

Adult Social Care and Public Health Committee

Monday, 14 March 2022 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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|---|--|--------------|
| 1 | Minutes of last meeting held on 24 January 2022 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Adult Social Care performance and financial position update for Quarter 3 2021-22 | 9 - 18 |
| 5 | Changes to the staffing establishment to support Covid recovery, social care reforms and greater integration with Health | 19 - 26 |
| 6 | Nottingham and Nottinghamshire Carers Strategy | 27 - 70 |
| 7 | 'Better Together' working towards greater co-production across Adult Social Care | 71 - 90 |
| 8 | Proposed increase in fees for independent sector adult social care providers, Direct Payments and other charges | 91 - 100 |
| 9 | Work Programme | 101 -
104 |

Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Jo Toomey (Tel. 0115 977 4506) or a colleague in Democratic Services prior to the meeting.

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

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	24 January 2022 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Boyd Elliott (Chairman)
Scott Carlton (Vice-Chairman)
Matt Barney (Vice-Chairman)

Steve Carr
Dr. John Doddy
Sybil Fielding
Paul Henshaw

Eric Kerry
David Martin
Nigel Moxon
Michelle Welsh

SUBSTITUTE MEMBERS

None

OFFICERS IN ATTENDANCE

Melanie Brooks, Corporate Director, Adult Social Care and Health, ASC&PH
Jonathan Gribbin, Director of Public Health, ASC&PH
Sue Batty, Service Director, Ageing Well Community Services, ASC&PH
Ainsley Macdonnell, Service Director, Living Well Community Services, ASC&PH
Kashif Ahmed, Service Director, Strategic Commissioning and Integration, ASC&PH
Jennie Kennington, Senior Executive Officer, ASC&PH
Philippa Milbourne, Business Support Assistant, Chief Executive's
Gemma Shelton, Team Manager, Residential and Nursing Care Services ASC P&H
Noel McMenamain, Democratic Services Officer, Chief Executive's

OFFICERS IN REMOTE ATTENDANCE

Sue Foley, Consultant in Public Health, ASC&PH

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of the Adult Social Care and Public Health Committee held on 13 December 2021 were confirmed and signed by the Chair.

2. MEMBERSHIP CHANGE

The Committee noted the change in membership with the replacement of Councillor Nigel Turner by Councillor Matt Barney.

3. APOLOGIES FOR ABSENCE

None.

4. DECLARATIONS OF INTERESTS

None.

5. PUBLIC HEALTH OUTCOMES IN NOTTINGHAMSHIRE

The report, which was presented by the Director of Public Health, providing a review of outcomes identified in the Public Health Outcomes Framework in Nottinghamshire against performance in England, and advising of actions being taken to address areas requiring improvement.

During discussions, Members asked about:

- The impact of early years intervention, including face to face visits;
- More detailed information and measures to address health inequalities in deprived areas;
- The impact of fuel poverty on health and wellbeing;
- The prevalence of cancer screening and re-introduction of NHS health checks.

RESOLVED 2022/001

That the public health outcomes for residents of Nottinghamshire County be reviewed and the following action be required to address where current outcomes or trends were unfavourable compared to England, including any current strategies or services plans on hold or requiring review due to the COVID-19 pandemic:

- A further report providing detailed information in respect of public health outcomes and inequalities for each District for consideration at a future meeting.

6. UPDATE ON DELIVERY OF THE LOCAL OUTBREAK MANAGEMENT PLAN

The Director of Public Health presented the report, which requested approval of the revised Local Outbreak Management Plan and changes to the establishment of the COVID-19 Response Team. The report also provided updates on the COVID-19 Response Service and on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund.

During discussions, Members asked about:

- issues in respect of vaccination uptake, including with reliability of mobile services;
- ways to further encourage vaccination among specific groups, including the clinically vulnerable and the homeless.

RESOLVED 2022/002

That:

- 1) The revised Nottinghamshire County Council Local Outbreak Management Plan be approved;
- 2) an update on the establishment of the COVID-19 Response Service following approval by the Committee at its 14 June 2021 meeting be received;
- 3) the changes to the establishment of the of the COVID-19 Response Team outlined at paragraph 12 of the report be approved to mitigate against the impact of recruitment difficulties;
- 4) an update on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund be approved.

7. ADDITIONAL CAPACITY TO SUPPORT MORE PEOPLE HOME FROM HOSPITAL

The report, which sought approval for changes to the re-ablement and social work establishment to support Nottinghamshire residents returning home from hospital, was presented by the Service Director, Ageing Well Community Services.

During discussion, Members asked for and received assurance about addressing retention within the establishment.

RESOLVED 2022/003

That, subject to external funding being secured:

- 1) the following re-ablement posts from temporary to permanent posts from 1st April 2022 to sustain the additional capacity created to support hospital discharge throughout winter be established:
 - 16.5 FTE Reablement Support Workers (Grade 2)
 - 5 FTE Senior Reablement Support Workers (Grade 3)
 - 1 FTE Reablement Manager (Band A)
 - 1.5 FTE Occupational Therapists (Band B)
 - 3.5 FTE Community Care Officers (Grade 5)
 - 1 FTE Reablement Coordinator (Grade 4).
- 2) the following re-ablement posts permanently from 1st 2022 to support increased hospital discharge be established:
 - 3.5 FTE Reablement Support Workers (Grade 2)
 - 2 FTE Senior Reablement Support Workers (Grade 3)
 - 0.5 FTE Reablement Manager (Band A)
 - 1 FTE Occupational Therapist (Band B)
 - 2.5 FTE Community Care Officers (Grade 5)
 - 1 FTE Reablement Coordinator (Grade 4).

- 3) the following social work posts permanently from 1st April 2022 to work with the additional numbers of people requiring support to be able to be discharged home from hospital be established:
 - 10 FTE Social Workers (Band B)
 - 4 FTE Community Care Officers (Grade 5).
- 4) the extension of the following temporary post from 1st April 2022 to 31st March 2023 be approved:
 - 1 FTE Service Improvement Project Manager post (Band C) to continue to support the delivery and embedding of an effective discharge process countywide.

8. ESTABLISHMENT OF A PERSONAL ASSISTANT SUPPORT SERVICE

The report, which was presented by the Service Director, Integrated Strategic Commissioning and Service Improvement, outlined the rationale for the establishment of the Service, and sought approval for a number of temporary appointments to the Service.

RESOLVED 2022/004

That the following be approved:

- 1) the proposal to centralise within the Direct Payments Team the commissioning of Direct Payments to employ Personal Assistants.
- 2) the temporary establishment of four temporary posts to sit within the Direct Payments Team to undertake the additional business activity for a period of 12 months until 31st March 2023 as follows:
 - 1 FTE Direct Payments Commissioning Support Officer - Employment Support (Grade 4) (Recruitment focused)
 - 2 FTE Direct Payments Commissioning Support Officers (Grade 4) (Mosaic and Data Input Team process focused)
 - 1 FTE Direct Payments Team Leader (Hay Band B) to oversee the operational running of the team and line management responsibilities.

9. IMPLEMENTATION OF ADDITIONAL SUPERNUMERARY SOCIAL WORKER AND OCCUPATIONAL THERAPIST APPRENTICESHIP POSTS AS PROGRESS AS PROGRESS INTO QUALIFIED ROLES

The report, which sought approval for an intake of additional supernumerary Social Worker and Occupational Therapy posts as a progression route into qualified roles, was introduced by the Service Director, Integrated Strategic Commissioning and Service Improvement.

RESOLVED 2022/005

That:

- 1) The implementation of additional supernumerary 4 FTE Occupational Therapist and 3 FTE Social Worker Apprenticeship posts as a progression route into qualified roles for a 3-4 year programme, as outlined at paragraph 19 of the report, be approved;
- 2) any decisions to participate in further Social Work and Occupational Therapist Apprenticeship intake will depend on the outcome of the evaluation of the programme, workforce remodelling analysis and the Department's financial position.

At this point, Councillors Doddy and Moxon left the meeting and did not return.

10. MARKET MANAGEMENT POSITION STATEMENT

The report, which provided information on the work of the Quality and Market Management Team in respect of ensuring there being a robust and sustainable social care market in Nottinghamshire, was introduced by the Interim Group Manager, Quality and Market Management.

During discussions, Members asked about:

- Workforce retention in the face of competition for workers as the economy emerged from the pandemic;
- The impact of low pay on recruitment.

RESOLVED 2022/006

That:

- 1) there were no additional actions required in relation to the issues contained in the report;
- 2) the Committee was content with current arrangements in place to monitor the actions/issues contained within the report.

11. WORK PROGRAMME

RESOLVED 2022/007

That, subject to receiving a further report on health inequalities by District at a future meeting, the Work Programme be approved.

12. EXCLUSION OF THE PUBLIC

RESOLVED 2022/008

That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

13. MARKET MANAGEMENT POSITION STATEMENT – EXEMPT APPENDIX

RESOLVED 2022/009

That the contents of the Market Management Position Statement, exempt appendix be noted.

The meeting closed at 1.10pm.

CHAIRMAN

14th March 2022

Agenda Item: 4

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

**ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE
FOR QUARTER 3 2021/22**

Purpose of the Report

1. To provide an update on the financial position of Adult Social Care and Public Health at the end of December 2021.
2. To provide Committee with a summary of performance for Adult Social Care for quarter 3, 1 October to 31 December 2021.
3. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing performance to deliver effective and responsive services to the people it supports and their carers.
4. This report provides a summary of the department's financial position at the end of quarter 3 2021/22 and an overview of the adult social care performance measures that fall within the responsibility of the Adult Social Care and Public Health Committee.

Current Financial Position

5. As at the end of December 2021, the Adult Social Care and Public Health Department is forecasting to underspend by £1.01m after reserve movements.

Department	Annual Budget £ 000	Actual to Period 9 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
<u>ASCH Committee</u>				
Strategic Commissioning and Integration	(32,779)	(61,551)	(33,720)	(941)
Living Well and Direct Services	128,961	102,606	129,202	241
Ageing Well and Maximising Independence	122,327	91,976	121,270	(1,057)
Public Health	631	(3,330)	(538)	(1,169)
Forecast prior to use of reserves	219,140	129,700	216,214	(2,926)
Transfer to / (from) reserves (SCI)	(4,379)	(34)	(3,636)	743
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	-	-	-	-

Department	Annual Budget	Actual to Period 9	Year-End Forecast	Latest Forecast Variance
Transfer to / (from) reserves (Public Health)	(631)	(35)	538	1,169
Subtotal	(5,010)	(69)	(3,098)	1,912
Net Department Total	214,130	129,631	213,117	(1,013)

6. This forecast takes account of the budget realignment that happened in period 4 which resulted in £5.0m being removed from the Adult Social Care and Public Health budget as a result of the continuing effects of Covid; £3.0m from Ageing Well community care; £1.0m from Maximising Independence Service staffing; and £1.0m from Day Service staffing.
7. The forecast underspend is primarily due to reduced spend on Ageing Well care packages, because of: people delaying coming to social care when Covid infection levels were high who are now seeking support; temporary national Discharge to Assess Funding; additional client contributions and income received. Underspends are also forecast on staffing across the department due to staff turnover, recruitment, and retention challenges.
8. The trend of the Ageing Well budget spend in quarter 4 is now increasing as the Department is working with more people again. There is higher use of short-term residential care as an interim solution to support people while they wait for homecare.
9. Public Health has an increased underspend of £1.17m at Period 9, due to costs being picked up by Covid funding and slippage of projects into future years due to delays linked to Covid, which are shown as reserve movements. The main underspends are on Health Checks, Sexual Health and Corporate staff pay and non-pay. These are all due to staffing working on Covid agendas and lower service take ups due to Covid.
10. The forecast includes a net use of reserves of £3.10m. There is an anticipated contribution to reserves of £0.54m for Public Health, a net use of reserves of £3.59m for Section 256 and £0.54m Pooled Budget reserves and a net contribution to reserves of £0.49 for Carers.

Service Improvement

11. In the 2021/22 financial year, the department had an agreed net savings target of £4.51m. £1.58m has already been delivered with a further £0.20m expected to be delivered during this financial year. As a result of the ongoing response to the pandemic, the delivery of the remaining £2.73m of these savings is expected to slip into 2022/23 and 2023/24.

Summary of Quarter 3 2021/22 Performance

12. Performance for quarter 3 for 2021/22 is attached at **Appendix A** and a summary of the highlights, areas for improvement and issues impacting on performance are contained within the body of this report.
13. Due to the impact of the Omicron variant, the wider health and care system in Nottinghamshire moved back into an emergency and crisis management footing in early December, with the Local Resilience Forum declaring a major incident. Health and care services were under severe pressure during this period. This had begun to ease by the end of January and the system is now seeing reduced Covid 19 outbreaks and staffing levels are slowly improving. The Local Resilience Forum has recently stood down the critical incident and as a Department, Adult Social Care has also stood down its emergency

response, however, significant pressures remain, with workforce shortages still being experienced across the health and care system. This is affecting all independent sector frontline care services, and commissioners are projecting no increased capacity for the next six months within home care or within supported living due to workforce shortages. This is despite all the mitigations in place. The Department is also continuing to face challenges recruiting and retaining Social Workers, Community Care Officers and Occupational Therapists. This means that people are waiting longer for services.

14. The operational teams are managing these pressures daily through prioritisation, capacity, and flow meetings. The Department of Health has issued a national Ethical Framework for Social Care which provides guidance on making strategic and individual casework decisions. The Department's Principal Social Worker has supported the development of a local checklist to aid staff in making and recording tough decisions. Because we had a surge of referrals halfway through the year, the teams all have recovery plans in place to work through the list of people who are a lower priority and are currently waiting for Care Act, Occupational Therapy, or Safeguarding Assessments and Reviews.
15. As reported at the end of quarter 2, recruitment to temporary posts that had been established to add capacity within the workforce continued to be challenging. Due to the short timeframe left it is not anticipated that all posts will now be filled. However, through a combination of dedicated campaigns and work with the Council's approved suppliers of temporary staff it has been possible to recruit an additional 24 Social Workers, 7 Occupational Therapists, 4 Community Care Officers and 27 Service Advisers to help deliver the recovery plans.
16. Staff sickness absence rates have increased considerably within the last 12 months, with an average 21.48 days of sickness per 1 FTE of staff a year compared with 14.46 days in February 2021. This is partly due to Covid and other illnesses, but stress is also one of the top three main reasons for absences. In response to this, the workforce wellbeing plan has a number of actions that include developing a trauma informed approach to support social care staff, along with regular pulse surveys, measured communication, and engagement.
17. The County Council provides some internally run services, for example, reablement services, day centres and overnight short break respite care. Most services, however, are purchased from external care providers. Many external providers of home-based care supported living accommodation and residential care homes are also continuing to face significant challenges due to combinations of workforce shortages, quality issues and financial stability. The difficulty in purchasing the appropriate services to support a person can result in a delay to their hospital discharge date and to the reablement and enablement support available to them. This in turn increases the costs for the delivery of adult social care as alternative, less suitable services may be required for a longer period. A number of initiatives have been introduced to meet these challenges including:
 - targeting the use of the Adult Social Care workforce fund to support recruitment, retention and increase capacity during the Winter period
 - recruitment campaign for 'Working in Social Care' which commenced in early January 2022
 - the mobilisation of existing Council employees who can be deployed to work in an external residential or home care if required
 - an increased level of engagement and regular communication with providers

- twice weekly meetings across a task force group made up of health and social care officers and external providers in Nottinghamshire
- working with providers to ensure that they have business continuity plans in place and that these are being deployed.

Promoting Independence Workers

18. Promoting Independence Workers are part of the Department's Maximising Independence Service. They work with people to develop their independence, for example, enabling people to use public transport and to access local community activities and services. Local lockdowns and measures to reduce infection transmission affected the ability of the team to do their work. As more community services are opening and more people are becoming more confident about going out again, the work is recovering. In April 2021, the team supported 18 people, and this has grown to an average of 33 people each month who are now being supported to achieve their personal independence goals.

Visit from the Chief Social Worker, Lyn Romeo

19. On 11 January the Department received a visit from Lyn Romeo, Chief Social Worker. This was an excellent opportunity for social care staff, as well as some of the members of our co-production group who are carers, to ask questions regarding some of the current issues facing adult social care. It also provided an opportunity for staff to share examples of strengths-based social care practice with Lyn. Some of the examples staff provided of how they had been working in a strengths-based way are shown below:

Lisa works with vulnerable adults. Lisa used a strengths-based approach when she was working with one family. Lisa's intervention was prompted by a relative raising concerns about a family member's ability to care for her father. The daughter had limited additional support and the home was in a poor condition. The whole family had a poor view of social care and had previously declined offers of support. Lisa spent time getting to know the family in a way she describes as 70% listening and 30% doing. This helped Lisa to build a positive relationship with the family. Lisa realised that one particular cause of distress was the lack of a washing machine to be able to wash the father's clothes as frequently as was required. As a first step, Lisa was able to put in place a one-off purchase of a washing machine. This built trust with the father and helped the daughter by freeing up time for her to think about what she wanted out of life. Lisa says listening was a vital part of establishing this trusted relationship with a family that had previously been labelled 'hard to reach'.

Jessica provided an example of an individual she supported who was referred by the East Midlands Ambulance Service after a series of falls. Jessica was able to provide practical support through involving the team's Occupational Therapist who provided equipment such as a bath lift, a long-handled sponge, a leg lifter, and a cream applicator. Through spending time listening to what was important for the person Jessica discovered the person and their partner had a very limited income much of which was being spent on purchasing continence products. Jessica asked the district nurse for a reassessment of support and in the meantime used a small amount of funding to provide some continence products. Jessica also used a whole family approach, considering the carers needs as well as the persons and found a lot of difficulties for the partner came from having to remind the other to do personal care tasks. Jessica provided a memory bell which helped reduce some of the need to remind the partner and helped to support their relationship. Jessica felt that previously the team may not have worked in such a strengths-based way or addressed the couple's support needs in such a holistic way.

20. Carers who are members of the Department's Co-production Group, Our Voice, also spoke with Lyn Romeo about their experience of co-production.

Alyson, a parent carer and advocate for her adult son, shared her experience of co-production. She explained that to her co-production is helping to overcome the 'unproductive environment' of 'mistrust' from people with a disability and carers 'towards staff and from staff'. Through the 'Making it Happen' co-production group, Alison said she has been provided with an insight into the innovation sites and was positive about their work in consulting people and carers in service plans.

Marion has been a carer for the last 17 years. She believes the Better Together strategy can effectively tackle issues around communication, including barriers imposed by inaccessible language. The group feels there is a 'true commitment' to change which will be long-lasting and impactful. Marianne identified the development of the Carers Space and Carers Strategy as proof of a long-term commitment to co-production. She appreciates this not being a tokenistic gesture but instead a process that is always evolving and looking to improve. Within a short time of working co-productively she feels a lot has been achieved through the support of an enthusiastic Senior Leadership Team and innovation leads.

Mental Health Services

21. We are starting to see the benefits of the development of the 24/7 Approved Mental Health Practitioner (AMPH) service regarding a reduction in the amount of time people spend in hospital or custody, better joint working with partner organisations, improved oversight of support and a single team point of contact.
22. Analysis of data between 2019/20 and 2020/21 shows that since the implementation of the 24/7 model, there has been a:
- 5% improvement in the timeliness of assessments - reducing time spent in 136 suites, custody, or A&E overnight

- 6% decrease in assessments through more effective triage
- 15% increase in the use of informal admission as a less restrictive option to compulsory detention.

23. Work has also been undertaken to develop a Principal Approved Mental Health Practitioner role, as recommended by the national AMHP Leads Network and supported by the Association of Directors of Adult Social Services. The post is currently being recruited to and will ensure that the practice of the Approved Mental Health Practitioner team is of an excellent standard and is compliant with legislation and practice guidance.

Other Options Considered

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

Reasons for Recommendations

25. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis.

Statutory and Policy Implications

26. 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

27. At the end of December 2021, the Department's forecast outturn position is an underspend of £1.01m as described in **paragraphs 5 to 10** of this report.

28. As described in **paragraph 11**, the department is likely to under-deliver on its net savings target of £4.51m with the shortfall of £2.73m of savings now expected to be delivered in 2022/23 and 2023/24.

RECOMMENDATION

1) That Committee considers whether there are any further actions it requires in relation to the finance and performance information for the period 1 October to 31 December 2021.

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (AK 21/02/22)

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

Financial Comments (KAS 01/03/22)

30. At the end of December 2021, the department's forecast outturn position is an underspend of £1.01m with a shortfall of £2.73m of savings now expected to be delivered in 2022/23 and 2023/24.

Background Papers and Published Documents

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

[Adult Care Financial Services update and future service review – report to Adult Social Care and Public Health Committee on 14th June 2021](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH794

Adult Social Care Performance Update April - December 2021

2019/20 2020/21 Aug-21 Sep-21 Oct-21 Nov-21 Current Value Target Best to be RAG Direction of Travel ytd National Average

Contacts / requests

1	MIS Contacts : % resolved (pre assessment)	N/A	N/A	80.7%	81.0%	81.3%	81.4%	80.5%	To Increase	High	R	Away from Target	LOCAL
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Hospital Discharge

2	Percentage of discharges made on the same day or the next day as the person was deemed Medically Safe for Discharge/Medically Fit for Discharge (MFFD)	N/A	36%	28%	27%	30%	28%	28%	To Increase	High	R	Away from Target	LOCAL
3	The average number of days between MFFD or Discharge Notice and Discharge	N/A	2.9	4.5	5.2	4.5	4.9	5.0	To reduce	low	R	Away from Target	LOCAL CORE

Reablement & Enablement

4	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	84.8%	84.8%	86.6%	82.2%	82.8%	82.0%	82.3%	83.0%	High	A	TOWARDS TARGET	79%
5	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	2.8%	2.2%	2.2%	2.3%	2.3%	2.3%	2.2%	2.5%	High	R	Away from Target	3.1%
6	Number of people who completed START reablement	N/A	N/A	751	934	1,054	1,202	1,359	2,421	High	R	TOWARDS TARGET	LOCAL CORE
7	People successfully completing a programme of enablement (with a Promoting Independence Worker)	N/A	N/A	133	169	204	259	293	1,000	High	R	TOWARDS TARGET	LOCAL CORE

Reviews

8	Percentage of reviews of Long Term Service Users completed in year	84.9%	74.0%	36.6%	40.6%	44.3%	48.5%	52.6%	100.0%	High	R	TOWARDS TARGET	LOCAL & NATIONAL
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Packages of Care and Support

9	Number of new packages set up each month	455	549	490	484	487	493	486	To reduce	Low	A	Away from Target	LOCAL CORE
10	Average package cost for LT and ST services	£466	£484	£518	£520	£524	£528	£538	To reduce	Low	A	Away from Target	LOCAL CORE
11	The number of people entered into interim residential care from hospital where this was not the 'ideal' service	N/A	N/A	138	160	183	211	224	TBC	Low			LOCAL CORE
	PLACEHOLDER: The number of people entered into an interim "non ideal" service (community based, not from hospital).	N/A	N/A						TBC	Low			LOCAL CORE

Direct Payments

12	Proportion of adults receiving direct payments	40.6%	38.6%	38.6%	38.8%	39.0%	39.0%	39.5%	42.0%	High	R	TOWARDS TARGET	26.6%
	Number of new Direct Payments with a Personal Assistant (YTD) (latest Nov 21)	N/A	N/A	68	84	92	106(p)	106(p)	120	High	R	TOWARDS TARGET	LOCAL
13	Percentage of new Direct Payments used to purchase a Personal Assistant (latest Nov 21)	19.0%	26.5%	25.0%	30.0%	20.0%	27.0%(p)	27%(p)	50.0%	High	R	Away from Target	LOCAL CORE

Long Term Care

14	Number of Younger Adults supported in residential or nursing placements	662	694	661	664	666	667	676	635	Low	R	Away from Target	LOCAL
15	Long-term support needs of Living Well adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	25.9	24.6	7.3	11.2	13.3	15.7	19.6	16.4	Low	R	TOWARDS TARGET	13.3
16	Number of Older Adults supported in residential or nursing placements	2,375	2,104	2,162	2,146	2,151	2,190	2,211	2,309	Low	G	TOWARDS TARGET	LOCAL

Adult Social Care Performance Update April - December 2021		2019/20	2020/21	Aug-21	Sep-21	Oct-21	Nov-21	Current Value	Target	Best to be	RAG	Direction of Travel ytd	National Average
17	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	612.1	494.5	201.6	249.0	290.7	367.2	427.2	469.9	Low	A	TOWARDS TARGET	498.2
18	Percentage of older adults admissions to LTC direct from hospital (BCF)	0.13	5.4%	5.1%	6.0%	6.5%	6.5%	7.1%	11.0%	Low	G	TOWARDS TARGET	LOCAL
Employment and accommodation													
19	Proportion of adults with learning disabilities in paid employment	2.4%	2.0%	1.9%	1.8%	1.8%	1.7%	1.7%	2.9%	High	R	No Change	5.1%
20	Proportion of adults with learning disabilities who live in their own home or with their family	76.3%	74.5%	74.7%	74.7%	74.8%	75.0%	74.6%	77.0%	High	R	Away from Target	78.3%
21	Proportion of young adults supported to access employment, education, training or volunteering	N/A	8.6%	8.6%	8.5%	8.5%	8.3%	8.3%	25.0%	High	R	No Change	LOCAL CORE
Safeguarding													
22	Percentage of safeguarding service users who were asked what outcomes they wanted	82.5%	81.0%	79.6%	79.6%	78.5%	78.3%	79.1%	85.0%	High	A	Away from Target	79.0%
23	Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved	75.0%	75.0%	79.8%	78.8%	79.3%	78.9%	78.5%	80.0%	High	G	TOWARDS TARGET	67.0%
24	Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed	85.9%	86.5%	88.3%	87.6%	86.8%	86.6%	86.4%	90.0%	High	G	TOWARDS TARGET	89.5%
25	Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend	86.9%	85.5%	82.9%	84.2%	82.9%	82.2%	82.3%	90.0%	High	A	Away from Target	87.0%
DoLS													
26	Percentage of DoLS assessments received and completed in year	89.0%	64.0%	63%	66%	69%	68%	72%	90.0%	High	R	TOWARDS TARGET	LOCAL

14th March 2022

Agenda Item: 5

**REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC
COMMISSIONING AND SERVICE IMPROVEMENT**

**CHANGES TO STAFFING ESTABLISHMENT TO SUPPORT COVID
RECOVERY, SOCIAL CARE REFORMS AND GREATER INTEGRATION WITH
HEALTH**

Purpose of the Report

1. This report seeks to make some changes to the Adult Social Care staffing establishment to support continued recovery from Covid 19, the planning and implementation of statutory reforms and continued work to support greater integration between Health and Social Care.

Information

2. To continue to support the Department to recover from the Covid 19 pandemic, deliver against the Department's Service Improvement Plan, and to initiate the planning and implementation of Social Care Reforms and Care Quality Commission assurance process, approval is sought to establish a temporary additional 1 FTE Group Manager for Service Improvement, Quality and Practice (Hay Band F subject to formal job evaluation) for a period of 12 months, to be funded through the Market Sustainability Grant for 2022/23. In addition, it is requested to extend 1.8 FTE temporary Mosaic Technical Specialists (Hay Band C) for a period of 24 months. These posts will be funded through existing Mosaic Team budgets and supplemented where required by holding vacancies in the Service Improvement Team.
3. Approval is sought to extend for 12 months the temporary Team Manager (Hay Band D) post in Ageing Well Services. This post has been providing Peer to Peer support across Ageing Well Team Managers to embed a set of tools to support managing demand, assure quality of practice and work in a strength-based way. The role is also leading a social isolation project which has been delayed due to the impact of Covid but is now making substantial progress, sampling people requiring review and modelling how reliance on formal services can be reduced using aids, equipment, and assistive technology, as well as linking people into their local communities and social activities/networks. This improves people's outcomes, frees up homecare, and delivers savings. Funding for this post will be met by holding vacancies in Ageing Well.

4. Peer to peer mentoring to make this cultural shift is required to support achieving the Ageing Well strength-based approaches £1.1m savings from April 2022-23. The post is also key to joining up the Department's work in the Community Teams and Innovation Sites with the Integrated Care System Transformation Programme work and its Accelerator Sites, taking strength-based approaches into multi-disciplinary working with our partners.
5. On 14 June 2021, the Adult Social Care and Public Health Committee approved 2 FTE temporary Deputyship Officers and a 0.6 FTE temporary Finance Assistant in Adult Care Financial Services. The funding was allocated permanently; however, the posts were made temporary on the basis that the service was not part of the initial main phase of the Departmental workforce remodel and had its own review planned. The review was part of the Departmental work that was postponed due to the impact of Covid. An independent specialist has now been secured to start the review from 1 April 2022. The temporarily recruited to posts require a further extension while this work is completed.
6. The posts are required to support the 340 people the Department provides a Deputyship function for. The Court of Protection grants the County Council greater authority to act in all financial matters for someone that the department works with and for whom no suitable alternative person is available to take on this role. This is a non-statutory function that the Council provides because it allows people to maintain their independence and achieve their goals whilst safeguarding them from financial abuse.
7. Approval is also sought to increase the Living Well Commissioning Manager (Hay Band E) vacancy from 28 hours a week to 37 hours a week (full time) for a period of up to 12 months. Initially, it is the intention to only recruit to the post on a temporary six-month basis to allow for further discussions to take place with partners around establishing a new post that will better support integration across the health and social care system in Nottinghamshire. Approval to increase the hours for 12 months is being sought to allow for flexibility should more time be required to conclude the discussions with partners. Given current recruitment challenges, it is anticipated that increasing this short-term vacancy to 1 FTE will make it more attractive to potential candidates. The temporary increase in hours will be funded from within existing staffing budgets linked to a vacant post within the same service area.
8. Approval is sought to permanently establish 7 FTE Business Support Administrators (Grade 3) and 2 FTE Business Support Administrators (Grade 4) as part of the development of a Service Placement Function. Through the Simplifying Processes Project, the department has been streamlining processes to ensure they are fit for purpose and support strengths-based practice to achieve the best outcomes for people, as well as reduce the amount of time staff spend recording and processing information. This work has confirmed that social care practitioners are currently too involved in the sourcing and costing of packages of care compared to other Local Authorities; and that practitioners carry out activities, for example calculating the cost of care and sourcing providers, that would normally sit elsewhere.
9. Building on the existing Data Input Team, that already purchases packages of care and support on behalf of Adult Social Care practitioners, a Service Placement Function is being proposed. In addition, they will also carry out the administrative processes relating to the sourcing and costing of care. This will ensure that care and support is put in place in a timely manner and ensure that social care practitioners can spend more time with people

and not process. The additional posts requested will enable the Service Placement Function to undertake the additional work. The social care worker will remain the main point of contact for people needing care and support. Funding for these posts will be met by disestablishing 3.5 FTE vacant Community Care Officer (Grade 5) posts in Ageing Well and 3.5 FTE vacant Community Care Officer (Grade 5) posts in the Living Well structure.

10. It is proposed that 1 FTE Joint Head of Quality and Market Management (Hay Band G, subject to formal job evaluation) post is established to work across Nottinghamshire County Council, NHS Nottingham, and the Nottinghamshire Clinical Commissioning Group (CCG). Currently there are separate and differently structured teams with responsibility for monitoring the quality and sustainability of the care market. Within the CCG, the team is responsible for working with nursing homes across all of Nottingham and Nottinghamshire, whereas the County Council works with residential care and nursing homes across the County of Nottinghamshire. This causes a degree of duplication and fragmentation.
11. During the pandemic, partnerships across the health and care sector have been strengthened through joint working, however there are still significant variations in how these teams undertake their quality monitoring work. Appointing a Joint Head of Quality and Market Management will bring the following benefits:
 - support and contribute to both the Integrated Care System and the County Council's strategic aims to improve health, care outcomes, and reduce the health inequalities of people living in Nottinghamshire and Nottingham
 - be better able to respond to social care reform that relates to care market, Care Quality Commission quality assurance and government's white paper on integration
 - provide joint leadership across the health and care system and team level
 - an integrated approach and oversight of care market sustainability, risk management, provider failure
 - an integrated approach to quality, suspension and driving improvements
 - an integrated approach to market shaping and market position statement
 - better financial oversight, joint approach to fee uplifts, and development of pooled budgets
 - the post holder will be employed by Nottinghamshire County Council but will have joint line management responsibilities across both health and adult social care.
12. The post will be funded through the disestablishment of the current Group Manager Post for Quality and Market Management (Hay Band F) and income from the CCG to meet the shortfall.

Other Options Considered

13. Not establishing the posts outlined in this report will limit Social Cares ability to respond effectively to meet the priorities of recovering from Covid, implementing Statutory reforms and furthering integration with health.

Reasons for Recommendations

14. The new and extended posts will support the delivery of a number of the Department's key strategic priorities including recovery from the Covid 19 pandemic; planning and

implementation of Social Care Reforms; and greater integration with health partners across Nottingham and Nottinghamshire.

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.

HR Implications

16. Any new posts will be recruited to in line with the County Council's recruitment policy. Where posts are currently occupied by staff on fixed term contracts these will be extended. Newly appointed staff to temporary roles will be appointed for the duration outlined in the report.
17. The Joint Head of Quality and Market Management will be employed by Nottinghamshire County Council but will have joint line management responsibilities across both health and adult social care.

Financial Implications

18. The additional temporary and extended posts are summarised below:

Job Title	Full Time Equivalent (FTE)	Salary Band	Basis	Dates	Cost per annum
Group Manager	1	Hay Band F (subject to formal job evaluation)	Temporary additional post for 12 months	1 April 2022 – 31 March 2023	£85,284
Mosaic Technical Specialists	1.8	Hay Band C	Temporary extension for 24 months	1 April 2022 – 31 March 2024	£106,641
Team Manager	1	Hay Band D	Temporary extension for 12 months	1 April 2022 – 31st March 2023	£63,558
Deputyship Officers	2	Hay Band A	Temporary extension for 12 months	1 April 2022 – 31 March 2023	£90,583
Finance Assistant	0.6	Grade 4	Temporary extension for 12 months	1 April 2022 – 31 March 2023	£19,320
Living Well Commissioning Manager	0.25	Hay Band E	Temporary increase in hours for up to 12 months	1 April 2022 – 31 March 2023	£17,689
Total	6.65				£383,075

19. These will all be funded from existing staffing budgets by holding vacancies to cover these costs.

20. The new permanent posts are summarised below:

Job Title	Full Time Equivalent (FTE)	Salary Band	Basis	Annual Cost
Joint Head of Quality and Market Management	1	Hay Band G (subject to formal job evaluation)	Permanent	£100,706
Business Support Administrator	2	NJE Grade 4	Permanent	£64,103
Business Support Administrator	7	NJE Grade 3	Permanent	£194,109
Total	10			£358,917

21. These will be funded by disestablishing the following posts:

Job Title	Full Time Equivalent (FTE)	Salary Band	Basis	Annual Cost
Group Manager Quality and Market Management	1	Hay Band F	Permanent	£85,284
Community Care Officer in Ageing well	3.5	NJE Grade 5	Permanent	£129,548
Community Care Officer in Living well	3.5	NJE Grade 5	Permanent	£129,548
Total	8			£344,380

22. There will also be a contribution from Health to make up the difference for the Joint Head of Quality and Market Management post.

RECOMMENDATIONCha

That Committee:

- 1) approves the temporary extension of the following posts:
 - 1 FTE temporary additional Group Manager for Service Improvement, Quality and Practice (Hay Band F subject to formal job evaluation) for a period of 12 months from 1 April 2022
 - 1.8 FTE temporary Mosaic Technical Specialists (Hay Band C) for a period of 2 years from 1 April 2022
 - 1 FTE temporary Team Manager in Ageing Well Services (Hay Band D) for 12 months from 1 April 2022
 - 2 FTE temporary Deputyship Officers (Hay Band A) for 12 months from 1 April 2022

- 0.6 FTE Finance Assistant (Grade 4) for 12 months from 1 April 2022.
- 3) approves a temporary increase in hours to the Living Well Commissioning Manager (Hay Band E) post from 0.75 FTE to 1 FTE for a period of up to 12 months from 1 April 2022.
 - 4) approves the establishment of 7 FTE Business Support Administrators (Grade 3) and 2 FTE Business Support Administrators (Grade 4) in the Data Input Team within the Business Support structure, in the Chief Executive's Department.
 - 5) approves the establishment of a 1 FTE Joint Head of Quality and Market Management (Hay Band G, subject to formal job evaluation) post for Nottinghamshire County Council, NHS Nottingham and the Nottinghamshire Clinical Commissioning Group.
 - 6) approves the disestablishment of the below posts to fund the establishment of new posts as outlined above:
 - 1 FTE Group Manager Quality and Market Management (Hay Band F)
 - 3.5 FTE Community Care Officers in Ageing Well (Grade 5)
 - 3.5 FTE Community Care Officers in Living Well (Grade 5).

Kashif Ahmed

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Constitutional Comments (AK 21/02/22)

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

Financial Comments (KAS 028/03/22)

24. The financial implications are summarised in **paragraphs 18 to 22**.
25. The £383,075 annual cost of extending 6.65 FTE temporary posts will be met from existing staffing budgets by holding vacancies to cover the cost of these posts.
26. The £358,917 cost of permanently establishing the 10 FTE new posts will be funded by disestablishing 8 FTE existing vacant posts and the shortfall will be met by a contribution from Health for the Joint Head of Quality and Market Management post.

HR Comments (SJJ 21/02/22)

27. The HR implications are mainly covered in **paragraphs 16 and 17**.
28. The creation of an additional Group Manager in the Service Improvement, Quality and Practice will require new job descriptions for both posts clearly identifying the roles and responsibilities of each post and will be subject to job evaluation.
29. The Joint Head of Quality and Market Management will also be subject to job evaluation before recruitment can progress.
30. The continued extension of some posts beyond 2 years may result in redundancy entitlement and any extension beyond 4 years may have fixed-term contract legislation implications.
31. The report has been shared with trade union colleagues for information.

Background Papers and Published Documents

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

[Adult Care Financial Services update and future service review – report to Adult Social Care and Public Health Committee on 14th June 2021](#)

Electoral Division(s) and Member(s) Affected

All.



14th March 2022

Agenda Item: 6

REPORT OF SERVICE DIRECTOR, AGEING WELL COMMUNITY SERVICES

NOTTINGHAM AND NOTTINGHAMSHIRE CARERS STRATEGY

Purpose of the Report

1. The report sets out the vision for supporting carers in the future. The overall aim is to enable unpaid carers to access the right support they need to enable them to maintain their caring role whilst having a life alongside caring. The Council will co-produce this work with carers with lived experience, Nottingham and Nottinghamshire Integrated Care System partners, as well as Nottingham City Council and City health partners to ensure all local carers can access the support they need, regardless of where they live.
2. The report recommends that Committee approves a public consultation on the draft Strategy (attached as **Appendix 1**) and the development of next steps on how best to translate it into action.

Information

Legislative context

3. Under the Care Act 2014 local authorities have a statutory duty to assess carers who appear to have needs, to provide care and support if they are eligible and to provide information, advice and support to all carers. The Care Act also provides a duty on local authorities to support people's wellbeing which includes considering and addressing the impact of a caring role on a person's wellbeing. The Children's and Families Act 2014 provides the legal framework for local authorities to assess Young Carers (under the age of 18) for support where there is an appearance of need.

Policy Context

4. The recently published Government white paper, 'People at the Heart of Care: Adult Social Care Reform' sets out a 10-year vision for how people will experience care and support in England, which has a particular focus on three key objectives:
 - 1) how we will support people to have choice, control and independence
 - 2) how we will provide an outstanding quality of care

- 3) how we will ensure that care is provided in a way that is fair and accessible to everyone who needs it.
5. The White Paper, published December 2021, highlights three key core strands specifically relating to improving support to unpaid carers as part of the new vision in reforming social care. The three core strands are:
 - 1) working with the sector to kick-start a change in the services provided to support unpaid carers. Supported by £25m over three years to identify and test a range of new and existing interventions that support carers
 - 2) identifying, recognising and involving unpaid carers
 - 3) supporting the economic and social participation of unpaid carers.
 6. The financial contribution that carers make nationally to the economy (according to Carers UK in 2015) was estimated at £132 billion per annum – this is now estimated to have increased to £193 billion in 2020, due to the impact of the Covid-19 pandemic.

Demographic information

7. The table below summarises the number of carers in Nottinghamshire (more details are provided in the draft strategy document):

Carers in Nottinghamshire	
Total number of carers identified – Census 2011* (2021 Carers UK up-dated this with a national estimate)	90,698 (189,040)
Those identified who provide over 50 hours per week (2021 Carers UK up-dated this with a national estimate)	21,680 (45,181)
Young and Young Adult Carers (under the age of 25 – estimated) (source Carers UK based on 2011 Census data)	5,562
Young Carers (aged 5-17) – known to Adult Social Care & Health (via assessment or Young Carers support service – Council Mosaic system)	650
All Nottinghamshire carers registered with the carers information, advice and support service (data from the Carers Hub service) – since August 2015	9,000 (approx.)
Total number of carer assessments and reviews undertaken – 2020/21 (Council Mosaic System)	6,100

* Census 2021 data not available until summer 2022

8. There is a gap between the number of carers that will be in Nottinghamshire from the data and those that the Council knows about and supports. Other partners, however, are in contact more regularly with a wider group of carers, for example, GPs and other primary care professionals who offer support and signposting. The current carers partnership strategy is for all to identify and contact more local carers and provide them with the right support at the right time. Over recent years the numbers of carers supported with information and advice has significantly increased.

9. The current Nottinghamshire County Council budget for carer specific support, such as the Carers Hub, is just over £1.5million per annum overall. This amount does not include support provided for the person they care for. A considerable proportion of this is joint funding for joint strategic commissioning with the Clinical Commissioning Groups through a pooled budget in the Better Care Fund.

Co-production and partnership approach.

10. Working in a co-productive way in partnership with carers with the City Council and Clinical Commissioning Group colleagues provides a great opportunity to work across the whole system in a truly integrated way. The key benefits of this will be to strengthen and enhance the way carers are identified and supported with the commitment from all partners in making the best use of joint resources. Examples of these benefits include:
- provision of the same support where carers live in the City and their cared for person lives in the County (or vice versa)
 - parity of support offer to carers across the system
 - support services being jointly commissioned under joint contractual arrangements
 - information, advice and support for carers provided by one Carers Hub
 - joint communications for carers e.g. carers information booklet
 - partners across the whole system having the same approach to identifying, supporting and signposting carers to services.

Strategy principles

11. Seven key principles to underpin the strategy were co-produced with carers with lived experience and agreed by all joint partners:
- 1) to work in a way that is tailored to each carer to meet their needs and support their health and wellbeing and maintain their independence
 - 2) to reduce isolation and [health inequalities](#) by improving access to carers who are '[seldom heard](#)' or who are from ethnic minority groups
 - 3) to ensure carers have a voice, that they are listened to and are treated with respect as expert partners in carer support
 - 4) to improve the lives of all carers by everyone working together
 - 5) to identify and support carers as early as possible
 - 6) to provide the right support across the health and social care system to meet the needs of all carers and the people they care for by delivering high quality services
 - 7) to make best use of available resources in supporting carers across the health and social care system.

These key principles address the areas identified for improvement in the Council's own carers performance data.

12. The carers co-production working group (known as the Carers Panel) was formed with a group of eight carers from the City and the County. These carers have a broad range of caring experiences across a diverse range of health conditions, needs, age groups and social backgrounds. The Carers Panel met regularly, providing their valuable expertise and time, to discuss and shape the strategy.

13. There are 10 key objectives of the strategy. These all have “I” statements that describe what good services and support should look like for carers. For example, the objective ‘Giving carers a voice’ has an associated “I” statement of:

“I want to be involved in decisions affecting the person I care for at all stages and by all professionals/services involved”. T

The statements being specific clarify what needs to happen to achieve success, as well as measure when an objective has been successfully achieved.

14. The co-production work with carers will continue as the Council consults on and develops the final strategy and action plan. Each partner will also have individual service delivery plans that will detail how each key partner from the system will agree and commit to delivering their key objectives in supporting carers in a more integrated way. This will also inform how future support services for carers are commissioned and developed.

Informing the strategy

15. In addition to national policy, local demographics, performance information and the Carers Panel, the strategy has also been informed by:
- 1) local policies and strategies across the Nottinghamshire health and social care systems, including the Nottinghamshire Plan
 - 2) engagement and feedback from other key partner organisations and carer support services
 - 3) the impact of the Covid-19 pandemic and views of carers about this
 - 4) the voices and experiences of carers – not just locally, but regionally and nationally from surveys and other engagement activity.

Key consultation and engagement themes

16. A significant amount of engagement and involvement activity with carers has been undertaken locally, regionally and nationally to obtain their views and feedback of their own personal experiences of how their caring role impacts on their lives.
17. Much of the engagement activity undertaken was initiated to understand how the Covid-19 pandemic has impacted on carers and their lives. For many carers the impact of the pandemic just added to their previous existing daily challenges and struggles of being a carer.
18. A summary of local engagement activity with carers of people who live within the county includes:
- 1) Day Opportunities consultation – November 2020
 - 2) Consultation and survey on new carers assessment proposals – February 2021
 - 3) Impact of Covid-19 – Carer co-production task and finish group – March to August 2021
 - 4) Short breaks co-production carers working group – March to August 2021.
19. The following top five key themes were identified based on what carers said is most important to them:

- 1) access to short breaks or replacement care to get a break from caring
- 2) access to relevant and appropriate information, advice and guidance to support carers with their caring role
- 3) support for carer health and wellbeing (physical and mental health)
- 4) accessing the right support for the cared for person
- 5) communication; being listened to and being able to access good information.

Building on our existing work

20. The new strategy identifies successes and achievements in supporting carers over the past few years. The aim is to build on those existing strengths of what works well to enhance the support offer to carers. Some examples of these include:
- 1) a new ‘strength-based’ approach to assessment by having better conversations with carers to identify more personalised support
 - 2) access to a wider range of short breaks and respite support options to enable carers to get time off from their caring role
 - 3) access to a wide range of information, advice and support via the Carers Hub service.
21. The Carers Strategy also dovetails into work underway in Nottinghamshire to develop a new Day Opportunities Strategy and the Short Breaks review, which together aim to develop an enhanced and more flexible support offer for carers.

Performance information

22. The new strategy will also address areas identified for improvement by carers in the County from the last national Survey of Adult Carers in England (SACE). This takes place every two years and goes out to all carers who the County Council or the Carers Hub have had any contact with. The results of the most recent survey are expected soon. The data from this survey informs the wider report of the Adult Social Care Outcomes Framework (ASCOF), which measures how well care and support services achieve outcomes which matter most to people.
23. The carers survey contains five key indicators, listed in the table below:

Carers Survey indicators		Notts 2018/19	East Mids 2018/19	England 2018/19	Notts 2018/19 ranking (1 is best, out of 151)
1d	Carer-reported quality of life (% - maximum score is 12)	7.1	7.4	7.5	105
1i(2)	Proportion of carers who reported that they had as much social contact as they would like (%)	23.6	30.1	32.5	128

3b	Overall satisfaction of carers with social services (%)	33.2	37.7	38.6	120
3c	Proportion of carers who report that they have been included or consulted in discussion about the person they care for (%)	66.3	69.1	69.7	105
3d(2)	Proportion of carers who find it easy to find information about services (%)	62.2	61.3	62.3	78

An analysis of comments submitted as part of the survey will be undertaken to get specific feedback from carers on improvements needed. To enable more regular feedback on progress, a local survey of carers in Nottinghamshire who have received support from the Council was also undertaken on two of the indicators by the Department in Summer 2021. A total of 135 responses were received out of 451 carers surveyed - a response rate of 30%. The results of this survey indicates positive progress for carers that we support:

- 58% of carers were extremely or very satisfied with support received
- 51% of carers have as much social contact with people as they want.

Timeline and next steps

24. All partners to the strategy are currently taking it through their respective governance processes. Timescales for next steps and the milestones are:

Activity	Timescales
Adult Social Care and Public Health Committee	14 March 2022
Nottingham City Corporate Leadership Team	29 March 2022
Strategy consultation and engagement activity	April to mid-May 2022
Consultation analysis	Mid-May to mid-June 2022
Creation of action plans and final strategy document	Mid-June to mid-July 2022
Development of commissioning intentions and procurement planning	Summer 2022
Final strategy with delivery plans	September 2022
Commissioning activity	September to December 2022
Implementation of new support offer	January 2023 onwards

Other Options Considered

25. Other options were considered as part of developing the strategy, for example, continuing with a County only strategy, but with a continued partnership with the Nottinghamshire Clinical Commissioning Groups as previously. A County and Clinical Commissioning Group only strategy would still aim to enable unpaid carers to access the support they need to maintain their caring role in line with the principles identified in **paragraph 11**. However, without Nottingham City partners, carers would not experience the benefits of a truly integrated approach across the whole system, as described in **paragraph 10**.

Reason/s for Recommendation/s

26. The recommended approach and draft strategy were identified as the most appropriate to meet the needs of local carers across the whole system, by working in an integrated way with our partners by making best use of joint resources to drive improvements for carers in the key areas identified. This approach also ensures consistency where the carer lives in the city and the person they care for lives in the County, or vice versa.

Statutory and Policy Implications

27. 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.

Public Sector Equality Duty implications

28. An Equality Impact Assessment will be completed after the public consultation has been undertaken.

Financial Implications

29. The 2021/2022 Better Care Fund budget for carers is £1.5 million. Future developments relating to direct support to adult carers and young carers should be covered within this budget envelope, as there has historically been unallocated funding against commissioned support services and other projects, resulting in annual underspend.

RECOMMENDATION/S

- 1) That Committee approves the undertaking of a public consultation on the draft Carers Strategy, attached as **Appendix 1**.

Sue Batty
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Constitutional Comments (LPW 03/03/22)

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

Financial Comments (DG 02/03/22)

31. The 2021-22 budget envelope for carer specific support is £1,556,221, funded in the main by the Better Care Fund and can be utilised to fund any additional carers projects.

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.

ASCPH795

Draft

Joint Carers Strategy

2022-2027



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Foreword

Becoming a carer is something many people will experience in their lifetime, this role can be rewarding but also hugely challenging. We want to ensure that carers are recognised, valued and supported to live happy, healthy and fulfilled lives. We welcome the publication of a new Carers Strategy, which for the first time will be a strategy to support carers across the whole health and social care system in Nottinghamshire and the City of Nottingham.

We recognise the important role that carers undertake in providing unpaid care to their family members, friends, or others and how valued and vital their commitment and contribution to society is in sustaining our local health and social care systems. We are conscious that many individuals will have experience in a caring role with three in five of us taking on a carer role within our lifetime. Carers provide an invaluable contribution of £193 billion in savings to the UK economy in 2020. This includes the £530 million a day saved within the first eight months of the pandemic.

We understand the many challenges that carers are faced with. It has been well highlighted especially in more recent times, how the responsibility of caring can have a detrimental impact on people's lives and specifically on their physical and mental health and wellbeing. The impact of the Covid-19 pandemic has made caring even more challenging which has also resulted in many carers taking on even more responsibilities impacting on their lives even further. Carers have told us that they are stretched and require more support. Despite these challenges, we also acknowledge that caring can be very rewarding for those providing invaluable assistance and support for their loved one.



The aims and objectives of this new strategy will detail how we plan to better support and meet the needs of all carers over the next five years, by working together to make best use of our joint resources. Its basis will focus on building on and refining those things that have worked well for many carers but will also focus on our aspirations for the future including earlier identification of carers in the community, the provision of more personalised support, addressing health inequalities and improving access to support for those carers who are seldom heard, providing better support for working carers and young carers, and support for carers when their caring role has ended.

Our commitment to the aims and objectives set out in this document, working in co-production with our carers and key partners will improve the lives and opportunities of carers living within the City and County of Nottinghamshire.



Introduction and overview to our strategy

This strategy is for all unpaid carers supporting someone who lives in the county of Nottinghamshire and the City of Nottingham, regardless of the condition or age of the person they are supporting.

The strategy sets out what we will do together to improve the health and wellbeing of carers. We will develop high quality support services for carers that meets their needs and improves their lives as a carer and ensure they are recognised and valued as partners in delivering services. To do this Nottinghamshire County Council, Nottingham City Council, NHS Nottingham City and Nottinghamshire Clinical Commissioning Group will work together as a whole Integrated Care System (ICS) to plan and deliver the carers strategy. The ICS is a new partnership between the organisations that meet health and care needs across an area to improve people's health and make sure that this is fair for everyone. This is the first time we have worked together in this way to support carers.

We know that working together will improve the lives of both carers and those they care for, by building on improving the way carers are identified and supported, and by making the best use of our joint resources.

This strategy has been co-produced with carers from Nottingham and Nottinghamshire, and they have been involved in every stage of the development and design of the strategy. Their voices and experiences of their caring roles are directly shaping the future of services and support which are important to them. We are also talking to other key stakeholders and providers of carer support services to help develop future support for carers.

In developing the strategy, we understand that all carers are different and have their own strengths, needs, priorities, interests and desired outcomes.



Who is a carer?



Nationally women make up **58%** of carers and **20%** of women aged 45 to 54 are providing unpaid care to someone with a disability or illness who is older
(Carers UK, 2021)

The Care Act 2014 defines a carer as *“an adult who provides or intends to provide care for another adult”* and *“A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation”*.

The Children’s and Families Act 2014 defines young carers as *“a person under 18 who provides or intends to provide care for another person”*.

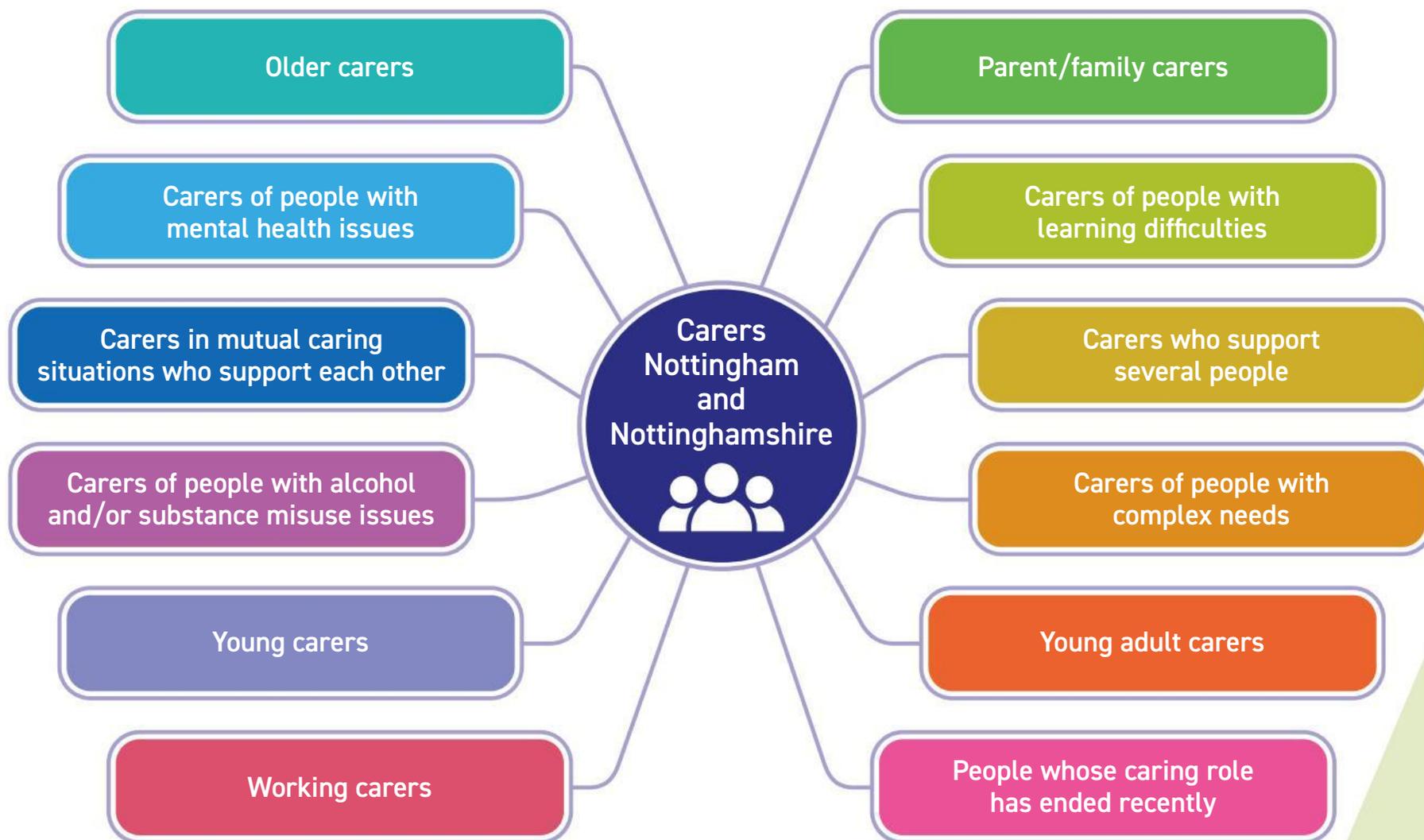
The Children’s and Families Act 2014 also defines parent carers as *“a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility”*.

A carer doesn’t necessarily have to live with the person they care for to be a carer - some carers don’t live in the same town or city as the person they care for, but their lives are still affected by their caring role. Anyone can become a carer, and more than often caring responsibilities for a family member, loved one, friend or neighbour and can arise unexpectedly.

Many carers, especially in the early part of their caring journey, do not see themselves as carers or see that the support they provide is helping someone close to them who is in need due to disability or illness.



This strategy is for all unpaid carers who live in, or are caring for someone that lives in Nottingham City and Nottinghamshire County, including but not limited to:



Our vision and principles

‘Our vision is to support and work in true and active partnership with carers and their families for them to achieve healthy, balanced lives, to give them the confidence that they will be supported in a fair, respected and honest way by all the agencies they come into contact with.’

The following principles will underpin the work that we do to support carers, and from these will be detailed action plans which identify the specific things that we will do to develop our services further.

Our principles are:

- 1 To work in a way that is tailored to each carer to meet their needs and support their health and wellbeing and maintain their independence
- 2 To reduce isolation and health inequalities by improving access to carers who are ‘seldom heard’ or who are from ethnic minority groups
- 3 To ensure carers have a voice, that they are listened to and are treated with respect as expert partners in carer support
- 4 To improve the lives of all carers by everyone working together
- 5 To identify and support carers as early as possible
- 6 To provide the right support across the health and social care system to meet the needs of all carers and the people they care for by delivering high quality services
- 7 To make best use of available resources in supporting carers across the health and social care system



Informing the strategy



Nationally **1 in 5** young people under 18 are caring for someone (BBC, 2018)



The voices and experiences of carers are the most powerful influence in informing this strategy.

Carers will be involved in every aspect of planning and designing future support services, and this is called **co-production**.

‘Co-production is when you as an individual influence the support and services you receive, or when groups of people get together to influence the way that services are designed, commissioned and delivered’ (Care Act 2014)

As organisations we are committed to becoming increasingly co-productive. Over the last two years, there has been a lot of engagement and involvement with carers locally, regionally and nationally to find out their views and feedback from their personal experiences.

One key source of feedback from carers is the results from the national survey of adult carers in England (SACE), which takes place every two years. This survey asks carers about their quality of life and their general health and wellbeing. The data from this survey informs the wider report of the Adult Social Care Outcomes Framework (ASCOF), which measures how well care and support services achieve outcomes which matter most to people.

The results are included in official statistics reports and help inform local and national policy decisions, such as this strategy.



Nationally it is estimated that the total number of unpaid carers has increased from 6.3 million in 2011 to **13.6 million** in 2020 – 4.5 million of these new to caring since the start of the Covid-19 pandemic. For those already providing care **81% were providing more care.**
(Carers UK, 2021)

We are also informed by the Government of how we should provide support to unpaid carers. The recently published Government white paper, 'People at the Heart of Care: Adult Social Care Reform' sets out a 10-year vision for care and support in England. Based on the aims of the Carers Action Plan 2018 to 2020, the white paper highlights three key core strands relating to improving support to unpaid carers. These are:

1. Working with the sector to kick-start a change in the services provided to support unpaid carers
2. Identifying, recognising and involving unpaid carers
3. Supporting the economic and social participation of unpaid carers.

In addition to national requirements set by the Government, we need to make sure that this strategy sets out how carers are recognised and supported in the wider health and care system as well as in carers support services locally. Examples include the Health and Wellbeing Board, adult social care, primary care, mental health and urgent care. All of these have strategies which outline how health and social care will work together to improve how we plan support around the individual and those who care for them.



What carers have told us is most important to them



National research shows
1 in 4 (26%) of adults
provided unpaid care during
the height of the pandemic

Carers have told us what is most important to them in their caring role and how the Covid-19 pandemic has impacted on this.

The feedback given tells us about the contact, support and services carers have experienced from local authorities, health providers in the local community, hospital services and social care providers. It can include any contact with key agencies or organisations that carers may be in contact with to help support them in their caring role.

Several common key themes have been identified from the engagement and consultation work, feedback and research that has been undertaken – more details of this work is listed in the attached appendix. Many of these are not new, but by understanding carers needs and the impact of their caring role, organisations can think about what support and services are needed now and in the future.



The top five key themes identified are:



1

Accessing the right support for the cared for



2

Access to relevant and appropriate information, advice and guidance



3

Access to short breaks or replacement care to get a break from caring



4

Support for carer health and wellbeing - both mental and physical wellbeing



5

Being listened to and being able to access good communication and information from health and social care providers



What do we know about carers?



In Nottinghamshire **38.5%** of carers are aged over 65 compared with **26.6%** in Nottingham City (Carers Hub)



Within Nottingham City there are an estimated **54,400** carers with an estimated **15,150** providing **over 50 hours** of care per week

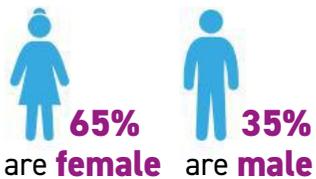


In 2011 it was estimated there were **189,040** carers within Nottinghamshire in 2021 with an estimated **45,181** of carers providing **over 50 hours** of care per week. (Census 2011)

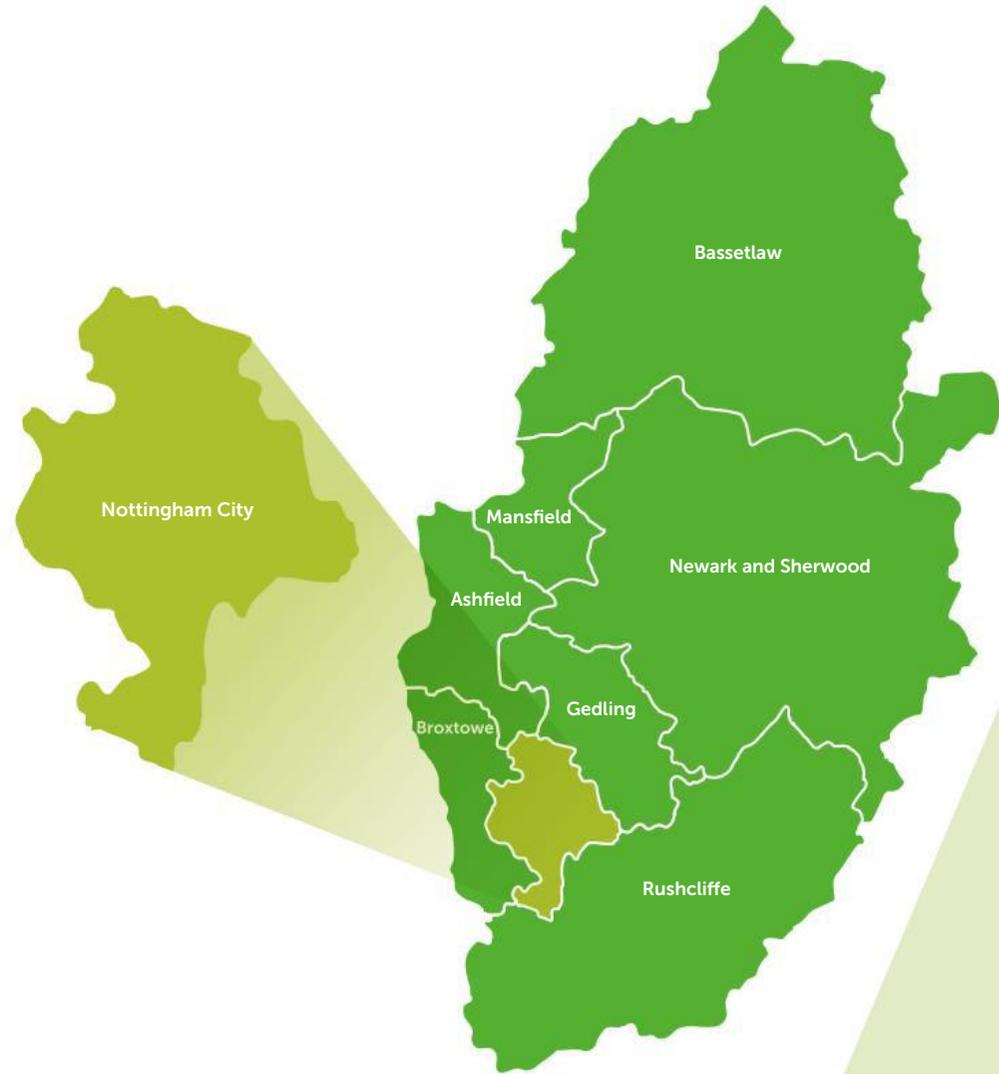
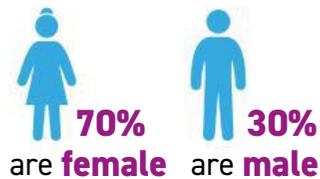


The Carers Hub identified **21%** of carers are 'late working age' **55-64** age range (Carers Hub)

In Nottingham City



In Nottinghamshire



Support we provide for carers

The following table gives details of current services and support offered to carers across the system:

Name of support or service	Details of provision
The Carers Hub (information, advice and support)	<ul style="list-style-type: none"> • information, advice, and support to carers • access to carer support groups • carer breaks • support with physical and mental health and wellbeing (i.e. gym memberships, mindfulness etc) • plus a range of other support options
Young Carers Support Service	<ul style="list-style-type: none"> • age-appropriate activities and peer support groups • Family and 1-2-1 support
Carers short breaks or respite	<ul style="list-style-type: none"> • respite at home, for example sitting services – preventative support offer to carers or part of support package for cared for • planned breaks/respite in residential care settings – part of package of support for cared for person • direct payments options for short breaks/respite provision
Carer identification in GP practices and in schools (young carers)	<ul style="list-style-type: none"> • specific support to GP practices, schools (young carers) and other health professionals to increase and promote awareness of carers
Carers in employment, consultation and engagement activity, raising carer awareness	<ul style="list-style-type: none"> • support to employers and businesses with carers in their workforce • carer engagement • raising carer awareness in public sector organisations
Carers engagement and promotion/support to train and promote best practice in healthcare in the community (including social prescribers)	<ul style="list-style-type: none"> • enabling staff in community healthcare to ensure they have the right approach in supporting carers

Our successes and achievements – what are we doing well?

The Care Act 2014 and the Children and Families Act 2014 state what we must do legally to support carers. Over the past six years, our support to carers has evolved and developed in ways that go beyond these legal requirements.

We have been successful in developing other ways to provide our carers with an improved support offer in meeting their needs. We need to build on those things that have worked well, by developing and refining those support offers which means carers have a wider range of support options which meets the needs of all carers.

We have been successful in developing more choice for carers to provide them with an improved support offer in meeting their needs by:

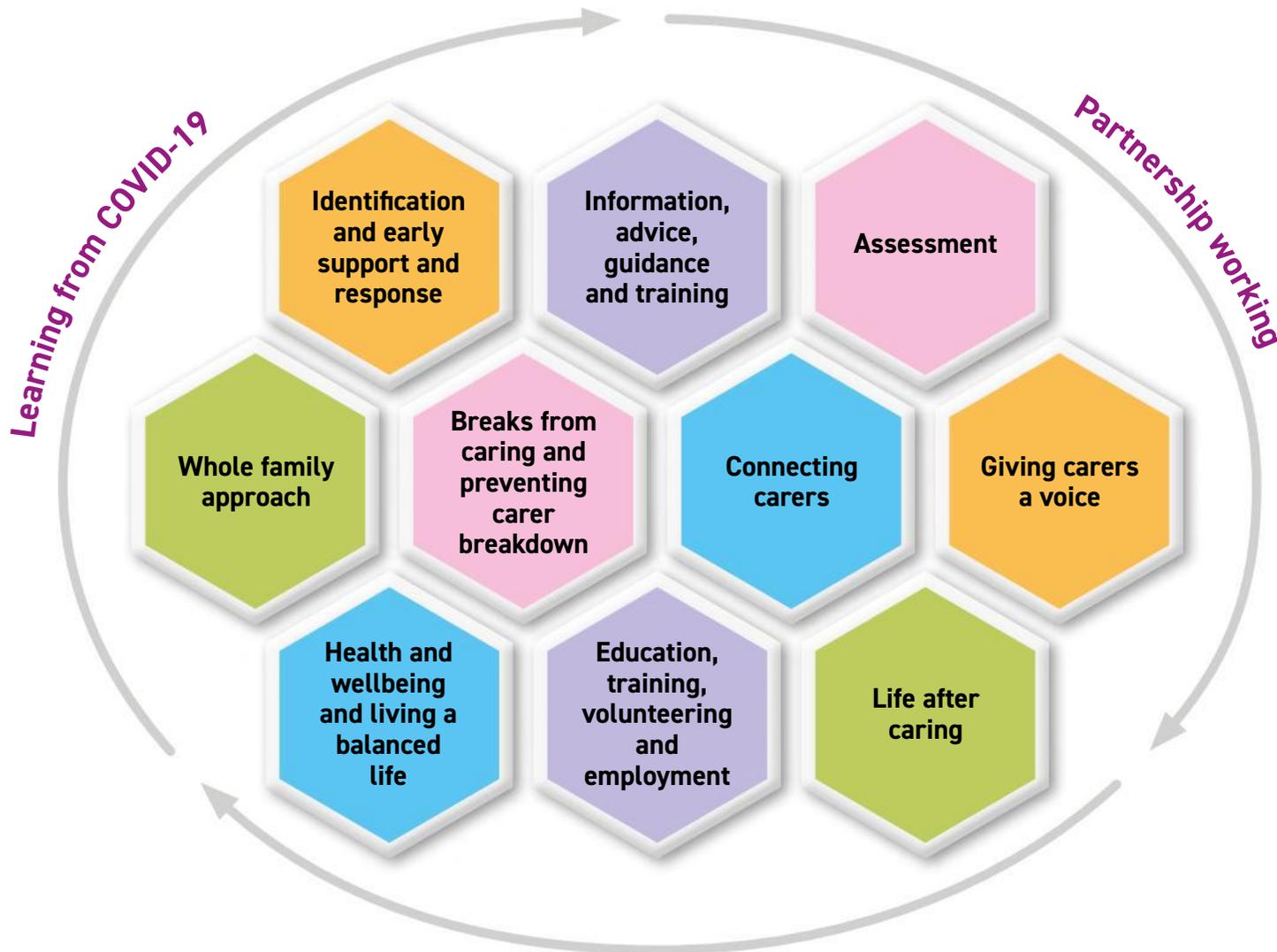
- enabling more carers to have an assessment of their needs, and developing the way in which assessments are undertaken to identify more personalised support to carers in meeting their needs
- providing access to a wider range of short breaks and replacement care to enable carers to get time off from their caring responsibilities
- increasing the number of carers identified and referred for support from partner organisations
- a Carers Hub service, which provides information, advice and support to carers in Nottingham and Nottinghamshire, including access to carer support groups, carer breaks, support with physical and mental health and wellbeing, and a range of other support options
- specific support for young carers, including assessment and personal budgets, age-appropriate activities, and peer support groups





- access to carer information via various on-line platforms, including local authority websites, [Notts Help Yourself](#) and [Ask Lion](#), [Facebook Nottinghamshire County Council](#), [Facebook Nottingham City](#), [Nottinghamshire County Council twitter](#) and [Nottingham City Council Twitter](#)
- access to learning and training to support carers with practical tasks
- improved access to services and support for the cared for
- access to register for a Carers Emergency Card
- helping schools with identifying and supporting young carers
- supporting GP practices with carer identification and awareness to enable signposting to ongoing support
- access to assistive and digital technology to support caring
- help for employers and businesses to support carers in their workforce
- improved support provided to carers in response to the Covid-19 pandemic including:
 - a successful campaign to enable carers to get priority access to their Covid-19 vaccination
 - wellbeing phone call checks to all carers
 - on-line carer support groups and activities via Zoom and Microsoft Teams
 - on-line wellbeing sessions, including mindfulness, counselling, and self-care for carers

Key components of the Carers Strategy



Carers have worked with us to create the ten key components of the strategy. They have formulated "I" statements which describe what good services and support should look like for carers.

In response to these "I" statements, the partner organisations have developed "We" statements to say what they should be doing to meet carers' needs and outcomes.

Key component

1 Identification and early support	
Vision: Carers should be identified and offered support at the earliest opportunity, i.e. at the point of diagnosis or discharge.	
'I' statements <ul style="list-style-type: none"> • I want to be able to access information and support when I need it • I would like support at first contact to understand my situation • I would like help to understand what a carer is 	"We" statement <ul style="list-style-type: none"> • We will work together with key partners across the system to identify carers and provide signposting and support. This will include GP practices, schools, healthcare providers (including hospitals), and care providers
2 Information, advice, guidance and training	
Vision: Carers should be able to find information easily and quickly. Professionals should have consistent training and be involved in delivering equal quality experiences for carers.	
'I' statements <ul style="list-style-type: none"> • I would like information or training to support me at the time I need it, for it to be easily accessible, meets my needs and available from whoever I make contact with 	"We" statement <ul style="list-style-type: none"> • We will work with carer support services to ensure carers have access to accurate and relevant information about carers assessments and carer's rights, personal budgets and direct payments as well as support in understanding the specific needs of the person that I care for • We will provide opportunities for training for carers including both on practical tasks and self-care

3 Assessment	
Vision: Assessments need to have an end point/ clear goal. This needs to be shared with carers to promote need for assessment.	
'I' statements <ul style="list-style-type: none"> • I want the right to a carers assessment • I would like to tell my story once and agreed when I have a conversation to explain my situation so my needs can be met • I want to feel valued and listened to 	"We" statement <ul style="list-style-type: none"> • We will make sure carers have the right conversations that focus on their strengths and support them to solve problems, and find solutions when looking at their needs and how these can be met • We will work with carers to agree outcomes that builds on their strengths and expertise
4 Whole Family Approach	
Vision: Appropriate support and guidance is given to all family members (including extended family networks) and their needs and impact of the person they care for's condition are considered continually.	
'I' statements <ul style="list-style-type: none"> • I want my needs and the needs of my family to be considered and appropriate support provided recognising the impact on all of us 	"We" statement <ul style="list-style-type: none"> • We will work together with everyone's agreement to have joint conversations with carers and people they support to meet needs and agree what to do

5 Breaks from caring and preventing carer breakdown

Vision: Carers should be able to access different types of respite, depending on their needs, including short breaks, sitting services, weekly breaks. This should be easy to access. Carers should be supported from an early stage with plans in place for changes/emergencies and access to breaks for their own well-being.

'I' statements

- I can access information and support when I need it
- I should be able to access different types of bespoke flexible and timely respite to meet my needs

"We" statement

- We will ensure that carers have access to the right information, advice and support when they need it and help support planning for emergency situations
- We will provide carers with options to take breaks from caring, to maintain their own physical and mental health and wellbeing

6 Connecting carers

Vision: Peer support for carers needs to be accessible for all. Carers can learn from each other and share experiences.

'I' statements

- I want to be able to share my experiences with other carers in ways that are accessible to me face-to-face, virtual or otherwise

"We" statement

- We will support carers and people they care for to be in touch with their local communities and services to avoid being cut off from people or feel lonely or isolated

7 Giving carers a voice	
Vision: Carers feel valued and that their views and experiences are listened to by professionals and others. Opportunities to give feedback and have a say are frequent, relevant and have a purpose/impact.	
'I' statements <ul style="list-style-type: none"> I want to be involved in decisions affecting my cared for at all stages and by all professionals/services involved 	"We" statement <ul style="list-style-type: none"> We will enable carers to have a voice and be listened to by professionals in agreeing care and support decisions
8 Health and wellbeing and living a balanced life	
Vision: Carers should have their well-being prioritised as well as that of their cared-for. Carers should be able to access respite and support so they can look after their own health and wellbeing needs, access relevant support easily and take breaks.	
'I' statements <ul style="list-style-type: none"> I want to be able to feel safe and supported in my caring role as well as the person I'm caring for is safe and well looked after I want to be seen as more than a carer and have opportunities to live a balanced life outside of my caring role 	"We" statement <ul style="list-style-type: none"> We will provide carers with options to enable equal and fair access to health and social care services and support, to maintain their own health and wellbeing, and to feel safe and looked after We will ensure carers can consider their own personal needs and goals as well as those relating to their caring role

9 Education, training, volunteering and employment	
Vision: Carers are able to access courses, employment and opportunities without their caring role limiting their options. They are supported to do this.	
'I' statements <ul style="list-style-type: none"> I want to be able to take up education, employment and volunteering opportunities offered to me, professionally and personally, without my caring role impacting on these opportunities 	"We" statement <ul style="list-style-type: none"> We will encourage organisations to support carers to access opportunities for training, voluntary or paid employment to fulfil their potential if they choose
10 Life after caring	
Vision: Recognise and put support in place to enable carers to be supported to see their life outside of caring while they are receiving support as a carer, so they are prepared when their role changes.	
'I' statements <ul style="list-style-type: none"> I deserve to be recognised as a carer after my caring role ends I need support to prepare me for a time when my caring role reduces or ceases 	"We" statement <ul style="list-style-type: none"> We will support carers preparing and planning with the changes in their caring role or to a non-caring role

These "I" and "We" statements will be used to form an action plan. Each organisation will commit to actions in the action plan so that we can develop and improve support for carers. This is on top of making sure we support carers in the way set out in the Care Act 2014 and the Children and Families Act 2014. We will work to make sure that carers remain a priority for Nottingham City and Nottinghamshire by working with the ICS.

Our plans for the future

As well as the successes of what we have achieved in supporting carers over the past six years, there have been challenges in ensuring that carers can get the support that they need. The impact of Covid-19 has highlighted many of these challenges even further.

By building on the strengths on what has worked well for carers across the system, we will work jointly together along with our carers in the co-design and co-production of what future support will look like during the life of this strategy and beyond.

Where there were challenges or gaps in support over the past six years, we aim to address these in response to what carers have told us and what good will look like for them:

- better carer identification and support in local health community care settings
- develop a joint approach with all providers of health and adults and children's social care to support carers for the lifetime of their caring role
- have better conversations with carers at the first point of contact to identify support options for carers and the person they care for
- develop services which will support the whole family
- the offer of short breaks or replacement care to be more flexible, accessible and available in meeting carers needs and preventing carer breakdown
- break down barriers where communication and sharing of information about the cared for person is an issue



- provide access to digital solutions and technology to support the carer and the cared for
- continue to develop and build on the involvement of carers in the co-production and co-design and monitoring of services
- find ways to improve access to support those carers who are 'seldom heard' and carers from ethnic minority groups to reduce isolation and health inequalities
- further develop advice and information for employers and businesses with supporting carers in their workforce
- develop ways to support carers with a life after their caring role has ended
- develop a new information, advice and support Carers Hub service for carers in Nottingham City and Nottinghamshire
- develop new services for young carers to provide age-appropriate support
- support carers with issues around transport for carers and their cared for to get to essential appointments



Appendix A

Local strategies

Nottinghamshire County Council

The Nottinghamshire plan

[The Nottinghamshire Plan: Our plan for a healthy, prosperous and greener Nottinghamshire](#)

Adult Social Care Strategy

[Adult Social Care Strategy | Nottinghamshire County Council](#)

Nottingham City Council

Adult Social Care Strategy – Better Lives, Better Outcomes

[Better Lives Better Outcomes - Nottingham City Council](#)

Nottingham CCG

Nottingham and Nottinghamshire Integrated Care System Health Inequalities Strategy 2020-2024

[Our plans & priorities - Nottingham & Nottinghamshire ICS - Nottingham & Nottinghamshire ICS \(healthandcarenotts.co.uk\)](#)

National documents

Carers UK State of caring – A snapshot of unpaid care in the UK

[State of Caring Survey - Carers UK](#)

Carers Week 2020 Research Report The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak

[Carers Week 2020 Research Report - Carers UK](#)



Caring Behind Closed Doors: six months on (2020)

<https://www.carersuk.org/scotland/policy/policy-library/caring-behind-closed-doors-six-months-on>

House of Commons Informal Carers Report 2021

[Informal carers - House of Commons Library \(parliament.uk\)](#)

NHS Commitment to Carers 2014

[NHS England » NHS England's Commitment to Carers](#)

NICE Guidelines 2020

[Overview | Supporting adult carers | Guidance | NICE](#)

People at the Heart of Care: Adult Social Care Reform White Paper - December 2021

[People at the Heart of Care: adult social care reform white paper - GOV.UK \(www.gov.uk\)](#)

The Care Act 2014

[Care Act 2014 \(legislation.gov.uk\)](#)

The Children and Families Act 2014

[Children and Families Act 2014 \(legislation.gov.uk\)](#)

The NHS Long Term Plan 2019

[NHS Long Term Plan](#)

Engagement activity with carers has been undertaken by the following organisations:

Nationally:

Carers UK: Breaks or Breakdown Carers Week 2021 report
[‘Breaks or breakdown’, Carers Week 2021 report - Carers UK](#)

Regionally:

- Sortified: Supporting Unpaid Carers by adapting services and responding to need during the Covid-19 crisis report (on behalf of ADASS East Midlands) – March 2021 (Not yet publicised)

Locally:

Nottingham City Council: Carers Consultation - collated feedback - February 2019

Nottinghamshire County Council:

- ‘Impact of Covid-19’ carer Group (March – August 2021)
- Carers survey/consultation (new carers assessment proposals) – February 2021
- Short Breaks carers Group – (March- August 2021)
- Day Opportunities consultation – November 2020

Within each partner organisation, the following Committees and Boards are responsible for approving or supporting the development of this Strategy:

Nottinghamshire County:

- Adult Social Care Committee
[Democratic Management System > Committees > Adult Social Care and Public Health Committee \(nottinghamshire.gov.uk\)](#)

- Health and Wellbeing Board
[Health and wellbeing board | Nottinghamshire County Council](#)
- Commissioning Board
[Commissioning Social Care | Nottinghamshire County Council](#)
- Carers' Commissioning Forum

Nottingham City:

- Adults Leadership Team
- People's Leadership Team
- Corporate Leadership Team

Nottinghamshire CCG:

- CCG Quality and Performance Committee



Appendix B

Engagement activity with carers

Nationally:

Carers UK: Breaks or Breakdown Carers Week 2021 report

[‘Breaks or breakdown’, Carers Week 2021 report - Carers UK](#)

NHS Digital: Measures from the Adult Social Care Outcomes Framework

[Measures from the Adult Social Care Outcomes Framework - NHS Digital](#)

Regionally:

- Sortified: Supporting Unpaid Carers by adapting services and responding to need during the Covid-19 crisis report (on behalf of ADASS East Midlands) – March 2021 (Not yet publicised)



Locally:

Date	Event/Document	Method	Numbers	Findings/outcome
February 2019	Nottingham City Council: Carers Consultation - collated feedback			<ul style="list-style-type: none"> • Carers need to know <ul style="list-style-type: none"> o what they're entitled to o how to access it o where to go to resolve issues and complaints • Carers are still not sure where to go for support particularly - <ul style="list-style-type: none"> o carers without internet access o carers of people with substance misuse issues o parent carers
November 2020	Day Opportunities consultation	Consultation and survey	Over 1,500 responses received from service users and carers	With carers citing the following as being of importance to them: <ul style="list-style-type: none"> • getting a regular break • having their own support network • being able to carry out their caring role • having the opportunity for hobbies and leisure activities • being able to keep going to work
February 2021	Carers survey/ consultation (new carers assessment proposals)	Consultation and survey	5287 sent out 1957 returned	Consultation question on new proposals (Yes/No) Survey to ask carers to rank in order what support is most important to them based on eight key areas of support

Date	Event/Document	Method	Numbers	Findings/outcome
March - August 2021	Short Breaks carers Group	Co-production group with X carers	N/A	Carers were asked about their experiences of short breaks and
March - August 2021	'Impact of Covid-19' carer Group	Co-production group with 11 carers	N/A	The group identified a number of key themes on what impacted on carers during the first 12 months of the Covid-19 pandemic

Appendix C

Committees and Boards are responsible for approving or supporting the development of this Strategy:

Nottinghamshire County:

- Adult Social Care Committee- Democratic Management System > Committees > Adult Social Care and Public Health Committee (nottinghamshire.gov.uk)
- Health and Wellbeing Board- Health and wellbeing board | Nottinghamshire County Council
- Commissioning Board- Commissioning Social Care | Nottinghamshire County Council
- Carers' Commissioning Forum

Nottingham City:

- Adults Leadership Team
- People's Leadership Team
- Corporate Leadership Team

Nottinghamshire CCG:

- CCG Quality and Performance Committee



Glossary

Assistive and digital technology	Refers to a range of electronic or digital equipment or tools which can help assist and support people to improve their quality of life. Electronic equipment can include lifelines and sensor monitoring equipment used to detect falls or dispense medication. Digital technology can support people via a wide range of equipment or tools to that operate digitally which can connect remotely or wirelessly via the internet or mobile phone networks.
Carer's emergency card	The carers emergency card can identify carers in the event of an emergency. The card is carried by the carer and includes an emergency phone number anyone can call, which will enable contact to be made to family or friends to let them know there is an emergency or visit person you care for and arrange emergency help. This scheme is currently only available to carers who live in the county.
Digital inclusion	Digital inclusion is about making sure everyone can have access and use the internet in a way that makes their life easier. Improving digital inclusion can involve enhancing people's digital skills, providing them with internet connectivity, and making the internet accessible to a range of user needs.
Direct payments	Direct Payments are monetary payments available to people who are eligible for care and support, which provide independence, choice and control for individuals by enabling the arrangement and payment of care and support themselves in order to meet their needs.
Health inequalities	Health inequalities are systematic differences in health between different groups of people that are avoidable and unfair. For example, differences in life expectancies, physical and mental health.
Integrated Care System	This is a partnership between organisations, within a given area, that meet health and social care needs of their local population. Within Nottinghamshire, the organisations include Nottingham City Council, Nottinghamshire County Council, Nottingham and Nottinghamshire Clinical Commissioning Group and the mental health and acute NHS hospital trusts within Nottinghamshire.
Partnership working	Working together with key organisations to enable or achieve a joint outcome.

Personal budgets	This an amount of money, calculated by local councils, which is allocated to a person or carer to meet their assessed needs. The amount provided is dependent on factors including the kind of care and support needed, the cost, and how much an individual is able to reasonably contribute themselves depending on their financial circumstances. The council can manage this budget and provide and arrange services on behalf of the person, or alternatively the amount of money can be given directly, so that the person can arrange and pay for their own care. This is called a direct payment.
Respite	Respite is a break from caring. This can take different forms, for example a sitting service in the person's home, a replacement care service which is put in place to provide the support normally provided by a carer to enable them to have a break, day activities for the cared or overnight care in a residential care home. Respite can be planned or accessed at short notice (i.e., in an emergency or crisis). Respite is sometimes called Short Breaks or replacement care.
Replacement care	A respite care service which is put in place to provide the support normally provided by a carer to enable the carer to get a break from their caring responsibilities.
Seldom-heard	Refers to groups who are under-represented people who use or might potentially use health or social services, who are less likely to be heard by health and social care service professionals and decision-makers due to various perceived barriers they may have, which prevents their engagement with services.
Short breaks	A term used to describe a type of respite service which provides a break from the normal routine of caring. Short breaks are usually planned in advance and are not the result of an emergency or crisis in the home, or because of illness e.g., hospitalisation of the carer.
Sitting services	Sitting services are a form of respite or short breaks support provided in the cared for and carers own home, usually for a short period of time during the day (i.e. 2 to 3 hours). The support provided to the cared for includes engaging with and supporting the person, which could include some personal care tasks. Where personal care is needed, support workers are required to be trained in providing personal care.

Social prescribers

Social prescribers are link workers who work in local health communities, that give people time, focusing on what matters to them by taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support. Social prescribers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.





14th March 2022

Agenda Item: 7

**REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC
COMMISSIONING AND SERVICE IMPROVEMENT**

**'BETTER TOGETHER' - WORKING TOWARDS CO-PRODUCTION ACROSS
ADULT SOCIAL CARE**

Purpose of the Report

1. The report seeks approval of the 'Better Together' plan: working towards co-production' (**Appendix 1**) and the action plan for the first year of its implementation (**Appendix 2**).

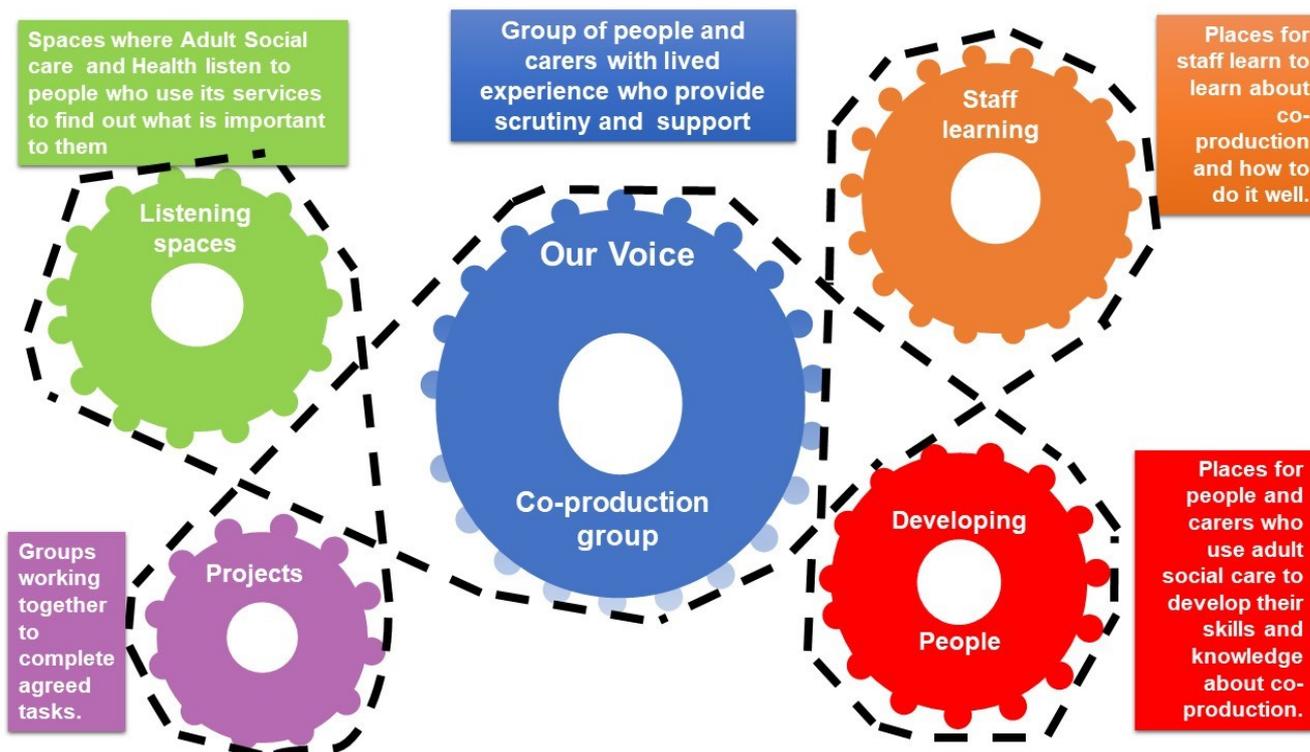
Information

2. The development of the plan builds on the work that has taken place over the last three years. These proposals first came to Committee in November 2019 and a further report that was presented to the Committee in November 2020.
3. The Department and Members have committed to supporting a strong model of co-production in line with the Think Local Act Personal definition:

"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"

Think Local Act Personal (2011) Making it real: Marking progress towards personalised, community-based support, London: TLAP

4. Whilst there were some changes in approach and inevitable delays and restrictions due to Covid, work on co-production has continued to take place within the department with a strong focus on the development through co-production of the proposed approach in the 'Better Together' plan. Core to this work has been the co-production steering group which met for the first time in September 2020. The group, now called 'Our Voice', has met monthly since this time with the Corporate Director and/or Service Director (Integrated Strategic Commissioning and Service Improvement) and a member of the department's co-production team.
5. The 'Better Together' plan involves developing work in five interconnected areas (cogs as the plan refers to them).



6. **Listening Spaces:** the first area involves the department holding regular Listening Spaces with people and carers with lived experience. These are an opportunity for people to say what is important to them and for senior staff to hear directly about what is working and not working in relation to the services provided by the department. An initial programme of Listening Spaces with senior leaders will be held in 2022/23.
7. **Projects:** the second area involves the creation of projects that bring staff, other stakeholders and people and carers with lived experience together to find solutions to shared issues or problems. Several co-production projects have already taken place in Adult Social Care and Health including those on Disability Related Expenses, Direct Payments and Complaints. The next phase of co-production projects for 2022/23 will be agreed between Service Directors and Our Voice members. This approach will allow the department to continue to grow its infrastructure to support co-production whilst ensuring the co-production that is taking place is of excellent quality.
8. **Our Voice:** the third area requires Our Voice to move from being a steering group to a permanent co-production group that will scrutinise and support the department as it implements Better Together. To achieve this Our Voice will be supported to expand its membership, so it better reflects the diverse make up of people who use adult social care in Nottinghamshire. Members will receive training and support to enable them to carry out their new role.
9. **Staff Learning:** the fourth area is focused on supporting staff to understand what co-production is and how to do it well. Staff will have access to training, a 'co-production toolkit' and an online 'chat' forum where they can share ideas, information, and learning. The long-term vision is that the 'chat' forum will also be available to wider partners, including

members of Our Voice. The department is currently working with IT colleagues to explore digital solutions to support this.

10. **Developing People:** the final area involves ensuring people and carers with lived experience have access to information and support so they can develop their knowledge, skills and confidence to work alongside staff as equals. Two providers are undertaking one-year pilot projects to support our learning in this area. Nottinghamshire Carers have co-designed and recently launched Carers Space Notts, which will bring professionals and carers together to share ideas, information, and opportunities for co-production. Powher, the department's provider of statutory advocacy services, is co-designing a bank of people with lived experience who want to find out about and get involved in co-production projects. Both projects will present learning later this year and recommendations for next steps will be presented to the Senior Leadership Team in the autumn.
11. The impact of implementing the 'Better Together' plan will be:
 - People and carers with lived experience will be valued and placed at the heart of everything the department does, as a result they will report better experiences of their involvement with adult social care.
 - Managers will receive fewer complaints as services become better informed and more responsive to feedback.
 - Front line staff will have increased confidence in commissioning services that have been co-produced, recognising they lead to better outcomes for residents.
 - Colleagues from within the department and wider partner organisations will find it easier to collaborate and co-produce due to the infrastructure created by the plan.
12. To support the implementation of the 'Better Together' plan, work is underway to agree a suitable team to undertake the different components of this work within the existing cost envelope of the service. Alongside this, the department will be reviewing its approach to expenses and involvement payments. Effective co-production involves considerable time and commitment from those involved and mechanisms for compensating people for their time and for costs they have incurred is key to making this an equitable and sustainable process.

Reason/s for Recommendation/s

13. The Better Together plan has been co-designed with people and carers with lived experience of using adult social care services. The plan outlines a framework for developing an infrastructure to support greater co-production across Adult Social Care. There are many drivers supporting a plan to work towards co-production.
14. The Nottinghamshire Council Plan highlights the need for departments to 'listen to communities' and 'work together' to develop a shared vision for the future. The Care Act 2014 statutory guidance refers to the need for social care to co-produce solutions with people in key areas including prevention, access to information and advice and market shaping. The new White Paper 'People at the heart of care: adult social care reform' (2021)

will require adult social care departments to develop new systems and processes that will benefit from being co-designed by the people who will use them.

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. There are no financial implications arising from this report.

Implications for Service Users

17. The 'Better Together' plan will provide a wider range of opportunities for people and carers who use adult social care to get involved with the department in ways that work for them. The involvement of people and carers with lived experience who want to work co-productively with the department will lead to the creation of processes and services that are more fit for purpose resulting in better outcomes for people using them.

RECOMMENDATION/S

- 1) That the Committee approves the 'Better Together' plan: working towards strategic co-production' and the action plan for the first year of its implementation, attached as **Appendices 1 & 2**.

Kashif Ahmed

Service Director, Integrated Strategic Commissioning & Service Improvement

For any enquiries about this report please contact:

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Constitutional Comments (LW 03/03/22)

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

Financial Comments (DG 14/02/22)

19. There are no 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](#)

[Adult Social Care and Health Culture Change programme – report to Adult Social Care and Public Health Committee on 6th January 2020](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH796



Better Together

Working towards co-production
across adult social care



Introduction

This plan explains how we will work towards more strategic co-production in the Adult Social Care Department in Nottinghamshire County Council.

It has been written and developed with Our Voice, a group of people and carers with lived experience of using adult social care services.



For services, policies and strategies in Adult Social Care to be developed by people and carers with lived experience, our staff and other stakeholders working together as equals from the start to the finish.



our
voice

What do we mean by Co-production?

'Our Voice' co-production group have chosen the following definition to explain what we mean by the word co-production

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'

National Co-production advisory group, Think Local Act Personal

Co-production recognises people and carers with lived experience have skills, knowledge and experience that can help make services better.

Involving everyone from the start leads to diverse conversations and solutions that are much more likely to work the first time around.

Co-production is rewarding. People and carers with lived experience feel valued, empowered and better connected.

Staff report that co-production creates services and processes that work better.

“
Co-production gives me a great sense of achievement I know I am making a difference.
Ed: Person with lived experience”

“
At long last my experience is being recognised and used to improve services.
Marion: Carer with lived experience”

“
By co-producing with people, our services and systems work better for more people more of the time.
Sarah: Commissioner”

“
It feels like we've reached a better outcome more quickly and are less likely to need to change or alter things further down the line.
Helen: Provider”

Where does co-production happen?

Co-production can happen in different places and situations.

It can take place on a one to one basis when a social worker helps a person design their own support.

In a team when a manager asks people with lived experience to help improve the way their team delivers a service in the local area.

Or strategically when people and carers with lived experience work together with staff and other stakeholders to design, develop, deliver or review a policy, strategy or service that will impact upon a larger group of people.

What are the values and principles of co-production?

There is no one way to 'do' co-production, but all good co-production shares values and principles that ensure the voice of people and carers with lived experience are heard equally alongside other people.

HONESTY AND TRUST

People take time to build relationships. Information is shared to help understanding and any barriers to making progress are discussed in an open and transparent way.

EQUALITY

Staff share power with people, by involving them from the start. This allows everyone to learn together about what works and what doesn't.

ACCESSIBILITY

Staff use different, more accessible ways to communicate and think about what needs to change to involve people better.

RESPECT

Each person's input is respected and valued. There are clear policies on expenses and remuneration and people understand how their contribution is being used.

DIVERSITY

People are brought together from a range of different experiences, skills, and perspectives to work together to find solutions to problems.

Our Voice co-production group developed the following principles for co-production projects in Adult Social Care based on these values.

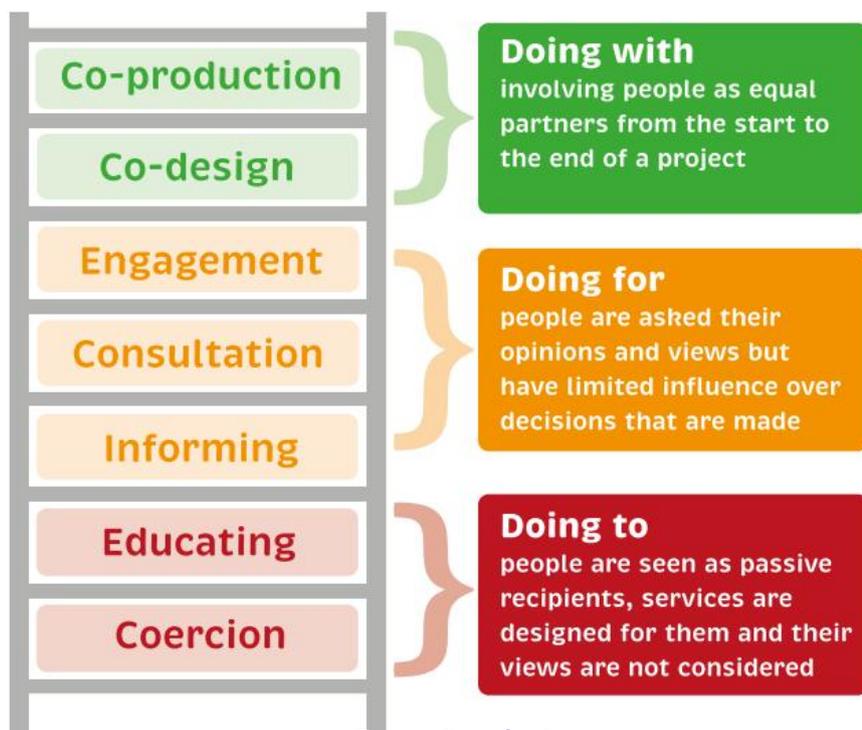
1. We will all value and work with people's skills, knowledge, and interests to improve services.
2. We will take positive action to let people know what we are doing.
3. We will make sure that any person or group of people that wants to be involved is included.
4. We will use language, written information and other kinds of communication that works for all
5. We will be honest and open to promote mutual trust
6. We will take time to look at how we do things and changing them if we need to.

For Strategic co-production to grow adult social care needs a culture where these behaviours are the norm.

How our strategic co-production plan will be developed?

Where are we now?

The ladder of participation shows the steps that need to be taken to move towards co-production. Our Voice co-production group have said that currently Adult Social Care usually involves people through consultation or engagement rather than co-design or co-production.



How will we start to do things differently?

The picture shows the work we will do. Each cog is an area of work that we will develop.

Spaces where Adult Social care listen to people who use its services to find out what is important to them.

Places for staff to learn about co-production and how to do it well.

Group of people and carers with lived experience who provide scrutiny and support



Groups working together to complete agreed tasks.

Places for people and carers who use adult social care to develop their skills and knowledge about co-production



Listening Spaces

A listening Space is an opportunity for people and carers who use adult social care services to say what is important to them. Listening Spaces can be arranged by staff at the start of a new project to help identify what is important to people or can be arranged by senior staff to find out what is working and not working for people who use the services they are responsible for.

I attended a listening Space with a Service Director after a number of carers had raised concerns over the approach that would be taken to highlight carers issues in the future. We discussed our experience and focused on our ideas for improving things. I then got involved in developing Carers Space Notts, which I hope will mean more carers feel listened to and able to get involved in issues that matter to them, giving them an equal say in shaping how things work in the future.

Adrian: Carer with lived experience

What we will do



- We will arrange regular listening spaces where our senior staff hear directly from people using the services, they are responsible for.
- We will take a 'You Said We Will' approach to these events making sure we tell people who attended what we have heard and what we will do because of this.





Projects

Co-production projects bring people with a diverse mix of experiences together to find the best solutions to problems or issues. Projects are issue based, have clear aims, are time limited and wherever possible co-chaired by a member of staff and a carer or person with lived experience.

"I joined a project to make the councils information about directs payments easier for everyone to understand as it wasn't. I worked with staff and other people designing new facts sheets and a webpage. I felt my opinions were heard and taken on board and learnt a lot too. Now I feel very empowered and want to do more."

Ami: Person with lived experience

What we will do



- We will advertise new co-production projects on our webpage so people can find out how they can get involved.
- We will initially start projects in areas where co-production can have the most impact. But as we learn about what works we will build co-production into all the department's work programmes, so it simply becomes the way we do things within adult social care.



Our Voice Co-production Group

Our Voice is a group of people and carers with lived experience of using adult social care. They have helped develop this strategy and will have a key role in supporting and scrutinising the development of co-production across adult social care in the future.

"I joined Our Voice because co-production is a radical way of working, which is empowering for those who use services. It is the best way of working for everyone."

Alyson: Carer with lived experience

What we will do



- We will support Our Voice to grow so that it reflects the diverse mix of people who use adult social care services in Nottinghamshire.
- We will support Our Voice members to get the training and support they need
- We will support our voice to share and scrutinise the work they are doing to support and scrutinise the development of co-production in Adult Social Care



Staff Learning

Staff need support and training to understand what co-production is and what they can do to help make it happen.

"I attended a training session on how to start a co-production project run by Our Voice. It was so useful to have a chance to ask questions about where to start and what does and doesn't work"

Michelle: Project Officer

What we will do



- We will provide training and a toolkit on co-production for staff. This will help, Adult Social Care move from a consultation and engagement approach to a co-design and co-production approach.
- We will create an online forum, where our staff have a place to ask questions, share successes and learn together about co-production.
- We will explore how we can use different technology to enable people and carers with lived experiences, colleagues from different organisations and our staff to learn, share ideas and work together.





Developing People

People and carers with lived experience also need an opportunity to learn about co-production and develop their skills, knowledge and confidence so they can work as equals with staff and other stakeholders.

“I have learnt so much about co-production. I feel confident to tell people how it should work now. I know I am making a real difference”

Eddie: Person with lived experience

What we will do.



- We will ask the voluntary sector to support us to grow a bank of people and carers with lived experience who want to get involved in co-production projects with us.
- We will offer training and support to people and carers with lived experience, so they have the confidence and knowledge to get involved in projects with us as equals.
- We will co-design a policy for expenses and involvement payments so that people are recognised and rewarded for their contribution in a way that is sustainable.

To find out more about how we are moving towards co-production in adult social care in Nottinghamshire or to see our Action Plans as they develop visit our webpage:

www.nottinghamshire.gov.uk/care/adult-social-care/co-production-working-together-to-make-things-better or email: workingtogether@nottscc.gov.uk







This document is available in other formats:
large, easy read and braille

Glossary: What key words mean?

Word	What it means?
Accessibility	Things being adapted to help a group of people or an individual get involved or understand information.
Bank	A group of people and carers with lived experience who want to find out about and/or get involved in co-production.
Co-design	When people design a service or strategy alongside professionals but may not be involved in helping to implement or review the approach.
Consultation	People may be asked to fill in a survey or attend a meeting but may not have any influence or say in decisions that are made because of this.
Culture	The way that people interact with each other across the Adult Social Care department.
Diverse	Varied, lots of different people involved
Engagement	When people can express their views and opinions, for example at a listening event but the influence they have on any decisions will depend on what people who are listening will allow.
Guidance	Rules for adult social care staff which explain how to interpret and follow a particular policy.
Lived Experience	When a person has experience of using a particular service or process.
Policy	A document that says what the department's approach is. Policies are agreed by councillors at committee meetings on a wide range of topics.
Programmes of work	Programmes of work are large work streams that often have lots of individual projects happening underneath them.
Stakeholder	Anyone who is affected by a piece of work. Stakeholders can be people who use a service, members of staff or organisations that provide a service.
Strategic Co-production	When people and carers with lived experience are involved from the start to the finish in a project that will have an impact on a range of people.
Transparent	Open and honest
Vision	Our aim, where we would like to get to.

Our Action Plan for April 2022- March 2023

Area of work	Action	When
Listening Spaces	Develop programme for listening spaces with Senior Leaders	Spring 2022
	Co-design listening space guidance for staff.	Spring 2022
	Start Listening Space programme with senior leaders.	Summer/Autumn 2022
	Review learning and design next phase of Listening Spaces	Spring 2023
Projects	Co-design new co-production webpage and communication plan for sharing information about projects.	Spring 2022
	Identify and advertise key co-production projects for 2022/23	Spring/Summer 2022
	Share progress and learning from new co-production projects	Autumn 2022
	Review progress and identify next projects	Spring 2023
Our Voice Co-production Group	Advertise and recruit new members	Spring 2022
	Provide training for members	Spring/Summer 2022
	Start to share 'Our Voice' news	Winter 2022
	Review progress and develop next steps	Spring 2023
Staff learning	Launch chat forum for staff	Spring 2022
	Refresh and launch new co-production 'toolkit' for staff	Summer /Autumn 2022
	Explore options with IT colleagues for an online platform that supports wider involvement in co-production chat forum.	Summer/Autumn 2022
	Review progress and develop next steps	Winter 2022
Developing People	Co-design and approve new approach to expenses and involvement payments	Spring /Summer 2022
	Co-design and launch bank of people and carers with lived experience with voluntary sector partners.	Spring/Summer 2022
	Co-design and offer co-production training to people and carers with lived experience.	Summer/Autumn 2022
	Review progress and develop next steps	Winter 2022

14th March 2022

Agenda Item: 8

**REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC
COMMISSIONING AND SERVICE IMPROVEMENT**

**PROPOSED INCREASE IN FEES FOR INDEPENDENT SECTOR ADULT
SOCIAL CARE PROVIDERS, DIRECT PAYMENTS AND OTHER CHARGES**

Purpose of the Report

1. To advise Committee of the application of annual inflationary increases for care and support services purchased from independent sector social care and support providers.
2. At Full Council on 24th February 2022, Members approved the allocation of £14.966m to meet provider cost pressures arising from the impact of the National Living Wage, increase in Employers National Insurance and Fair Price for Care inflation for 2022/23. This report now seeks Committee approval for the proposed distribution of £14.966m fee increases to independent sector care and support providers across the different adult social care services.
3. To seek approval to increase the Ageing Well care home fees in line with the 'Fair Price for Care' agreed inflation calculation and National Living Wage increase.
4. To seek approval to increase the fees for Living Well residential and nursing care placements.
5. To seek approval to increase the fees for Home Care, Housing with Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision.
6. To seek approval for the fee increases to be effective from 4th April 2022 to align with the payment cycle for the new financial year.

Information

The Care Act 2014

7. The Care Act 2014 places statutory duties on councils to ensure there are sufficient care and support services in the local care market to meet the needs of all people in the area who require care and support. This includes services for people who arrange and manage

their own care and support services, through the use of Direct Payments, and for people who fund their own care and support.

8. The Care Act also places a duty on councils to ensure provider sustainability and viability. Section 4.31 of the Care Act statutory guidance relates to the role of councils, as part of their market shaping duties, in ensuring that fees paid to providers are sufficient to enable them to meet their employer duties and responsibilities.

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

Implementation of the National Living Wage from April 2016

9. In line with national legislation the Council has uplifted fees in line with the National Living Wage.

The Budget

10. The Council’s net budget for adult social care and health in 2022/23 is £231.4m, with a gross budget of £435m. The vast majority of this is spent on care and support services that are commissioned externally from both private and voluntary sector providers through contractual arrangements. The Council’s gross budget allocations for externally provided care and support services for 2022/23 are broken down as follows:

Area of service	Budget
Care Home placements – Ageing Well	£88.9m
Care Home placements – Living Well	£63.3m
Home Care & Extra Care services	£28.6m
Supported Living services	£56.9m
Direct Payments	£46.4m

Care and support services in Nottinghamshire

11. The total number of people funded by the Council in long term residential or nursing care placements was 2,851 as at the end of January 2022. This includes those individuals who are residents of the County but who have chosen to live in a care home in another part of the country.
12. The Council also commissions a range of care and support services such as Home Care, Supported Living and Day Care services from independent sector providers to help people to remain living independently in their own homes. As at the end of January 2022, there were 7,941 people receiving community-based care and support services, based on their

eligible needs, across all service user groups. People accessing care and support services are required to contribute to the cost of these services in accordance with their financial circumstances and based on a financial assessment. Some service users will be meeting the full cost of their care.

13. The Council also commissions a range of carers support services which aim to help carers to continue with their caring duties. These services include information and advice and one-off support or on-going services, including short breaks provision, to approximately 3,425 carers. Many of these services are delivered through a Direct Payment.

Proposals for fee increases from April 2022

14. In April 2022, the National Living Wage will increase from £8.91 per hour to £9.50 per hour for people aged 23 years and over which is a 6.6% increase. At the same time the National Minimum Wage for 21-22 year-olds will increase 9.8% to £9.18. The 18-20 year-olds will increase by 4.1% in 2022 to £6.83 per hour. In anticipation of the cost pressures in social care arising from this increase, a further £12.384m has been allocated to the Department's base budget to be applied to adult social care services commissioned from independent sector providers.
15. In addition to the National Living Wage increase, the government has proposed an increase in Employers National Insurance contributions of 1.25%. In anticipation of the cost pressures in social care arising from this increase, a further £1.985m has been allocated to the Department's base budget to be applied to adult social care services commissioned from independent sector providers.
16. With the exception of the Ageing Well banded Care Homes in Nottinghamshire the inflationary increase relates directly to the increase in National Living Wage and Employers National Insurance contributions, so the proposed percentage uplifts by service vary from 5.58% up to 8.81% according to the proportion of the current fee that is directly staff related.

Ageing Well Residential and Nursing Care Home Provision

17. The Council has a proactive approach to ensuring that it meets its legal duty in taking account of the cost of care and ensuring a sustainable market across the whole County. It currently has a fee structure that is based on five quality bandings that are determined by an annual quality audit of the homes. This method of payment includes an inflation-linked fee increase to be applied annually using indices that were agreed as a part of a previous 'Fair Price for Care' exercise. This increase is paid to all banded Ageing Well care home providers.
18. In addition to this, since 2016 additional increases have been approved in line with the cost of the National Living Wage.
19. It is proposed that a 4.3% increase is applied across all Ageing Well care home provision within Nottinghamshire. This is the combination of the increase relating to the increase in the National Living Wage for staffing and an increase relating to other inflationary cost pressures in accordance with the Fair Price for Care indices. The table below outlines the current weekly fee levels and the proposed weekly fee levels to be applied from April 2022:

Care Home Banding	Proposed Fee 2022/23 Care Home	Proposed Fee 2022/23 Care Home including DQM Payment**	Proposed Fee 2022/23 *Nursing care	Proposed Fee 2022/23 *Nursing care including DQM Payment
Band 1	£527	£542	£573	£585
Band 2	£585	£646	£656	£707
Band 3	£622	£679	£690	£744
Band 4	£636	£692	£705	£758
Band 5	£655	£713	£726	£776

**For all care homes with nursing, the above fee levels are net of Funded Nursing Care contribution which was set at £187.60 per person per week in April 2021 (amount not confirmed for 2022). The Clinical Commissioning Groups fund and administer this element of the fee.*

*** DQM – Dementia Quality Mark Payment – those homes which provide high quality care and meet the Council’s Dementia Quality Mark will receive an enhanced payment for those residents whose primary care requires complex dementia care.*

20. The Ageing Well care homes contract tendering process had been delayed due to the pandemic. The tendering process for the new contracts commenced in September 2021, with the implementation date set for April 2022. The Council still plans to use the standard NHS Contract, as it has done for Home Based Care, with a specification designed to meet local need. In using this standard contract, it will be less burdensome on providers as there is greater consistency and expectations from commissioners when we work together.

Living Well residential and nursing care home provision

21. Fee levels for Living Well residential and nursing care home provision are negotiated and commissioned via the Dynamic Purchasing System with the care home providers on an individual basis based on the specific needs of the service user. In many cases, the fees have previously been determined through the use of the ‘Care Funding Calculator’ which is a widely recognised tool, used by many health and social care commissioners as it enables value for money considerations and provides a useful means of benchmarking the cost of complex care across the region.
22. Since 2016 additional increases have been approved in line with the cost of the National Living Wage.
23. It is proposed that a 5.99% increase is applied to all Living Well in county and out of county care home provision to cover the increase in the National Living Wage, except in the following circumstances where the uplift will be decided on an individual basis:

- a) packages negotiated in the three months prior to the Committee decision. For these packages an uplift will not be automatically applied as the fees will reflect up to date costings. Where this is not the case providers can contact the department with the appropriate evidence that an uplift is required in order to meet the National Living Wage requirements.
- b) packages over £3,000 per week. For these packages an uplift will not be automatically applied as fees should already be covering an enhanced pay level for the staff required to deliver these specialist services. Where this is not the case providers can contact the department with the appropriate evidence that an uplift is required in order to meet the National Living Wage requirements.

Home based care, Housing with Care and Supported Living services

- 24. Home based care, Housing with Care and Supported Living services are subject to market testing through competitive tender processes on a regular basis, usually every 3 - 5 years. The tendering process provides the Council with the opportunity to test the market through an open and transparent competitive process in order to seek best value from providers.
- 25. Following the completion of the tender for Home based care and Housing with Care services in 2018/19, new contracts were awarded to a number of 'Lead providers' (with the exception of one scheme that was procured separately and has a different provider), each covering a large geographical area based on district council boundaries. 'Additional providers' are also contracted to supply care to supplement the lead providers. There are also a small number of spot contracts from legacy arrangements that are reducing over time.
- 26. In addition, the Dynamic Purchasing System can be used to procure individual packages of care.
- 27. The above contracts do not require the Council to apply an annual inflationary increase.
- 28. Since 2016 increases have been approved in line with the cost of the National Living Wage.
- 29. It is proposed that a 5.58% increase is applied to 'Lead' and 'Additional' contracted Home-based care and Supported Living services and 6.33% is applied to Housing with Care services. Legacy arrangements will be negotiated in line with the Lead and Additional provider rates.

Day Care Services

- 30. The Council has established matrix rates for internal day services, based on the following categories, reflecting their levels of need. It is proposed that a 5.85% increase is applied to all externally commissioned day services. The table below outlines the current weekly matrix levels and the proposed weekly fee levels to be applied from April 2022:

	2021/22	2022/23
Complex needs	£38.25 per session	£40.49 per session
High level needs	£19.73 per session	£20.88 per session
Medium level needs	£13.97 per session	£14.79 per session

Low level needs	£9.63 per session	£10.19 per session
1:1 support	£12.30 per hour	£13.02 per hour

31. Since 2016 increases have been approved in line with the cost of the National Living Wage.
32. In addition there are some spot purchased arrangements which are negotiated on an individual basis.

Shared Lives Services

33. Payments to Shared Lives carers are made at banded rates which are based on the complexity of the needs of the person placed with them. Nottinghamshire has a five banded rate schedule shown in the table below. For long term placements the payment to the carer is made up of three elements. These are room rent which is usually paid through housing benefit, a personal contribution currently set at £9.20 per night (£64.40 per week) and is a payment towards food and bills, and payment made for care costs by the County Council. The table below shows the gross payment made up of these elements:

Service User need level	Current gross payment to shared lives carers per week 2021/22	Proposed gross payment to carers per week in 2022/23
Basic	£239.88	£253.27
Low	£359.12	£379.16
Medium	£499.89	£527.78
High	£654.60	£691.13
Complex	£937.29	£989.59

34. It is proposed that the current rates are increased by 5.58%. In addition to this it is recommended that the contribution to food and bills which is paid by the service user is increased to £9.50 per night (£66.50 per week). The proposed increase to the nightly charge is based on the fact that Universal Credit will increase by 3.1% in April 2022.

Direct Payments

35. Since 2016 the rates for Direct Payments have been increased in line with National Living Wage.
36. It is proposed that an 8.61% increase is applied to Direct Payment Personal Assistant packages. A Direct Payment is where the service user receives an amount of money directly from the Council for their care costs. They then employ Personal Assistants directly to support them. This increase will take the basic rate for 2022/23 to £12.24.
37. The amount of increase applied for Direct Payments provided through home care agencies or Supported Living providers may vary depending on the providers' existing hourly rates, so where a home care provider's rate is above the rate of the Lead or Additional provider operating in the same geographical area, the Council will not automatically apply the rate increase. Any increase to be applied will be determined on a case by case basis

depending on the needs and circumstances of the individual service user, at point of review.

Sleep-in provision

38. In order to ensure that the National Living Wage and overheads can be paid for all hours covered by sleep-in provision, it is proposed to increase the rate by 7.7% to £107.09 per night.

Proposals for charges – non-direct care provision

Transport

39. It is proposed that there is a 3.1% increase in transport charge from £9.55 to £9.85 in line with inflationary cost increase from April 2022.

Assistive Technology – Service Charge/Call monitoring

40. It is proposed that the charges of £2.01 per week for telecare and £3.50 per week for mobile network telecare devices remain the same as 2021/22 for this financial year.

Assistive Technology – 24 Hour Home Care Response service

41. It is proposed that the charge of £9.60 per week remains the same as 2021/22 for this financial year.

Deferred Payment Scheme

42. The Deferred Payment Scheme charges a one-off fee of £195 for Legal support and £235 for administration on set up. It is proposed to retain the existing charge.

Appointeeship charge

43. Appointeeship is when the Council acts on behalf of an individual; it has responsibility for managing money, making and maintaining benefit claims, and reporting change of circumstances. To act as Appointee the Council charges £12 per week if the client has over £1,000 in their account. The appointeeship service is being separately reviewed so until the conclusion of that review it is proposed to retain the existing charge.

Deputyship charge

44. Deputyship has the same responsibility as being an appointee but also the additional protection of managing someone's assets, savings or property. These charges are set by the Court of Protection and remain as follows:

Fee Type	Cost
Application Fee	£385
Work up to date of Order	£745
Work up to 1 st anniversary	£775
Work up to 2 nd and subsequent anniversaries	£650

Property Fee, due on anniversary of Order and on completion of sale of property	£300
Annual Report Fee, due on submission of report	£216
Tax Return Fee	Use accountants
Winding Up Fee	£375
Short order	3.5% of net assets (if net assets are below £16,000)
Travel Cost	£40/hr

Brokerage charge

45. The current brokerage charge of £10.73 for a four-weekly charge equating to £128.76 per annum is to remain the same for this financial year 2022/23.

Other Options Considered

46. The Council has a legal duty under the Care Act 2014 to ensure a sustainable social care market across the County. The increases in the National Living Wage are also legally binding.

Reason/s for Recommendation/s

47. The Council has a statutory duty to have in place a range of care and support services for people who meet national eligibility criteria, either directly through its internal services or through commissioned services from external providers. This statutory duty extends to ensuring that there is a viable and sustainable market of social care providers who are able to deliver the required services.
48. Consideration has been given to the current fee levels paid to care and support providers within the context of the increasing cost pressures arising from the impact of the National Living Wage. The proposed fee increases should help providers to continue to deliver care and support services at a time when they are facing substantial increases in their costs, most of which relate to staff pay and terms and conditions of employment

Statutory and Policy Implications

49. 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

50. £14.966m has been added to the Department's budget for 2022/23 and any costs over and above this will need to be met from within the departmental budget.

51. The ongoing cost pressures arising from the impact of the National Living Wage have been built into the Council's Medium-Term Financial Strategy as approved by Full Council in February 2022.

Implications for Service Users

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

RECOMMENDATION/S

That the Committee:

- 1) approves the proposed distribution of £14.966m of fee increases to independent sector social care and support providers across the different adult social care services related to the further increase in the National Living Wage from 4th April 2022
- 2) approves the increase in Ageing Well Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation
- 3) approves the fee increases for Living Well residential and nursing home care placements
- 4) approves the fee increases proposed for Home Care, Housing with Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision
- 5) approves that all the fee increases be effective from 4th April 2022 to align with the payment cycle for the new financial year.

Kashif Ahmed

Service Director, Integrated Strategic Commissioning & Service Improvement

For any enquiries about this report please contact:

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T: 0115 9773789
E: gemma.shelton@nottsc.gov.uk;

Constitutional Comments (LPW 23/02/22)

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

Financial Comments (KAS 01/03/22)

54. The financial implications are contained within **paragraphs 50 and 51** of the report.

£14.966m has been included within the Department's budget for 2022/23 and any costs over and above will be regularly monitored during the year.

Background Papers and Published Documents

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

[Fair Price for Care – Older Persons Care Home Fees – report to Policy Committee on 13th February 2013](#)

[Annual budget 2021/22 – report to Full Council on 25th February 2021.](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH797

14 March 2022

Agenda Item: 9

REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information

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

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director, Customers, Governance & Employees

For any enquiries about this report please contact: Jo Toomey – jo.toomey@nottscg.gov.uk.

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME 2021-22

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
25th April 2022			
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
National Drugs Strategy: from harm to hope		Consultant in Public Health	Sarah Quilty
Investing to improve health and wellbeing and reduce health inequalities		Director of Public Health	William Leather
Day Opportunities Strategy 2021 – 2026		Service Director, Living Well/ Service Director, Strategic Commissioning and Service Improvement	Mercy Lett-Charnock
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
Future items			
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Kath Sargent/ Rebecca Croxson
Proposals on joint commissioning		Service Director, Strategic Commissioning and Service Improvement	Kashif Ahmed
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
Market management position	Report on current market position, contract	Service Director, Strategic	Gemma Shelton

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
statement	suspensions and auditing activity, and future priorities for supporting the care market.	Commissioning and Service Improvement	
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 4)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Development and progress of the departmental Prevention Strategy		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Refresh of the Adult Social Care & Public Health Department's Digital Strategy for 2021-2024, including technology enabled care.		Service Director, Strategic Commissioning and Service Improvement	Grace Natoli/ Jennifer Allen/Clare Gilbert
Mental Health discharge avoidance		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Adult Social Care Strategy and Adult Social Care Reform progress update	To provide update on work to implement ASC reform and reflect this in an update ASC Strategy.	Corporate Director, Adult Social Care and Health	Stacey Roe/Grace Natoli