 2015: *Annual Budget Report 2015/16* and associated published Options for Change and Equality Impact Assessments.
- Report to Adult Social Care and Health Committee, 30 March 2015: *Transformation Resource – Overview of Departmental Requirements.*
- Report to Adult Social Care and Health Committee, 1 June 2015: *Overview of Departmental Savings and Efficiencies Programme – Adult Social Care, Health and Public Protection*
- Report to Finance and Property Committee, 14 September 2015: *Financial Monitoring Report – Period 4 2015/2016.*
- Report to Adult Social Care and Health Committee, 2 November 2015: *Departmental Savings and Efficiencies Programme – Adult Social Care and Health.*
- Report to Policy Committee, 9 December 2015: *Spending Proposals 2016/17 – 2018/19.*
- Report to Full Council, 25 February 2016: *Annual Budget 2016/17* and associated published Outline Business Cases and Equality Impact Assessments.
- Report to Adult Social Care and Health Committee, 7 March 2019: *Departmental Savings and Efficiencies Programme – Adult Social Care and Health.*
- See also links contained within the main report.

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

All.

ASCH405





Appendix 1: Project Statuses as at April 16 Highlight Reports - ASCH

Portfolio	Project Name	Project Status (March 16)	Project Status (April 16)	Cashable Benefits						Projected At Risk / Slippage & Over Achievement						Savings delivered in an alternative way	Net at risk amount
				2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s	2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s		
<b>High Governance Projects</b>																	
Adult Social Care & Health	Redesign of Assessment and Care Management Functions & Organisational Re-design (B07/08)	Closed or Completed	Closed or Completed	1,194	250					1,444					0		0
Adult Social Care & Health	Living at Home Phase II (A01)	Experiencing Obstacles	Experiencing Obstacles	631	397					1,028					0		0
Adult Social Care & Health	Reducing Community Care spend - Older Adults (C01)	Closed or Completed	Closed or Completed	1,953						1,953					0		0
Adult Social Care & Health	Reducing the average community care personal budget - Younger Adults (C02)	On Target	Closed or Completed	1,369						1,369					0		0
Adult Social Care & Health	Reduction in long-term care placements (C03 2014 & B04 2016)	At Risk	At Risk	550	423	300	400			1,673	197	-27	-170		0		0
Adult Social Care & Health	Day Services (C07)	Closed or Completed	Closed or Completed	220	490					710					0		0
Adult Social Care & Health	Targeting Reablement Support (C13)	Closed or Completed	Closed or Completed	755						755					0		0
Adult Social Care & Health	Residential Short Breaks Services (C06)	Closed or Completed	Closed or Completed	250	250					500					0		0
Adult Social Care & Health	Reducing the Costs of residential Placements - Younger Adults (OfC C06)	Experiencing Obstacles	At Risk	500	1,000	1,000				2,500	278	-278			0		0
Adult Social Care & Health	Care and Support Centres (OfC C03)	On Target	On Target		492	292	3,268	294		4,346					0		0
Adult Social Care & Health	Direct Payments (OfC C01 2015 & C04 2016)	On Target	On Target	98	1,822	580	1,280			3,780	-1,402				-1,402		-1,402
Adult Social Care & Health	Promoting Independence in supported living and outreach services. (C02 14/15 & C01 16/17)	N/A	On Target		951	500	250			1,701					0		0
Adult Social Care & Health	Promoting Independent Travel (C03)	N/A	On Target		191	389				580					0		0
Adult Social Care & Health	Early Resolution (Consulted on as - C05 New operating model for the Social Care Pathway)	N/A	On Target			176	176			352					0		0
Adult Social Care & Health	Targeted Reviews (C07)	N/A	Experiencing Obstacles		480	1,010	1,010			2,500					0		0
Adult Social Care & Health	Further Expansion of Assistive Technology to Promote Independence (C08)	N/A	Experiencing Obstacles		646	543	40			1,229					0		0
<b>TOTALS</b>				<b>7,520</b>	<b>7,392</b>	<b>4,790</b>	<b>6,424</b>	<b>294</b>	<b>26,420</b>	<b>-927</b>	<b>-305</b>	<b>-170</b>	<b>0</b>	<b>0</b>	<b>-1,402</b>	<b>0</b>	<b>-1,402</b>

Portfolio	Project Name	Project Status (March 16)	Project Status (April 16)	Cashable Benefits						Projected At Risk / Slippage & Over Achievement						Savings delivered in an alternative way	Net at risk amount	
				2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s	2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s			
<b>Low / Medium Governance Projects</b>																		
Adult Social Care & Health	Development of reablement in Physical Disability services	Closed or Completed	Closed or Completed	150						150	150					150	150	0
Adult Social Care & Health	Reduction in staff posts in the Joint Commissioning Unit	On Target	Closed or Completed		149					149						0		0
Adult Social Care & Health	Restructure of Adult Care Financial Services (ACFS) and a reduction in posts	Closed or Completed	Closed or Completed	121						121						0		0
Adult Social Care & Health	Group Manager Restructure	Closed or Completed	Closed or Completed	200						200						0		0
Adult Social Care & Health	Reduce no. of social care staff in hospital settings by 15%	Closed or Completed	Closed or Completed	147						147						0		0
Adult Social Care & Health	Reduction in supplier costs - Younger Adults	Closed or Completed	Closed or Completed	100						100						0		0
Adult Social Care & Health	Managing Demand in Younger Adults	At Risk	Closed or Completed	200						200	200					200	200	0
Adult Social Care & Health	Savings from the Supporting People budget	On Target	On Target	1,250	1,950					3,200						0		0
Adult Social Care & Health	Various contract changes by the Joint Commissioning Unit	Experiencing Obstacles	Experiencing Obstacles	179	190					369		150				150		150
Adult Social Care & Health	Cease NHS short breaks service (Newlands)	Closed or Completed	Closed or Completed	460						460						0		0
Adult Social Care & Health	Various options to reduce the cost of the intermediate care service	On Target	On Target	540	800	800				2,140						0		0
Adult Social Care & Health	Ensuring cost-effective day services	On Target	On Target	50	150					200						0		0
Adult Social Care & Health	Gain alternative paid employment for remaining Sherwood Industries staff	On Target	On Target		35	35				70						0		0
Adult Social Care & Health	Partnership Homes	On Target	On Target	-84		292				208						0		0
Adult Social Care & Health	Quality Assurance and Mentoring Package	Closed or Completed	Closed or Completed		75					75		75				75	75	0
Adult Social Care & Health	Handy Persons Preventative Adaptation Service	Experiencing Obstacles	Experiencing Obstacles	100						100						0		0
Adult Social Care & Health	Short Term Prevention Services	On Target	On Target		200					200						0		0
Adult Social Care & Health	To create a single integrated safeguarding support service for the council	Closed or Completed	Closed or Completed		70					70		70				70	70	0
Adult Social Care & Health	Development of a single integrated meals production and delivery service	On Target	On Target		293					293						0		0
Adult Social Care & Health	Expansion of community-based care and support options	Compromised	Closed or Completed	50						50	50					50	50	0
Adult Social Care & Health	Strategic Commissioning - Review of Contracts	On Target	On Target	86	43					129						0		0
Adult Social Care & Health	Increasing income for Short Breaks	Closed or Completed	Closed or Completed	212						212						0		0
Adult Social Care & Health	Older Adults Residential Care Banding (OfC C02)	Experiencing Obstacles	Experiencing Obstacles		100					100						0		0
Adult Social Care & Health	Reduction in transport budget	N/A	On Target		50	50	50			150						0		0
Adult Social Care & Health	Change to the staffing structure in the Adult Access Service	N/A	On Target		10					10						0		0
Adult Social Care & Health	Day Services - withdrawal of Catering and Facilities Management Advisory Service	N/A	On Target		28					28						0		0

Portfolio	Project Name	Project Status (March 16)	Project Status (April 16)	Cashable Benefits						Projected At Risk / Slippage & Over Achievement						Savings delivered in an alternative way	Net at risk amount
				2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s	2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s		
Adult Social Care & Health	Investment in Shared lives	N/A	On Target		60	60	60		180						0		0
Adult Social Care & Health	Quality and Market Management: reduction in staffing	N/A	Closed or Completed		45				45						0		0
Adult Social Care & Health	Improving collection of Continuing Healthcare funding	N/A	Closed or Completed		350	350			700						0		0
Adult Social Care & Health	Increase in transport charge	N/A	On Target		80	80			160						0		0
Adult Social Care & Health	Charge for Money Management service	N/A	On Target		134	134			268						0		0
Adult Social Care & Health	Increase meal charges within day services	N/A	On Target		19				19						0		0
				3,761	4,831	1,801	110	0	10,503	400	295	0	0	0	695	545	150
<b>Total ASCH&amp;PP</b>				<b>11,281</b>	<b>12,223</b>	<b>6,591</b>	<b>6,534</b>	<b>294</b>	<b>36,923</b>	<b>-527</b>	<b>-10</b>	<b>-170</b>	<b>0</b>	<b>0</b>	<b>-707</b>	<b>545</b>	<b>-1,252</b>

NB: The £1.402m overachievement against the Direct Payment project in 2015/16 was a one-off, and will not be sustained for future years.

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

Key for Status



## Appendix 2 a: Project exceptions where the amount of savings at risk can be quantified – reasons and mitigating action

Project	Reason for Exception	Mitigating Action
Reduction in long-term care placements	<p>Anticipated slippage of £0.197m savings from 2015/16 to 2016/17. By the end of the current three year programme, the project will be £0.170m short of its target and this will slip into the first year of the extended project (2017/18).</p> <p>Meeting the requirements of the Department of Health's Winterbourne View report has absorbed project staff resource and suitable supported living tenancies. It has also taken time to develop an effective list of approved housing providers. Whilst capital funding is approved to develop new larger schemes, these take time to develop and there have been some delays.</p> <p>Compounding this, all new supported living developments have been stalled due to provider concerns regarding the proposed plan to cap all rents to local housing allowance levels and introduce discretionary payments for higher rent schemes. In addition, a number of proposed schemes that would have supported people to move out of residential care have been cancelled.</p> <p>If implemented, this would undermine the whole supported housing sector and compromise the project's ability to deliver its full savings target. This would also impact on Extra Care developments and the Reducing the Costs of residential Placements - Younger Adults project.</p> <p>If this issue is not resolved, the project's £0.170m slippage and all of the extended project's £0.700m savings would be at risk.</p>	<p>Following local and national lobbying, introduction of the cap has been delayed by one year whilst Central Government considers the issue.</p> <p>If the decision is reversed, the extensive work can continue with housing providers to develop new clusters of flats. In the meantime:</p> <ul style="list-style-type: none"> <li>• Extensive work is being undertaken to fill existing vacancies.</li> <li>• Discussions with housing providers on schemes already in development are ongoing.</li> <li>• Mechanisms for assuring providers are being considered in order to facilitate new developments to be progressed.</li> </ul>

Project	Reason for Exception	Mitigating Action
Various contract changes by the Joint Commissioning Unit	<p>The ICELS savings of £0.150m for 2016-17 could be at risk if the service continues to operate over the allocated pooled budget of £7.2m.</p> <p>Over the past few years the service has been in an overspend position by year end of approximately £0.500m. However, improvements have been made during 2015/16 which has reduced the projected overspend significantly, and this work will continue in 2016/17.</p>	<p>In addition to continuing work to reduce the overspend, the new ICELS contract will deliver further savings.</p> <p>The Council has negotiated a reduction to its % share of actual activity costs from 35% to 25% with the County Clinical Commissioning Groups (CCGs).</p> <p>Savings have also been made on minor adaptations in 2015/16, and plans are in place to address the previous overspend on non-catalogue equipment (specials).</p>
Handy Persons Preventative Adaptation Service	<p>The project savings target of £0.100m in 2015/16 was predicated on reviewing and redefining the HPAS partnership, including seeking a proportionate financial contribution from CCGs to support the highest area of growth for the service, which is referrals to support hospital discharges, specifically to fit key safes rapidly.</p>	<p>Consideration is being given as to whether funding can be covered by the Disabled Facilities Grant element of the Better Care Fund.</p>

**Appendix 2 b: Project exceptions where there may be some savings at risk but amounts are not yet known – reasons and mitigating action**

Project	Reason for Exception	Mitigating Action
<p>Living at Home (LaH)</p>	<p>The £0.631m savings target for 2015/16 is made up of three strands of activity, as outlined below, which need to deliver 182 diversions, with no more than 948 older adults admitted into long-term care (LTC) during the year. The status for this programme is currently ‘Experiencing Obstacles’ due to the need to confirm the year end savings from diversions away from LTC.</p> <p><u>Admissions:</u> as at the end of April 2016 there were 942 older adult admissions over 2015/16, against a target of 948. As there is a two month time lag on the data, it is anticipated that when the full year information is available in June, the target will be met.</p> <p><u>Assistive Technology:</u> there are ongoing difficulties with the availability of automated reports that are used to track cashable and cost avoidance savings from AT use. Until this is resolved, actual savings for 2015/16 cannot be verified and confirmed, against a target of £0.631m. In the meantime, monitoring information is having to be collected manually.</p> <p><u>Assessment beds:</u> 62 assessment beds have been created in 2015/16. However, it has proved difficult to evidence diversions from these beds in 2015/16 using Frameworki, the system that captures the Department’s care management activity.</p> <p><u>Extra Care:</u> during 2015/16 33 new Extra Care units were created, with 29 diversions from LTC, against a target of 68. The shortfall is due to delays with the construction of two of the four new schemes planned for 2015/16, and it has also taken longer than expected for new Extra Care accommodation to be filled (due to the need to make sure that the right service users are being placed in Extra Care in order to avoid an unnecessary admissions to LTC).</p>	<p><u>Assistive Technology:</u> a resolution to the ongoing issues with the automated reports is expected later in May / early June 2016. Once available, the information will be validated by Finance.</p> <p><u>Assessment beds:</u> there is ongoing work to resolve the system issues, and a solution is anticipated in a few months. In the meantime, an alternative manual mechanism for tracking LTC diversions is being used.</p> <p><u>Extra Care:</u> a review of the operation of new and existing Extra Care schemes is being undertaken to examine the allocations process and identify any mitigating actions that need to be taken to ensure older adults are allocated into accommodation as quickly as possible, once it becomes available for use.</p> <p>As at the end of May 2016, there are will be 82 new Extra Care schemes created. The diversions achieved as a result of the 82 new units will continue to be monitored.</p>

Project	Reason for Exception	Mitigating Action
<p>Reducing the Costs of residential Placements - Younger Adults</p>	<p>Current anticipated slippage is £0.278m from 2015/16 into 2016/17. Status changed to At Risk.</p> <p>There was an initial delay in the recruitment of additional temporary staff to support project delivery, followed by slow progress in delivering the first phase of negotiations with providers as they have been waiting for a decision on any fee level increase they will receive from April 2016. This has slipped delivery of the first phase of negotiations by three months.</p> <p>Fee increases have been awarded for placements costing less than £1,600 per week. No increases have been awarded for placements costing more than £1,600 per week, other than where providers can evidence current prices are below market value.</p> <p>Some of the project's reviewing resource has had to be temporarily re-directed to other operational priorities.</p> <p>The slow progress has delayed the availability of data that is required to confirm if the £2.5m savings target is achievable, and over what time-scales.</p> <p>Ongoing negotiations with providers will need to take into account wider cost pressures.</p>	<p>Additional temporary resource is being recruited to help speed up the pace of provider reviews. In addition, a Social Worker post is being recruited to provide expert support when complex risk assessments, deprivation of liberty and mental capacity act issues arise.</p> <p>To test the market on Out of County placements, working with other relevant local authorities.</p> <p>A change request is to be taken to Corporate Leadership Team.</p>



Project	Reason for Exception	Mitigating Action
Targeted Reviews	<p>This project has a target of £0.480m for 2016/17 which will be delivered by re-focusing the activity of the Central Reviewing Teams. Examples include reviewing people earlier to ensure support is appropriate, setting short-medium goals to increase people's independence, and providing support in different ways e.g. technology instead of support worker.</p> <p>Whilst it is felt, based on past performance, this target is achievable, the project was assigned an Experiencing Obstacles status for April as at the time the highlight report was drafted the governance arrangements were unconfirmed and mapping and modelling work to confirm the priority areas for reviews, and anticipated savings from these, is ongoing.</p>	<p>The governance arrangements have now been confirmed. Once the mapping and modelling work is completed, it is anticipated that the status will revert to On Target as current reviewing activity is progressing well and there is confidence in achieving the target for this year.</p>
Further Expansion of Assistive Technology (AT) to Promote Independence	<p>This is an existing project whose savings target were previously split across three other projects (<i>Living at Home, Reducing Community Care Spend Older Adults, and Reducing the average community care personal budget - Younger Adults</i>). Following approval of a further AT project in February 2016 by County Council, all the AT related savings targets have been merged into this project, which has a total savings target of £1.229m over 2016/17 to 2018/19.</p> <p>The project is reporting an Experiencing Obstacles status as there are ongoing difficulties with the availability of automated reports that are used to track cashable and cost avoidance savings from AT use. Until this is resolved, the collation of such monitoring information is having to be done manually, which is time consuming.</p> <p>Compounding this, there have been difficulties in recruiting to two AT Assistant posts, which is required to support project delivery, including benefits monitoring.</p>	<p>A resolution to the ongoing issues with the automated reports is expected later in May / early June 2016. Once available, the information will be validated by Finance.</p> <p>Two suitable candidates for the AT Assistant post have now been identified and it is anticipated that the first will be in post from June 2016.</p>

Project	Reason for Exception	Mitigating Action
Older Adult Care Home Banding Rationalisation	<p>The original Option for Change envisaged that the remaining £0.1m savings allocated to this project were to be delivered through reviewing a small number of older adult placements where the residents are currently funded at a different fee level outside of the current bandings framework (i.e. service users who have entered long term care as a younger person and remained in the homes after reaching the age of 65).</p> <p>Since the option for change was approved, a more detailed desk based exercise has been undertaken on those service users in scope to assess where there may be potential to re-negotiate fees. This suggests that not all of the £0.100m savings may be achieved, as for most of the target cohort the reason why the placements are funded at a fee level above the current bandings framework is due to either free nursing care contributions, dementia quality mark payments, or either service users, families or Health are paying the difference.</p>	Reviews to be undertaken on the cases where there is potential for a reduction. It is anticipated that this should take approximately 8 weeks to complete. The outcome of this exercise will inform the savings that can be achieved.

## Redefining Your Council – Adult and Health Portfolio as at June 2016

<b>Progs.</b>	<ul style="list-style-type: none"> <li>• <b>Adult Social Care Strategy &amp; market development</b> – preventing &amp; reducing care needs by promoting independence</li> <li>• <b>Integration with health</b> – implementing joined-up working practices and initiatives with health</li> <li>• <b>Public Health Outcomes</b> – working with key stakeholders to establish how to allocate the current budget</li> <li>• <b>Care Act Implementation</b> – implementing the changes needed for the next stage of the Care Act</li> <li>• <b>Direct Services Provision</b> – developing different ways of delivering services</li> </ul>	
<b>Benefits to be delivered</b>	<ul style="list-style-type: none"> <li>• Promoting independence and preventing, reducing and delaying the need for care and support (including providing information and advice to encourage people to look after themselves and each other)</li> <li>• Better and more joined-up working with partners (e.g. health) to improve outcomes for service users</li> <li>• More efficient, flexible and mobile staff by using technology to maximise staff time and help manage demand</li> <li>• Providing services that are creative, sustainable, value for money and legally compliant</li> </ul>	
<b>Key achievements in last 3 months</b>		<b>Expected delivery over next 3 months</b>
<ul style="list-style-type: none"> <li>• Positive feedback from a recent peer review that reported the vision for the future of adult social care is widely understood and being delivered in practice.</li> <li>• A Development Programme for Team Managers has been co-produced with managers across the department to support the management of the Adult Social Care Strategy and new ways of working.</li> <li>• A new and improved ‘Nottinghamshire Help Yourself’ website, an online directory of support available in Nottinghamshire has recently been re-launched with better searching facility to help resolve queries as early as possible using local resources.</li> <li>• District plans have been completed in each area to respond to the challenges of increased demands and pressures in front line teams. These plans include the roll out of social care clinics and scheduling.</li> <li>• A range of tools to support staff in new ways of working has been developed including a practical toolkit on setting up social care clinics and a draft profile to guide staff to choose the most appropriate and proportionate method of assessment.</li> <li>• The online carer’s assessment has gone live for public use at the front end and offers a more convenient, flexible and efficient way of accessing services.</li> <li>• April Adult Social Care and Health (ASCH) Committee has approved the Council to sign the Mid-Nottinghamshire “Better</li> </ul>		<ul style="list-style-type: none"> <li>• Team Manager training launched in September and to roll out over the next 6 months.</li> <li>• New performance dashboards for team managers to measure the outcomes of their teams.</li> <li>• Clinics will be rolled out to all district teams for assessments and reviews and the criteria for clinics will be extended further. Other partners including the voluntary and community sector to be invited to take part in the clinics to find a wider range of support.</li> <li>• The scheduling of appointments pilot is being rolled out to all older adults occupational and social work teams and will be completed by the Autumn of 2016.</li> <li>• Review of support plan and practice of support planning to improve outcomes, promote independence and manage demand through offering a wider range of support.</li> <li>• Project launched to improve the resolution of queries from existing customers using social care. Currently queries get sent out from the customer services centre to the district teams for their attention. The project will aim to resolve 20% of these queries at the front end, which will reduce the work load of district social care teams and provide a speedier resolution to the customer’s query.</li> <li>• On-line carer’s assessment will be rolled out to all teams and the online review of carer’s needs will also go live.</li> <li>• Agreed plan for joined up teams with health and social care in South</li> </ul>

Together” Alliance Agreement and to become a Full Member of the Alliance. A few late changes to the Agreement mean that a Deed of Variation is required before NCC can sign it. Discussions have continued to develop the models of integration with Health partners in Bassetlaw and South Nottinghamshire.

- More co-located hospital discharge team arrangements have maintained minimal delayed transfers of care, which has kept those delays attributable to social care below the national average.
- “Reduction in residential admissions” has been chosen as one of the seven outcome targets for 2016/17, for all Mid-Notts “Better Together” partners to achieve together. The County Council will lead this work.
- The Department was successful in achieving a research bid worth £20k from the Local Government Association, to evaluate the benefits and impact of having a social care worker within integrated care teams.
- Initial work has commenced to develop the Sustainable Transformation Plan across Health and Social Care partners in Nottinghamshire (Mid and South Nottinghamshire) and South Yorkshire (Bassetlaw with four other metropolitan areas from South Yorkshire).
- A campaign has been launched with health partners, to raise the profile of the new social care offer based on the shared principle of keeping people independent and promoting self-care.
- A full analysis of the revised statutory guidance to the Care Act 2014 found that majority of the changes within the revised guidance are not of major significance, but where there are more significant changes (e.g. the principal social worker role) action has been taken.
- Public Health completed soft market testing and extensive stakeholder consultation for provision of 0-19 integrated Healthy Child Programme and Public Health Nursing Service.
- A stakeholder engagement group (including CCGs and Public Health England) has been set up.
- A multi-partner Steering Group (including young people) worked to develop an implementation and commissioning plan for the Young People’s Health Strategy.

Nottinghamshire, following from an evaluation suggesting that the remit of the teams should be expanded across all GP practices.

- An evaluation of the benefits and impact of closer alignment across Occupational Therapy services, Intermediate Care / Reablement and referral management across health and social care.
- There will be further development of the integration partnerships with health being discussed in Bassetlaw and Rushcliffe.
- Work will have commenced with Mid-Nottinghamshire partners to develop the plan to meet the outcomes target for “reducing residential care admissions”.
- Completion of policy review and staff guidance in relation to Delayed Transfers of Care.
- Further roll-out of the campaign with key health partners to enable them to understand what the Adult Social Care strategy means for them in practice and the role that partners can play. This will include targeted letters to health professionals who recommend a care home before a social care assessment.
- Completion of the Sustainable Transformation Plans with partners for Nottinghamshire and South Yorkshire (Bassetlaw element) – due 30.6.16 with NHS England.
- Commence the procurement process for the 0-19 Healthy Child Programme and Public Health Nursing Service.
- Agree with partners a prioritisation framework for future allocation of public health budget.

**Key risks  
to  
delivery**

- Managing demand for services when there are increasing pressures from rising demographics and increased responsibilities from legislation.
- Maintaining service quality as much as possible in the face of falling budgets and the continued need to find savings.
- Maintaining care provision in the face of increased costs and problems with staff recruitment and retention.
- Enabling alternatives to paid support through the development of community based support in order to reduce demand.



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

### **PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH**

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

1. To provide the Committee with a summary of performance for Adult Social Care and Health for the full year 2015-16 (1 April to 31 March 2016), using provisional figures.

#### **Information and Advice**

2. This report provides the Committee with an overview of provisional performance results for 2015-16 against the Adult Social Care and Health (ASCH) department's key performance and operational priorities. The performance measures that are reported quarterly to the Committee reflect statutory returns provided to the Department of Health and the achievement of the Council's priorities outlined in the Strategic Plan 2014-18.
3. A summary of these performance measures is set out below with a performance dashboard including the target and performance data up to and including 31 March 2016 (Quarter 4) set out at **Appendix A**.
4. Statutory returns for 2015-16 are due to be submitted to the Department of Health during May, June and July 2016. Data will then be subject to a formal verification process and will not be confirmed for release into the public domain until September 2016. This report therefore provides the provisional figures for year end and may change through the verification process.

#### **Assessments**

5. 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 (OT) 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.
6. 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 overall performance of the department, as reported regularly to previous Adult Social Care and Health Committee meetings, was 56% for 2015/16.

7. For social work assessments, 74% were completed in time. This represents an improvement on the previous year when 69% were in time. For OT assessments, 34% were completed within 28 days compared to 49% during the previous year.
8. In order to address this, the department has established a project under the direction of the Service Director, South Nottinghamshire and Public Protection.
9. The project's aim is to analyse and understand the causes and significantly increase the number of social care and occupational therapy assessments completed within timescale. The project will ensure that the department undertakes both short term action to improve performance and, based on evidence at a team level, will recommend a future approach that maintains this. The future approach will be in line with the Adult Social Care Strategy and support new ways of working.
10. Work to date has successfully reduced the number of assessments and reviews outside of the local target and there are currently no outstanding occupational therapy assessments, which is a significant achievement resulting from changes to the way that referrals are handled, innovative work in the Adult Access team, and an increase in OT capacity.

## **Reablement**

11. The Reablement process enables people to safely return to live in the community, following a stay in hospital. It assists service users to regain their skills and confidence through a short period of intensive support. There are two main formats for reablement:
  - START reablement takes place in the person's own home and
  - Intermediate Care reablement can take place either in the person's home or in a residential setting.
12. An important measure of the success of the Reablement service is whether, following this specific intervention, service users can live independently and require no further ongoing formal support. Provisional performance for 2015-16 shows that 65% of people required no ongoing package of support following intervention by the START Reablement service.
13. A further measure of both START and Intermediate Care reablement is the proportion of older adults who are still at home 91 days after being discharged from hospital into one of these services. At quarter 4, 91% of older adults having received one of these services were still living independently 91 days after they were discharged from hospital. This measure is a national measure and is part of the Council's Better Care Fund submission. Nottinghamshire's performance nationally is very good and currently above target.

## **Delayed Transfers of Care**

14. A Delayed Transfer of Care (DToC) from acute or non-acute setting occurs when, "a patient is ready to depart from such care and is still occupying a bed". Any patients falling within this definition are classified as a reportable delay and the information collected includes patients in all NHS settings irrespective of who is responsible.
15. The Council's performance on DToCs is excellent and there were no delays attributed to social care from Nottingham University Hospitals NHS Trust in 2015-16.



## Admissions

16. Reducing or delaying the need for long-term residential or nursing care for older adults (65 years and above) and younger adults (from 18 to 64 years) is a local and national priority. The two main tools for managing performance are through providing appropriate alternatives to long-term care and through the careful and consistent management of admissions to residential or nursing care.
17. In line with the adult social care strategy for younger adults, provisional performance for 2015-16 is excellent and there were 66 people placed against a target of 75. This was achieved through maximising people's independence and the use of alternative placement types such as supported living where appropriate.
18. For older adults, the provisional full year number of new admissions into long-term care was 969 placements against an annual target of 948. This represents a reduction of 13% against the previous year. In line with the adult social care strategy the Council is committed to enabling more people to live independently at home and where appropriate people will go through a reablement process before any decision is made about long term care. The council is also maximising the use of Extra Care and short-term assessment beds for those older people leaving hospital.

## Personalisation

19. If someone is eligible for care and support the Council will work with them to develop a care and support plan which will set out how the person's needs can be best met. Once it is agreed that the Council has a responsibility to meet these needs, people are offered a personal budget. The personal budget can be provided as a directly managed service, through a direct payment or a combination of the two.
20. The Council's performance in this area is exceptional with 100% of people having a personal budget and half of these people receive a direct payment which maximises their choice and control.

## Better Care Fund

21. The Better Care Fund (BCF) is intended to transform local health and social care services so that they work together to provide better joined up care and support. It is a Government initiative which combines resources from the NHS and local authorities into a single pooled budget.
22. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Programme Board.
23. To help monitor progress nationally, a number of performance indicators have been prescribed to measure the impact from a service user's perspective. The four measures reported in **Appendix A** form part of the national Better Care Fund and are all on track.
24. The measures relating to admissions to care homes and reablement are the responsibility of the County Council, and the measure for non-elective admissions to hospital is the responsibility of Health.

## **Adult Social Care and Carers Surveys**

25. The remaining four measures are based on the Adult Social Care Survey which is a national survey conducted annually for social care service users. The survey asks service users questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and well-being.
26. Provisional results for the 2015-16 survey have indicated a small reduction in performance see **Appendix A**.

## **Summary**

27. This report identifies the provisional performance for adult social care and the steps that have been taken to maintain or address performance 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.
28. 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.
29. Where someone is eligible for support, workers will undertake timely assessments according to the level of complexity service users present, whilst ensuring that the person receives a reablement service as appropriate.
30. If someone has eligible needs the Council will maximise their choice and control through a personal budget and will further reduce the number of permanent admissions to residential or nursing care.
31. By taking positive steps in addressing the delays in completing assessments, it is anticipated that the level of service user satisfaction will increase. However the effectiveness of these measures will be kept under continuous review.

## **Other Options Considered**

32. The report is for noting only.

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

33. The report is for noting only.

## **Statutory and Policy Implications**

34. 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 only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

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

## **RECOMMENDATION**

1) That the Committee notes the performance update for Adult Social Care and Health for the period 1 April 2015 to 31 March 2016.

**Paul Mckay**

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

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## **Constitutional Comments**

36. As this report is for noting only, no Constitutional Comments are required.

## **Financial Comments (KAS 23/05/16)**

37. 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.

Providing Adult Social Care Assessments and Reviews – report to Adult Social Care and Health Committee on 18 April 2016

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

All.

ASCH403



Indicator	Current Value	Annual Target	Previous Period	Good is...
<b>Assessments</b>				
Percentage of assessments carried out within 28 days (Q)	56%	80%	61%	high
<b>Reablement</b>				
No on-going package following START Reablement (Q)	65%	67%	67%	high
<b>Delayed Transfers of Care</b>				
Delayed transfers of care attributable to adult social care per 100,000 population(Q)	1.7	2.3	1.6	low
Delayed transfers of care from hospital per 100,000 population (Q)	8.1	11.2	5.5	low
<b>Admissions</b>				
Permanent admissions to residential or nursing care for older adults (Q)	969	948	807	low
Permanent admissions to residential or nursing care for adults aged 18-64 (Q)	66	75	54	low
<b>Personalisation</b>				
Service users who receive self-directed support and/or a direct payment (Q)	100%	100%	100.0%	high
Service users who receive self-directed support all or part as a direct payment (Q)	50%	53%	50%	high
<b>Better Care Fund</b>				
Permanent admissions of older people to care directly from a hospital setting per 100 admissions of older people to care (Q)	33%	34%	34%	low
Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (Q)	91.0%	90.7%	92.0%	high
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population. (Q)	2,615	2,689 (Q)	2,559	low
Permanent admissions of older people to care, per 100,000 population (Q)	595	599	587	low
<b>Surveys</b>				
Social care related quality of life (A)	19.1	NA	19.3	high
People who use services who have control over their daily life (A)	76.0%	NA	80.4%	high
Overall satisfaction of service users with their care and support (A)	61.0	NA	64.9	high
People who use services who feel safe (A)	66.0%	NA	67.0%	high

\*Figures are cumulative within the year

**Reporting Frequency**

(Q) Quarterly

(A) Annual/Yearly





13 June 2016

**Agenda Item: 9**

## **REPORT OF CORPORATE DIRECTOR, RESOURCES**

### **WORK PROGRAMME**

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

1. To consider the Committee's work programme for 2016/17.

#### **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>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
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
Tender for older people's home based care and support services	Report seeking approval to progress proposed model of service	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Transport Delivery Group – update report	Progress report on the work of the delivery group.	Service Director, Direct Services and North Nottinghamshire	Ian Haines
Older Adults Delivery Group – update report	Progress report on the work of the delivery group.	Service Director, Mid Nottinghamshire	Rebecca Croxson
<b>12<sup>th</sup> September 2016</b>			
Personal Health Budgets - progress	Progress report.		
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
Transforming Care programme - update	Progress report	Service Director, Strategic Commissioning, Access and Safeguarding	Cath Cameron-Jones
Performance Update for Adult Social Care and	Quarterly update report on the performance of Adult Social Care <a href="#">Page 89 of 94</a>	Corporate Director, Adult Social Care, Health and Public	Celia Morris/ Matthew Garrard

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Health		Protection	
Care Home Provider Contract Suspensions	Overview of live suspensions of care home provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk
Commissioning and Market Management Delivery Group – update report	Progress report on the work of the delivery group	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
<b>10<sup>th</sup> October 2016</b>			
Development of the Mid Nottinghamshire Better Together Programme – commissioner provider alliance agreement	Progress report	Service Director, Mid Nottinghamshire	Wendy Lippmann
Providing Adult Social Care Assessments and Reviews	Update on work to address assessments and reviews that are awaiting allocation and completion by social care teams.	Service Director, South Nottinghamshire and Public Protection	Nick Parker/ Steve Jennings-Hough
Update on the work of the Health and Wellbeing Board	Update on work of Health and Wellbeing Board over the last 6 months	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Direct Services Delivery Group	Progress report on the work of the delivery group.	Service Director, Direct Services and North Nottinghamshire	Ian Haines/ Jennifer Allen
Savings and efficiencies delivery group – update report	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies
<b>14<sup>th</sup> November 2016</b>			
Transport Delivery Group – update report	Progress report on the work of the delivery group.	Service Director, Direct Services and North Nottinghamshire	Ian Haines
Outcome of the Sector Led Improvement Peer Review 2016 update	Six-month update on the sector led improvement peer review of ASCH&PP in March 2016.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Younger Adults Delivery Group – update report	Progress report on the work of the delivery group.	Service Director, Direct Services and North Nottinghamshire	Ian Haines
<b>12<sup>th</sup> December 2016</b>			
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 Provider Contract Suspensions	Overview of live suspensions of care home provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk
Savings Review Delivery Group – update report	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay
Older Adults Delivery Group – update report	Progress report on the work of the delivery group.	Service Director, Mid Nottinghamshire	Rebecca Croxson
<b>9<sup>th</sup> January 2017</b>			
Transformation update		Programme Director, Transformation	Stacey Roe
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
Adult Social Care and Health – Overview of developments		Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Savings and efficiencies delivery group – update report	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies
Commissioning and Market Management Delivery Group – update report	Progress report on the work of the delivery group	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
<b>6<sup>th</sup> February 2017</b>			
Care Act and Adult Social Care Strategy update	Update on progress in relation to embedding the Care Act and the ASC Strategy.	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Direct Services Delivery Group	Progress report on the work of the delivery group.	Service Director, Direct Services and North Nottinghamshire	Ian Haines/ Jennifer Allen
Younger Adults Delivery Group – update report	Progress report on the work of the delivery group.	Service Director, Direct Services and North Nottinghamshire	Ian Haines
<b>13<sup>th</sup> March 2017</b>			
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
Savings Review Delivery Group – update report	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay
Transport Delivery Group – update report	Progress report on the work of the delivery group.	Service Director, Direct Services and North Nottinghamshire	Ian Haines
<b>18<sup>th</sup> April 2017</b>			
Update on the work of the Health and Wellbeing Board	Update on work of Health and Wellbeing Board over the last 6 months	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Care Home Provider Contract Suspensions	Overview of live suspensions of care home provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk
<b>12<sup>th</sup> June 2017</b>			
Care Act and Adult Social Care Strategy update	Update on progress in relation to embedding the Care Act and the ASC Strategy.	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Savings and efficiencies delivery group – update report	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies

<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>
Personal Outcomes Evaluation Tool (POET) survey – implementation of outcomes update	Report on implementation of outcomes	Service Director, Strategic Commissioning, Access and Safeguarding	Penny Spice
<b>10<sup>th</sup> July 2017</b>			
Adult Social Care and Health – Overview of developments		Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Direct Services Delivery Group	Progress report on the work of the delivery group.	Service Director, Direct Services and North Nottinghamshire	Ian Haines/ Jennifer Allen
Savings Review Delivery Group – update report	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay
<b>To be placed</b>			
Appropriate Adults Service		Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis
New Extra Care schemes in Newark and Worksop	Report to present detailed plans and seek approval of capital funding	Service Director, Mid Nottinghamshire	Rebecca Croxson
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

