

Adult Social Care and Health Committee

Monday, 02 November 2015 at 10:30

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

AGENDA

Minutes of the last meeting held on 5 October 2015	5 - 8
Apologies for Absence	
Declarations of Interests by Members and Officers:- (see note below)	
(a) Disclosable Pecuniary Interests	
(b) Private Interests (pecuniary and non-pecuniary)	
Developing the Mid Nottinghamshire Better Together Programme - Commissioner Provider Alliance Agreement	9 - 20
Departmental Savings and Efficiencies Programme - Adult Social Care and Health	21 - 36
Annual Self-Assessment and Local Challenge Process for the East Midlands Sector Led Improvement Process	37 - 44
Care Act 2014 - Update on First Six Months	45 - 56
Members' Visits to Council and Independent Sector Care Homes	57 - 60
Approval to Permanently Establish the Central Review Team from April 2016	61 - 66
Work Programme	67 - 72

Exclusion of the Public

The Committee will be invited to resolve:-

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

Note

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

Exempt Appendix to Item 4 Developing the Mid Nottinghamshire Better Together Programme - Commissioner Provider Alliance Agreement

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

Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 5 October 2015 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Chris Barnfather
Sybil Fielding
Mike Pringle
Philip Owen
Andy Sissons

Pam Skelding
Jacky Williams
Yvonne Woodhead
Liz Yates

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, ASCH&PP
Sue Batty, Service Director, ASCH&PP
Paul Davies, Advanced Democratic Services Officer, Resources
Peter Davis, Interim Service Director, ASCH&PP
Heather Dickinson, Team Manager, Resources
Jennie Kennington, Senior Executive Officer, ASCH&PP
Catherine Munro, Labour Group Research Officer
Jane North, Transformation Programme Director, ASCH&PP
David Pearson, Corporate Director, ASCH&PP
Raschel Sanghera, Team Manager, ASCH&PP

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 7 September 2015 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillors Barnfather and Owen had been appointed in place of Councillors Cottee and Wallace, for this meeting only.

DECLARATION OF INTEREST

Councillor Sissons declared a private interest by virtue of his links with one of the care homes named in the exempt appendix.

ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF CURRENT DEVELOPMENTS

RESOLVED 2015/064

- (1) That the progress updates on work taking place across the department be noted.
- (2) That 10 fte posts of Business Support Assistant (Grade 3) in the Data Input Team be extended for one year from March 2016 to March 2017, at an annual cost of £250,000, funded from Care Act funding.
- (3) That a 0.5 fte post of Temporary Occupational Therapist (Band B) be established until 31 March 2016 to support the START Team in Broxtowe, Gedling and Rushcliffe, with authorised car user status, at a cost of £8,234 to be funded from departmental reserves.

PROPOSAL TO CONSULT ON ESTABLISHING A LOCAL AUTHORITY TRADING COMPANY FOR THE DELIVERY OF ADULT SOCIAL CARE DIRECT SERVICES

RESOLVED 2015/065

- (1) That approval be given to consideration of the establishment of a local authority trading company for the delivery of a range of Adult Social Care Direct Services to residents of Nottinghamshire.
- (2) That approval be given to consultation on the emerging proposals contained in the report.
- (3) That progress reports be brought to Committee as part of the general reporting arrangements.

NATIONAL CONSULTATION ON REFORM OF DEPRIVATION OF LIBERTY SAFEGUARDS

The Chair agreed to move an amended recommendation in relation to consultation on the final response.

RESOLVED 2015/066

- (1) That the national consultation and the comments on the key issues, as detailed in paragraph 11 of the report, be noted.
- (2) That a consultation response be submitted by Nottinghamshire County Council to the Law Commission proposals, with the final response being approved by the Corporate Director of Adult Social Care, Health and Public Protection, in consultation with the Chair of the Adult Social Care and Health Committee and the spokesmen of each of the opposition groups (or their nominees) prior to submission.

INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE (ICELS)

RESOLVED 2015/067

- (1) That the progress of the Integrated Community Equipment Loans Service (ICELS) tender be noted.

- (2) That the ICELS Equipment Review Team be extended for a further 12 months until 1 November 2016.
- (3) That the post of Minor Adaptations Occupational Therapist be established for a two year period.
- (4) That a post of Review Team Assistant be established for 12 months to assist with care homes equipment reviews.

PROGRESS ON DIRECTLY PROVIDED SHORT BREAKS FOR ADULTS WITH A LEARNING DISABILITY AND THE SHARED LIVES SCHEME

RESOLVED 2015/068

- (1) That the progress being made with the resettlement of service users from the Kingsbridge Way Short Breaks Service and the use of emergency beds within the Short Breaks Service be noted.
- (2) That the progress being made with the Shared Lives Scheme be noted.

WORK PROGRAMME

RESOLVED 2015/069

That the work programme be noted, subject to the inclusion of

- update on consultation on establishing a local authority trading company for the delivery of Adult Social Care Direct Services in January 2016

CARE HOME PROVIDER CONTRACT SUSPENSIONS

RESOLVED 2015/070

That the overview of live suspensions of care home provider contracts in Nottinghamshire be noted.

EXCLUSION OF THE PUBLIC

RESOLVED 2015/071

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: EXEMPT APPENDIX

Caroline Baria updated the information in the exempt appendix: the suspension of contracts with one of the care homes had been lifted, but contracts with another home had been suspended.

RESOLVED 2015/072

That the information in the exempt appendix, as updated, be noted.

The meeting closed at 12.20 pm.

CHAIR

2 November 2015

Agenda Item: 4

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE

DEVELOPING THE MID-NOTTINGHAMSHIRE BETTER TOGETHER PROGRAMME - COMMISSIONER PROVIDER ALLIANCE AGREEMENT

Purpose of the Report

1. The purpose of this report is to seek approval for the Council to be a party to a Memorandum of Understanding (MOU) that will commit the Council to working with partners to develop a Commissioner Provider Alliance agreement to operate from April 2016. Following appraisal of the options the Better Together Programme Board have identified this as the preferred approach to deliver the Better Together Programme in mid-Notts.
2. Approval is sought to appoint the Chair of the Adult Social Care and Health Committee and the Corporate Director, Adult Social Care, Health and Public Protection, to be the County Council representatives on the Alliance Development Leadership Board and to recommend to Policy Committee that the Board be added to the Council's list of outside bodies.
3. Approval is also sought to report back to the Committee in January 2016 regarding the development of the Alliance Agreement to that point, with any recommendation about a decision on becoming a partner to the Alliance Partnership.

Information and Advice

4. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances, on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information (Memorandum of Understanding) relates to sensitive financial and business affairs of organisations outside of the Council and is not yet in its final form. It will be published in full once all partners have signed up to it. The exempt information is set out in the Exempt Appendix.

Background

5. On 29 June 2015 the Adult Social Care and Health (ASCH) Committee gave approval for officers to progress work as part of the Better Together Partnership to develop a new commissioning approach for delivery of the mid Nottinghamshire Better Together Programme. The change involved a decision not to work through a Single Accountable Provider contract in order to deliver the Better Together vision and outcomes, but instead

to develop a Commissioner Provider Alliance which will take shared responsibility for driving the transformation programme.

6. As reported to ASCH Committee in February 2015, this programme is a collaboration between the two mid Nottinghamshire Clinical Commissioning Groups, the County Council, seven NHS health providers and voluntary sector partners.
7. The aim of the programme is to connect services together to deliver better preventative, self-care approaches and ensure that people can get the right advice in the right place, at the right time. In addition, it aims to put in place joined up, responsive urgent care services, that operate outside of hospital wherever possible.
8. Phase One includes the following core work-streams:
 - urgent and proactive care (including care for people with long term conditions such as diabetes, asthma, and frail older people)
 - elective care
 - maternity and paediatric care.
9. All Alliance partners are now being asked to jointly develop and sign up to a Memorandum of Understanding to signal their commitment to developing a mutually agreeable Alliance agreement to be in place for April 2016. The MOU is a single agreement, setting out how partners will work together to develop the Alliance agreement, and includes:
 - a commitment to developing the Alliance agreement with a view to being a party
 - commitment to work together to develop and implement the Alliance agreement
 - the principles partners will work to
 - governance arrangements during the development of the Alliance agreement
 - the broad purpose and scope of the Alliance agreement and key areas
 - governance and management
 - the arrangements for the operation of this MOU and the proposed timetable for the development and implementation of the Alliance agreement.

Governance

10. It is proposed that the governance arrangements during the development of the Alliance agreement will be through an independently chaired Alliance Development Leadership Board, comprised of the Chairs and Chief Executives of each organisation or other appropriate representatives at senior level. This Board will be responsible for strategic leadership, oversight of finance and performance, the delivery of new models of care and evolution of the Vanguard programme. It is recommended that the Council is represented on this Board by the Chair of the Adult Social Care and Health Committee and the Corporate Director for Adult Social Care, Health and Public Protection. Matters which require strategic decisions will continue to be brought to the ASCH Committee as normal.
11. It is proposed that an Alliance Development Operational Executive will report to the Leadership Board. This Executive group will have responsibility for the development and design of the Alliance agreement. It is recommended that the Service Director, Mid

Nottinghamshire, will represent the Council on this group, supported by other Council officers as appropriate. It is intended that both the Leadership Board and Operational Executive will continue to form part of the future Alliance governance once the contract is in place. Decision-making processes for the Alliance post April 2016, will need to consider options of voting or unanimity. Although requiring a unanimous decision can be unwieldy, this has been adopted by similar alliances nationally, on the basis that if any partner objects to a proposed course of action, the principles of an alliance mean that other partners need to seek to understand and address the barriers to this and help create a 'win-win' solution that all partners can agree to.

12. A final draft MOU (as at 13th October 2015) is attached as an **Exempt Appendix**. This version has incorporated amendments from all Alliance partners and was agreed at an extraordinary Alliance Development Operational Executive group meeting on 13th October as being ready to take through respective governance systems for approval. As such it is anticipated there will be no further significant changes required. This is confidential as it contains a publicity clause which prohibits the publication of the MOU without consent of all parties. A recommendation is made to Committee that delegated authority is given to the Corporate Director, Adult Social Care, Health and Public Protection, in consultation with the Chair of the Adult Social Care and Health Committee, to agree and sign the final version of the MOU with advice from the Group Manager, Legal and Democratic Services.
13. Signing the MOU will commit the Council to working with partners to develop a mutually agreeable Alliance agreement. It also signals that subject to the details of this being agreeable to the Council, the Council believes that the Alliance is probably the most appropriate vehicle within which to deliver improved, more integrated services with health and provides the opportunity to be a partner in shaping this.

Key issues to resolve in developing the Alliance Agreement

14. The aim is to develop the full Alliance agreement by December so that all partners can take this through their governance processes for approval in January. These are challenging timescales for a new and innovative concept involving a multiplicity of complex organisations with differing legislative constraints and governance arrangements. Work-streams are being initiated and relevant Nottinghamshire County Council leads have been identified. These can currently be covered from within existing resources.
15. The MOU states the intention that the Alliance agreement is implemented on a phased basis. The Alliance agreement will be the vehicle to deliver the Better Together Programme, within which the main relevant services for ASCH are currently those focused on older adults and younger adults who have a number of long-term health conditions. If the model is successful, consideration will be given to the benefits of wider roll out of the Better Together Programme across all services for younger adults in mid-Notts. One of the early priorities for the development of the Alliance agreement will be to determine the scope of the agreement from April 2016. This will aim to ensure that the work in the first year is manageable, whilst delivering demonstrable benefits. It may, for example, cover all older adults, or only a smaller sub set of this population e.g. geographic area of 50,000 population.

16. The final Alliance agreement would be a single, legally binding contract potentially between: Nottinghamshire County Council, Mansfield and Ashfield, Newark and Sherwood Clinical Commissioning Groups (2 CCGs) and the seven principle providers¹ of urgent, proactive and elective healthcare services across Nottinghamshire. The contract will be outcome focused, using the joint outcomes framework already agreed across the Clinical Commissioning Groups, Social Care and Public Health as the basis. Other agencies and services may be included, for example, work is being undertaken regarding the potential involvement of General Practice as a future additional party to the Alliance. Work will be undertaken collaboratively between October and December 2015 to develop the following elements of the Alliance agreement:
- i) the Alliance principles
 - ii) risk and reward sharing agreement
 - iii) governance framework, scheme of delegation and budget arrangements
 - iv) a single performance framework with collective responsibility for good or bad performance (see **Appendix A** for the Outcomes Framework)
 - v) ownership of the opportunities and responsibilities associated with the delivery of integrated urgent, proactive and elective health and care services
 - vi) how new partners will be able to join the Alliance in the future and existing partners able to exit
 - vii) how other key partners will be engaged with who sit outside of the Alliance, for example, through sub-contractual or other partnership arrangements
 - viii) implementation plan and milestones.

Implications for budgets

17. One option may be that the Alliance will develop a virtual, or potentially, pooled budget into which all partners will commit funding and resources relevant to the scope of the work. It is likely that the contract will initially be proposed to be for up to five years; however, during the discussions to develop the financial arrangements in more detail, the Council will be clear that our contribution will need to be reviewed annually in order to reflect changes, for example, of new national financial settlements. Any staff and resources identified as being in scope will need to be ring-fenced for mid-Notts, subject to the agreement specifying the right terms and conditions that will enable the Council to be a party to the Alliance. If the scope is agreed as older adults in mid-Notts then the key social care budgets to consider for inclusion in the capitated budget will be:
- a) Older adult assessment and care management team staffing budgets
 - b) Older adult assessment and care management commissioning budgets associated with the above teams, including those for: community care, residential/nursing care, direct payments and also carers' personal budgets
 - c) Re-ablement (START) staff budgets

¹ * These providers are Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, East Midlands Ambulance Service, Central Nottinghamshire Clinical Services, United Lincolnshire Hospitals NHS Trust, Circle Nottingham and Nottinghamshire Healthcare NHS Foundation Trust.

- d) Integrated Community Equipment Loan Service budgets for health and social care for mid-Notts. The countywide health and social care contract with one provider would remain in place, however, by way of example the Alliance could take responsibility for ensuring that each agency undertakes appropriate actions to remain within budget, or for funding increased demand for any shift in demand created from replacing hospital based care with community services.
18. The Alliance may propose the establishment of a pooled budget arrangement, for example, to include the areas listed in 17) above. This could build on the Better Care Fund arrangements and, subject to further investigation, the budget could be delegated to the Alliance Leadership Team to manage. Consideration will need to be given as to how this fits with the Council's governance system, the nature and scope of delegated decisions the Alliance may be granted by each body and how this may be constrained by their respective governance arrangements. An example is the level of delegation to move funding from one service to another which could assist, for example, with the shift of resources to support the care of more people out of hospital and in the community.
19. Should the Alliance agreement proceed in April 2016, it is envisaged that no changes will be required initially to any contractual arrangements with the Council's providers (those either subject to single or joint commissioning arrangements). However, further changes may be proposed during the course of the Alliance.
20. As the details are developed the risks associated with the financial arrangements will need to be identified and mitigations sought regarding the level and scope of delegation felt to be appropriate. The use of a pooled budget may be key to enabling the Alliance to make change across organisations at a reasonable pace. It could provide benefits provided it satisfies the following conditions:
- delivers the savings that the Council has to make, proportionate to the amount of budget pooled
 - tracks and monitors spend on social care
 - funds any increased spend for social care resulting from implementing the strategy
 - enables the Council to retain line management of staff
 - ensures that social care budget continues to be effectively managed
 - provides clarity over workforce management, reporting and budgetary issues
 - sits within a legally acceptable contractual and governance structure for the Council
 - is in line with the other, non-finance guiding principles agreed by Members at Committee 29th June 2015, in order to inform the design, development and planning of integrated services.

Risk and reward sharing

21. A risk and reward sharing agreement will be developed to identify partners' key risks, those that can be owned by the partnership and those that will sit outside, as well as how any financial or other benefits delivered by the partnership will be apportioned. Agreeing how risks and rewards will be shared is likely to be one of the most difficult and complex elements of the contract. The benefits of addressing risks within an Alliance is greater transparency, enabling risks to delivering key outcomes that are dependent upon actions by more than one agency to be identified and roles, responsibilities and expectations clarified. Whilst this does not in itself eliminate a risk, it provides an alternative to one

agency simply saying an outcome has not been achieved due to the (in) actions of another agency. Currently the Council bears the consequences alone if its key targets are not met, for example, the Better Care Fund objective to reduce placements in residential care. Health partners however have a key influencing role that impacts on this target, especially on admissions directly from hospital. By way of example, potentially a joint action plan could be agreed and the risks of not delivering this could be shared within the Alliance. The Council would also, however, potentially need to take a share of the risk of not meeting other targets that currently other partners bear the sole impact of.

Workforce

22. Members have been clear that the Council wishes to retain direct line management of its teams and services for the foreseeable future; this means that no change of employment status will arise due to the development of the Alliance agreement for any staff that are included within the scope of the Alliance agreement.

Guiding principles for integration

23. In June 2015 the ASCH Committee agreed a set of guiding principles that Members will seek assurance are addressed in the design, development and planning of any future integrated health and social care system (these are included at **Appendix A** for reference). They cover social care governance, leadership, performance, finance and workforce. These will guide Council officers in the work required to develop the Alliance agreement as set out in this report. Officers will undertake an assessment of the extent to which the final proposed Alliance agreement adheres to these principles; conclusions will be set out in the future report to seek a decision regarding the Council being a party to the Alliance.

Other Options Considered

24. The option of not being a party to the MOU and developing the Alliance agreement has been considered. The Alliance, however, offers an opportunity to work collaboratively to create a new health and social care system that delivers better outcomes for citizens and makes the best use of collective public resources.
25. Nationally, different integrated models of care are emerging. Some areas are creating new joint entities, such as Care Trusts, and others are developing larger combined authorities with increasingly devolved local powers, such as Greater Manchester. The current proposal for the Nottinghamshire/Derbyshire combined authority does not include health and social care. The development of the mid-Notts Alliance is seen as a first step towards greater integration and does not preclude the establishment of new entities and partnerships in the future, where these may be of benefit.

Reason/s for Recommendation/s

26. Being a party to the Alliance agreement and Leadership Team will enable partners to ensure that their requirements are met through active involvement in oversight of contracts and service delivery. This will provide the Council with the opportunity for assurance that it is meeting its service objectives, managing financial and other risks, as

well as ensuring that services undergo the necessary transformation whilst assuring quality. Health and social care has a high degree of complexity, volume and changing demand. Commissioning and providing needs to be highly adaptive to this changing context.

Statutory and Policy Implications

27. 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

28. There are no financial implications linked to signing the MOU. However, the resulting discussions to develop an Alliance Agreement will contain matters relevant to Finance and will need to involve officers from Finance and Resources. Any financial implications for the Council will be outlined in the next report to the Adult Social Care and Health Committee, when recommendations are made in relation to signing the Alliance Agreement and becoming a formal partner.

Implications for Service Users

29. The overall aim of the Better Together Programme is to deliver improved health and social care outcomes for service users.

RECOMMENDATION/S

That the Committee:

- 1) gives approval for the Council to continue discussions to develop and agree the Memorandum of Understanding that will commit the Council to working with partners to develop a Commissioner Provider Alliance Agreement to operate from April 2016, with delegated authority given to the Corporate Director, Adult Social Care, Health and Public Protection, in consultation with the Chair of the Adult Social Care and Health Committee, to agree and sign the final version of the MOU with advice from the Group Manager, Legal and Democratic Services
- 2) appoints the Chair of the Adult Social Care and Health Committee and the Corporate Director, Adult Social Care, Health and Public Protection, to be the County Council representatives on the Alliance Development Leadership Board
- 3) recommends to Policy Committee that the Alliance Development Leadership Board be added to the Council's list of outside bodies.
- 4) receives a further report in January 2016 regarding the development of the Alliance Agreement to that point, with any recommendation about a decision on becoming a partner to the Alliance Partnership.

Sue Batty
Service Director, Mid Nottinghamshire

For any enquiries about this report please contact:

Sue Batty
Service Director, Central Nottinghamshire
Adult Social Care, Health and Public Protection
T: 01154632
E: sue.batty@nottscc.gov.uk

Constitutional Comments (EP 19/10/15)

30. The recommendations within the report fall within the delegation to Adult Social Care and Health Committee.

Financial Comments (KAS 15/10/15)

31. The financial implications are contained within paragraph 28 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.

Health Integration in Nottinghamshire – report to the Adult Social Care & Health Committee on 29 June 2015

The Better Together Programme in Mid Nottinghamshire – report to Adult Social Care & Health Committee on 2 February 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH342

Appendix A: Guiding Principles for integrated service provision, agreed by the ASCH Committee on 29.6.15

Areas	Principles
Outcomes	Achieves better outcomes for the citizens of Nottinghamshire through improving health and well-being
Co-production	Ensures services are planned and developed in a way that engages with the community (including service users, carers, the local community and the providers of services)
Rights	Service user and carers' rights are respected and enshrined
Policy making	Ensures that social care statutory duties are met
	Ensures the delivery of the Redefining Your Council (RYC) Transformation programme
	Ensures the requirements of the Care Act are met and fully implemented
	Ensures the underpinning Nottinghamshire Adult Social Care Strategy is delivered
	Ensures the ethos of social care is embedded in new arrangements
Performance	Maintains high performance areas and improves performance overall
Finance	Ensures that social care budgets continue to be effectively managed
	Future savings required from the ASCH budget are taken fully into account
Access to advice, information and advocacy	Enables a joint approach to a wide range of information and advice is offered in a proactive way and access

	to advocacy is provided
Workforce	Supports a shared and jointly developed workforce strategy which applies across health and social care professions
	Promotes the values, identity and skills of social care as a profession and these are maintained and developed through learning and research
Leadership	Ensures a balanced partnership with a strong contribution from social care, and social care leadership maintained at the highest level.
Demand management	Ensures that success with demand management from point of access to social care through to assessment and review is sustained and built on by embedding promoting independence
People are safe	Ensures effective safeguarding and deprivation of liberty arrangements are in place
	Ensures people can take risks to promote independence and well-being
Personalisation	Promotes choice and control to the service user and progresses integrated personal health and care budgets as one way of delivering this
Early intervention, prevention, promotion of independence and well-being	Ensures people have access to the right support at the right time to promote independence
Partnerships	Fosters integration/alignment with the wider Council and other partners, such as district councils, the community and voluntary sector and the independent care sector.

<p>Strategic commissioning and market development</p>	<p>Ensures an effective approach to commission and deliver services jointly across the County for older adults, people with learning disabilities, physical and sensory disabilities and mental ill-health.</p> <p>Develops and maintains a diverse range of choice and quality of care and support services in the local market, which are viable and sustainable.</p> <p>Ensures that services commissioned are well monitored for quality and outcomes.</p>
<p>Continuity</p>	<p>Ensures the delivery of a large scale, complex social care service can be effectively managed alongside the health elements in the transition to any new model</p> <p>Countywide services such as the Customer Service Centre or the reviewing teams are maintained until there is sufficient evidence base that they can be incorporated into integrated delivery models</p>

2 November 2015

Agenda Item: 5

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

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

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. The report also seeks Committee approval for an amendment to a temporary post approved at the 30 March 2015 Adult Social Care and Health Committee to support delivery of one of the Department's savings projects, Older Adult Care Home Banding Rationalisation. Approval is sought to convert 1.0 FTE Band C temporary Commissioning Officer post for one year (annual cost of £49,307) to 1.0 FTE Grade 5 temporary Community Care Officer post for one year, at an annual cost of £31,20, which is £18,601 less than the amount previously agreed.

Information and Advice

3. The ASCH&PP Department has already delivered efficiency savings of £60m over the period 2011/12 to 2014/15 through the delivery of savings and efficiency projects. This report updates Committee on progress with the 34 remaining projects falling under the remit of the Adult Social Care and Health (ASCH) Committee, approved by Full Council on 27 February 2014 and 26 February 2015.
4. The report excludes progress on the two remaining savings projects falling under the remit of the Community Safety Committee, and the Business Support Services Review (ASCH&PP and CFCS) project, which falls under the remit of the Personnel Committee.
5. The projects have been categorised into high and medium / low governance requirements, depending on their level of strategic significance, savings targets, risk and complexity. High governance projects report progress of delivery on a monthly basis to the Programme Management Office of the Programmes and Project Team, and exceptions are reported to the Corporate Leadership Team. Medium / low governance projects are monitored monthly through budget monitoring information

6. The current statuses of projects as at Period 5 2015/16, and remaining savings targets assigned to them, are provided in **Appendix 1**. The remaining savings targets total £28.101 million, profiled as follows:

2015/16	2016/17	2017/18	2018/19	2019/20	Total
£11.281m	£10.335m	£4.626m	£1.688m	£0.171m	£28.101m

7. Of the 34 remaining savings projects:
- 17 (ie 50%) are currently on target to meet their savings target for 2015/16, realising savings of £5.752m
 - 4 (ie 12%) have now been completed and delivered savings of £1.176m in 2015/16
 - 3 (ie 9%) are compromised, meaning that £0.195m savings will have to be achieved by the Department in another way
 - 10 (ie 29%) are experiencing obstacles and are anticipating either slippage of some of their savings target from 2015/16 into 2016/17, or potential difficulties in meeting some of their savings targets, either in 2015/16 or in future years.
8. Of those projects currently 'On Target' to deliver their 2015/16 savings targets, examples of some of the progress being made include:

a) Living at Home Programme:

The programme is currently anticipated to exceed its target of diverting 68 individuals from going into long-term care by offering alternatives such as Extra Care and Assistive Technology.

Four new Extra Care schemes are due to open in Nottinghamshire during 2015/16: St Andrew's Extra Care in Gedling; Bilsthorpe Bungalows in Newark; Poppy Fields Extra Care in Mansfield; and Darlison Court in Hucknall. This will provide an additional 82 new Extra Care places.

There has been a 70% increase in Assistive Technology installations over the period April to end August 2015 compared to the same period last year.

b) Sherwood Industries:

This project is supporting the remaining 11 disabled staff to move out of temporary and supernumerary positions within the Council and into secure alternative long-term employment, either within the Council or in the wider employment market. These staff members are being provided with specialist job coaching support including job matching.

One person has already secured alternative employment and other disabled staff members are very positive about the support received. The project is on target to achieve its £0.070m savings target.

c) Re-design of Assessment and Care Management Functions:

Mobile devices (ie tablets) have now been rolled out to 630 relevant fieldworkers (Social Workers, Community Care Officers and Occupational Therapists), which reduces the time taken travelling back and forth to office bases to input notes. Such mobilisation also provides a platform from which to launch further efficiency programmes, such as the allocation of assessment appointments, and assessment workers interacting with customers from within NHS and community sites.

The first Social Care Clinics (Older Adults Social Work – Rushcliffe and Bassetlaw districts) have been launched as part of a six month pilot. Further pilots are being developed. This involves inviting suitable service users to clinics for assessments in order to reduce the number of home visits required and reduce waiting times / lists.

Phase I of an auto-scheduling pilot (Mansfield and Ashfield Older Adults Occupational Therapy service) has also been launched, with a second due to launch in October (Rushcliffe Older Adults Social Work). These aim to streamline and speed-up the process of allocating new assessments of service users, thus reducing waiting lists and leading to earlier intervention.

9. Of 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**.
10. Delivery of the Department's savings programme is reliant on additional temporary staffing resource. At 30 March 2015 ASCH Committee approval was obtained to either establish or extend a number of temporary posts to support delivery of both existing and new savings projects (see background papers).
11. One of the approvals was for a temporary 1.0 FTE Band C Commissioning Officer post for one year (annual cost of £49,307) to support delivery of the Older Adult Care Home Banding Rationalisation project. As reported to Finance and Property Committee on 14 September 2015, most of the savings target assigned to this project (£650,000) have been approved for write-off as further developments in the Care Home Market, and the proposed introduction of the National Living Wage, has meant that any single band fee will have to be higher than previously proposed and so will cost the Council money rather than save any money.
12. This leaves a savings target of £100,000 over 2016/17 for this project, 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). Therefore, rather than requiring Commissioning Officer resource, this activity requires Community Care Officer resource to review those service users in scope and assess where there may be potential to re-negotiate fees.
13. Approval is therefore sought to convert the 1.0 FTE Commissioning Officer post to 1.0 FTE Community Care Officer (CCO) post for 12 months from the date of appointment. It is envisaged that the above review activity will take approximately three months, after which the CCO post will support delivery of reviews required as part of the Reducing the Average Cost of Younger Adult Residential Placements project.

Other Options Considered

14. 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.
15. In relation to the change of approval being sought to the temporary resource required to support delivery of the Older Adult Care Home Banding Rationalisation project, this change is required as the scope of the project has now reduced. Approval to convert the Commissioning Officer post to the CCO post could just be given for three months rather than twelve. This should allow sufficient time for the reviews required as part of the remaining scope of the project to be delivered. However, the additional resource for nine months would support the delivery of Reducing the Average Cost of Younger Adult Residential Placements project as set out in paragraph 16.

Reason/s for Recommendation/s

16. Approval to convert the Commissioning Officer post to the CCO post for a period of twelve months and not three is sought in order to bring additional resource support to the Reducing the Average Cost of Younger Adult Residential Placements project. As referenced in **Appendix 2**, this project is currently anticipating slippage of £0.3m from 2015/16 into 2016/17 due to delays in the recruitment of additional temporary staff to support project delivery, which have delayed the commencement of reviewing work. Additional temporary reviewing support will help with trying to minimise slippage. The change proposed can be funded by the budget allocated to the original post approval, which was to be funded through departmental reserves.

Statutory and Policy Implications

17. 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

18. Each projects' progress in achieving their 2015/16 savings target is detailed within the content of this report and in **Appendices 1 and 2**.
19. The cost difference of converting the 1.0 FTE Commissioning Officer post (which would have incurred an annual cost of £49,307) to 1.0 FTE temporary CCO post, at an annual cost of £31,201, would be £18,106 less. The annual cost of the post can be met from Departmental reserves.
20. These costs exclude travel costs.

Human Resources Implications

21. The Community Care Officer post would be hosted by the Younger Adults Project Team, line managed by the Team Manager, and based at Sir John Robinson Way.

Public Sector Equality Duty Implications

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

Implications for Service Users

23. 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 and 2015/16 budget consultation process.

RECOMMENDATION/S

That the Committee:

- 1) notes the progress over 2015/16 on budget saving projects being delivered by the Adult Social Care, Health and Public Protection Department.
- 2) approves the conversion of a temporary 1.0 FTE Band C Commissioning Officer post for one year to 1.0 FTE Grade 5 Community Care Officer post for one year, at an annual cost of £31,201.

Jane North

Director, Transformation Programme, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Ellie Davies

Project Manager, Transformation Team

T: 0115 9773211

E: ellie.davies@nottsc.gov.uk

Constitutional Comments (SLB 16/10/15)

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

Financial Comments (KAS 19/10/15)

25. The financial implications are contained within paragraphs 18-20 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 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, 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* (including Appendix A).
- 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 Policy Committee, 9 September 2015: *Direct Payments Policy*.
- Report to Finance and Property Committee, 14 September 2015: *Financial Monitoring Report – Period 4 2015/2016*.

Electoral Division(s) and Member(s) Affected

All.

ASCH346

Appendix 1 Current Status of Adult Social Care and Health Savings Projects (as at Period 06 2015/16)

Project Name	Project Status	Cashable Benefits						At Risk					
		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
High Governance Projects													
Living at Home Phase II (including savings from the Use of Assistive Technology project)	On Target	631	555	158	0	0	1,344	0	0	0	0	0	0
Reduction in long-term care placements	Experiencing Obstacles	550	423	0	0	0	973	262	-262	0	0	0	0
Reducing Community Care spend - Older Adults (including savings from the Use of Assistive Technology project)	Experiencing Obstacles	1,953	224	173	0	0	2,350	864	-864	0	0	0	0
Reducing the average community care personal budget - Younger Adults (including savings from the Use of Assistive Technology project)	On Target	1,369	925	173	0	0	2,467	0	0	0	0	0	0
Direct Payments	Experiencing Obstacles	98	1,671	0	0	0	1,769	0	0	0	0	0	0
Day Services	On Target	220	490	0	0	0	710	0	0	0	0	0	0
Residential Short Breaks Services	On Target	250	250	0	0	0	500	0	0	0	0	0	0
Targeting Reablement Support	Completed	755	0	0	0	0	755	0	0	0	0	0	0
Care Home Banding Rationalisation	Experiencing Obstacles	0	100	0	0	0	100	0	0	0	0	0	0
Reduction in Supplier Costs - Younger Adults	Closed	100	0	0	0	0	100	0	0	0	0	0	0
Reducing the Average Cost of Younger Adult Residential Placements	Experiencing Obstacles	500	1,000	1,000	0	0	2,500	300	-300	0	0	0	0

Project Name	Project Status	Cashable Benefits						At Risk					
		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
High Governance Projects													
Development of Extra Care Housing and Promotion of Independent Living in place of current provision of 6 Care and Support Centres	On Target	0	492	1,995	1,688	171	4,346	0	0	0	0	0	0
Redesign of Assessment & Care Management Functions (Older and Younger Adults) & Structural Changes	On Target	1,194	250	0	0	0	1,444	0	0	0	0	0	0
Medium / Low Governance Projects													
Managing Demand in Younger Adults	Experiencing Obstacles	200	0	0	0	0	200	0	0	0	0	0	0
Development of reablement in Physical Disability services	Experiencing Obstacles	150	0	0	0	0	150	0	0	0	0	0	0
Expansion of community-based care and support options	Compromised	50	0	0	0	0	50	50	0	0	0	0	50
Ensuring cost-effective day services	On Target	50	150	0	0	0	200	0	0	0	0	0	0
Gain alternative paid employment for remaining Sherwood Industries staff	On Target	0	35	35	0	0	70	0	0	0	0	0	0
Development of a single integrated meals production and delivery service	On Target	0	293	0	0	0	293	0	0	0	0	0	0
Cease NHS short breaks service (Newlands)	On Target	460	0	0	0	0	460	0	0	0	0	0	0
Increasing income for Short Breaks	Experiencing Obstacles	212	0	0	0	0	212	0	0	0	0	0	0
Various options to reduce the cost of the intermediate care service (including savings targets from the Review of Intermediate Care Services project)	Experiencing Obstacles	540	800	800	0	0	2,140	0	0	0	0	0	0

Project Name	Project Status	Cashable Benefits						At Risk					
		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
High Governance Projects													
Quality Assurance and Mentoring Package	Compromised	0	75	0	0	0	75	0	75	0	0	0	75
Reduction in staff posts in the Joint Commissioning Unit	On Target	0	149	0	0	0	149	0	0	0	0	0	0
Partnership Homes	On Target	-84	0	292	0	0	208	0	0	0	0	0	0
Reduce no. of social care staff in hospital settings by 15%	On Target	147	0	0	0	0	147	0	0	0	0	0	0
Restructure of Adult Care Financial Services (ACFS) and a reduction in posts	Closed	121	0	0	0	0	121	0	0	0	0	0	0
Group Manager Restructure	Closed	200	0	0	0	0	200	0	0	0	0	0	0
Various contract changes by the Joint Commissioning Unit	On Target	179	190	0	0	0	369	0	0	0	0	0	0
Strategic Commissioning - Review of Contracts	On Target	86	43	0	0	0	129	0	0	0	0	0	0
Savings from the Supporting People budget	On Target	1,250	1,950	0	0	0	3,200	0	0	0	0	0	0
Short Term Prevention Services	On Target	0	200	0	0	0	200	0	0	0	0	0	0
Handy Persons Preventative Adaptation Service	Experiencing Obstacles	100	0	0	0	0	100	0	0	0	0	0	0
Single integrated safeguarding support service	Compromised	0	70	0	0	0	70	0	70	0	0	0	70
Totals		11,281	10,335	4,626	1,688	171	28,101	1,476	-1,281	0	0	0	195

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 £0.262m from 2015/16 into 2016/17.</p> <p>Meeting the requirements of the Department of Health's Winterbourne View report has absorbed project staff resource and suitable supported living tenancies.</p> <p>It has also taken time to develop an effective list of approved housing providers. Whilst capital funding to develop new larger schemes will help to increase the availability of suitable accommodation, these take time to develop. Compounding this, two larger developments have been delayed.</p> <p>In tandem, the above has reduced the amount of suitable Supported Living accommodation available to facilitate project moves.</p>	Extensive work is being undertaken to engage with housing providers to develop new clusters of flats, and 62 new tenancies are anticipated by the end of 2015/16.
Reducing Community Care spend - Older Adults	<p>Anticipated slippage of £0.864m from 2015/16 into 2016/17.</p> <p>At the start of the financial year both the number of reviews being undertaken by the Central Review Team and the savings from these were less than over the same period during 2014/15. Whilst performance had since improved, more recently some of the team's focus has been diverted to other operational priorities that do not deliver savings.</p>	Additional resource is being allocated to the Central Review Team in order that reviews that deliver savings can continue whilst some of the Team are diverted temporarily to other departmental priorities.

<p>Reducing the Average Cost of Younger Adult Residential Placements</p>	<p>Anticipated slippage of £0.300m from 2015/16 into 2016/17.</p> <p>Delays in the recruitment of additional temporary staff to support project delivery have delayed the commencement of reviewing work.</p>	<p>Project implementation staff now in place. Savings achieved towards the 2015/16 target from the application of the Care Funding Calculator to date are being validated by Finance. In the meantime, it is anticipated that slippage into next year will total £0.300m.</p>
<p>Quality Assurance and Mentoring Package</p>	<p>The £0.075m savings target for 2016/17 is now deemed non-deliverable.</p>	<p>A new proposal for delivering the savings in a different way is currently in development.</p>
<p>Single integrated safeguarding support service</p>	<p>Following review, Project Sponsors are recommending that the two services work closer together to achieve efficiencies, but to retain the service in its current form.</p> <p>Therefore, the savings target of £0.070m is compromised.</p>	<p>Both the ASCH&PP Department and the CF&CS Department are to consume the target 50/50.</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
Direct Payments (DP)	<p>Savings in 2016/17 may be less than estimated, based on the amount of unspent DPs re-couped this financial year to date from people's bank accounts. In addition, by then the re-modelled Resource Allocation System, ASCH Strategy, package reviews and more robust re-couping of surplus direct payments by Adult Care Financial Services (ACFS) will reduce the project's income potential.</p>	<p>Any potential savings shortfall in 2016/17 should be offset by reduced DP expenditure as a result of ongoing implementation of the ASCH Strategy by operational staff.</p> <p>The Direct Payments Policy was approved by Policy Committee in September 2015. Further staff guidance and information resources are being produced to support the increased take up of pre-paid debit cards and the recouping of surplus accrued funds. Further work will take place to design a staff training programme.</p>
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>Work is being undertaken to review those service users in scope and assess where there may be potential to re-negotiate fees.</p>	<p>The work being undertaken to assess where there may be potential to re-negotiate fees will inform the level of savings that will be deliverable from this approach.</p> <p>Once the position is known, it is proposed that this project be closed and the remaining savings be either re-designated as low governance or managed as part of the <i>Reducing the average community care personal budget - Younger Adults</i> project.</p>

<p>Managing Demand in Younger Adults</p> <p>Development of reablement in Physical Disability services</p>	<p>Most of the projects' interventions lead to cost avoidance or a saving in staff time rather than cashable savings.</p> <p>Difficulties in identifying cases where savings can be made over and above either work previously undertaken by operational staff in Learning Disability Teams or the savings that are being delivered by Care Support and Enablement providers as part of the <i>Reducing the average community care personal budget - Younger Adults</i> project.</p>	<p>A new Younger Adults Reablement episode is being written on Frameworki which will allow a focussed, goal orientated approach across all Younger Adults teams that is time limited and aims to reduce or delay the need for longer-term care. It will also track and evidence outcomes from Younger Adult reablement interventions.</p> <p>Links are being made with a revised and expanded 'Promoting Independence for Vulnerable Adults' service that will commence in January 2016, to ensure alignment with the Younger Adult reablement pathway. Work is also being undertaken to tailor the pathway with the preventative and diversion work that will be undertaken at the Customer Service Centre.</p>
<p>Increasing income for Short Breaks</p>	<p>The £0.212m savings target assigned to this project relies on the Council's Short Breaks services for people with learning disabilities applying to become approved providers on the NHS Carers Breaks scheme. Once approved, the scheme will contribute towards the cost of the breaks taken in these units.</p> <p>Before the applications are submitted, the Department's Adult Access Team must review 120 carers of service users who use the Short Breaks service.</p>	<p>The Adult Access Team has agreed to undertake this work, though due to existing commitments this work cannot yet be undertaken. Therefore, there is a risk of slippage.</p> <p>However, the Short Breaks service is currently on target to spend within its reduced allocation for 2015/16.</p>

<p>Various options to reduce the cost of the intermediate care service</p>	<p>14/15 & 15/16 savings have been made by ceasing commissioning of independent sector bed based Intermediate Care and reducing funding to the County Health Partnership and the Bassetlaw Health Partnership for clinical services. To mitigate against the loss of bed based services, NCC care and support centres (CSCs) are being used for development of assessment beds.</p> <p>As achieving and maintaining the Intermediate Care savings relies partly on use of the CSC for assessment beds, when these close as part of the <i>Development of Extra Care Housing</i> project this service will be at risk unless Health picks up the cost of the assessment beds and these are provided in the independent sector.</p>	<p>Work is underway to forecast demand and model the service in the future.</p>
<p>Handy Persons Preventative Adaptation Service (HPAS)</p>	<p>The project savings target of £0.100m is predicated on reviewing and redefining the HPAS partnership, including seeking a proportionate financial contribution from Clinical Commissioning Groups (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>This revised funding arrangement has not yet been agreed with CCG colleagues.</p>	<p>Ongoing discussions with CCG colleagues.</p>

2 November 2015

Agenda Item: 6

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

**ANNUAL SELF ASSESSMENT AND LOCAL CHALLENGE FOR THE EAST
MIDLANDS SECTOR LED IMPROVEMENT PROCESS**

Purpose of the Report

1. The report updates the Committee on the annual self-assessment and the outcome of the local challenge – based on the self-assessment – which took place in August 2015. The report also informs Committee about the peer review that will take place in the department in spring 2016 and seeks approval to present a further report on the outcomes of the review.

Information and Advice

2. As part of the regional sector led improvement process the department is required to complete a self-assessment template on an annual basis which challenges the Council to assess and illustrate how well it is performing against six key themes:
 - Enabling maximum choice and control
 - Helping people to stay well and independent
 - Enabling accessible information and positive advice and support
 - Keeping people safe – including new questions about quality standards and concerns in commissioned services
 - Leadership
 - Use of resources.
3. The Committee received a report in April 2015 on the outcomes of last year's sector led improvement process and progress in response to the areas of development identified in the local challenge in 2014.
4. This year's self-assessment was completed for the end of June, and a copy of this is available as a background paper. The self-assessment forms the basis of a local challenge by an independent social care consultant with regard to the Council's current performance in adult social care, its strengths and areas for development. This took place in early August and involved members of the Senior Leadership Team.

5. Further to this the cycle of challenge was completed with a summit in September involving all the Directors of Adult Services in the East Midlands meeting to share and discuss their progress.
6. The local challenge in August highlighted some key areas of significant progress and achievement. These include:
 - continuation of the work on the Adult Social Care Strategy, which ‘seeks a new relationship with citizens and...reflects the principles of the Care Act and good social work practice’
 - maintaining performance whilst remaining on budget and achieving savings
 - implementation of the Care Act (Part One) and meeting statutory requirements in the context of budget savings
 - implementation of a personalisation pathway and a reduction in the numbers needing long term support whilst there has been increasing need at the front end
 - continuing and improving the partnerships with health in a complex environment
 - good engagement with Elected Members supported by strong leadership from the senior management team.
7. The local challenge session then covered achievements against the six themes, as well as some issues to be explored further.

Enabling maximum independence and control

8. This was recognised as a very strong area for the Council with 100% of (eligible) people having a personal budget of which 51% take this in the form of a direct payment. The approach to personalisation was felt to be comprehensive, focusing not just on direct payments (DPs) but also on market development such as support for micro-enterprises, work with Health on Personal Health Budgets and working with the Alzheimer’s Society to assist people with dementia to access direct payments and more personalised care and support. Additionally, the Council’s participation and success in the pilot on the use of DPs in care homes was noted. The Council has 12 people currently benefitting from this opportunity, which is significantly more than any other Council involved in the pilot.
9. The challenge process acknowledged that there is an action plan for Making It Real, a national framework co-produced with people who use services and their carers to support councils, organisations and all partners to look at their current practice in relation to the personalisation of services, and to identify areas for change and develop plans for action. The action plan is to be refreshed in the context of the Care Act. Also, building up community capacity is to be the subject of a workshop with the voluntary and community sector in the autumn. The corporate programme on community empowerment and resilience was acknowledged, especially in rural areas.
10. The positive programme in response to Winterbourne View (Transforming Care) was noted, with 29 people having moved from hospital in 2014/15. Eight have moved to residential care and twenty-one to supported living.
11. In relation to development areas under this theme, performance data showed that the employment of people with a learning disability has decreased from 7.2% to 2.9%. It was noted that this may be the result of a change in the performance metrics, whereby the

support from in-house services is not counted. This will be reviewed once the peer comparator data is available to check if other councils have been similarly affected.

12. Figures relating to the employment of people with mental health issues are still to be supplied by health partners, but these were low in 2013/14. It was agreed that these would also be checked and any appropriate further action identified.
13. For people with a learning disability living independently there had been a slight decrease (from 73.1% to 70.6%) despite the strategy to increase the number of people in supported living and using the Shared Lives service. This may be due to people coming out of a hospital setting into a care home pending further work on a possible move to more home-like environment.

Helping People to Stay Well and Independent

14. It was noted that performance on reablement is strong with 89.7% of people remaining at home after receiving this service following discharge from hospital. Good performance on delayed transfers of care from hospital (that are the responsibility of the Council) was also noted. Overall delayed transfers have increased slightly but this has largely been due to issues with an NHS Trust with regard to the data being used and this has now been resolved with improved performance in the first quarter of 2015/16.
15. The department was challenged on permanent admissions of older people into care homes with figures showing an increase from 631.5 per 100,000 population to 723.6. This may be related to some people receiving short term care now being recorded as in receipt of long term care; this is due to a change in definition to the performance indicator which now includes people previously not counted because of the 12 week property disregard rule. The Transfer to Assess initiative was also felt to be a factor in relation to these figures. It is not anticipated as an upward trend and the first quarter of this year shows a decline in the rate of admissions.
16. The progress on integration with Health was noted in relation to the approaches and models according to the agreement and preferences with each Clinical Commissioning Group. It was acknowledged that Elected Members have determined and agreed a set of guiding principles and a framework for partnerships with Health.
17. The process recognised the coherent plans to develop community capacity and resilience, and the enhanced leadership from the Council on this. The feedback was that the department is in a good place to facilitate collaboration across Adult Social Care, Public Health and Community Safety as they are all within its remit. There is a summit arranged on community empowerment and the Clinical Commissioning Groups are supportive of this work.

Enabling Accessible Information and Positive Advice and Support

18. The challenge showed that the proportion of people who use services who find it easy to find information had increased from 72.7% to 75%. Compared to the regional average of 5,123 per 100,000 population, the number of requests for support is low at 4,467. However, the proportion of people signposted to appropriate alternatives or not requiring a service after initial contact is 88.2% - which is very good performance.

19. The number of people receiving long term support is high at 2,316 compared to the regional average of 1663.4 per 100,000 population. This area is subject to concerted action to promote people's independence wherever possible and support them within their home and/or community, as the figures are affected by those people in care homes.
20. The challenge highlighted the need to look at further engagement with Black and Minority Ethnic communities to get a sense of how services should be configured in the future to meet needs.

Keeping People Safe

21. The challenge process praised the good performance on the indicators relating to people feeling safe. The Multi-Agency Safeguarding Hub (MASH) has been successful and now includes a Quality Development Officer. Strong performance on data and information sharing was noted.
22. Training on the Making Safeguarding Personal approach is compulsory for all frontline staff and is led by a Social Interest Company. The training is for adult social care staff and it was suggested that consideration should be given as to how it could be provided to multi-agency partners.
23. It was recognised that care providers are involved in the care planning process and in looking at how service users' outcomes are to be met. The Council is also looking at the possibility of providers being able to input information to care plans via an e-portal.
24. There are links with the Safeguarding Adults Board (SAB), Safeguarding Children's Board (SCB) and the Community Safety Partnership (CSP) with Council officers attending each. The Health and Wellbeing Improvement Group also receives reports from the SAB and SCB Chairs.
25. The SAB Chair meets regularly with the Council's Chief Executive to ensure accountability and a sharing of key challenges and issues; this was a recommendation made during last year's challenge process.
26. Case Reviews were stated as low at 20.9%. Whilst the indicator has changed the department intends to check this figure. There were four Safeguarding Adult Reviews in progress at the time of this challenge.

Leadership and use of resources

27. It was noted that there have been some Service Director changes due to promotions outside the Council and permanent appointments have recently been made to fill the posts. There is also some additional senior officer resource to assist with transformation.
28. The process acknowledged that the Better Care Fund (BCF) in the County is an exemplar and has been 'fast tracked' by the Department of Health. It was noted that the non elective admissions target in relation to the BCF is a reduction of 2.5% but there has been an increase in Nottinghamshire. At the time of writing possible changes to the national performance measures are being considered.

29. The process acknowledged that £70m has been saved over the last five years with only a small proportion of planned savings not achieved. The County Council has given the service extra funding to meet demographic pressures. However, the budget for 2015/16 has been reduced by £2m and this has been further reviewed during a recent departmental budget review. The challenge process considered the pressures facing the department, particularly DoLS, ILF and cost pressures faced by independent sector care providers.
30. The proportion of the adult social care budget spent on residential care is 37.6%, which is low and therefore considered to be good performance. This reflects the work undertaken through the Living at Home programme to reduce the admissions in to long term care.

Peer Review

31. The next stage of the sector led improvement process is a peer review. This has been postponed from November and is now likely to take place in March 2016. Senior colleagues from other local councils will come and undertake a more detailed review of self-selected key areas. The review is a constructive and supportive process with the central aim of helping the Council to improve. It is not an inspection nor does it award any form of rating judgement or score. It is delivered from the position of a 'critical friend' to promote sector led improvement. The reviews take place approximately every two years.
32. This review will be led by the Director of People for Rutland County Council, Tim O'Neill. Alongside him will be senior managers from other councils in the region, and an Elected Member.
33. The team will be asked to look at two key lines of enquiry:

Front end and access

- In line with the Care Act the Council has continued to develop its access and initial intervention services in adult social care, including the route to full assessment and safeguarding. Are we dealing effectively with people at this stage and are there ways we could improve outcomes and efficiency?

Workforce and culture change

- The Council is making progress in implementing the Adult Social Care Strategy. How well are we managing the necessary culture change in our workforce and are there ways we could improve our effectiveness in implementing the strategy in the future, in the context of financial and service pressures facing the department?

34. The review will involve members of the team conducting interviews with a wide range of people including service users, carers, partner organisations, frontline staff and managers and Elected Members, in order to assess how well the Council is performing in relation to the two areas mentioned above.

35. The Peer Review Team will present its key findings, suggested actions and a final report at the end of the process to help the Council to assess its current achievements and to identify those areas where it could improve.
36. A report will be brought to Committee in 2016 with the outcome of the peer review and any actions required as a result of this and the local challenge process.

Other Options Considered

37. The report covers aspects of the sector led improvement process that has been agreed and signed up to by Directors of Adult Social Care across the East Midlands, in response to a national requirement for councils to undertake peer review and self-improvement in the absence of a centrally organised inspection process.

Reason/s for Recommendation/s

38. The report asks the Committee to note the outcomes of the local challenge and the planned peer review and requests approval to present a report next year on the outcomes of the review and the actions that may be required by the department as a result of this.

Statutory and Policy Implications

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

Financial implications

40. There are no financial implications relating to the local challenge or the future peer review process.

Implications for Service Users

41. The self-assessment conducted by the department in June and the local challenge in August show that the Council is performing well in key areas where information, advice and support is provided to service users to promote and maintain their independence and keep them safe. The challenge highlights some areas for further improvement which the department will consider in conjunction with the outcome of the peer review. The review will involve the team talking to service users and carers about their experience of receiving services.

RECOMMENDATION/S

That the Committee:

- 1) notes the update on the annual assessment and outcome of the local challenge which took place in August 2015
- 2) notes that a peer review will take place in spring 2016 and agrees to receive a report on the outcomes of the review.

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Jennie Kennington

Senior Executive Officer

T: 0115 9774141

E: jennie.kennington@nottsc.gov.uk

Constitutional Comments (SMG 15/10/15)

42. The proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 16/10/15)

43. The financial implications are contained within paragraph 40 of the report.

Background Papers and Published Documents

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

Report to Adult Social Care and Health Committee - Outcome of Sector Led Improvement Peer Challenge 2014, 27th April 2015

Sector-led Improvement in East Midlands – completed self-evaluation/assessment

Electoral Division(s) and Member(s) Affected

All

ASCH347



2 November 2015

Agenda Item: 7

**REPORT OF THE SERVICE DIRECTOR, TRANSFORMATION PROGRAMME
CARE ACT 2014 – UPDATE ON FIRST SIX MONTHS**

Purpose of the Report

1. This report:
 - a) provides an update on the first six months of implementation of the Care Act.
 - b) highlights work required to embed the new requirements and meet good practice.
 - c) updates on the postponement of part two of the Care Act.

Information and Advice

Background

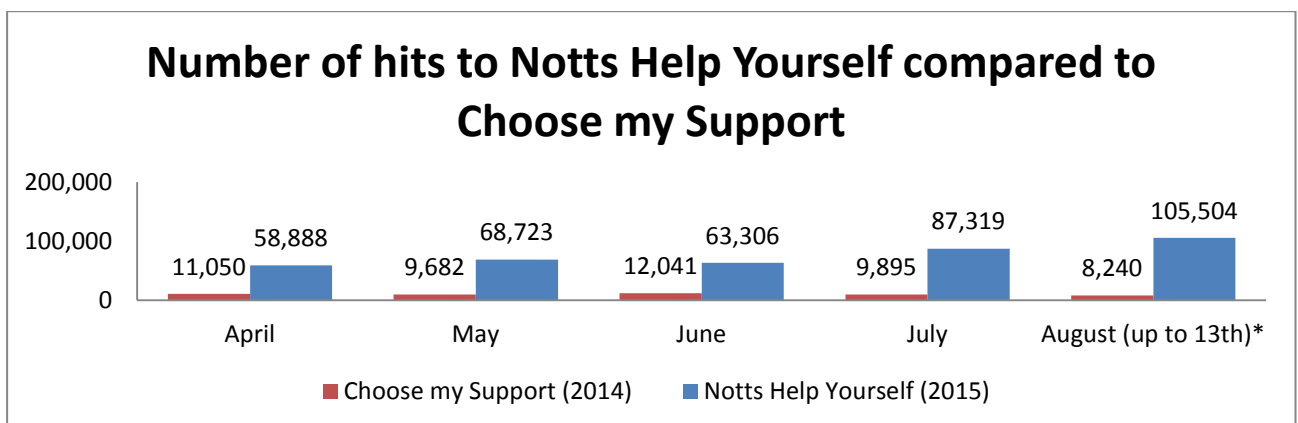
2. The Care Act 2014 is the most significant change to social care law for over 60 years. It builds on recent reviews and reforms, replacing numerous previous laws, to provide a coherent approach to adult social care in England. Part One of the Act (and its Statutory Guidance) consolidates and modernises the framework of care and support law.
3. Part One of the Care Act 2014 contained over 782 requirements within the guidance. This was implemented nationally in April 2015 introducing a whole range of new responsibilities and extending others. The legislation sets out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support. The new statutory principle of individual wellbeing underpins the Care Act, and the guidance places more emphasis on outcomes and helping people to connect with their local community.
4. Since April 2015, the Council has been compliant with all the requirements, but identified that there was still work to be done to be satisfied that best practice is being achieved in terms of the Council's responsibilities to meet the needs of prisoners, young people in transition from Children's Social Care to Adult Social Care and the further development of the market.
5. This report updates the Committee on progress and provides a position on the impact of the Care Act on demand and activity. The focus is on the following key areas in the Act:
 - Information, Advice and Independent Advocacy
 - Prevention and Housing
 - Assessment, eligibility and personalisation

- New responsibilities to carers, prisoners and young people in transition to adult services
- Adult Safeguarding
- Strategic Market Development and managing quality and risk in the Market.

Information, advice and advocacy

6. The provision of good quality information and advice by the Local Authority, in partnership with others, underpins the reforms. There is a requirement to provide a comprehensive universal information and advice service that covers social care, health, housing and financial information. In Nottinghamshire, an Information, Advice and Advocacy Strategy for Adult Social Care was published in May 2014 which outlines the responsibilities and approach to the requirements set out in the Care Act.
7. A new online directory of information and support services has been developed and went live in March 2015 to provide information and advice on care and support to all who need it, when they need it. It is called Nottinghamshire Help Yourself and is accessible by Council staff, service users and carers and partner agencies, including the voluntary/ community sector. Since March there have been 458,376 hits on the site. The directory also contains information on health, housing and voluntary groups. Social care staff and staff from other agencies can help people to search the site to find the information they need with the aim to provide personalised information and advice to people at all stages of their contact with the Department. The staff at the customer service centre, who are often the first point of contact with customers, now offer support to people to help them to search Nottinghamshire Help Yourself where help is needed. For those people who go on to have an assessment, social care staff are supporting people to look more broadly at how their support needs could be met beyond the use of traditional services.
8. The demand for information and advice and the use of the directory of support available in Nottinghamshire is increasing compared to the usage of the previous directory. The increase in usage is positive and something that will continue to be monitored as one of the ways in which The Council meets its responsibility to provide information and advice to Nottinghamshire citizens.

Fig. 1: Number of hits to Notts. Help Yourself from April – August 2015



9. The contract for the online directory is in the process of being re-tendered and the new contract will be awarded in mid-December.
10. In addition, Nottinghamshire County Council provides the following advice and information to carers:
 - Carers Support Service is a dedicated team of Community Care Officers who offer information, advice and Carers' Assessments over the phone. The Service was established in 2012 as part of the Adult Access Service to support carers. Approximately 20-30 new referrals are being made to the Carers' Support Service every week. This shows a higher demand than in previous years
 - Nottinghamshire Carers Hub provides information and advice; training and development and engagement with carers
 - the Council commissions a specialist carers service for carers who are caring for a person with dementia and a service for carers looking after a person at the end of their life
 - the Council produces a Carers Information Pack and provides Grant Aid to a number of organisations in the voluntary and community sector to provide information and advice to carers.
11. The duty to provide information and advice includes a duty to provide independent financial advice to people who fund all of their own care. Following a procurement exercise, Age UK secured a contract with the Council which started in June 2015 to provide a service which focuses on the provision of independent financial advice to people who fund their own care or who may do so in the future. The provision of independent financial advice is important to ensure that people are supported to make informed decisions and to financially plan for the cost of care. The service can provide the following:
 - supporting people to access independent, confidential and impartial advice relating to options for paying for long term care
 - identifying and explaining options for meeting care costs
 - advice about Power of Attorney and / or Court of Protection
 - an offer of website and telephone support.
12. The department will be promoting and communicating this service more widely and one of the ways that this will be done is via a short video, due to be available before the end of this year, which will be hosted by the Council's website. This will help to explain the service and how using it can support the person's financial planning.

Independent Advocacy

13. The Care Act 2014 extended the use of advocacy to include the requirement to offer advocacy to anyone who appears to experience 'substantial difficulty' being involved in assessments, including safeguarding assessments, care and support planning and reviews.
14. The current advocacy service is provided by an organisation called PohWER, with whom it has been agreed will pilot the use of independent advocates with people who require this additional support to be involved in their assessment, support plan or review. The pilot commenced in April 2015 and will end in September 2016. Additional funds were

provided to the existing provider to meet the anticipated increase in demand. All service user and carer contact and assessment forms were amended to ensure that advocacy features in them and all assessment staff were trained to screen people for the need for independent advocacy.

15. Currently the referral rate for Care Act advocates is low both locally and nationally. In Nottinghamshire the number of people referred for advocacy in Quarter 1 2015/16 was 6.
16. This contrasts with the use of, and demand for, advocates to support people under the Mental Capacity Act and Deprivation of Liberty Safeguards which continues to rise. So far this year there have been 601 referrals to independent advocacy from both Nottingham City and Nottinghamshire County Council; it is estimated that two thirds of these referrals have been made by Nottinghamshire.
17. The offer of advocacy under the Care Act is for any person who has substantial difficulties being involved in the assessment and does not have an appropriate friend or family member to advocate on their behalf. The Council intends to do some further work to check that people who need an independent advocate under the Care Act are referred appropriately.

Prevention and housing

18. The Care Act requires local authorities (and their partners in health, housing, welfare and employment services) to take steps to prevent, reduce or delay the need for care and support for all local people.
19. In preparation for this, a range of early intervention and prevention focussed services have been re-focussed and from January 2016, providers will be in place across four areas of services to:
 - provide support for people with mental health needs
 - provide early intervention support to promote continued self-management among older people and people with long term conditions
 - promote independence support for vulnerable adults
 - provide deaf support for deaf, deafened and hearing impaired people experiencing barriers to resources/services and social isolation.
20. The Adults elements of the Grant Aid programme 2015-18 have been divided into three priority themes of Information & Advice, Promoting Independence and Connecting Communities to complement commissioned services and enable a diverse market of community-based, prevention focussed services.

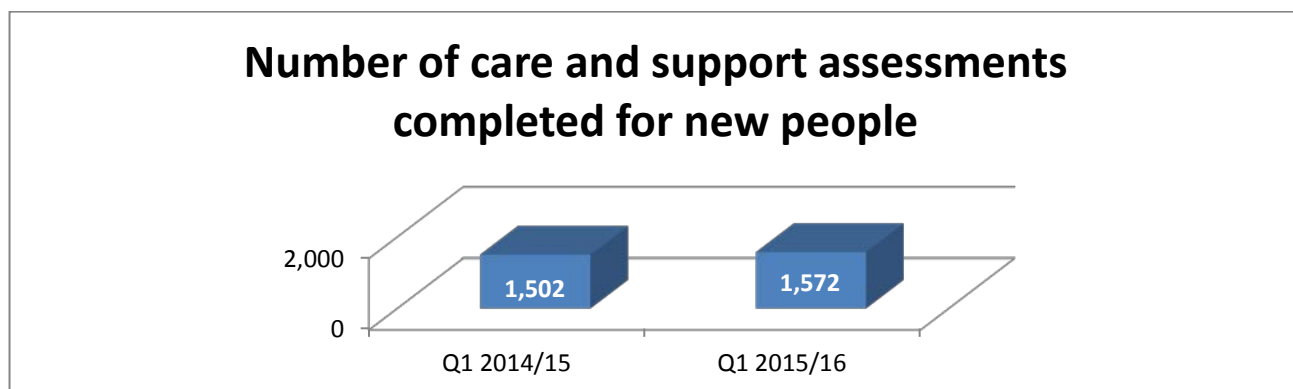
Assessment, eligibility and personalisation

Assessment and Eligibility

21. The Care Act extended the right to an assessment to anybody who appears to need care and support. For the first time, carers have the same right to an assessment as people with care and support needs.

22. The Care Act extended the responsibility for assessment to prisoners and people living in approved premises or bail accommodation in the community.
23. The right to assessment includes people whose income and savings exceed the financial threshold above which the Local Authority is not required to contribute to the cost of their care. These individuals are generally referred to as self-funders.
24. The Care Act guidance provides a framework for assessment and introduced a new national eligibility scheme for both carers and service users. All the Council's processes and systems were updated to be compliant with the Care Act.
25. The Act places the individual at the centre of their assessment and provides a new responsibility on councils to offer a supported self-assessment. In Nottinghamshire, the use of online assessment tools to offer an alternative way to contact the department and provide an efficient way to offer supported self assessments is being developed.
26. Alongside these developments, the Council is working to offer greater proportionality in the methods of assessment it offers by increasing the use of telephone assessments and establishing clinic venues for assessments to take place.
27. The assessments completed so far in 2015/6 represent a 4.7% increase over the same period last year. Completing care and support assessments is a current pressure within the department and this is not yet reflected in the overall number completed. Action to address the waiting lists for assessments is underway and will be mitigated by the current recruitment activity.

Fig. 2: Number of assessments completed in Quarter 1 of 2015/16 compared with quarter 1 of 2014/15



Prisons

28. The Act establishes that the local authority in which a prison, approved premises or bail accommodation is based will be responsible for assessing and meeting the care and support needs of the offenders residing there. In Nottinghamshire there are three prisons, Whatton, Lowdham and Ranby, and work is ongoing to work collaboratively with the prisons by attending their partnership boards and to reach agreement with the provider of health and social care in prisons to establish the volume of work that they are likely to undertake on the Council's behalf. A recent national survey of 79 prisons which looked at the volume of referrals from each establishment concluded that a referral rate of between

1-5 prisoners was the most common amongst all prisons surveyed. In Nottinghamshire, two prisoners have been assessed since April, which, compared to the East Midlands average, is at the lower end. For this reason, it has been agreed that more work will be undertaken to raise awareness in prisons to ensure the appropriate referral of prisoners for assessment for social care.

Carers

29. There has been a 7% rise in the number of carers contacting the department compared to the number last year. This is not yet reflected in the number of carer assessments completed. Completing carer's assessments is one of the pressures that the department is experiencing which the current recruitment should help to alleviate. It is anticipated that following successful recruitment of assessment and care management staff, it is likely that year-end figures will show an overall increase in assessments completed. Following assessment, one of the ways that an eligible carer's needs might be met is via a personal budget: this can either be a one off direct payment to support them to have a life beyond caring or, in some circumstances, an on-going personal budget.

Personalisation

30. In Nottinghamshire, the Council has been offering personal budgets to eligible service users and carers since 2010. There are 100% of people on a personal budget and 51% of service users and carers take their personal budget entirely as a direct payment.

Transitions

31. The Care Act extends the right of young people with needs for care and support to have an assessment of their care and support needs before they reach the age of 18 years where it would benefit them and their families to do so to help them to plan for their future. In Nottinghamshire, it has been agreed to increase the capacity of the Transitions team to allow them to extend the offer of assessment at an earlier age and to a broader range of young people including those with mental health difficulties. This is an area that the department continues to monitor to ensure that it is working towards best practice.

Direct payments in residential care

32. Nottinghamshire is contributing to a national trailblazer programme which seeks to understand how best to implement direct payments in residential care. The experience of the trail blazer programme will inform the decision on whether to implement this nationally from next year.
33. In relation to direct payments, the Act reaffirms that this is the Government's preferred mechanism for personalised care and support: providing independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs.
34. Building on existing work to personalise services in residential and nursing care, this work aims to see how using direct payments can enable people to have even greater choice over how their care and support is provided. The Council currently has 15 people in

residential care with a direct payment, which is 50% of the number nationally receiving a direct payment in residential care from all the other participating councils combined.

Adult safeguarding

35. Although local authorities have been responsible for safeguarding for many years, there has never been a clear set of laws behind it. As a result, it has often been very unclear who is responsible for what, in practice. The Care Act aims to put this right by creating a legal framework so key organisations and individuals with responsibilities for adult safeguarding can agree on how they must work together and what roles they must play to keep adults at risk safe.
36. The Care Act requires local authorities to lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens. In Nottinghamshire, the Council has made changes to the safeguarding process to make it more personal. The Council uses an outcomes based approach to resolving the safeguarding enquiry, putting the person's identified outcomes at the centre of the process.
37. The Care Act requires the Council to make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed. In response, the Council has strengthened the process to require others to undertake enquiries on its behalf and is responding to additional categories of abuse both in terms of enquiries and safeguarding adult's reviews. In Nottinghamshire the Safeguarding Board Chair is now accountable to the Chief Executive and the Safeguarding Adults Board Strategic plan is published to make it accessible to all.
38. The Care Act requires the Council to carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the Local Authority or its partners could have done more to protect them. In response, the Council has created a more flexible approach to Safeguarding Adults Reviews and will carry out reviews based on the extended categories of abuse.

Training

39. To prepare staff for these changes a training programme was developed which included face to face training for assessment staff and e-learning for assessment staff and the wider Council staff groups. Between 13th January and 15th July 2015, 666 staff attended face to face training and 1,103 people have accessed e-learning.
40. An additional series of videos have been developed aimed at the wider workforce to raise awareness of the Care Act, with a particular focus on the links between the Care Act and the Adult Care Strategy. The Adult Social Care Strategy sets out the Council's proposals for the future of adult social care in Nottinghamshire.
41. The videos focus on various themes: how people can make contact with the Council, using a strengths based approach to assessment and support planning, examples of a provider using a strength based approach, how direct payments in residential care can increase choice and control, the importance of independent financial advice to help people

to plan for the cost of their care, and how social care and health are working together locally to provide an integrated response to people with health and social care needs. These will be available by the end of the year and will be hosted on the Council's website and promoted to service users, carers, the general public and partner agencies.

Strategic Market Development and Managing Quality and Risk in the Market

42. The Care Act requires local authorities to ensure that there is diversity and quality in the market of care providers so that there are enough high quality services for people to choose from. Local authorities must also step in to ensure that no vulnerable person is left without the care they need if their service closes due to business failure.
43. The Market Development Team (MDT) has worked with Optimum Workforce Development (OWL) to improve their offer to the greater health and social care workforce and support improvement in care standards and outcomes for people in receipt of care. To coordinate support, learning opportunities, and training for care providers in Nottinghamshire, an improvement agency has been developed. This is for care providers who have been subject to contractual sanctions and/or have been judged by the Care Quality Commission (CQC) as inadequate and in special measures.
44. The Council has analysed the care home market in Nottinghamshire and mapped risks, including the loss of a large single organisation or specialist service and is developing a strategy for working alongside other commissioners to plan and support service users impacted if provider failure impacts. The Council is planning to develop this risk escalation process further.
45. Nottinghamshire has also commissioned a piece of work with other local authorities and Laing Buisson to look at the costs of care. This work has resulted in a national report and, as a result, further work needs to take place in Nottinghamshire to look at the impact of the introduction of the living wage on providers.

Local Government Association Care Act Stocktake

46. The Care Act Local Authority Stocktake was completed by all local authorities in May 2014 and since has been repeated every quarter.
47. The purpose of the stocktake is to assure the Government of progress in implementing the requirements of the Care Act across the country. Each local authority is required to complete a self-assessment with nine proxy measures as an overall indicator of readiness.
48. The fourth stocktake, submitted in June 2015, focussed both on the readiness for the Care Act and the provision of data in respect of the new and extended responsibilities which came into force in April 2015. There are to be two further stocktakes, one in October and the final one in April 2016 which will focus on the Care Act twelve months on.
49. The fourth stocktake reported that Nottinghamshire is on track in the implementation of the Care Act.

50. Although it is still too early to tell the full impact of the Care Act, local data suggests that the increase in demand generally for assessments is contributing to the on-going pressures on the Adult Social Care department alongside reducing resources and previous reductions in staffing.

Workforce Modelling and Recruitment

51. A workforce capacity model has been designed and developed that calculates the additional levels of staff required to meet new responsibilities arising from the Care Act. The model takes into account any planned changes to the way the Council works in the future, such as mobilisation of the Adult Social Care workforce over the next year and other changes to ways of working in line with the Adult Social Care Strategy, such as offering various methods of assessments to service users, including telephone assessments and reviews.
52. The requirement for additional staffing to meet current and new demand is detailed in the report titled 'Adult Social Care and Health – Overview of Current Developments' which was considered by Committee on 5th October 2015.
53. Recruitment into most of the additional staffing is underway during October 2015.

Implications of postponement of Part Two of the Care Act

54. On 17 July 2015 Alistair Burt MP, Minister of State for Community and Social Care, confirmed by letter that part 2 of the Care Act reforms due to be implemented in April 2016 is to be postponed until 2020.
55. In brief, the postponement includes the cap on care, the creation of care accounts, the requirement to assess self-funders from October 2015 in preparation for the introduction of Care Accounts, the requirement to provide an independent personal budget, the increase in the financial means-test threshold, the duty to arrange care for self-funders in residential care, 1st party top ups and the introduction of the new appeals system.
56. Although the financial reforms have been postponed, the responsibilities under the Care Act part 1 from April 2015 remain unchanged and importantly the self-assessment report completed for Care Act part 1 identified a number of areas where work needs to continue to embed the changes and ensure best practice.
57. The Care Act funding is temporary but the new burdens created by the implementation of part 1 of the Care Act are not. It is expected that future central Government funding will include the funding of these new responsibilities in full, although this has not been confirmed by the Government to date.
58. The ASCH&PP department is experiencing a number of operational pressures related to the reduction in staffing numbers which commenced in 2011/12. Following the postponement, work was undertaken to review the completed and planned recruitment of staff into posts associated with either part 1 or part 2 of the Care Act and a review of the estimated increase in demand for services against the Care Act grant received.

59. From this considered review, it has been agreed that due to on-going pressures for assessments, recruitment to most of the social care posts should go ahead to mitigate the increase in demand and the extended responsibilities associated with part 1 of the Care Act. If a part of the grant money for the current financial year is required to be returned or re-badged for other uses, it has been agreed that this can be identified through some recruitment which will not go ahead and from a proportion of the grant monies set aside for increases in demand for services. Following the announcement, the department has reviewed workforce capacity modelling and is not recruiting to some of the posts relating to part 2 of the Care Act.

Other Options Considered

60. The report is for noting only.

Reason/s for Recommendation/s

61. The report is for noting only.

Statutory and Policy Implications

62. 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.

Implications for Service Users

63. The Care Act has considerable implications for service users and carers, on-going consideration will need to be given to the full implications alongside the implementation of the Adult Social Care Strategy.

Financial Implications

64. Part 1 of the Care Act has been implemented and confers new and extended responsibilities on local authorities which are ongoing. The current funding is temporary and it is expected that future central Government funding will include the funding of these new responsibilities in full, although this has not been confirmed by the Government to date.

Public Sector Equality Duty Implications

65. The changes arising from the Care Act will impact on all vulnerable groups of adults and children across Nottinghamshire's communities. An Equality Impact Assessment has been completed to enable detailed understanding of the impact of the changes on people with protected characteristics and these have in turn helped inform the changes that have been required to local policies and procedures.

Human Resources Implications

66. These are covered within the body of the report.

RECOMMENDATION/S

That the Committee:

- 1) notes the achievements to date on the implementation of the Care Act
- 2) notes the further work identified to embed the changes and meet good practice
- 3) notes the work to monitor and review the impact of the new duties and responsibilities of the Care Act on the Council.

Jane North
Transformation Director

For any enquiries about this report please contact:

Bronwen Grieves
Strategic Development Manager-Care Act
T: 0115 97 74139
E: bronwen.grieves@nottsc.gov.uk

Constitutional Comments

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

Financial Comments (KAS 16/10/15)

68. The financial implications are contained within paragraph 64 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.

Information, Advice and Advocacy Strategy for Adult Social Care (May 2014)

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

Electoral Division(s) and Member(s) Affected

All.

ASCH344

2 November 2015

Agenda Item: 8

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

**MEMBERS' VISITS TO COUNCIL AND INDEPENDENT SECTOR CARE
HOMES**

Purpose of the Report

1. The report seeks approval of the proposed methodology for involvement in quality monitoring visits by Members to Council owned and independent sector care homes, further to a report to Committee in March 2015.

Information and Advice

2. For a number of years the department has arranged visits by Elected Members to Council owned care services. This has allowed interested Members to review services and provide feedback to the department. Services visited have included the Council owned Care and Support Centres, day services, short breaks and supported employment services.
3. In 2012 the existing 'rota visits' system was reviewed, but continued, with at least 17 Members from across the political groups subsequently undertaking regular visits. This year, and in view of plans to review and strengthen governance around the care home sector, it was felt prudent to review the programme of Member involvement in care home scrutiny (alongside separate work being undertaken regarding Members' visits to day services, short breaks and supported employment services).

Context

4. In March 2015 it was proposed that, following the roll-out of a new methodology for the quality auditing of the care home sector (independent and Council-owned), now would be an opportune time to review the involvement of all interested Members.
5. An overview of the current quality audit methodology has previously been shared with Members which includes:
 - a quality audit framework/tool-kit
 - an annual quality audit of each service
 - for older persons care homes these un-announced audits currently take place between August and December each year and are used to identify the associated quality/fee band

- for younger adults care homes the un-announced audits take place over the year
 - analysis of desk-top information and intelligence held
 - responsive quality audits of services based on a risk-based approach.
6. The report to Committee in March 2015 proposed that those Members expressing an interest be supported to have an involvement in the annual audit process. This annual audit process includes the development of a confidential work programme but, due to the additional requirement to undertake responsive visits, is liable to change. There are 300 homes that the Council audit including our care and support centres and short breaks services and this is a significant number of homes in which to undertake audits. Following further consideration on how best Members could be involved, it is now proposed that they be included in the responsive quality monitoring of services, where particular concerns have been identified.
 7. This would allow Members to be able to speak with people accommodated and/or their families, at services where concerns have been identified, and understand how this has impacted on them. Additionally Members would be able to see how the Quality Development Officers work to support improvements in outcomes for the people accommodated.
 8. The current audit tools and methodology review five outcome areas:
 - people's experience of person centred support
 - people's lived experience
 - people being protected from harm
 - people who use services are supported by competent staff
 - services are managed effectively.
 9. This new methodology puts people who use services at the heart of the audit. Their views, opinions, wishes, lived experience and involvement in the running of the service provide key evidence about the quality of care and support. To that end a significant period of time is now spent talking with people who use services and observing the lived experience. The same methodology is used in conducting responsive visits, although the number and scope of the outcome areas viewed at a responsive visit is dependent on the issues of concern that has triggered the visit.
 10. It is proposed that the same methodology is used by Members with a separate template being developed to support their visits/record their findings. Sample questions will be prepared in relation to each of the outcome areas to provide support in gathering people's views.
 11. It is proposed that:
 - a list of care homes, by area, allocated to each Quality Development Officer (QDO) will be shared with Members – to help them identify services within their ward
 - the Team Managers responsible for monitoring care quality in care homes will liaise with interested Members to arrange for a walk through of audit methodology, sample questions and the template for recording findings

- interested Members will be supported to shadow a QDO in the quality audit process, after which they can determine which services they wish to visit and report on
- after each visit is completed Members would complete a reporting template and return it to the lead QDO within a week of their visit to allow incorporation of their findings with other intelligence held
- within two weeks of receipt of the template the QDO will feed back to the Member with details of how the information has been, or will be, used
- the quarterly report presented to the Adult Social Care and Health Committee will include evaluation of Members' input and feedback.

Other Options Considered

12. No other options have been considered

Reason/s for Recommendation/s

13. To involve interested Elected Members in the quality monitoring of care homes

Statutory and Policy Implications

14. 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

15. There are no financial implications.

Implications for Service Users

16. People in receipt of care and support are often in vulnerable positions through being placed in care homes. It is imperative that the services that they receive are of good quality and are delivered with dignity and respect. The proposals in this report seek to reduce and wherever possible eliminate poor quality care home provision whilst at the same time supporting the development of further high quality care home services through improved partnership working.

RECOMMENDATION/S

- 1) That Committee approves the methodology for involvement in quality monitoring visits by Members to Council owned and independent sector care homes, as detailed in paragraphs 10 and 11.

Caroline Baria,
Service Director for Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

Rosamunde Willis-Read
Group Manager Quality and Market Management
Market Development and Care Standards Team
T: 07824361288
E: Rosamunde.Willis-Read@nottsc.gov.uk

Constitutional Comments (LM 20/10/15)

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

Financial Comments (KAS 19/10/15)

18. The financial implications are contained within paragraph 15 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.

Members' visits to Council and Independent Sector Care Homes – report to Adult Social Care & Health Committee on 2 March 2015 (previously published)

Electoral Division(s) and Member(s) Affected

All.

ASCH348

2 November 2015

Agenda Item: 9

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

**APPROVAL TO PERMANENTLY ESTABLISH THE CENTRAL REVIEW TEAM
FROM APRIL 2016**

Purpose of the Report

1. To seek Committee approval to permanently establish the Central Review Team from April 2016, at an annual cost of £890,500. The initial two years will be funded from Adult Social Care, Health & Public Protection (ASCH&PP) Departmental Reserves. Thereafter, the team will be funded corporately.
2. Committee approval is also sought to temporarily merge line management responsibility for the team to fall under the remit of a single Group Manager for Older Adults - Community Care.

Information and Advice

3. A temporary reviewing resource has been established in the Department since January 2011. It was originally established to reassess the needs and circumstances of existing service users and carers, check eligibility for support, renew levels of support, and move service users onto Personal Budgets. Since then, the priorities of the team and its configuration have changed to adapt to ongoing business requirements, and to support delivery of savings and efficiency projects that require reviewing resource.
4. At the 12 May 2014 Adult Social Care & Health (ASCH) Committee, approval was given to extend the Central Review Team for a further two years, from April 2014 to March 2016, at an annual cost of £850,000 using Strategic Development Funding. The annual cost is broken down as follows:

Post Title	FTEs	Grade	Annual Cost £
Team Manager	2.0	D	102,000
Reviewing Officers	20.3	5	603,000
Brokers	2.0	5	56,000
Business Support	2.0	3	41,000
Running costs			48,000

5. The main purpose for the extension was to support delivery of savings against the Reducing Community Care Spend Older Adults project and, specifically, to undertake targeted reviews on packages of care (in the main, homecare), with the aim of reducing community care spend. For example, by reviewing:
 - a) if a service user's needs have changed over time, thus requiring less or different forms of support
 - b) the amount of Direct Payment a service user receives, where a surplus amount has accumulated in their bank accounts
 - c) hospital discharge cases after six to eight weeks.

6. The Central Review Team also supports delivery of other savings projects, specifically:
 - a) reducing the Average Community Care Personal Budget (Younger Adults) project, through the review of Physical Disability community care packages
 - b) Direct Payments project, through assisting with the re-coup of surplus amounts in the bank accounts of Direct Payment recipients
 - c) reviewing cases where there is potential to reduce the number of carers from two to one, for example through the use of different moving and handling equipment.

7. In addition, the team also meets other operational requirements, including:
 - a) Following up on alerts by the Adult Care Financial Services (ACFS) team, for example where submitted bank statements by Direct Payment recipients suggest a review is required.
 - b) Carer assessments, in tandem with reviews on service users.
 - c) Requests from service users to switch from a managed package to a Direct Payment (or vice-versa).
 - d) Brokerage, where service users are requesting support to find a Direct Payment provider.
 - e) Supporting delivery of new Care Act requirements.
 - f) Other operational priorities, as and when they arise. For example, the team is currently involved in the Direct Payment Support Service transfer work.

8. Of the £850,000 budget allocated to the team in 2014/15, due to some un-filled vacancies actual spend totalled £744,704. In total over 2014/15 the team undertook 2,671 interventions and generated in-year savings of £1,709,069.

9. Of the £850,000 budget allocated to the team in 2015/16, over the period April to September 2015 actual operational costs total £369,138. At the time of writing, over the same period the team has undertaken 1,026 interventions and generated indicative in-year savings of £893,549 (subject to further tests of the sustainability of the savings throughout the rest of the year).

10. Approval is now being sought to permanently establish the team from April 2016. This change is required in order to support delivery of:
 - a) ongoing existing savings projects, as above
 - b) new savings proposals that are currently being developed, which will require further savings through this targeted review activity

- c) the Adult Social Care Strategy, specifically to “ensure that a person’s entitlement to a personal budget is reviewed regularly to ensure that he/she is still eligible and that his/her outcomes are being met in the most cost effective way”
- d) ongoing Care Act requirements
- e) ongoing operational requirements and priorities, as they arise.

11. It is proposed that the annual allocated budget for the team increases to £890,500 from April 2016, in line with routine annual scale point increases and the January 2015 pay award, broken down as follows:

Post Title	FTEs	Grade	Annual Cost £
Team Manager	2.0	D	105,720
Reviewing Officers	22.3	5	695,782
Business Support	2.0	3	44,838
Running costs	N/A	N/A	44,160
Total Cost			890,500

- 12. The original Committee approval obtained in May 2014 acknowledged that the make-up of the ratio between the broker / reviewing officer roles may change, and in reality it is just reviewing function that the team has required over the past two years, and is required in future. Therefore, the 2.0 FTE broker posts were never filled.
- 13. It is proposed that from April 2016 to March 2018 the team is funded from ASCH&PP Departmental Reserves. Thereafter, it is proposed that the team is funded from corporate resource.
- 14. It is also proposed that line management responsibility for the team is temporarily merged to fall under the remit of a single Group Manager for Older Adults Community Care, until their programme of targeted reviews is completed. Currently, line-management falls under the remit of two Group Managers, one who covers reviewing activity undertaken on service users living in the South District, and one who covers reviewing activity relating to Central and North Districts.

Other Options Considered

- 15. The option of no longer undertaking this work has been discounted as reviewing is a statutory responsibility and it is also required to support ongoing delivery of:
 - a) ongoing existing savings projects
 - b) new savings proposals that are currently being developed, which will require further savings through this targeted review activity
 - c) new Care Act requirements
 - d) implementation of the Adult Social Care Strategy
 - e) other operational priorities, as and when they arise.
- 16. The use of other existing departmental or corporate resources has been considered. However, this option has been discounted as there is no spare capacity within

operational or central support teams to undertake this work without impacting on existing savings programmes or business as usual activity.

17. The contracts of the Reviewing Team could just be extended for a further two years. However, as above, there is an ongoing indefinite statutory and operational need to continue to undertake reviews. The Central Review Team has operated under temporary contracts since January 2011. Recently, such uncertainty has resulted in some members of the team opting to return to their substantive posts.

Reason/s for Recommendation/s

18. The option of making the Central Review Team permanent is recommended in order to:
 - a) support delivery of ongoing statutory and operational requirements
 - b) support delivery of the Department's savings programme
 - c) free up other existing Departmental staff resource to focus on other operational priorities
 - d) provide some level of certainty to staff working within the Central Reviewing Team.

Statutory and Policy Implications

19. 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

20. The annual cost of extending the team is £890,500. The cost of covering this for two years from April 2016 has been ring-fenced from ASCH&PP Departmental Reserves. Thereafter, this cost will need to be funded corporately.

Human Resources Implications

21. The current employment contracts for staff working within the team will need to be amended from temporary to permanent contracts, effective from April 2016.
22. The proposal to temporarily merge line management responsibility for the team to fall under the remit of a single Group Manager will not affect staff other than:
 - a) the remit of the Group Manager, who currently only oversees reviewing activity undertaken on service users living in the South District, will extend temporarily to overseeing reviewing activity undertaken in all Districts
 - b) the remit of the Group Manager who currently only oversees reviewing activity undertaken on service users living in Central and North Districts will be reduced temporarily, to focus on other service priorities.
23. This report has been shared with HR, Unison and GMB representatives.

Implications for Service Users

24. Service users will see no change as a result of the recommendations in this report.

RECOMMENDATION/S

That the Committee:

- 1) approves the permanent establishment of the Central Review Team from April 2016, funded from Adult Social Care, Health & Public Protection Departmental Reserves from April 2016 to March 2018, and thereafter from corporate resource.
- 2) approves an increase in the annual budget allocated to the team from £850,000 to £890,500 from April 2016.
- 3) approves the proposal to temporarily merge line management responsibility for the team to fall under the remit of a single Group Manager for Older Adults - Community Care.

Paul McKay

Service Director, South Nottinghamshire and Public Protection

For any enquiries about this report please contact:

Ellie Davies

Project Manager, Transformation Team

T: 0115 9773211

E: ellie.davies@nottsc.gov.uk

Constitutional Comments (SMG 05/10/15)

25. The Committee has the responsibility for adult social care matters and approval of relevant staffing structures as required. The proposals in this report fall within the remit of this Committee.
26. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (KAS 12/10/15)

27. The financial implications are contained within paragraph 20 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 the Adult Social Care and Health Committee, 12 May 2014: *Overview of Savings Projects to be Delivered 2014/15 to 2016/17 by the ASCH&H Department.*

Electoral Division(s) and Member(s) Affected

All.

ASCH343

2 November 2015**Agenda Item: 10****REPORT OF CORPORATE DIRECTOR, RESOURCES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2015/16.

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>
30th November 2015			
Market Management Delivery Group Update	Report on progress	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/ Ian Haines
Social Care Clinics	Report on the outcome of the pilot and proposed recommendations for action	Service Director, Mid Nottinghamshire	Phil Cooper
National Children and Adult Services Conference 2015	Report on attendance at the Conference in October	Corporate Director, Adult Social Care, Health and Public Protection	David Pearson
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 / Jessica Chapman
Progress Report on the Delivery of Single Meals Production and Delivery Service	Update on progress with this programme of work	Interim Service Director, North Nottinghamshire and Direct Services	Lorraine Mills
Personal Health Budget Proposals from the Vanguard Site	Update on the Personal Health Budget work taking place with health in the Vanguard site in mid Nottinghamshire	Service Director, Mid Nottinghamshire	Cherry Dunk / Nigel Walker
Personal Outcomes Evaluation Tool (POET) survey			Penny Spice
Proposals to restructure the safeguarding adults strategic team	To seek approval for a restructuring of the safeguarding adults strategic team and for the use of unallocated budget to fund a temporary post to ensure adult social care safeguarding governance arrangements are fit for purpose.	Service Director, Strategic Commissioning, Access and Safeguarding	Claire Bearder
Extra Care progress report	Update on progress with this programme of work	Service Director, Mid Nottinghamshire	Cherry Dunk

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
New advocacy model	To present options for the new model	Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis
11th January 2016			
Deprivation of Liberty Safeguards Progress Report	Update on the situation in relation to Deprivation of Liberty Safeguards (DoLS) work in the County	Service Director, Mid Nottinghamshire	Tina Morley-Ramage
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard
Direct Services Delivery Group Update	Report on progress with savings programmes within this delivery group.	Programme Director, Transformation	Ian Haines / Jennifer Allen
Update on consultation on establishing a local authority trading company for the delivery of Adult Social Care Direct Services	Progress on the development of models for alternative service delivery within this group of internal services	Interim Service Director, North Nottinghamshire and Direct Services	Jennifer Allen / Ian Haines
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
New advocacy model	To agree the new model	Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis
8th February 2016			
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
Outcome of the Sector Led Improvement Peer Review 2015	Report of the sector led improvement peer review of ASCH&PP in Nov 2015.	Corporate Director, Adult Social Care, Health and Public protection	Jennie Kennington
7th March 2016			
Transforming Care: Response to the	Six-monthly update to include finance information as detailed in report of 2 March 2015 Page 70 of 72	Service Director, Strategic Commissioning, Access and	Cath Cameron-Jones

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Winterbourne View Report		Safeguarding	
Update on the Future of the County Horticulture Service	Update on the proposed revised staffing structure for the new service following consultation	Service Director, North Nottinghamshire	Jane McKay
18th April 2016			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
16th May 2016			
13th June 2016			
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
11th July 2016			
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, Access and Public Protection	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, South Nottinghamshire	Paul Johnson
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard
To be placed			
Appropriate Adults Service			Gill Vasilevskis

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
The Social Care Market	To include the Market Position Statement	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read / Jane Cashmore / Margaret Pape

ASCH349