

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

**Monday, 09 November 2020 at 10:30**

<https://youtu.be/YbfyISa0GUM>

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## **AGENDA**

- |    |  |         |
|----|--|---------|
| 1  | Minutes of Last Meeting held on 12 October 2020  | 1 - 4   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Public Health Services Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant  | 5 - 16  |
| 5  | Local COVID-19 Outbreak Response and Public Health Priorities for the period to April 2021   | 17 - 22 |
| 6  | Consultation Response and Preparation for Delivery of the Domestic Abuse Duty  | 23 - 32 |
| 7  | Development of a Departmental Approach to Co-production - Working Together to Make Things Better   | 33 - 42 |
| 8  | Developing Short Breaks Services and Support for Carers in Nottinghamshire   | 43 - 52 |
| 9  | Review of Commissioning Function within Integrated Strategic Commissioning and Service Improvement Directorate   | 53 - 64 |
| 10 | Change of Staffing Establishment in the Preparing for Adulthood Team   | 65 - 70 |
| 11 | Work Programme   | 71 - 76 |

## **Notes**

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

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

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	12 October 2020 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Tony Harper (Chairman)  
Boyd Elliott (Vice-Chairman)  
Francis Purdue-Horan (Vice-Chairman)

Joyce Bosnjak  
Dr. John Doddy  
Sybil Fielding  
David Martin

Andy Sissons  
Steve Vickers  
Muriel Weisz  
Yvonne Woodhead

**OFFICERS IN ATTENDANCE**

Melanie Brooks, Corporate Director  
Sue Batty, Service Director, Ageing Well Community Services  
Nathalie Birkett, Group Manager, Public Health  
William Brealy, Executive Officer  
Jonathan Gribbin, Director of Public Health  
Jennie Kennington, Senior Executive Officer  
Ainsley Macdonnell, Service Director, Living Well  
Grace Natoli, Director of Transformation

Keith Ford, Democratic Services Team Manager

Adult Social Care and Health  
Chief Executive's

**1. MINUTES OF THE LAST MEETING**

The minutes of the meeting of Adult Social Care and Public Health Committee held on 14 September 2020 were confirmed and signed by the Chair.

Following discussions in relation to resolution 2020/023 in those minutes, officers agreed to circulate the information detailing the current Adult Social Care Performance and Financial Position.

**2. APOLOGIES FOR ABSENCE**

None.

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

None.

### **4. PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT 1 JANUARY TO 31 MARCH 2020**

Nathalie Birkett introduced the report which offered Members the opportunity to scrutinise the performance and quality of services commissioned by Public Health.

During discussions, Members requested:

- more detailed information detailing how each GP service was performing in relation to health checks;
- that County Council staff and providers be formally thanked for their hard work in the face of challenges posed by the COVID-19 pandemic.

### **RESOLVED 2020/031**

That the information contained in the report be noted and officers progress the actions requested by Members.

### **5. INVESTING UNCOMMITTED PUBLIC HEALTH GRANT FOR A HEALTHIER NOTTINGHAMSHIRE**

Jonathan Gribbin introduced the report which sought approval to invest uncommitted grant money in relevant services; establish fixed term Public Health posts; and for related media communications work.

During discussions, Members:

- thanked Mr Gribbin for all of his efforts in ensuring that specific issues faced in Nottinghamshire were raised with Public Health England;
- requested details of the Council's response to the consultation on the Government's Planning White Paper.

### **RESOLVED 2020/032**

- 1) That the forecast uncommitted Public Health grant be invested in services to sustain and improve outcomes for people in Nottinghamshire, as detailed in the committee report.
- 2) That one Band B and one Band D full time equivalent posts be established for a fixed term of 12 months in the Public Health Division as detailed in paragraph 44 of the committee report.
- 3) That media communications relating to the launch and promotion of these programmes of work be approved.

## **6. LIVING THE LIVES WE WANT TO LIVE – DEVELOPING A DAY OPPORTUNITIES STRATEGY FOR NOTTINGHAMSHIRE**

Melanie Brooks introduced the report which outlined how Adult Social Care would support and enable people to live the lives they want and for the co-production of a Day Opportunities Strategy with people, family, carers, staff and partners.

During discussions, members requested more detailed information mapping out the Council's existing day centre provision.

### **RESOLVED 2020/033**

- 1) That the plan to further develop an interim day service model to support people during the continued period of social distancing be approved.
- 2) That the proposed co-production approach to develop a Day Opportunities Strategy be approved.
- 3) That, other than the circulation to Members of more detailed information mapping out the Council's existing day centre provision, no further actions were required.
- 4) That a further report on the draft Day Opportunities Strategy be scheduled in the Committee's work programme for consideration in March 2021.

## **7. SUSTAINABILITY AND FUTURE DEVELOPMENT OF THE APPROVED MENTAL HEALTH PRACTITIONER SERVICE**

Ainsley Macdonnell introduced the report which sought approval for investment in additional staffing capacity and an alternative model of service delivery for the Approved Mental Health Practitioner service.

During discussions, Members thanked the staff of the Adult Social Care and Public Health Department, including those within the Approved Mental Health Practitioner Service, for the work they have undertaken during this difficult period.

### **RESOLVED 2020/034**

- 1) That 2.8 Full Time Equivalent Approved Mental Health Practitioner posts (Band C) be established on a permanent basis and additional associated costs to support a 24 hour / 7 day service model be approved.
- 2) That an alternative model of service delivery be developed to move towards a 24 hour / 7 day service.

## **8. WORK PROGRAMME**

### **RESOLVED 2020/035**

That the updated work programme, subject to the inclusion of the draft Day Opportunities Strategy in March 2021, be agreed.

The meeting closed at 12.28 pm.

**CHAIRMAN**

**PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED  
WITH RING-FENCED PUBLIC HEALTH GRANT 1 APRIL 2020 TO 30 JUNE 2020****Purpose of the Report**

1. To enable Members to scrutinise the performance and quality of services commissioned by Public Health (PH)

**Information**

2. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in April to June 2020 against key performance indicators related to Public Health priorities, outcomes and actions within:
  - a). the Public Health Service Plan 2020-2021;
  - b). the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
  - c). the Authority's Commitments 2017-21.
3. A summary of the key performance measures is set out on the first page of **Appendix A**.
4. It is unlikely that some targets will be met this year and, in some services no quantitative targets have been set. To that end Members will see that Appendix A has less columns than in previous years. Members can be assured, however, that contract management including quality assurance of all providers continues.
5. Appendix A also provides a description of each of the services and examples of the return on investment achievable from commissioning public health services. Furthermore, it provides a breakdown of some commissioned services at District level.
6. As Committee will be aware, lock-down began on 23<sup>rd</sup> March in response to the growing number of cases of coronavirus, (COVID 19) across the UK. The Government issued warnings for businesses to close, working from home to begin where possible and schools to close, with the nation warned 'Stay home. Save lives'. The country remained in this most strict form of lockdown for three months until 23<sup>rd</sup> June when the Prime Minister announced some easing of restrictions from 4<sup>th</sup> July.
7. Following the Prime Minister's direction, all providers of public health commissioned services were contacted at the end of March and advised that their efforts should be directed towards

saving life, protecting the vulnerable and enabling the health and care system to address the needs of the most vulnerable.

8. Providers were asked to review their business continuity plans and to identify critical services (i.e. those required to address the needs of vulnerable people). Providers were advised to stop all non-critical services and to deliver on new service models from 23<sup>rd</sup> March. The intention behind this advice was to sustain the delivery of critical services and, wherever possible, to free up other staff for redeployment to parts of the system where the need was greatest.
9. In March, 'Procurement Policy Note- Supplier relief due to COVID 19 02/20' (PPN) was issued by the Cabinet Office to have immediate effect until 30 June 2020. The PPN provided all public bodies with information and guidance on payment of suppliers to ensure service continuity during and after the COVID 19 outbreak. Further to the PPN, providers were assured that full payment, inclusive of service credits where applicable, would be paid for both critical and non-critical services during the operation of new service models.
10. Payment to all providers of services mentioned in this report, continued during quarter one as providers gave proper assurance that all necessary steps were being taken to establish delivery of critical services and that any staff not involved in the delivery of critical functions would be released for redeployment to assist with the wider effort.
11. Public health officers have maintained a close dialogue with providers during this quarter to ensure that the Authority continues to be assured of good performance and safe practices and that services are reinstated as soon as practicable in line with emerging guidance.
12. Members can be assured that due to the work of officers in previous years building good relationships with our providers and due to the robust procurement of the new integrated well-being service, all our providers have responded positively, with flexibility and ingenuity to the current challenges.

### **NHS Health Checks (GPs)**

13. Quarter one was an exceedingly pressured time for GP practices with the additional challenges in responding to the COVID 19 pandemic. As the NHS Health Checks programme focuses on prevention and early detection of cardiovascular disease, activity on this preventative programme was reduced significantly if not ceased altogether in quarter one as part of the response to the pandemic.
14. In order to ensure that GP practices were able to maintain capacity for future health check activity once recovery from the pandemic is established, GP practices were paid a flat payment of 80% of the payment made to the practice for quarter one of 2019/20, or the claim for the actual current NHS Health Check activity during this quarter of 2020/21, whichever was higher. This payment was intended to help support GP practice income during this period and meant to an extent that the Authority is protected against inadvertent double payment for future checks.
15. Beyond quarter one, the situation has been kept under review, and the position reassessed for future quarters based on emerging guidance and the national picture, but overall with an



expectation that GP practices gradually restart the NHS Health Checks programme alongside other recovery activity, so it will be possible to move back to payment for activity delivered.

16. The aim of this programme is to help prevent heart disease, diabetes, stroke, kidney disease and certain types of preventable dementia by offering a check once every five years to everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions.

**Integrated Sexual Health Services (ISHS) (Nottingham University Hospitals (NUH), Sherwood Forest Hospital Foundation Trust (SFHFT) and Doncaster and Bassetlaw Hospitals (DBH))**

17. The ISHS is provided by the three NHS Trusts in Nottinghamshire and in response to the COVID 19 outbreak had sexual health staff redeployed to other duties in the hospitals.
18. However, in quarter one all three providers were able to continue to provide an emergency and essential sexual health and contraception service including sexually transmitted infection responses (genital warts/molluscum contagiosum) and insertion and removal of long acting reversible contraception (IUD/S and Implants). Pre-procedure consultations were undertaken remotely by telephone to ensure the service user (or anyone living in their household) was free of COVID 19 symptoms and that the service user was suitable for the relevant procedure. The remote consultations helped to reduce the length of time that service users were in the hospital. Home treatments were given where possible.
19. PrEP medication taken by HIV-negative people to prevent infection continued to be supplied to service users (predominantly men who have sex with men) already on the PrEP trial. Service users were asked to take an on-line HIV test prior to attending a face to face appointment with evidence of their HIV negative result. If a service user had a HIV positive result, they were seen for HIV care and treatment.
20. Social distancing for examinations and the procedures themselves could not be maintained but requisite infection prevention control measures and PPE guidance was followed. All sexual health staff used disposable plastic aprons, disposable latex gloves, fluid resistant masks and face visors and service users were asked to wear fluid resistant masks too. Social distancing in waiting rooms and staggered appointment times helped to reduce the risk of exposure to COVID 19.

**Young People's Sexual Health Service- C Card (In-house)**

21. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire.
22. The service is popular with young people but with the closure of schools, youth clubs and the lock down in general, the service was unable to provide the service as usual during quarter one.
23. However, the Authority officer worked with pharmacies in Nottinghamshire, providing advice about managing possible increases in demand, possible delays in receiving supplies and minimising contact by preparing bags of condoms in advance. The officer produced weekly

on-line guidance and resources for youth workers to enable them to distribute condoms safely in their areas. The website was updated to inform young people how they could access condoms during the pandemic. Furthermore, training was moved on-line and both registration and refresher training sessions have been provided

### **All Age Alcohol and Drug Misuse Services (Change Grow Live)**

24. Change, Grow, Live (CGL) were successful in retaining their provision of the all age substance misuse treatment and recovery service in Nottinghamshire following a procurement of this service in 2019/20.
25. In order to continue to provide this critical service in line with the new legislation brought in to combat the spread of COVID 19, CGL had to adapt very quickly to ensure both staff and service users (children, young people and adults) remained safe.
26. The service had to move to being largely remote and to aid this CGL bought vulnerable service users mobile telephones in order to maintain contact throughout lockdown and have access to video calling and recovery zoom sessions.
27. Supervised daily consumption for 1150 opiate users moved to fortnightly unsupervised consumption with the need to provide each service user with a lockable storage box to keep the medication safe.
28. CGL outreach workers worked alongside Framework Housing Association with rough sleepers to undertake safe and well checks.
29. It is credit to the provider and their staff that safe provision of this service has continued throughout lock-down. This has remained the case even though CGL had to deal with significant over capacity. This over capacity has been broken down to an extra 180 opiate service users and an extra 200 alcohol service users above the original need forecast in the contract value. Public Health has set aside over 700 thousand pounds to meet this unprecedented demand.

### **Integrated Wellbeing Service (ABL Health)**

30. A Better Life took over service provision of a new integrated wellbeing service to include the previous smoking cessation, obesity prevention and weight management, brief alcohol intervention, falls prevention and well-being in the workplace services.
31. A robust mobilisation, working closely with the two outgoing providers as well as the Council meant that ABL were able to TUPE transfer workforces from both organisations smoothly and remotely, despite the significant challenges posed by the lock-down period.
32. All staff were inducted and provided with resources and a comprehensive training package in order to begin to fulfil their new roles in Nottinghamshire, with the new service commencing as planned in April.
33. Based on NHS England guidance, only smoking cessation services were deemed to be critical services during lockdown with weight management and alcohol brief intervention

services stood down during this quarter. This restriction on providing core elements of the service is reflected in the performance data.

34. All aspects of the smoking cessation service were provided remotely. All existing smoking cessation clients were transferred to the new service successfully with no interruption to support or NRT.
35. During this quarter, ABL also supported the work of the Community Hub with advice on food parcels and the development of recipe cards for citizens who were shielding. ABL also made themselves available to accept referrals from the Community Hub for people who were vulnerable or shielding who may have benefited from health behaviour support during lockdown.
36. ABL produced a range of materials including falls prevention and other exercise videos to support people to exercise safely at home.
37. While the planned launch of the new service was disrupted due to the pandemic, ABL have made significant progress in engaging and building relationships with our partner agencies including the District Councils, Primary Care Networks, Secondary Care, maternity services, and services including CGL and Active Notts. Many of these organisations have provided positive feedback on the proactive work of ABL.

#### **Illicit Tobacco Services (In-house)**

38. Officers were advised by the police that they should not execute raids on premises suspected of selling and/or holding illicit tobacco during lockdown which has hampered efforts to disrupt the availability of illicit tobacco products.
39. However, officers are still receiving and collating intelligence to act on as soon as the police allow the resumption of raids and cease and desist letters are still being sent.
40. Officers are also continuing to carry out extensive work upgrading files for serious cases being taken to Crown Court.

#### **Domestic Abuse Services (Notts Women's Aid, JUNO Women's Aid and Equation)**

41. The Domestic Abuse service provides information, advice, safety planning and support (including support through the courts) to women, men, teenagers, children and young people. The service was recommissioned in April 2020. The public health team is monitoring four new survivor outcomes when they leave the service. The service is expected to achieve over 60% improvement on all four outcomes. These are high level outcomes that will be monitored on a quarterly basis.
  - new survivors with improved health and wellbeing (physical, mental or sexual)
  - new survivors who feel confident to make decisions for themselves
  - new survivors who feel safer
  - new survivors who are better able to cope with everyday life

- 42. The free domestic abuse Helpline has received double the number of calls during the pandemic.
- 43. Quality Assurance visits further evidence that the services provided are robust, well received by service users and provide good value for money.
- 44. A new prevention promotion and training service has been developed for on-line provision by Equation during this first quarter to improve the domestic abuse information available for professionals and young people across the County.

### **Healthy Families (Nottinghamshire Healthcare NHS Foundation Trust)**

- 45. The service is in its fourth year of delivery and the Healthy Families Programme is now embedded across the County as a fully integrated universal service for children, young people and their families. Performance of the service overall has been good and compares favourably with both our statistical neighbours and England as a whole. The contract has been extended to run for an additional four years in April 2020, ending in March 2024.
- 46. The Authority has set local targets for the provider, in line with National, regional and local performance. 'Stretch' targets have been applied to ensure that the service aspires to meet Nationally reported targets. The Authority has a statutory duty to ensure the delivery of five health and development reviews mandated by the Department of Health. Local performance for these reviews continues to be good.
- 47. The service continued provision throughout lockdown and has managed to maintain pre-COVID 19 targets.

### **Oral Health Promotion Services (Nottinghamshire Healthcare Trust)**

- 48. Nottinghamshire's specialist Oral Health Promotion Team works to improve oral health within local communities and among vulnerable groups by delivering training for the health, social care and education workforce, a supervised tooth-brushing programme in targeted primary schools (with linked nurseries) and health promotion activities such as the provision of tooth-brushing packs to one-year olds.
- 49. With the closure of schools, the 'Tooth Fairy' was unable to make any visits albeit regular communication with schools continued with schools being supported as required. The distribution of toothbrush packs to families with 1-year olds was problematic due to limited face to face contacts. Whilst training was suspended during the outbreak, the service has planned additional sessions later in the year and established e-learning modules.

### **Homelessness (Framework)**

- 50. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On accommodation (typically for six months, and up to a maximum of 12 months) aimed at enabling the service user to achieve a range of outcomes including self-care, living skills, managing money, motivation and taking responsibility, social

networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time.

51. Framework had to revise the service provision substantially during this period with less emphasis on moving people on from hostel and move on accommodation. Despite this the proportion that were moved in a planned way was close to or at the 80% target. The services commissioned by public health continued and the outcomes remain good.

### **Other Options Considered**

52. None

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

53. To ensure performance of Public Health services is scrutinised by the Authority

### **Statutory and Policy Implications**

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

### **Financial Implications**

55. Robust performance and quality reporting ensures that financial implications are monitored and reviewed effectively to minimise financial risk to the council.

### **Public Sector Equality Duty implications**

56. Monitoring of the contracts ensures providers of services comply with their equality duty. Equality performance is a standing agenda item of review meetings and providers are asked to provide case studies celebrating success and showing how complaints, if applicable, are resolved.

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

57. Safeguarding is a standing item on contract review meeting agendas and providers are expected to report any areas of concern allowing the Authority to ensure children and adults at risk are safe.

### **Implications for Service Users**

58. The management and quality monitoring of contracts are mechanisms by which commissioners secure assurance about the safety and quality of services using the public health grant for service users.

## RECOMMENDATION

59. For Committee to scrutinise the performance of services commissioned using the public health grant

**Jonathan Gribbin**  
**Director of Public Health**

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

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**Constitutional Comments (KK 07/10/2020)**

60. The recommendation falls within the delegation to Adult Social Care and Public Health Committee under its terms of reference.

**Finance Comments (DG 07/10/2020)**

61. There are no direct financial implications arising from this report.

## Background Papers and Published Documents

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

62. 'None'

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

63. 'All'

## Nottinghamshire County Public Health Services Performance Report

### Quarter 1 2020/21

Service Name	Indicator or Quality Standard	Annual plan 2020/21	2020/21 Q1
NHS Health Checks	No. of eligible patients who have been offered health checks	34,000	149
	No. of patients offered who have received health checks	23,800	103
Integrated Sexual Health Services	<b>Total number of filled appointments</b>		
	Sherwood Forest Hospital NHS Trust	23,381	2,496
	Nottingham University Hospital NHS Trust	15,819	1,507
	Doncaster and Bassetlaw Hospitals NHS Trust	8,130	1,684
	<b>Total</b>	<b>47,330</b>	<b>5,687</b>
	<b>Quality Standard 60 % of new service users accepting a HIV test</b>		
	Sherwood Forest Hospital NHS Trust	>60%	12%
	Nottingham University Hospital NHS Trust	>60%	10%
	Doncaster and Bassetlaw Hospitals NHS Trust	>60%	2%
	<b>Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test</b>		
	Sherwood Forest Hospital NHS Trust	>75%	35%
	Nottingham University Hospital NHS Trust	>75%	43%
	Doncaster and Bassetlaw Hospitals NHS Trust	>75%	66%
	<b>Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC</b>		
	Sherwood Forest Hospital NHS Trust	>30%	46%
	Nottingham University Hospital NHS Trust	>30%	48%
	Doncaster and Bassetlaw Hospitals NHS Trust	>30%	40%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,400	10
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	2,000	0
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children (separate for YP and Adults)	-	2,944
	Number of successful completions (YP and Adults and Parents)	-	203
	Number of unplanned exists (Adults, YP and parents)	-	164
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date	3,000	282
	Smoking Cessation: % of clients quit at 4 weeks following quit date	-	55%
	Adult Weight Management : The number of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	1,400	0
	Adult Weight Management: The % of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	-	0
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	720	0
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	-	0
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	3,100	0
Illicit Tobacco Services	Number of inspections	-	0
Domestic Abuse Services	Number of eligible referrals who have engaged and accepted support	-	697
	Children of survivors	-	623
	Number of training events delivered (specialists courses, seminars, briefings, conferences)	-	0
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	91%	91%
	Percentage of 6-8 week reviews completed	87%	88%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	86%	93%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	90%	99%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	200	14
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	200	4
Homelessness	Hostel Accommodation Number exited in a planned way	-	21
	Hostel Accommodation % exited in a planned way	>80%	75%
	Move on Accommodation Number exited in a planned way	-	14
	Move on Accommodation % exited in a planned way	>80%	82%





## District Level Data

		Quarter 1							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children (separate for YP and Adults)	566	792	466	355	311	261	193	2944
	Number of successful completions (YP and Adults and Parents)	34	58	28	30	28	15	10	203
	Number of unplanned exists (Adults, YP and parents)	36	48	21	14	16	19	10	164
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date	45	48	62	39	19	29	27	269
	Smoking Cessation: % of clients quit at 4 weeks following quit date	58%	52%	62%	53%	41%	55%	55%	54%
	Adult Weight Management : The number of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	0	0	0	0	0	0	0	0
	Adult Weight Management: The % of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	0	0	0	0	0	0	0	0
	Childrens Weight Management: The number and % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	0	0	0	0	0	0	0	0
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	0	0	0	0	0	0	0	0
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	0	0	0	0	0	0	0	0
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	232	241	270	297	235	224	216	1715
	Number of 6-8 week reviews completed	193	234	277	272	207	222	230	1635
	Number of 12 month development reviews completed by the time the child turned 15 months	240	271	296	263	223	243	221	1757
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	239	242	347	291	242	233	279	1873
Homelessness	Hostel Accommodation Number exited in a planned way	6	5		2		8		21
	Hostel Accommodation % exited in a planned way	29%	24%		10%		38%		100%
	Move on Accommodation Number exited in a planned way	3	4		2		5		14
	Move on Accommodation % exited in a planned way	21%	29%		14%		36%		100%



**9 November 2020****Agenda Item: 5****REPORT OF DIRECTOR OF PUBLIC HEALTH****LOCAL COVID-19 OUTBREAK RESPONSE AND PUBLIC HEALTH PRIORITIES FOR THE  
PERIOD TO APRIL 2021****Purpose of the Report**

1. To inform Committee about the outlook for local Covid-19 outbreak management through the winter period to Spring 2021 and to secure approval for the prioritisation of work within the Public Health Division.
2. To secure approval to establish one full-time equivalent Consultant in Public Health on a permanent basis.

**Information****Public Health Divisional Priorities**

3. In July 2020, Committee gave approval that the main priorities for Public Health over the following three to six months were to stand up all services, implement recovery plans to resume all activity in a phased way, and reassess the priority to be given to the other work of the division once the resource requirements of local outbreak control planning were more clearly defined.
4. In early June, 81% of all public health commissioned services (external or internal) were operational and delivering, 16% were suspended and 3% were furloughed/no service delivery. With the exception of two services, all public health commissioned services are now fully operational and, where relevant, have incorporated good practice and learning acquired during the emergency response phase leading up to June 2020.
5. The two services which have not been stood back up since July are the Children Home Safety Equipment Scheme (delivered by Notts Fire & Rescue) and the Tobacco Control ASSIST programme (internal). The reasons for this are that Notts Fire & Rescue are unable to do Covid safe home visiting and the NCC staff member is unable to visit schools / currently redeployed to undertake Covid-19 contact tracing.
6. The Covid-19 situation is evolving and we now find ourselves in further challenging times as we enter the winter season. Transition into a new phase prompts a review of priorities for the period ahead. The factors prompting this review include:

- High and increasing rates of Covid-19 from general community transmission which is now penetrating older age groups, driving up hospitalisations
  - The recent move to Tier 3 restrictions in Nottinghamshire and the likelihood that some form of ongoing measures will be required to manage the pandemic locally through to Spring 2021
  - New opportunities for strengthening local control through enforcement and problems of performance in the nationally commissioned elements of NHS Test & Trace
  - Problems of fatigue and capacity in other parts of the local system which have implications for the public health team
  - Resilience of the Local Authority's public health team itself and early feedback from efforts to recruit additional capacity for local outbreak management
7. Taken together these represent an escalation of Covid-19 response, other additional demands on the public health team, the prospect that these will need to be managed for at least the next six months, and the possibility that it will take longer (or may not be possible at all) to recruit to all of the fixed term posts approved by Committee in September.
8. To replenish and sustain local outbreak management it is therefore recommended that the other work of the entire Public Health division is re-prioritised.
9. It is proposed that critical commissioned activity continues, as well as the associated clinical governance processes around such services. Contract management and paying providers would continue to ensure provider security. This will help ensure continuity and safety of our most important public health services to residents. Those public health services deemed critical include Substance Misuse Treatment and Recovery Services, Sexual Health Services, the Integrated Wellbeing Service, Children's 0-19 Services and work on important agendas adversely affected by Covid-19 such as Homelessness, Domestic Abuse and Suicide Prevention. All of the mandatory public health functions, such as NHS Health Checks, the National Childhood Measurement Programme, Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment would also continue.
10. However, some development work on important public health agendas will be paused or significantly scaled back so that public health officers can be diverted from their normal assignments in order to increase the resource available for local outbreak management. This was a difficult task as ordinarily these would undoubtedly be considered key public health agendas, but a careful assessment was made on those that could be put on pause or significantly scaled back for the winter period. Key examples of such work include:
- Producing the Annual Report of the Director of Public Health
  - Input into Integrated Care System and Integrated Care Partnership work programmes, including, for example, the Clinical Services Strategy and Population Health Management
  - Place based work, such as Healthy Sustainable Places Coordination Group and wider public health input into District/ Borough Health and Wellbeing Boards
  - Food Environment / Healthier Options Takeaway Scheme
  - Air Quality
  - Wider substance misuse policy work, such as alcohol licencing and the Substance Misuse Strategy Group

- Public health input into healthcare policy development
- Reduced frequency of contract review meetings for public health commissioned services
- Work in support of the Violence Reduction Unit (VRU)
- Public health work on Dementia
- Public health input into wider adult mental health work, including the ICS Mental Wellness (PHM) review
- Self-harm pathway mapping
- Partnership working across the Tobacco Control agenda
- Wellbeing at Work / Making Every Contact Count
- Public health input into Maternity / Local Maternity and Neonatal System work
- Public health input into Best Start Strategy
- Public health input into Breastfeeding
- Oversight role of Section 7a Screening & Immunisation programmes
- Oral Health & Fluoridation

11. The Public Health Senior Leadership Team have undertaken a full and detailed assessment of the likely impacts from significantly scaling back or pausing the above agendas. Likely impacts are that prevention and public health agendas are not progressed for the winter period and that partnership working across the agendas will be delayed without public health representation. However, in the main, impacts are mitigated by ensuring the safe and continued functioning of our most critical public health commissioned services and programme areas.

### **Staffing capacity**

12. At the September meeting of Adult Social Care and Public Health Committee, members approved a report in relation to the Local Authority Test and Trace Grant, received by the Authority for expenditure in relation to the mitigation and management of local outbreaks of Covid-19. One aspect of the report was to establish a series of fixed term posts in support of the Public Health Division and Outbreak Cell.

13. Despite a focused effort to recruit to a Fixed Term Consultant in Public Health, no applicants were suitable for appointment. Nevertheless, securing capacity at this level is vital in order to sustain effective mitigation and management of local outbreaks of Covid-19. Following consultation with the Chief Executive and Corporate Director Adult Social Care and Health, it is therefore proposed to replace the fixed term post with a permanent Consultant in Public Health (full-time, Band H) at a cost of £109,095 per year, funded from the Public Health Grant.

14. In the first 6-12 months, the role will lead aspects of local outbreak management as part of joint working with our Local Resilience Forum partners. Subsequently, it will take responsibility for a portfolio of work which, in common with other members of the senior team, is likely to cover all three public health domains (Health Improvement, Health Protection and Healthcare Public Health).

15. In consultation with the Corporate Director Adult Social Care and Health and Chairman Adult Social Care and Public Health Committee, agreement in principle was reached to begin recruitment ahead of formal committee approval. Taking such an approach, as per the

Corporate Director powers set out in the constitution, will minimise any delay in securing the necessary capacity.

### **Other Options Considered**

16. The option of continuing all business as usual public health activity alongside outbreak control responsibilities was discounted because of the reasons outlined in paragraph 6. Doing so would risk an inadequate response to the pandemic during the winter period.
17. The option of recommencing recruitment for the Consultant in Public Health role on a fixed term basis was discounted because of the immediate need to secure additional resource for outbreak control and attract good quality candidates.

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

18. The report outlines to members the planning that has been taking place across Public Health to prepare for the increasing Covid-19 pressures over the Winter 2020/21 period.

### **Statutory and Policy Implications**

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

### **Financial Implications**

20. The cost of establishing a Consultant in Public Health post on a full-time basis will be contained within the Public Health Grant, at a cost of £109,095 per year.

### **Human Resources Implications**

21. Public Health staff will be redeployed into critical functions and emergency response arrangements within the division as required to respond to the pandemic. Ongoing support and supervision will be maintained to ensure the sustainability of this approach.
22. This report proposes to establish a new permanent post in the Public Health Division, as outlined in paragraphs 12-15.

### **RECOMMENDATION/S**

That members:

- 1) Approve the prioritisation of work within the Public Health Division.
- 2) Approve the establishment of one full-time equivalent Consultant in Public Health on a permanent basis.

**Jonathan Gribbin**  
**Director of Public Health**

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### **Constitutional Comments (EP 27/10/20)**

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

### **Financial Comments (OC20 27/10/2020)**

24. 1 FTE permanent Consultant in Public Health (Band H) at a cost of £109,095 per year, funded from the Public Health Grant.

### **HR Comments (SJJ 26/10/2020)**

25. The consultant recruitment will be undertaken following the authority's recruitment procedure and the requirements outlined by Public Health England.

### **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.

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

All





**6 November 2020****Agenda Item: 6****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****CONSULTATION RESPONSE AND PREPARATION FOR DELIVERY OF THE  
DOMESTIC ABUSE DUTY****Purpose of the Report**

1. Subject to Royal assent of the Domestic Abuse Bill from 1st April 2021 it is expected that upper tier local authorities will receive statutory duties for commissioning domestic abuse support services in safe accommodation. The purpose of this report is to:
  - Provide an update on the proposed statutory duties and preparations for their receipt by the Council;
  - Seek comment and approval for the Nottinghamshire County Council consultation response on the proposed finance model to deliver the duties conferred by the Domestic Abuse Bill set out in Appendix 1;
  - Seek approval for recruitment to a 0.8 FTE Band D post for 12 months to prepare for and deliver the statutory duty.

**Information**Domestic abuse local context and provision

2. Based on national data (ONS 2018), the Nottinghamshire County Domestic Abuse Joint Strategic Needs Assessment (2019)<sup>1</sup> reported that more than 79,000 people in Nottinghamshire have experienced abuse in the previous year, just over half of child protection plans in Nottinghamshire indicated domestic abuse. In the period 2015-18 there were 13 domestic homicide reviews. The year to June 2018 saw an increase of 14.4% in the reporting of domestic abuse with highest numbers of domestic abuse crimes reported in Ashfield and Mansfield.
3. Support services for individuals experiencing domestic abuse are funded via the Government Ministry of Housing Communities and Local Government (MHCLG) and Ministry of Justice (MOJ), Nottinghamshire County Council, Police and Crime Commissioner and Charitable

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<sup>1</sup> Nottinghamshire County Council (2019) Domestic Abuse Joint Strategic Needs Assessment. Nottinghamshire insight <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/domestic-abuse-2019/>

support (sought by the Providers). As per ASCH committee report dated April 2019 these services include prevention work, training programmes, 24/7 telephone helpline, 121 and group support services and support within refuge accommodation.

4. There are 40 units of refuge accommodation in Nottinghamshire funded through either MHCLG or the authority as per ASCPH committee report in December 2019. Survivors access this accommodation through: self-referral, following contact with helplines, domestic abuse sector, local authority district housing teams, social care and the police. The refuge provision in Nottinghamshire County comprises two main cost components. Sustaining suitable arrangements for people fleeing domestic abuse requires both components to be funded. The first is the cost of the accommodation, fully funded by district councils, through Housing Benefits. The second is the cost of the support services provided to survivors (women and their children) in refuges and other safe accommodation settings funded centrally by MHCLG and the proposed domestic abuse duty.

#### Statutory context

5. The Domestic Abuse Bill is being processed through the Parliamentary system. Subject to Royal Assent the Bill will create a statutory definition of domestic abuse, establish a Domestic Abuse Commissioner along with enhancing legal processes. It will also place a duty on local authorities in England to provide support to survivors of domestic abuse and their children in refuges and other safe accommodation. It is anticipated these duties will commence from 1st April 2021.
6. MHCLG includes four-parts to the domestic abuse duty, the authority will be responsible for delivering the first two as the lead authority:
  - I. Lead authorities to convene a multi-agency Local Domestic Abuse Partnership Board, which must perform certain specified functions, as outlined and explained in statutory guidance. These are to:
    - Assess the need and demand for accommodation-based support for all victims and their children, including those who require cross-border support.
    - Develop and publish strategies for the provision of support to cover the locality and diverse groups of victims.
    - Make commissioning / de-commissioning decisions.
    - Meet the support needs of victims and their children.
    - Monitor and evaluate local delivery
    - Report back to central Government
  - II. Lead authorities to have regard to statutory guidance in exercising these functions;
  - III. the Secretary of State to produce the statutory guidance; and
  - IV. Tier 2 district, borough and city councils and London Boroughs to co-operate with the Local Domestic Abuse Partnership Boards.
7. The MHCLG will offer a package of financial support to help local areas meet the Statutory Duty and fulfil the expectations set out in the guidance. This will include the expectation that

authorities will provide support to survivors and children from outside of their area and to allow survivors easy movement to ensure safety away from perpetrators.

8. On 5 October 2020 the MHCLG announced the intention to provide a building capacity fund for local authorities to commence this work prior to the Bill being enshrined in law and a consultation on the funding allocation process.

#### Building capacity fund

9. The government is providing a £6 million capacity building fund to help local authorities prepare for the implementation of the new duty. It will ensure authorities are resourced to plan, prepare for implementation and properly engage with all key agencies in their area ahead of the new duty. The capacity building fund will be equally distributed to Tier 1 authorities. This funding will help authorities prepare so that, subject to successful passage of the Bill, they can start discharging the functions of the duty effectively as soon as it commences. For Nottinghamshire County Council £50,000 has been allocated.
10. Within Nottinghamshire County Council the Domestic and Sexual Abuse Executive (DSA) reports to the Safer Nottinghamshire Board. It is the intention to use the DSA as the partnership board to help shape and deliver on this agenda. To utilise this funding to build local capacity to;
  - Discuss the delivery of the new duty with local experts and stakeholders.
  - Engage with the members of the Domestic and Sexual Abuse executive to help identify and address potential challenges in implementation.
  - Mapping providers across areas, including non-commissioned and specialist services,
  - Review existing governance structures and local strategies
  - Review the current monitoring/service evaluation processes.
  - Review existing commissioning arrangement and co-production
11. To prepare for the duty additional staffing is required to manage the transition arrangement and develop the governance and partnership arrangements. Subject to committee approval it is proposed that the capacity building fund is used to appoint one Band D 0.8 FTE Public Health and Commissioning Manager for 12 months to deliver on this agenda from November 2020 – October 2021.

#### Consultation on funding allocation to deliver the DA Duty

12. On 5 October 2020 MHCLG opened a six-week consultation on the proposed funding allocation. The consultation closes on 13 November 2020.
13. There are three budgets included in the consultation;
  - Domestic abuse support services in safe accommodation (as detailed in paragraph 4)
  - An additional budget provided to tier 1 authorities to administer the Duty (as detailed in paragraph 6-point i).
  - An additional amount for tier 2 authorities to support the delivery of the Duty (as detailed in paragraph 6 point iv)

14. The total amount will be decided through the national spending review scheduled for November 2020. This consultation relates to the apportionment of the monies available to deliver services.
15. MHCLG have proposed a proportion-based formula which is based on the number of adults in an upper tier local authority area, with a labour cost adjustment to make provision more equal across the Country. They have also proposed giving all upper tier local authorities the same amount of funding to administer the duty. Details are provided in Appendix 1 of the proposed consultation response from Nottinghamshire County Council.

### **Other Options Considered**

16. The other option available is to use staff available within the existing structure. This is challenging at present due to the additional demands on the Public Health team due to the pandemic.

### **Reason for Recommendations**

17. It is recommended that the authority prepares for the new duty and associated funding anticipated in April 2021. The preparations will enable the smooth transition for services and maintain partnerships with stakeholders across the system.

### **Statutory and Policy Implications**

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

### **Crime and Disorder Implications**

19. The Domestic Abuse duty will support the delivery of the domestic abuse agenda by providing safe accommodation across the County to enable survivors to flee domestic abuse.

### **Data Protection and Information Governance**

20. Services will be required to adhere to all data protection and governance processes.

### **Financial Implications**

21. The Consultation has been shared with the Director of Finance and includes the finance available to deliver the duty, as raised in paragraph 16. Further financial considerations on staff recruitment in paragraph 14.

### **Human Resources Implications**

22. A Band D 0.8 FTE Public Health and Commissioning Manager for 12 months will be recruited to deliver on this agenda from November 2020 – October 2021. This additional post will use

the existing evaluated job description. The post is additional to current departmental resource to deliver the new duty responsibilities and will be recruited externally in line with the council's recruitment and selection procedures.

### **Public Sector Equality Duty implications**

23. The duty will require the authority to consider the availability of safe accommodation for all people with protected characteristics, alongside district partners.

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

24. All domestic abuse survivors and their children's needs will be aligned with wider safeguarding procedures.

## **RECOMMENDATION/S**

That Committee:

- 1) Acknowledges the proposed statutory duties and approves the preparations for their receipt by the Council outlined in the report;
- 2) Approves the Council's consultation response on the proposed finance model to deliver the duties conferred by the Domestic Abuse Bill set out in Appendix 1;
- 3) Approves the recruitment to a 0.8 FTE Band D post for 12 months to prepare and deliver the statutory duty.

**Jonathan Gribbin**  
**Director of Public Health**

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### **Constitutional Comments (HD – 28/10/2020)**

25. The recommendations within the report fall within the terms of reference for Adult Social Care and Public Health Committee.

### **Financial Comments ([initials and date xx/xx/xx])**

26. To follow

**HR Comments (SJ/RH 29/10/20)** This additional post will follow the new duties and responsibilities and be recruited externally in line with the council's recruitment and selection procedures.

### **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.

- Domestic Abuse Services (3 February 2020)
- Funding for support to survivors of Domestic Abuse within safe accommodation (9 Dec 2019)
- 'Commissioning Domestic Abuse Support Services (1 April 2019) – references the support to the Refuge provision across the County
- Nottinghamshire County Council (2019) Domestic Abuse Joint Strategic Needs Assessment. Nottinghamshire insight  
<https://www.nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/domestic-abuse-2019/>

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

- 'All'

## Appendix 1: New Duty on Local Authorities to Provide Domestic Abuse Support in Safe Accommodation in England

### Public Consultation on Allocation methods for the associated New Burdens Funding. Released by MHCLG on 5<sup>th</sup> October closing 13<sup>th</sup> November.

Draft - Nottinghamshire County Council Response (Oct 2020). Response to be completed online (<https://www.smartsurvey.co.uk/s/DADutyAllocationConsultation/>)

**Summary:** Over the past years MHCLG have release funding to DA service support for refuge provision. In 2020/21, following an Autumn 2019 bidding process, a fund of £500,000 was awarded to Nottinghamshire County Council. Support services to 40 units through four providers in the County have been commissioned with this. This was the first year the monies had been received by the Council, a development instigated by the guidance in the new Domestic Abuse Bill. Previously the funding has been applied for and managed by the District/Borough Councils in Nottinghamshire. The Districts and Boroughs still have a key role to play through their housing and community safety remits. In Nottinghamshire both tiers of authority meet regularly at the Domestic and Sexual Abuse Executive (DSA Exec) and the newly formed subgroup the Nottinghamshire Safe Accommodation group.

From April 2021, to support Local Authorities comply with the new statutory duties set out in the Domestic Abuse Bill, a specific funding allocation will be provided to each tier 1 local authority from MHCLG, specifically to provide DA service support in safe accommodation e.g. refuge. In addition an admin support budget is proposed for tier 1 and tier 2 authorities. The total amount will be decided through the national spending review scheduled for November 2020. This consultation is regarding the apportionment of the monies available for these support services. MHCLG have proposed a proportion-based formula which is based on the number of adults in an upper tier local authority area, with a labour cost adjustment to make provision more equal across the Country. They have also proposed giving all upper tier LAs the same amount of funding to administrate the duty.

Please see draft responses to questions highlighted in red in the table below.

About you
Q1. Are you answering the consultation as? a. An individual with personal interest b. An individual as a member of an organisation c. <b>An Upper Tier Local Authority</b> d. A Lower Tier Local Authority e. Other
Q2. From the list below, where are you or your organisation based? a. London b. South East c. North West d. East of England e. West Midlands f. South West g. Yorkshire and the Humber h. <b>East Midlands</b> i. North East j. National



The proposed allocation method for support costs
<p>Q3. Do you agree with the proposed approach for allocation of support costs (population-based formula + labour costs adjustment)?</p> <p>a. <b>Yes</b></p> <p>b. No</p> <p>c. Comments</p>
<p>Q4. Should the labour costs adjustment factor be taken from a) the existing or b) the updated Area Cost Adjustment (ACA)? – <b>awaiting finance guidance on this answer</b></p> <p>a. The existing ACA</p> <p>b. The updated ACA</p> <p>c. comments</p>
<p>Q5. Are there other factors that should be included in the formula?</p> <p>a. <b>Yes</b></p> <p>If answered Yes, please provide evidence in support of the argument.</p> <p><b>If the scope of the provisions is anticipating a quality provision in rural areas, then the increased cost of delivering services per unit of population should be factored in to the calculation for transport costs. The financial offer and strength of specification will determine the service options between urban and rural settings.</b></p> <p><b>The formula should incorporate a quality mark in terms of the number of refuge units available in each Tier 1 authorities. This is crucial to enable a similar level of refuge provision in all authority areas, enabling the flow of survivors between areas as they access refuge appropriate to their geographical needs.</b></p> <p><b>In the 2021/22 formula, existing refuge provision should be considered in the formula to maintain provision. The timescales for recommissioning services at a different level to the present provision will be challenging in-light of overall national refuge budget decisions pending the outcome of the national spending review.</b></p> <p>b. No</p>
<p>Q6. Do you agree that funding element of support costs should be allocated to Tier 1 authorities only?</p> <p>a. <b>Yes</b></p> <p>b. No</p> <p>c. Comments.</p> <p><b>Yes, we would consider this appropriate in-line with Tier 1's overarching responsibility in delivering against the duty and facilitating this delivery within a strong governance framework as set out in the DA Bill.</b></p>
The proposed allocation method for administrative new burden costs
<p>Q7. Do you agree with the proposed approach for allocation of the administrative new burden for Tier 1 authorities (equal split + labour costs adjustment)?</p> <p>a. <b>Yes</b></p>



b. No

c. Comments

Yes, we agree and would recommend the amount is sufficient to cover 0.8 FTE of a management scale position, and the additional costs incurred (i.e. room hire). This will equate to £50-55K per year.

Q8. Do you agree with the proposed approach for allocation of the administrative new burden for Tier 2 authorities (equal split + labour costs adjustment)?

a. Yes

b. No

c. Comments

Yes, we would recommend all Tier 2 authorities receive the same allocation, and the approach suggested in the consultation is appropriate. We would recommend the level of the allocation needs to be in the same remit as Tier 1 enabling a dedicated role (full or part) per authority. Tier 2 remit includes the role of linking into the housing teams, community safety elements as well as back to the Board. Specifications details on the remit for Tier 2 expectations will be beneficial to support the consistency of approach and offer with a Tier 1 authority.

Q9. Are there other factors that should be included in the formula?

a. Yes

If answered Yes, please provide evidence in support of the argument.

Yes, the details of the strength of governance arrangements in relation to the Local Partnership Boards will need to be specified and allocated as part of the baseline allocation.

b. No

Q10. Is there anything else which was not mentioned in relation to the proposed allocation method and should be considered?

[comments]

Yes, the importance of ensuring that the timeframes of allocations is congruent with existing safe accommodation support provision resourced by MHCLG ending on 31<sup>st</sup> March 2021. New services will need to be procured and aligned to the new financial allocations. If the timeframes do not match procurement procedures, then an early commitment that the allocation for 2021/22 will be a match/exceed the MHCLG grants awarded in 2020/21 would be needed as no other financial envelopes are available through the LA or the domestic abuse providers to sustain the services at this time.

Yes, the specifics of what safe accommodation services are anticipated in terms of what is in and out of scope. Also, the framework to be adopted for assessing value for money and the quality of the provision. These details will need incorporating into the proposed allocations to provide the baseline for financial allocation to all areas.

Yes – standardised reporting procedures for the funding, with clearly defined terms to avoid confusion.



9<sup>th</sup> November 2020

Agenda Item: 7

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

### **DEVELOPMENT OF A DEPARTMENTAL APPROACH TO CO-PRODUCTION - WORKING TOGETHER TO MAKE THINGS BETTER**

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

1. The report details actions taken to move towards a departmental approach to co-production and asks the Committee to consider whether there are any further actions it requires.
2. The report requests that Committee considers how it can build co-production further into decision-making processes and asks Committee Members to consider how they can promote co-production.
3. The report also seeks approval for a further report on progress to be brought to the Committee in six months.

#### **Information**

4. In November 2019 the Adult Social Care and Public Health (ASCPH) Committee agreed that the department needed to develop a shared vision and methodology for co-production. It was recognised that co-production was key to the cultural change work in Adult Social Care and Health (ASCH).
5. On 23<sup>rd</sup> January 2020, Members of the Committee and the department's Extended Leadership Team attended a development session facilitated by Clenton Farquarhson, Chair of the National Co-production Group, to ensure a shared understanding is in place for co-production and to agree a set of key commitments for the department. The term co-production has been used to describe the way professionals within adult social care work alongside the community, taking into account the experiences, knowledge and strengths of the people to design, build and improve services at both an individual and strategic level. The session recommended that the Think Local Act Personal (TLAP) definition of co-production is used as a working definition to describe the department's aspiration and that essentially the aim was to bring people together to make services better - or people 'working together to make things better'.

6. The TLAP National Co-production Advisory Group definition states that: *'Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production involves people who use services being consulted, included and working together from the start to the end of any project that affects them. When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power and have influence over decisions made.'*<sup>1</sup>
7. In March 2020 a report was due to come to this Committee with recommendations for moving towards a model of co-production in Nottinghamshire, however, the Covid-19 pandemic meant that this report could not be presented.
8. On 2<sup>nd</sup> June 2020 a report was taken to the Chairman's meeting to highlight the need to refresh the department's approach to co-production considering Covid-19 and social distancing.
9. An event on co-production originally planned for April 2020 with members of ASCH partnership groups (Learning Disability Partnership Board, Older Persons Advisory Group, Disability Information Action Group, Carers Implementation Group and Homecare Experts by Experience Group) took place on 13<sup>th</sup> July using Microsoft Teams. 53 people who use services, carers and professionals joined this meeting. A paper 'You Said We Will' (**Appendix 1**) summarises key learning from this event.
10. Following the event on 13<sup>th</sup> July a letter was sent to all partnership group members informing them that the department would not be rearranging the old partnership forums as some groups said that many people could not meet virtually and instead the department would be focusing on developing a steering group of peer leaders to help develop a plan of work to embed co-production across ASCH.
11. In September 2020 the co-production steering group was formed consisting of people with current experience of adult social care services and their carers, the Corporate Director and officers from the Co-production team. The role of this group is to develop and steer the department towards a task and finish approach of working together, which ensures people with lived experience help shape decision-making.
12. The steering group agreed that the department should adopt the TLAP National Co-production Advisory Group definition of co-production as recommended at the event on 13<sup>th</sup> January and identified key areas for task and finish work, which includes support for people and carers during the Covid pandemic.
13. The group has developed the following principles to be used across ASCH:
  - we will all value and work with people's skills, knowledge, experience and interests to improve services and make them better
  - we will all take positive action to let people know about what we are doing and make sure that any person or group of people that wants to be involved is included and valued

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<sup>1</sup> Think Local Act Personal (2011) Making it real: Marking progress towards personalised, community based support, London: TLAP

- meetings will be made to work for everyone. We will use language, written information and other kinds of communication that works for all
  - we are all honest and open to promote mutual trust by respecting people's views and wishes
  - we will all make time to respond to feedback, by looking at how we do things and changing them if we need to.
14. These principles will be embedded across the department through the development of a community of practice and culture of strength-based approaches. The strength-based workstream led by the Principal Social Worker and the Principal Occupational Therapist will be supported by the Co-production team to ensure staff have tools to support them to work co-productively. Involving people equally in decisions about their own or their family members' lives will help shape different solutions for them but also help to embed a culture across social care of working in partnership with people at different levels of decision-making.
15. In the next six months the co-production steering group will have a key role overseeing the development of task and finish groups and their terms of reference to ensure projects are involving people with lived experience and their carers co-productively. The priorities identified by the steering group for initial task and finish projects are:
- support for people through the Covid pandemic
  - support for carers through the Covid pandemic
  - Direct Payments
  - Home Based Care
  - communication on Disability Related Expenses
  - communications on client financial matters
  - communication about Complaints.
16. The benefit of working co-productively is that it will enable the department to make more rigorous decisions in these areas. In the longer term ASCH will need to develop a culture and mechanisms that support co-production at all levels of the organisation. Committee may wish to consider how it can build co-production further into decision-making and how Members can promote co-production.
17. The next steps:
- to support the co-production steering role to develop mechanisms for oversight of the terms of reference for new task and finish groups
  - to support the Principal Social Worker and Principal Occupational Therapist with a community of practice and culture through strength-based approaches
  - to develop methods for engaging widely within the current constraints of operating safely in the Covid pandemic
  - to develop mechanisms within ASCH to ensure greater rigour at all levels of decision-making
  - for Committee to consider how co-production could be built into the decisions it makes and for Members to consider how they can promote co-production
  - to report back to Committee in six months on progress made.

## **Other Options Considered**

18. To continue with current mechanisms for engaging citizens and not seek to improve current ways of working.

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

19. There is considerable scope to develop co-production and improve the way that Adult Social Care engages and works with people at all levels of decision-making.

## **Statutory and Policy Implications**

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

## **Financial Implications**

21. At this time there are no identified financial implications arising from this work.

## **Implications in relation to the NHS Constitution**

22. The contents of this report are in line with the contents of the NHS constitution which recognises the importance of patient involvement.

## **Implications for Service Users**

23. People with lived experience and their carers are involved in the development of the co-production approach and its role within the department.

## **RECOMMENDATION/S**

That:

- 1) Committee considers whether there are any further actions it requires to progress towards a departmental approach to co-production.
- 2) Committee considers how it can build co-production further into decision making.
- 3) Committee Members consider how they can promote co-production.
- 4) a further report on progress be brought to the Committee in six months.

**Melanie Brooks**

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

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**Constitutional Comments (EP 13/10/20)**

24. The Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. If Committee resolves that any further actions are required it should ensure that those actions are within its terms of reference.

**Financial Comments (DG 09/10/20)**

25. There are no direct financial implications arising from this report.

**Background Papers and Published Documents**

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

[Development of a departmental approach to Co-Production – report to Adult Social Care and Public Health Committee on 11th November 2019.](#)

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

All.



ASCPH728 final

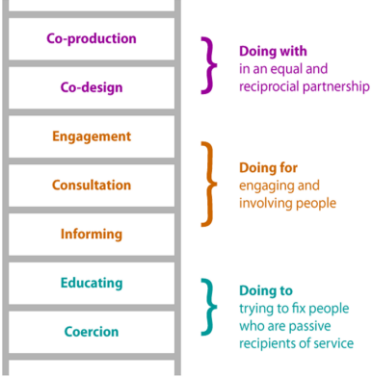








## Working Towards Co production 13<sup>th</sup> July 2020

### What you told us and what we will do next?

	You said	We will
	You don't trust us to be open and honest with you.	<p>Learn from Think Local Act Personal and other best practice on what we can do to rebuild people's trust in us.</p> <p>Set up a group of experts by experience and carers to help steer our future work towards co-production. We will ask them to help us develop a plan of work for Nottinghamshire.</p> <p>Agree with people involved in this group the training and support they will need to take part.</p>
	You need us to agree clear rules so we all know how we will work together in the future.	Take time to agree rules with people on how we will work together in any group we create.

	<p>You want us to say how we will use information you give us and what difference it will make.</p>	<p>Use the Ladder of Co- Production to show how much influence people can have with each piece of work they help us with.</p>
	<p>You need support and training to use technology so you can take part.</p>	<p>Make sure people involved in any task and finish group have access to technology and support to use this if they need it.</p>
	<p>You want us to involve other groups/ organisations who talk to people we don't hear from.</p>	<p>Link in with people through the places they use and trust for example mutual aid groups, church groups.</p>

	<p>You want us to engage in different ways to make sure groups of people are not left out because they can't use or don't have access to technology</p>	<p>For people where technology does not work for them, we will find other ways to make sure their voices are heard.</p> <p>We will work with our experts by experience from the Learning Disability and Autism Board to look at how we can best support them to get involved.</p>
	<p>Some of you said you want the current engagement groups to start meeting.</p>	<p>In the future we will be concentrating our work around the new steering group and new ways of working</p> <p>Some groups are telling us that that many people cannot meet virtually so we will not be re-arranging the old group meetings. Instead we will be supporting people to get involved in a new way of working together.</p> <p>Whilst we develop this, we are happy to support people to continue to network together.</p>



9<sup>th</sup> November 2020

Agenda Item: 8

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

### **DEVELOPING SHORT BREAKS SERVICES AND SUPPORT FOR CARERS IN NOTTINGHAMSHIRE**

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

1. This report proposes a vision for the way in which Adult Social Care & Health will support and enable carers to access breaks from their caring role, which will also benefit the person they are caring for, and seeks approval of the proposed development of Short Breaks provision in the short to medium term in response to the COVID-19 crisis, and in the longer term future. This will be achieved in co-production with people, family, carers, staff and partners, and will inform a wider revised Carers Strategy for carers in Nottinghamshire.
2. Committee is also asked to consider whether there are any further actions it requires arising from the information in the report on the development of Short Breaks support for carers and the broader Carers Strategy and to give approval to receiving a report on the draft updated Carers Strategy in March 2021.
3. The report provides an update to Committee on the impact COVID-19 has had on carers and the support provided by Adult Social Care & Health (ASCH) in response to supporting carers in Nottinghamshire.

#### **Information**

4. Short Breaks (sometimes referred to as respite) are planned breaks away from caring responsibilities for an unpaid carer who has long term caring responsibilities. A Short Break can be as little as two or three hours during the day time or potentially up to several weeks in some form of residential provision. A Short Break should be a break both for the carer and the person being cared for and be of benefit to both.
5. The Care Act 2014 places a number of statutory duties on local authorities to ensure full recognition of the role of carers, their need for support in their own right and their need for a life beyond caring, including paying attention to employment. The local authority should consider how carers can be supported to look after their own health and wellbeing and to have a life of their own alongside their caring responsibilities.

6. The level of Short Breaks offered to carers is initially determined by the outcome of a carer's assessment, which must seek to establish the carer's needs for support and the sustainability of the caring role itself, as well as the carer's willingness to carry on their caring role.
7. The use of planned Short Breaks not only supports the delivery of the Wellbeing Principle; it also is a key factor in supporting carers to continue in their caring role. Further work will be required to better understand the role of Short Breaks in reducing carer stress and reducing the risk of carer breakdown.
8. In Nottinghamshire, planned Short Breaks for adults are primarily provided as follows:
  - funding from the NHS for Short Breaks – a budget of £650 or £1,300 is available for those carers who meet eligibility if their GP is within Nottinghamshire
  - Short Breaks provision through the Council via a specific Personal Budget created in the cared for person's name. This is achieved by combining elements from the outcome of the carer's assessment and the service user's level of need, and is known as a 'Short Breaks Allocation' (SBA) and is allocated for a 12 month period. This budget can also be taken as a Direct Payment
  - Respite support at home services, often referred to as 'Sitting Services', which are commissioned as part of a package of home care.
9. NHS funded breaks are offered to any carer who has undertaken a carer's assessment and meets eligibility if there is a significant or serious impact on their wellbeing. The carer and the cared for must also be registered with a GP within Nottinghamshire (excluding the City). The person they are caring for does not need to have an existing package of care provided by the Council. The personal health budget is primarily taken as a managed budget and requests for breaks are administered by an administrative team in the Clinical Commissioning Group (CCG). Direct Payments is the only mechanism by which NHS Short Breaks are offered for those carers who live in Bassetlaw but are an additional option for those who live elsewhere.
10. Access to Short Breaks provision in one of the three County Council's internal short break residential units are primarily accessed for those with Learning Disabilities funded by the SBA. Stays are booked directly with the Short Breaks unit and the cost of each stay is deducted from the SBA.
11. Short breaks for younger adult services funded by the Council can also be taken in external residential or specialist care homes which can meet the service users' needs. Some breaks for service users with Learning Disabilities can make use of the Shared Lives scheme accessed through the created SBA in the cared for name. There is currently limited provision of Short Breaks in the external market to meet the needs of carers of younger adults, especially if their needs are particularly complex.
12. Short Breaks for older adults currently rely on the availability and provision of NHS funded Short Breaks. For those people who receive a package of homecare, Short Breaks of up to four hours per week can be accessed from home care agencies or through a Personal Assistant if funded by a Direct Payment provided by care staff. Older people are

sometimes provided with Short Breaks (usually referred to as respite) in residential care homes.

13. A strategic commissioning review of Short Breaks is currently underway which will lead to the development of a set of future commissioning intentions. This will form part of a wider review of Carer Services, including Young Carers, and will be the basis of an updated Carers Strategy.

### **Impact of COVID-19 on Carers**

14. The impact on carers due to the COVID-19 pandemic has generally had a negative effect on carers' health and wellbeing, as a result of:
  - the loss of services and support - carers are wanting services to restart
  - carers being required to go back to work but services not available as previously
  - carers not being seen as keyworkers
  - young carers e.g. supporting starting back to school in September
  - being able to access good information about COVID-19 - e.g. what shielding means, how COVID-19 affects people with different conditions such as dementia etc
  - carers being able to access Personal Protective Equipment (PPE)
  - reduced access to Mental Health support for carers
  - financial strain i.e. additional costs of being at home more (heating costs, electricity etc)
  - experience of carers having reduced involvement in hospital discharge planning
  - loss or reduced informal support networks
  - the greater impact of COVID-19 on black and ethnic communities.
15. ASCH has responded to the crisis to date by supporting carers with:
  - ensuring carers are supported through virtual groups and networks and individual contacts where needed
  - accessing good information about COVID-19 – information provided to carers via the Carers Hub service
  - practical support provided by Carers Hub and their volunteer service
  - Mental Health support for carers – signposting to talking therapies, developed Mindfulness videos for carers via the Carers Hub
  - providing emergency Short Breaks via internal Short Breaks units
  - revised service models for Day Opportunities and Short Breaks from September
  - encouraging carers to complete a carer's 'Emergency Plan' should the carer fall ill or is unable to provide support
  - continuing to provide emergency respite via ASCH Duty teams
  - supporting Young Carers through the Young Carers Support service and supporting schools with young carer identification and awareness.
16. Additional focus is being prioritised to further develop the following:
  - carers being given priority access to 'flu jabs this winter – working with the CCGs and Public Health to prioritise this
  - carers having access to the same concessions as other keyworkers

- carers being able to access PPE
  - working with black and ethnic minority communities to ensure they have access to appropriate information
  - financial information and support with additional heating costs over the winter.
17. There have been some national and local surveys and studies undertaken with carers over the past few months to evidence some of the impact COVID-19 has had on carers, including the Carers UK report 'Caring Behind Closed Doors' April 2020 and a recent local study with carers of people with Dementia, led by Professor Justine Schneider, University of Nottingham.

## **The Vision**

18. A review of the current Short Breaks provision for carers is currently underway. The long-term vision for Short Breaks in Nottinghamshire is:
- carers get the breaks that they need whilst meeting the needs and outcomes of the service user
  - the needs of the carer and the cared for are considered holistically
  - meaningful choice is provided to carers and the cared for
  - the role of Short Breaks is considered to provide effective early intervention where the cared for is not eligible for social care
  - Short Breaks support a maximising independence approach
  - more innovative, non-building-based options for Short Breaks are considered
  - the future offer is co-produced with carers, service users and other key stakeholders.
19. In addition, the review seeks to address some key issues:
- NHS Short Breaks funding is integrated in the best possible way, and by working with CCG partners future funding for carers breaks is secured
  - there is sufficient choice in the market to meet a range of needs
  - there is continuity around transition arrangements for Short Breaks from children's services to adult services
  - there is consistency around the allocation and funding of Short Breaks and to ensure most effective use of resources
  - ensuring clear pathways and processes are in place to facilitate effective access to Short Breaks in a timely way
  - the needs of underserved groups are effectively addressed.
20. The above will be achieved by reviewing:
- the internal offer, including Short Breaks units, and Shared Lives
  - the external offer, including support in the community and buildings-based support
  - alternatives and innovative approaches to provide choice, flexibility and control to carers and their cared for in how and where they take their breaks.
21. The Short Breaks review has interdependencies with the Day Opportunities review, as in many cases carers and their cared for access both services to meet their needs, hence both reviews are closely aligned.



22. To enable the Council to meet carers' immediate needs due to the ongoing pandemic, the focus is to source and develop alternative Short Breaks provision for carers which must be 'Covid Secure', which will include non-building-based support options.
23. The support developed will be in place for the immediate short to medium term until the risks associated with the ongoing pandemic have significantly reduced. Despite the pace required to develop and extend alternative Short Break support options, these will be co-produced with carers, service users and other key stakeholders.
24. The alternative support options developed in the short term will inform the long-term vision of how Short Breaks for carers will be provided in Nottinghamshire in the future.

### **The Interim Short Breaks Offer to date**

*Please note that given the position of Nottinghamshire's Covid risk status, this may be subject to change.*

25. The interim Short Breaks support offer developed to date is as follows:

#### Internal services:

- planned Short Breaks to be offered in the three internal Short Breaks units from 1<sup>st</sup> September 2020
- social distancing and additional infection control measures in place
- activities taking place during the stay that are safe
- less capacity (up to 50% less) within each unit due to additional measures being in place.

#### External services:

- residential based services are currently subject to a 14 day isolation period on admission as per current Department of Health guidance
- some providers have started to offer breaks from September 2020, albeit with reduced capacity due to social distancing and infection control measures being in place
- information factsheet to advise carers to contact their Short Breaks provider to see if they can accommodate their needs.

26. Examples of the types of alternative 'Covid Secure' provision that will be developed in the short term where carers usual Short Breaks provision is limited or unavailable may include:
  - wider availability for respite at home, which could include overnight stays
  - an enhanced support offer via the Carers Hub service to include an offer of respite at home for a limited number of hours or sessions to some carers
  - wider availability of Shared Lives support for carers breaks.

## Short Breaks Review and work to date

27. The review of Short Breaks project work is well established, however the focus on developing interim alternative Short Breaks support is now the main priority. Analysis of current process, activity and finance data is already well underway. A summary of the planned activity includes:

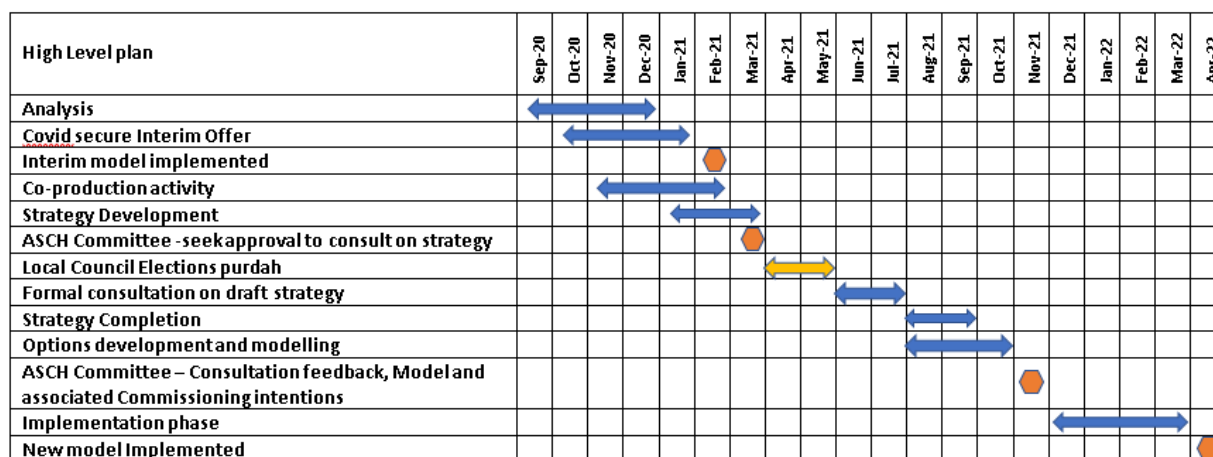
- development and delivery of alternative 'Covid Secure' Short Breaks offer
- data analysis of the usage and costs of Short Breaks
- engagement with operational teams to obtain feedback about the current Short Breaks process
- initial engagement and co-production activity with service users and carers, via a joint approach with the Day Opportunities review. The analysis of returned surveys and questionnaires will help understand what a meaningful break is for carers and service users and how the Council can develop alternative support in the interim to meet carers needs
- the development of alternative 'Covid Secure' Short Breaks support offer is due to be completed by the end of January 2021.

28. A brief timeline of key activities is provided below:

Commissioning of Short Breaks Review Timeline		
<b>Covid Secure Interim Offer</b>	Development and delivery of Covid secure personalised offer.	Oct 20 - Jan 21
	Market development to ensure an alternative menu of services are available - Develop and shape relevant markets including Shared Lives, homebased care, community development etc	Oct 20 - Jan 21
<b>Analysis</b>	To understand current demand, trends, finance, direct payments, carer needs, pathways, transport, market capacity and availability, best practice	Sep 20 – Dec 20
<b>Co-production activity</b>	Engagement with stakeholders on “what a meaningful short break looks like” to inform strategy development and to inform the development of the interim offer	Nov 20 – Feb 21
<b>Strategy Development</b>	Analyse findings from engagement, data analysis, Covid secure interim model, service user and carer reviews (Mary Read) to develop a draft strategy and vision	Jan – Feb 21
	Co-design of draft strategy	Nov – Jan 21
	Finalise the draft strategy incorporating action plan and high-level commissioning intentions	Feb 21 – Mar 21
	Transformation Board to provide steer on strategy draft	17th February 2021
	ASCH committee -seek approval to consult on strategy and model of delivery	29th March 2021

Local Council Elections	Purdah period	April / May 21 TBC
Formal consultation on draft strategy and Model	Consultation document development and planning including easy read	April 21
	Formal consultation activity	June – July 21
Strategy Completion	Analyse consultation feedback	July - Aug 21
	Finalise strategy based on consultation findings.	Aug 21
Options development and modelling	Analysis of options needed to deliver strategy including benefits, risks, financial modelling, impact, pathway modelling and EQIA	Aug 21
	Engage stakeholder group around options	Sept 21
	Develop commissioning plans from high level commissioning intentions, informed by strategy consultation	Sept 21 - Oct 21
	Steer on option provided by SLT	Oct 21
Strategy and commissioning intentions	Finalisation of preferred options and costings	Oct 21
	ASCH committee – provide consultation feedback, model options and seek approval to implement model and any associated commissioning intentions.	Nov 21
Market shaping and development	Further develop and shape relevant markets including Shared Lives, homebased care, community development etc as required	Nov – 1 <sup>st</sup> April 2022
	Production of market position statement if necessary	
Implementation	Implementation of proposals including any specific service changes and commissioning/decommissioning activity	Nov – 1 <sup>st</sup> April 2022
	New model implemented	1st April 2022

## High level plan



29. In addition to the above, reviews of existing individual packages of support are also underway for those who usually receive day services (many of which will also receive Short Breaks). The analysis of the outcome of reviews will help identify how carers' needs and outcomes were addressed using alternative support due to their usual breaks not being available.

### **Risks, issues and challenges**

30. There are a number of risks, issues and challenges to consider with the interim and long-term provision of planned Short Breaks. These include:
- reduced capacity in internal and external services due to current social distancing and infection control measures
  - risk of increased costs as a result of reduced capacity and increased infection control measures and additional PPE requirements (some external providers have already advised the Council of this)
  - high demand for planned breaks due to carers not being able to access breaks for the past six months. Some carers may not be able to access the breaks they need
  - limited or restricted activities available for the service user during their stay
  - current government guidance stating there must be a 14-day isolation period for all new admissions to residential care homes, impacting on Short Breaks availability and capacity
  - consideration needs to be given to use of Short Breaks in external residential accommodation due to the 14 day isolation period, as this raises an issue in relation to the service users' 'best interests', as requests for breaks funded by the NHS Short Breaks scheme are being received by operational teams.

### **Other Options Considered**

31. Continuing service provision, with reduced capacity, as it is currently commissioned and provided, is the other option considered.

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

32. The interim model and the strategy development will enable the department to ensure that services can support people during the Covid-19 period and beyond, both in the short term and for the future and that the Council is making best use of its resources. The recommendation is for Committee to receive a draft updated Carers Strategy in March 2021.

### **Statutory and Policy Implications**

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

## **Data Protection and Information Governance**

34. A Data Protection Impact Assessment will be undertaken for this work and updated/refreshed at different stages of the project.

## **Financial Implications**

35. The current budget for the directly provided Short Breaks is £3.8million and the current budget for the externally provided Short Breaks is £500,000.

## **Human Resources Implications**

36. At this stage of the work there are no identified Human Resource implications, but this will be assessed as the project progresses.

## **Public Sector Equality Duty Implications**

37. An Equality Impact Assessment will be undertaken for this work and updated/refreshed at different stages of the project.

## **Implications for Service Users**

38. The project will seek service user views and implications for service users will be assessed as options are being developed and recommendations are being made.

## **RECOMMENDATION/S**

That Committee:

- 1) approves the plan to further develop alternative 'Covid Secure' Short Breaks options in the interim to support people during the continued period of social distancing guidelines
- 2) approves the vision of the development of Short Breaks and the co-production approach the department proposes to take to develop an interim and longer-term Short Breaks support options for carers, and inform a wider revised Carers Strategy for carers
- 3) considers whether there are any further actions it requires arising from the information in the report on the development of Short Breaks support for carers and the broader Carers Strategy.
- 4) agrees to receive a report on the draft updated Carers Strategy in March 2021 and that this be included in the work programme.

**Ainsley MacDonnell**

**Service Director, Community Services - Living Well**

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### **Constitutional Comments (CEH 28/10/20)**

39. The recommendations fall within the remit of the Adult Social care and Public Health Committee under its terms of reference.

### **Financial Comments (DLM 29/10/2020)**

40. The purpose of this report is to set out the vision for the review and development of the interim and long-term Short Breaks offer and support for carers and development of wider Carers Strategy and as such there are no direct financial implications at present.
41. The review centres around Short Breaks provision which has a budget in 2020/21 of £0.47m for externally provided services and £3.8m for Internal Services, however as the scope is broader it may impact on other budgets such as Homecare, Direct Payments and Shared Lives. Any financial implications arising from the review will be detailed in later papers as per the timescales noted above.

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

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

None.

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

All.

ASCPH731 final

**9<sup>th</sup> November 2020****Agenda Item: 9****REPORT OF CORPORATE DIRECTOR OF ADULT SOCIAL CARE AND  
PUBLIC HEALTH****REVIEW OF COMMISSIONING FUNCTION WITHIN INTEGRATED  
STRATEGIC COMMISSIONING AND SERVICE IMPROVEMENT  
DIRECTORATE****Purpose of the Report**

1. The purpose of the report is to provide Committee with an update on the progress of implementing the new workforce operating model, and the outcome of the subsequent review of the Integrated Strategic Commissioning and Service Improvement function, and seek approval of the re-alignment of functions and activities to be completed by 31<sup>st</sup> March 2021.
2. The report also seeks approval for changes to the staffing establishment within the Integrated Strategic Commissioning and Service Improvement directorate to support the change in activities as described. Changes will take place with immediate effect for new and vacant posts. Changes to at risks posts will be finalised by 31<sup>st</sup> March 2021. These changes involve:
  - the disestablishment of the temporary 0.8 fte Better Care Fund Programme Manager (Band F) post
  - the discontinuation of the Partnership Team subject to consultation in line with HR processes which would disestablish 3 fte Transformation Manager (Band E) posts
  - a reduction of 1.5 fte Strategic Development Manager (Band E) posts within Service Improvement subject to consultation in line with HR processes.
  - the disestablishment of vacant temporary and permanent posts
  - the establishment of 1 fte Strategic Development Officer (Grade 5) post, 1 fte Commissioning Officer Post and 1 fte Contract Performance Officer (Band A) post.

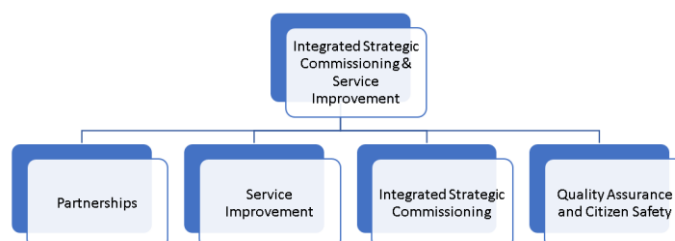
**Information****Background**

3. Adult Social Care and Public Health (ASCPH) Committee approved the primary phase of a new operating model for the Adult Social Care workforce on 11<sup>th</sup> November 2019. The



intention was to review the model on an ongoing basis to ensure it continues to be fit for purpose and provides the right support for people who require social care. The Department has now started to review specific areas of the business, with an initial focus on the Integrated Strategic Commissioning and Service Improvement function.

4. The diagram below shows the structure that was implemented as part of the workforce operating model:



5. A review of the structure was commissioned to address some outstanding issues around function duplication and overlap between Strategic Commissioning, Quality Assurance and Citizen Safety (QACS), Service Improvement, and the Partnership Team. There was also a need to clearly define areas of responsibility to utilise the use of resources more effectively and improve outcomes for the people of Nottinghamshire.
6. The Corporate Transformation review that was presented at the Improvement and Change Sub-Committee on 21<sup>st</sup> July 2020 gave impetus to review the commissioning function and the resources to better align with service and corporate priorities. The recommended corporate transformation model is to centralise transformation functions and for any service improvement initiatives to be carried out within the department. The review has taken this into account to ensure roles support service improvements identified by the department and future corporate transformation priorities. This includes the alignment of QACS to work in line with the corporate quality assurance framework led by the Procurement Team.
7. The current primary responsibilities of the four areas in scope of the review are:

**Service Improvement (SI)** - to support the department in making service improvements to achieve business priorities and meet statutory requirements to support people achieve their desired outcomes.

**Integrated Strategic Commissioning (ISC)** - to cover oversight and development of the adult social care market and the strategic commissioning of adult social care services in partnership with other public services, such as health, housing and district councils and to provide contract management in some areas of the market.

**Quality Assurance and Citizen Safety (QACS)** - to provide a quality assurance and contract management function across the County. To ensure a sustainable social care market that can meet the care and support needs of local people. To provide strategic oversight of the statutory safeguarding function.

**Partnership Team** – to work with key partnerships including the Clinical Commissioning Groups (CCGs), Healthcare Trusts and District Councils to support greater integration in line with Integrated Care System and Council objectives.



## Review Approach

8. The review was structured in stages as the diagram below shows. The approach included engagement with key colleagues across the directorate.



9. It has also been necessary to review all vacancies across the directorate. The pandemic has meant that the work that was previously planned against some resources was suspended and there would now be a different focus. It is proposed that some temporary and permanent posts are therefore disestablished as they are no longer required in the current context. Full details of the posts are outlined at **Appendix A**.
10. The posts identified are 1 fte Liberty Safeguards Implementation Project Manager (Band D), a 0.5 fte external workforce Project Manager (Band B), 1 fte Business Change Analyst (Band C), 0.5 ASWP (Band C), 1.5 fte Programme Officer (Band B), and a 1 fte e-Support Worker for Mosaic (Grade 5).

## Summary of Key Findings

### Service Improvement (SIT)

11. Service Improvement has provided a range of support functions to the department in the past which have primarily been focused on project management and filled a gap where there was a lack of capacity. In reviewing the function, it has highlighted that the Service Improvement offer needs to focus on improvements and align better to departmental priorities, practice quality and development. It also needs to reflect the revised corporate transformation framework which looks at the resource allocation and responsibility in four key areas: Transformation, Change, Service Improvement and Continuous Improvement.

### Overarching Changes

12. Service Improvement therefore needs a more defined offer that focusses on three distinct areas of responsibility:
- **Service Improvement** – to manage service improvement initiatives and resources to support the business to deliver its objectives and priorities, as well as implementation of statutory responsibilities including new legislation
  - **Digital, Business Systems and Data Quality** – to progress digital strategy and other digital developments across Adult Social Care & Health; improve and implement a data quality strategy and oversee the business systems team
  - **Quality and Practice** - embedding quality and practice - a more focussed quality and practice offer would be developed to embed strength-based practice, owning and driving performance to support the department to develop high performing teams.
13. There are currently 3.5 fte Strategic Development Managers (SDMs) that support the management of the team. As the structure moves towards three distinct areas of

responsibility, a reduction in these posts is therefore proposed, subject to the outcome of the consultation process. This would require a reduction of 1.5 fte SDM (Band E) posts. Further details can be found at **Appendix A**.

14. An area that requires re-shaping is the departmental digital offer. Whilst the Service Improvement Team took on responsibility for Mosaic case management system last September, other digital functions are spread across the department and it is proposed that relevant functions and posts are brought together. Work is also required with teams to adopt a more focused and structured approach to data quality, that fits with the developing management information strategy.
15. The review is seeking to address some inconsistencies in similar graded roles by working to one role description to better support the revised offer. This specifically refers to the current Grade B roles of Transformation partner and Programme Officer posts
16. The review is proposing to change the name of the function to **Service Improvement, Quality and Practice** to reflect the future offer which includes data quality.

### **Integrated Strategic Commissioning (ISCT)**

17. There has been some overlap of activity between the team's remit around joint commissioning with that of the Partnership Team. The team also continues to provide a performance management function for younger adults and non-statutory contracts which can create an inconsistent approach to contract performance management across the department.
18. The Housing with Care and Support Team was established as a newly merged service following the workforce review. This new structure is working well, but a minor reconfiguration is required to maximise the effectiveness of the team and ensure that there is sufficient commissioning capacity in both sections of the team.

### **Overarching Changes**

19. It is proposed that younger adults and non-statutory contract management responsibility is moved to the QACS. This will involve some transfer of resources. It is proposed that the initial transition of resources to support statutory contract management takes place with immediate effect with the transition of non-statutory contract management to take place more gradually. This would bring about a consistent contract management approach across the department and in line with the corporate quality framework. This will be achieved by the reduction of 0.87 fte Commissioning Officer (Band B) post and the creation of a 1 fte Contract Performance Officer (Band A) post to support the change.
20. The team would assume the strategic lead for health partnerships including the Better Care Fund performance, currently held by the Partnership Team, by the start of April 2021. Whilst the reduction in duplication will mean that much of this can be absorbed into the ISCT, it is proposed that a 1 fte Strategic Development Officer (Grade 5) post is created to support this work.

21. It is proposed that new Commissioning Officer (Band B) post be established in the Housing with Care and Support Team which will be funded through the disestablishment of the Advance Social Worker Practitioner (Band C) post.

### **Quality Assurance and Citizen Safety (formerly Quality Market Management) (QACS)**

22. Following the pandemic, the QACS team has been at the forefront of coordinating the emergency response with providers. Whilst the QACS leads on the performance management of statutory services for older adults, this is inconsistent for younger adults and largely does not include non-statutory services. This led to some confusion and potential inconsistency of approach and, where appropriate, all performance management activity should shift to QACS.
23. Under the revised workforce structure, operational and strategic safeguarding functions were separated. To address this, both the operational and strategic functions of safeguarding would now sit under the Ageing Well directorate in order to better support safeguarding outcomes and to allow QACS to focus on its key functions.
24. The review took place when the team was in the middle of responding to and supporting the care market during the pandemic. This meant that the function service review was 'light touch'. In the next few months, management would reflect on the Covid-19 response and learning, and take a more detailed look at further opportunities to refine and make improvements for the future within QACS.

### **Overarching Changes**

25. Given the change of function the review is proposing to re-name the function Quality and Market Management with immediate effect.
26. The team would assume responsibility for the management of all contracts including non-statutory providers currently managed by Strategic Commissioning. This would ensure consistent quality monitoring and auditing across all commissioned services within the department. Identified resources as laid out in **paragraph 19** will move across to provide additional capacity.
27. The strategic safeguarding function and associated resources have moved to Ageing Well in line with the Workforce Re-Modelling start date of 1<sup>st</sup> September 2020.

### **Partnership Team**

28. The work of the Partnership Team has been in three main areas: developing a strategic approach to the Better Care Fund; working with front facing teams to develop more integrated care pathways; and developing joined up Information Technology systems and processes between social care and key partners (ICT interoperability). Whilst all of these functions have been of value, there has been some duplication and confusion of roles and responsibility with the function of Integrated Strategic Commissioning and Service Improvement.

29. Integrated and joint commissioning functions fall within the remit of the ISCT as part of the wider commissioning agenda, whilst ICT interoperability and digital development aligns with business systems that sit within Service Improvement.
30. The resources that were working on health integration with partners were brought together under a temporary new Programme Manager to create the Partnership Team in September 2019. Funding for this post has been subject to discussion with health partners and the decision has been made by health to discontinue to fund the post. The team has been temporarily moved into the SIT, subject to the outcome of the proposals contained within this report.

### **Overarching changes**

31. Given the identified issues around duplication and lack of clarity around roles and responsibilities, particularly in relation to integrated commissioning with health partners and the development of digital solutions, the proposal is to move digital/system functions to the SI, and the Better Care Fund (BCF) and health integration functions into the ISCT with other aspects of operational health partnerships of this work being the responsibility of the relevant locality managers within Ageing Well and Living Well.
32. The discontinuation of health funding has resulted in disestablishing the temporary Better Care Fund Programme Manager (Band F) post with effect from 30<sup>th</sup> September 2020. The current 3 fte Transformation Manager (Band E) posts do not clearly align to the future needs of the department within the ISCT and SIT. It is therefore proposed that, subject to the outcome of a consultation process, the Partnership Team is disestablished and that the 3 fte Transformation Manager (Band E) posts would be put at risk in line with HR processes. It is proposed that the activity within that team would be distributed between SI and the ISCT and the digital/system posts would move to the SIT to support this work, with a small additional resource being identified to support the additional activity required in the ISCT which is identified in Table 2 in **Appendix A**.

### **Other Options Considered**

33. To maintain current structures would not support improved departmental alignment or the re-focussing of activity and resources in line with departmental priorities and the new corporate Transformation Programme. Additional resources would need to be identified to maintain the current BCF Programme Manager role.
34. To re-align the Transformation Managers currently based within the Partnership Team to sit within the SI and ISC Teams: the current grading of the posts does not align with the existing structures within these teams and so the posts and grades would need to be subject to considerable re-shaping.
35. To move the 1.5 fte Strategic Development Manager (Band E) posts from SI and 3 fte Transformation Manager (Band E) posts from the Partnership Team to the proposed centralised Transformation Team yet to be established: it is not clear whether the roles would be compatible and how easily the current roles and grades would transfer into this team, as the function is yet to be established.

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

- 36. To remove duplication and overlap, and provide greater clarity around the roles and responsibility of the Integrated Strategic Commissioning and Service Improvement Directorate and to maximise the use of current resources.
- 37. To address the discontinuation of the funding from health partners for the BCF Programme Manager post.
- 38. To incorporate learning from the departmental and corporate response to the Covid 19 pandemic.
- 39. To ensure that activities and resources align to the proposed corporate transformation function within the Strategic Insight Unit.

### **Statutory and Policy Implications**

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

### **Financial Implications**

- 41. Through the re-alignment of activity identified, the review would result in a £530,017 budget reduction.

### **Human Resources Implications**

- 42. Subject to Committee approval the proposals would be formally consulted upon and implementation will be in accordance with the agreed employment policies and procedures of the Council.

### **Implications for Service Users**

- 43. The review will support greater effectiveness in the delivery of Adult Social Care provision. It will provide consistency of approach in area such as contract management and will support systems for driving improvement to both internal and external services.

## **RECOMMENDATIONS**

That Committee gives approval:

- 1) to re-align functions and activities and to re-name Teams to provide greater clarity of roles and responsibilities as detailed in paragraphs 13, 19, 20, 21, and 32

- 2) to make the necessary staff changes to support the change in activities as described. This includes:
- the disestablishment of the temporary 0.8 fte Better Care Fund Programme Manager (Band F) post
  - the discontinuation of the Partnership Team subject to consultation in line with HR processes, which would result in the disestablishment of 3 fte Transformation Manager (Band E) posts
  - the reduction of 1.5 fte Strategic Development Manager (Band E) posts within Service Improvement subject to consultation in line with HR processes
  - the disestablishment of vacant temporary and permanent posts
  - the establishment of 1 fte Strategic Development Officer (Grade 5) post, 1 Commissioning Officer Post and 1 fte Contract Performance Officer (Band A) post.

**Melanie Brooks**

**Corporate Director of Adult Social Care and Public Health**

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

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#### **Constitutional Comments (KK 29/10/20)**

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

#### **Financial Comments (OC20 29/10/20)**

45. Appendix A confirms the cost of the dis-established posts which is £657,687 and the newly established post which is £127,670. Therefore, there is a budget reduction of £530,017 this made of permanent reduction of £364,585 and temporary reduction of £165,432.

#### **Budget Reduction Impact**

<b>Change to Establishment</b>	<b>Financial Impact</b>
Proposed disestablishment of 11.67 FTE	£657,687
Additional cost of establishing 3 FTE	£127,670
<b>Net Impact/budget reduction</b>	<b>£530,017</b>

#### **HR Comments (SJJ 08/10/20)**

46. Subject to Member agreement the proposals will be formally consulted upon and implementation will be in accordance with the agreed employment policies and procedures of the Council.

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

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

Adult Social Care and Health – senior management structure – report to Adult Social Care and Public Health Committee on 9th September 2019

Review of the staffing structure within Adult Social Care – report to Adult Social Care and Public Health Committee on 11th November 2019

Update on progress with future approach to transformation and change – report to Improvement and Change Sub-Committee on 21st July 2020

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

All.

ASCPH729 final





## APPENDIX A

### REVIEW OF COMMISSIONING FUNCTION WITHIN INTEGRATED STRATEGIC COMMISSIONING AND SERVICE IMPROVEMENT DIRECTORATE-CONFIDENTIAL

In line with the recommendations in the covering report, a number of changes to the current staffing establishment are being proposed. Where appropriate, this will be subject to staff consultation in line with HR processes.

The proposed changes are laid out in the tables below.

#### 1. Proposed disestablishment of posts

*Table 1*

Area	Post Title	Band/Grade	FTE	Reason
Partnerships	BCF Programme Manager	Band F	0.8	Health funding withdrawn
Liberty Safeguards Implementation	Project Manager	Band D	1.0	Function of role mainstreamed
QACS	Project Manager workforce (External)	Band D	0.5	Reduced at request of post holder – role can be covered from reduced hours
Service Improvement	Business Change Analyst	Band C	1.0	Temporary vacant posts – no longer needed following change in departmental priorities & response to COVID-19
	Programme Officer Band B	Band B	1.5	
	e- Support Worker (Mosaic)	Grade 5	1.0	
ICST	Commissioning officer (vacant post) *	Band B	0.87	To enable the shift of contract management function to QMMT and fund contract officer role
ICST	Advanced social work practitioner (vacant post) **	Band c	0.5	To enable refocus in priorities in Housing with Care Support team and fund commissioning officer role
<b>Totals</b>			<b>7.17</b>	

## 2. Proposed posts to be created/established

Table 2

Area	Post Title	Band/Grade	FTE	Purpose	Cost
Integrated Strategic Commissioning Team	Strategic Development Officer	Grade 5	1.0	To co-ordinate BCF and health integration currently covered by the Partnership Team.	35,698
Quality Assurance and Citizen Safety	Contract and Performance Officer	Grade A	1.0	*cost neutral as this will be paid for by an equivalent reduction in a vacant post from ISCT – see table 1 above – Commissioning Officer	42,786
Integrated Strategic Commissioning Team	Commissioning Officer	Grade B	1.0	**to provide capacity on refocussed activity for housing with care and support. This is cost neutral – see table 1 – Advanced social work practitioner and utilising unallocated hours within the current establishment to fund the post	49,186
<b>Totals</b>			<b>3</b>		<b>£ 127,670</b>

## 3. Posts at risk following the review, subject to HR processes

Table 3

Area	Post Title	Band/Grade	FTE
Partnerships	Transformation Managers	Band E	3.0
Service Improvement	Strategic Development Managers	Band E	1.5
<b>Totals</b>			<b>4.5</b>

## 4. Overall Financial Impact

Change to Establishment	Financial Impact
Budget reduction	£657,687
Additional cost of establishing new posts	£127,670
<b>Net Impact/budget reduction</b>	<b>£530,017</b>

9<sup>th</sup> November 2020

Agenda Item: 10

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

### **CHANGE OF STAFFING ESTABLISHMENT IN THE PREPARING FOR ADULTHOOD TEAM**

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

1. The purpose of this report is to request approval of the following changes to the staffing establishment in the Preparing for Adulthood team from 1<sup>st</sup> December 2020:
  - temporary disestablishment of a 1 FTE Social Worker (Hay Band B) post and a 0.3 FTE vacant Social Worker (Hay Band B) post for one year
  - temporary establishment of a part-time (27 hour) Advanced Social Work Practitioner (Hay Band C) post for one year.

#### **Information**

##### **Background**

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

- Integrated Children's Disability Service (responsible for Education, Health and Care Plans (EHCP))
  - Adult social care teams
  - Maximising Independence Service
  - Children's health professionals
  - Adult specialist health teams
  - Housing teams.
4. These links are established, but could be strengthened and developed further to improve the experiences of young people and their families.
  5. Preparing for Adulthood (PFA) is a key area of focus for the department, and will be key to the success of the Strength Based Practice initiative. The Preparing for Adulthood pathway is due for review, and there are plans to strengthen the commissioning links between children's and adult services. The additional senior capacity will support these initiatives.

## **Rationale**

6. Consideration has been given to the balance of leadership in PFA and the continued need to be involved in strategic and developmental work around the Council's responsibilities to young people who have PFA outcomes to meet. Working jointly and collaboratively with health and education colleagues as well as the multiple children's teams to improve the overall response to children who are likely to need Adult Social Care and Health (ASCH) support in the future is very active, and there is a risk that the ASCH perspective cannot be represented in all forums.
7. Current areas of development that the Advanced Social Work Practitioner post will support are as follows:
  - pioneering work to develop strength-based approaches when working with young people
  - embedding strength-based approaches in the team and promoting this way of working with partners
  - developing processes with EHCP to align reviews
  - planning future accommodation needs for PFA with the Housing with support team
  - liaising with commissioners in Children & Families Services to align processes and expectations of providers
  - looking at the employment pathway with agencies in and outside of the Council
  - improving links with health regarding young people transitioning from children's health services
  - improving the experience of young people with mental health needs by joining up with leaving care, Looked After Children (LAC) and Mental Health leads to ensure a good quality response is available
  - working on a digital platform for PFA with Children & Families Services
  - improving data and finding ways to better identify the population of children who need to be referred at the right time to ASCH.
8. The team is also focussed on cost avoidance savings, due to a strong focus on links with the Maximising Independence Service and opportunities for young people to access community resources, training and employment. The Transitions Project saved £183,046 in

2019-2020 against a target of £100,000 and has a target of £50,000 for the financial year 2020-2021 (this is a lower target as COVID 19 prevented a lot of promoting independence work from going ahead).

9. Given the team's strategic and operational activity and specialism and the potential for much improvement to be made across the partnerships, the department would like to use the opportunity to trial strengthening the leadership resource in PFA with an Advance Social Work Practitioner (ASWP) post.
10. The Preparing for Adulthood Team has a vacancy for one year to back fill for a social worker who has been recruited to an ASWP post on secondment for one year.

## **Funding**

11. The proposal is that the funding for this post comes from the existing staffing budget of the team. It requires permission for effectively changing a 1 FTE Social Worker (Hay Band B) post and a 0.3 FTE vacant Social Worker (Hay Band B) post to a 27 hour ASWP (Hay Band C) post for one year. This is within the team's current budget.

## **Evaluation**

12. Additional ASWP capacity will greatly support the strategic partnership work of the team and will help to strengthen external processes and relationships. The team will manage caseloads within the remaining social work posts and this will be supported by the ASWP, who will retain a small case load. Additional ASWP capacity has the potential to greatly enhance the work of the team and strengthen partnership working, which is a vital aspect of improving the experience of young people with disabilities.

## **Other Options Considered**

13. To continue with the current establishment of the team.

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

14. This post will enable the team to further develop internal and external relationships and processes to improve the experience of young people who require adult social care support.

## **Statutory and Policy Implications**

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

## Financial Implications

16. Posts to be temporarily disestablished:

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

Total cost of posts to be disestablished	<b>£63,942</b>
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17. The cost of the 27hr Advanced Social Work Practitioner Hay Band C post to be temporarily established is **£40,832 pa**.

18. This change in establishment will generate a saving of **£23,110 pa**.

## Human Resources Implications

19. There will be an internal recruitment process.

## RECOMMENDATION/S

- 1) That Committee approves the following changes to the staffing establishment in the Preparing for Adulthood team from 1<sup>st</sup> December 2020:
  - temporary disestablishment of a 1 FTE Social Worker (Hay Band B) post and a 0.3 FTE vacant Social Worker (Hay Band B) post for one year.
  - temporary establishment of a part-time (27 hour) Advanced Social Work Practitioner (Hay Band C) post for one year.

**Ainsley Macdonnell**  
**Service Director, Living Well**

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## Constitutional Comments (KK 23/10/20)

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

## Financial Comments (DLM 28/10/20)

21. The current staffing structure is comprised as follows:

Post Title	Perm FTE	£
Team Manager	1.00	£56,489
Advanced Social Work Practitioner	1.00	£52,659
Social Worker - B	7.00	£324,031
Community Care Officer	2.50	£83,999
	<b>11.50</b>	<b>£517,178</b>

22. Paragraphs 16 to 18 confirm the cost of the disestablished posts is £63,942 and the newly established post is £40,832. Therefore there is a temporary saving of £23,110.
23. The request is temporary for a period of 12 months from 1<sup>st</sup> December 2020 and will therefore span the 2020/21 & 2021/22 financial years.

#### **HR Comments (SJJ 09/10/20)**

24. The recruitment to this post will be undertaken in line with the authority's recruitment procedures and the successful candidate will be employed on a part time fixed term contract for the period of the secondment from the team as described in 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.

None.

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

All.

ASCPH730 final





**9 November 2020****Agenda Item: 11****REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND  
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

**Information**

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chairs and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

**Other Options Considered**

5. None

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

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

**Marjorie Toward**  
**Service Director, Customers, Governance & Employees**

For any enquiries about this report please contact: Sara Allmond – [sara.allmond@nottscg.gov.uk](mailto:sara.allmond@nottscg.gov.uk)

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

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

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

9. There are no direct financial implications arising from the contents of this report. Any future reports to Committee on operational activities and officer working groups, will contain relevant financial information and comments.

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

- None

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

- All

## **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME 2020-21**

<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
<b>7 December 2020</b>			
Adult Social Care Winter Plan and self-assessment of service continuity in care market	To present ASC&PH winter plan- as required by Department of Health and Social Care - to committee and share self-assessment required in relation to care market.	Corporate Director, Adult Social Care and Health	Louise Hemment/Gemma Shelton/Jennie Kennington
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Transforming Care programme		Service Director, Community Services, Living Well	Mark Jennison-Boyle
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	TBC
Re-tender for Pre-Paid Debit Card provider		Corporate Director, Adult Social Care and Health	John Stronach
Your Health, Your Way - Integrated Wellbeing Service	To provide members with an update of the new Integrated Wellbeing Service following its launch in April 2020	Consultant in Public Health	Matthew Osborne
<b>11 January 2021</b>			
Commissioning Proposals - Brighter Futures		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Commissioning Proposals - Deaf Services		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Commissioning Proposals – Connect Services		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Progress on Day Opportunities Strategy		Service Director, Strategic Commissioning and Integration	Mercy Lett-Charnock

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Progress of framework agreement for equipment based major adaptations in people's homes	Report on progress with implementation of new framework.	Corporate Director, Adult Social Care and Health	Cate Bennett
Interim evaluation of routine enquiry into Adversity in Childhood (REACH) Programme	To provide members with an update on the findings of the interim report on the REACH Programme in Nottinghamshire	Consultant in Public Health	Sarah Quilty
<b>8 February 2021</b>			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 2)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Older Adults Care Homes contracts		Service Director, Strategic Commissioning and Integration	Clare Gilbert
<b>1 March 2021</b>			
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Short Breaks Review Proposals		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	
<b>29 March 2021</b>			
Day Opportunities Strategy	To present the proposed Strategy for approval	Service Director, Strategic Commissioning and Integration	Mercy-Lett Charnock
Hospital Discharge & Rapid Response Services		Service Director, Strategic Commissioning and Integration	Clare Gilbert

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
<b>14 June 2021</b>			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 3)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Review of workforce restructure in Adult Social Care	To update the Committee on progress with the new workforce model implemented in Sept 2020.	Service Director, Living Well/ Service Director, Ageing Well	Sue Batty/Ainsley MacDonnell
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	
<b>12 July 2021</b>			

