

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

**Monday, 09 January 2017 at 10:30**

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

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### **AGENDA**

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the last meeting held on 12 December 2016   | 3 - 6   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Development of a Countywide Promoting Independence Service   | 7 - 12  |
| 5 | Strategic Update and Reconfiguration of the Countywide Transitions Team  | 13 - 22 |
| 6 | Adult Social Care and Health - Overview of Developments  | 23 - 30 |
| 7 | National Children and Adult Services Conference, 2-4 November 2016   | 31 - 34 |
| 8 | Quality and Market Management Team Quality Auditing and Monitoring Activity  | 35 - 40 |
| 9 | Work Programme   | 41 - 46 |

## 10 Exclusion of the Public

The Committee will be invited to resolve:-

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

Note

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

## 11 Exempt Appendix to Item 8: Quality and Market Management Team Quality Auditing and Monitoring Activity

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

## **Notes**

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 12 December 2016 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Muriel Weisz (Chair)

Alice Grice  
Darren Langton  
David Martin  
Francis Purdue-Horan  
Mike Pringle

Pam Skelding  
Stuart Wallace  
Jacky Williams  
Yvonne Woodhead  
Liz Yates

**OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, ASCH&PP  
Sue Batty, Service Director, ASCH&PP  
Paul Davies, Advanced Democratic Services Officer, Resources  
Jennie Kennington, Senior Executive Officer, ASCH&PP  
Ainsley MacDonnell, Service Director, ASCH&PP  
Paul McKay, Service Director, ASCH&PP  
Jane North, Transformation Programme Director, ASCH&PP  
Daniel Prisk, Strategic Development Manager, DoLS, ASCH&PP  
Sorriya Richeux, Team Manager, Corporate and Environmental Law, Resources

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 14 November 2016 were confirmed and signed by the Chair.

**MEMBERSHIP**

It was reported that Councillors Grice and Langton had been appointed in place of Councillors Bell and Fielding, for this meeting only.

**DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

Jane North declared a disclosable pecuniary interest in the item on the future of the Transformation Team, and left the room during discussion and voting on the item.

**PRESENTATIONS**

The Chair presented certificates to Denise Scott and Amanda Storrs, Bassetlaw Hospital Integrated Discharge Team and Steve Jennings-Hough, Occupational

Therapy Project Lead. The Integrated Discharge Team had won the Care Team Award at the Great East Midlands Care Awards, and Steve Jennings-Hough had been runner up for the Care Innovator award.

### **OUTCOME OF TWO CONSULTATIONS: BROKERAGE AND MID-NOTTINGHAMSHIRE SAVINGS PROPOSALS**

#### **RESOLVED 2016/089**

- 1) That the outcomes of the public consultation on the revised brokerage charges be noted.
- 2) That a new brokerage charge for self-funders be applied at a cost of £10.26 each four week period to recover the costs incurred to the Council in organising their care.
- 3) That the new brokerage charges be applied to existing and new service users who are self-funders and receive managed services.
- 4) That the outcome of the consultation with staff and volunteers in the Hospital to Home Service and the change in savings to be achieved be noted.
- 5) That the Hospital to Home Support Scheme cease from 1 April 2017.
- 6) That the funding of health staff in the Integrated Discharge Team at King's Mill Hospital cease from 1 April 2017, and a further report be presented on recommendations for partly re-investing this in additional social care staff to meet increasing demands in the service.

### **PLANNING FOR WINTER**

During discussion, members requested a report on the impact of the temporary posts.

#### **RESOLVED 2016/090**

That the following temporary posts be established to temporarily increase social care capacity across the County up to March 2017:

- 5 fte temporary Community Care Officer (Grade 5) posts
- 4 fte Social Worker (Band B) posts

### **FUTURE STRUCTURE FOR THE ADULT SOCIAL CARE TRANSFORMATION TEAM**

In discussion, reference was made to a quality assurance of adult safeguarding. The committee asked for further report on this in due course.

#### **RESOLVED 2016/091**

- (1) That the progress of the Adult Social Care Transformation Portfolio to date be noted.

- (2) That the new structure of the temporary Adult Social Care Transformation Team up to 31 March 2018 be approved as follows:

<b>Post</b>	<b>Grade</b>	<b>Number of posts (FTE)</b>
Transformation Director	H	1
Strategic Development Manager	E	2
Project Manager	D	3
Team Manager	D	1
Commissioning Officer	C	4
Programme Officer	B	2
Business Support Officer	3	0.5
<b>Total</b>		<b>13.5</b>

- (3) That 0.5 fte post of Programme Officer, Band B, be deleted from the structure.

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

#### **RESOLVED 2016/092**

That the performance update for Adult Social Care and Health be noted.

### **DEPRIVATION OF LIBERTY SAFEGUARDS PROGRESS REPORT**

#### **RESOLVED 2016/093**

- (1) That the progress with implementation of the corporate Deprivation of Liberty Safeguards Strategy be noted.
- (2) That a Multi Provider Framework Agreement be established for the provision of additional agency Best Interest Assessor capacity to undertake Deprivation of Liberty Safeguards assessments, deliver Mental Health Assessments and Mental Capacity Assessments.

### **WORK PROGRAMME**

#### **RESOLVED: 2016/094**

That the work programme be noted, subject to the addition of reports on the impact of the temporary posts to deal with winter pressures, the quality assurance of adult safeguarding, and reinvesting savings in the Integrated Discharge Team at King's Mill Hospital.

### **EXCUSION OF THE PUBLIC**

#### **RESOLVED: 2016/095**

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

and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

**EXEMPT APPENDIX TO ITEM 8: DEPRIVATION OF LIBERTY SFAEGUARDS  
PROGRESS REPORT**

**RESOLVED: 2016/096**

That the information in the exempt appendix be noted.

The meeting closed at 12.20 pm.

**CHAIR**

**9 January 2017****Agenda Item: 4****REPORT OF SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE****DEVELOPMENT OF A COUNTYWIDE PROMOTING INDEPENDENCE  
SERVICE****Purpose of the Report**

1. To seek approval to reconfigure existing established posts into a single countywide Promoting Independence Service.
2. To seek funding for two full time equivalent (FTE) Business Support Officer posts (Grade 3) at a total annual cost of £45,638, including on-costs.

**Information and Advice**

3. The Care Act places a duty on local authorities to provide prevention services that delay, cease or reduce the need for social care services. Nottinghamshire County Council's Adult Social Care Strategy has promoting independence as one of its three primary objectives, in order to better manage demand and meet the future challenges of increasing demand for services, coupled with reducing national funding.
4. In order to now make a significant step change to how the Council promotes independence for people who are at risk of requiring social care services, the Council needs to consolidate and build on its existing approaches, as well as try new ones. This means applying a more systematic intervention at an early stage of contact with the Council with the aim of helping people retain or regain their skills, confidence and community links, as well as at the point of supporting people to put together and review their support plan. Such interventions aim to minimize the impact of a person's disability on their independence, reduce further loss of skills for people with established or complex health conditions and connect people with their communities.
5. Nottinghamshire already has a successful Short Term Assessment and Re-ablement Team (START) which primarily works with older adults aged 65+ years and has some limited capacity to work with adults under 65 years with mental health problems and younger adults with physical disabilities. In 2015/16, 65% of people needed no further social care service after receiving START services. Re-ablement in mental health will not be considered as part of this report. Mental health teams also already have dedicated re-ablement staff in place in the Community Mental Health Teams which are also working well. These services are not included within the scope of the new Promoting Independence Service as they are already working well, and are aligned with health teams.

6. A number of other existing posts that promote independence are, however, dispersed across various teams in the department:
  - seven Promoting Independence Workers offer re-ablement based in the Physical and Sensory Disability Teams and two in the Asperger's team. They were previously employed in day services and are dispersed throughout the County. In 2013, a review was completed that recommended the creation of a single team in order to provide consistent leadership and a 'team' ethos.
  - the Council's own directly provided small Co-production team of five staff has been shown to be a positive model in improving the mental wellbeing of those with mental health problems who are not in contact with specialist mental health services. This service allows for early identification of mental health problems and allows for signposting to other services. Public Health, through quarterly monitoring of the service outcomes using the Warwick and Edinburgh Mental Wellbeing Survey (WEMWBS) shows that from a cohort of 132, 80% showed an improvement in their mental wellbeing (based on an increased WEMWBS score) between entry into the service and at six month follow-up.
  - in addition to this, during its first nine months of operation, the Connect Service, provided by Age UK in the Mid-Nottinghamshire area has successfully supported over 1,100 people, helping them to achieve a range of outcomes in relation to health and wellbeing, independent living, social isolation, safe and suitable accommodation and economic wellbeing.
7. In recognition of the benefits that these approaches have had for people using services, the need to increase capacity to ensure an equitable offer to all client groups and deliver a proportion of the £1.1million of savings attached to phase two of the Adult Social Care strategy, a report presented to Committee in September 2016 approved the establishment of 18.5 FTE posts and additional capacity in the Connect service. It also included a new role of community independence worker, with the aim of supporting people to find and access primarily community solutions, as well as cost effective options to traditionally commissioned services.
8. This report proposes that the staff described in **paragraphs 6 and 7** of this report are brought together into one Promoting Independence Service under the leadership of one Team Manager and Group Manager. The benefits of this are to provide:
  - strategic leadership to developing a strengthened focus on promoting independence at every opportunity
  - a service with a shared purpose, aims and objectives
  - improved lines of communication across staff and organisational boundaries
  - improved flexibility of resources, with staff no longer working in specific silos but supporting each other across localities and client groups
  - consistent monitoring and evaluation framework
  - creation of a new pathway into younger adults teams aiming to reduce levels of need prior to assessment
  - support to operational assessment and review teams to identify non-service options to meet eligible needs.



9. An evaluation will be completed during the first year of the service to identify which elements of the team work best at supporting people's independence and inform decisions regarding the future optimum composition of the team.
10. The initial funding request for the establishment of the Community Independence and Promoting Independence team did not include a request for Business Support. Business support is required to establish and monitor new processes in the team to ensure effective working and to maximise the benefits of the team by ensuring the right level of work is being completed by the right person. The team will require two FTE Business Support Officer posts (Grade 3) to support the work of the countywide team but will be kept under review to establish longer term requirements. This support will be provided by the Business Support Unit on a temporary basis for 18 months.
11. Planning is underway to identify a central base for the team at Sherwood Energy Village but it is expected that the team will work flexibly from other bases as required and, wherever possible, will minimise travel time.

### **Other Options Considered**

12. The newly funded workers could be one team and existing workers remain dispersed, however, this would not provide a sustainable resource into the future, or deliver the benefits listed at **paragraph 8**.

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

13. In order to deliver the benefits listed in **paragraph 8** and provide a consistent sustainable service into the future.

### **Statutory and Policy Implications**

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

### **Financial Implications**

15. Recurrent funding is available for all the posts in the structure. This did not, however, include additional administrative support for the 18.5 FTE Better Care Funded posts. Therefore two FTE Business Support Officer posts (Grade 3) are required at a total annual cost of £45,638, including on-costs. It is recommended that these additional staffing costs are agreed for the same period of time as the rest of the posts in the team (18 months) and that the additional funding required is agreed from the Better Care Fund. These posts are essential to support the effectiveness of the team and also to ensure that data is gathered in order to monitor the benefits of the service.

## **Human Resources Implications**

16. The proposal to create a countywide team of promoting independence and community independence workers will have some implications on existing promoting independence staff. Their line manager will change and their central base may change. Where a base change is required the Authority's policy on Disturbance will be applied if appropriate. The proposal was discussed at the Joint Consultative and Negotiating Panel meeting on 6 December 2016 and a meeting has been held with staff and their representatives where the proposal was accepted positively.
17. The job description for the promoting independence staff has been updated and following job evaluation the grade has remained the same.

## **RECOMMENDATION/S**

That:

- 1) the reconfiguration of existing established posts into a single countywide Promoting Independence Service is approved
- 2) funding for two temporary FTE Business Support Officer (Grade 3) posts at a total annual cost of £45,638, including on-costs, is approved.

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

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

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## **Constitutional Comments (LM 13/12/16)**

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

## **Financial Comments (KAS 12/12/16)**

19. The financial implications are contained within paragraph 15 of the report.

## **Background Papers and Published Documents**

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

Better Care Fund – Proposed Allocation of Funding: report to Adult Social Care and Health Committee on 12<sup>th</sup> September 2016

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

All.

ASCH445



**9 January 2017****Agenda Item: 5****REPORT OF SERVICE DIRECTORS FOR MID NOTTINGHAMSHIRE AND  
NORTH NOTTINGHAMSHIRE****STRATEGIC UPDATE AND RECONFIGUREMENT OF THE COUNTYWIDE  
TRANSITIONS TEAM****Purpose of the Report**

1. To provide an update on the relevant outcomes of the recent Special Educational Needs and Disability (SEND) inspection, workload and priorities for the countywide Transitions Team.
2. To seek approval to permanently establish 2 full time equivalent (FTE) Community Care Officer posts and 1 FTE Advanced Social Work Practitioner (ASWP) post in order to be able to meet increasing demand for assessments and also to respond to the recommendations of the recent SEND Inspection.

**Information and Advice****Background and context**

3. In 2013, a review was completed of the Nottinghamshire County Council services that support the transition of young people leaving children's services, who require further support from adult social care services. This considered what the best local model should be in order to support emerging findings from the Children's SEND Pathfinder Programme and the development of Education, Health and Care (EHC) planning. The outcome was to bring together and co-locate existing transition workers that were spread across multiple teams, into a single countywide Transitions Team with a dedicated Team Manager. This would share an office base with the Children's Disability Team at Meadow House. As part of creating this team, the overall number of Social Workers dedicated to Transitions reduced from 10 FTE to 7 FTE.
4. Since then, the statutory context for provision has been significantly amended with the arrival of the Care Act 2014 and the Children and Families Act 2014 with an enhanced focus on *Preparing Young People for Adulthood*. The combined impact of these has been to widen the criteria and therefore the numbers of young people for whom a transitions assessment is required. This brought new requirements to work with young people with Autistic Spectrum Disorders (ASD) without learning disability, those with mental health difficulties and other neurological diagnoses e.g. Attention Deficit Hyperactivity Disorder (ADHD) that the original team did not work with. In 2015 an additional 1 FTE Social Worker was added to the team to meet the widening Care Act responsibilities. In addition

to directly line managing 8 FTE Social Workers, the Team Manager has to engage in a particularly broad range of strategic partnerships in order for the team to function.

### **Current scope and remit of the countywide Transitions Team**

5. The countywide Transitions Team works with young people from the age of 14 years who have a permanent and substantial learning or physical disability, young people with significant mental ill health, as well as young people with neurological conditions, which now includes ADHD and Asperger's syndrome. They primarily work to plan for the future, with young people who require social care support that cannot be accessed through universal mainstream services or the targeted support service (the latter is a multi-disciplinary service for young people aged 8-18 years living in Nottinghamshire who are vulnerable, but not at immediate risk of harm).
6. The Care Act (2014) gives young people and carers of children a legal right to request an assessment before they reach 18 years. This is to help them to plan for their future and any potential adult support services that they may need.
7. The Care Act says that if a child, young carer or an adult caring for a disabled child are likely to have needs when they, or the child they care for, turns 18 years, the local authority can assess them if it considers there is 'significant benefit' in doing so. This is regardless of whether the person currently receives children's services. (DOH Factsheet 11 - The Care Bill – transition for children to adult care and support services)
8. The Transitions Team will assess young people who meet the above threshold. However, only young people who meet the eligibility criteria for Adult Social Care will go on to receive a social care service and personal budget. Referrals are accepted from the Council's Children's Services, schools and health colleagues. Where a decision has been made that a young person does not meet the criteria for the Transition Team, they are signposted to other services.
9. The team will do person centred assessments and help young people to create plans that will meet their future needs, goals and aspirations. These can include employment, community inclusion, housing with support (if required) and provision of short breaks to support carers. The team works with the young person and their families/carers to ensure a seamless move to adult provision where appropriate.
10. The work of the team therefore contributes to the Health and Wellbeing Board and the Children's Trust Board shared objectives to have:
  - shared understanding of roles and responsibilities for children in transition to adulthood.
  - an agreed multi-agency protocol around transitions for health, education and social care.
11. The following two brief cases illustrate the type of work that the team does. In both cases the goal is not merely to find services, it is about helping the person be as independent as possible and navigate the journey into adulthood and to find their own place, at their own pace.

## Case A

12. A young woman now aged 18 years, who has Asperger's syndrome and significant mental health difficulties including self-harm, was living in a high cost children's residential placement. She was struggling to maintain her college placement. Through a combination of joint working, led by the Transitions Social Worker and involving the Children's Disability Service Social Worker, Supported Living Co-ordinator, Education Health Care (EHC) planner and her Art Therapist, she now has her own home and tenancy, with a daily package of four hours daytime support and also night-time support. She still has issues to work through but she is now looking at an apprenticeship and she has renewed family contacts. She has been able to maintain continuity for the things that matters most to her: her location, bus routes and access to her youth club. Her outcomes are far more positive than might have been experienced without the EHC planning and early transition planning.

## Case B

13. A young man with autism, learning disability and epilepsy was not doing well at college. His parents worked full time and his younger sibling was starting to provide increasing amounts of care and support to him. His Transitions Social Worker persevered with giving him as much autonomy as possible and trying out alternative options. The Social Worker introduced him to a support provider, with whom he engaged well. This provider runs a very small (micro) business and works with him in a very individual way on clear goals. The young man was also referred to the Council's i-work team to support him into employment. His aim is to work in a cinema. It has been crucial to work at the young man's pace and to elicit the trust of his family. He is now described as "blossoming".
14. On 12<sup>th</sup> September 2016, Policy Committee approved a new Nottinghamshire Transitions Protocol and Pathway. This has now been widely rolled out across a wide range of agencies and partners who have pledged support to implement it.
15. The next steps with the Transitions Protocol is to complete an interactive pathway which will be included on the Council's NottsHelpYourself information website ([Nottinghamshire Help Yourself](#)). The pathway is being developed jointly between children and adult services, with input from young people and their parents/carers.

## The outcome of the Ofsted SEND inspection and implementation of the SEND action plan

16. Ofsted recently completed an inspection of SEND provision in Nottinghamshire. The findings take a narrative form rather than specific grading and suggest areas for further improvement. In summary, Ofsted found good examples of work and strategic development plans, but recommended the need to speed up the implementation of these.
17. Positive recognition was specifically given to newly developed Transitions Pathway and guidance, however, it was recommended that arrangements to implement it at a faster pace are required.

18. The full inspection report of 3<sup>rd</sup> August 2016 can be accessed at [SEND Local Area Inspection Outcome Letter](#). The areas identified for improvement most relevant to the adult social care Transitions Team are:
- a) 'Preparing young people and their families for adulthood is not given sufficient priority currently in the local area. Not enough information is provided to young people and their parents about adult education, health and care in Nottinghamshire and beyond. The transition arrangements for young people and their parents between being a child and an adult are not as effective as they could be across the local area. Too many young people and their parents spoke about their significant anxieties related to this point of transition in their lives. Local area leaders have produced a transition protocol to address these concerns. The full impact of this protocol is yet to be seen by children and young people'.
  - b) 'The proportion of children and young people who have special educational needs and/or disabilities continuing in education, employment or training at 17 years of age is increasing each year. However, this proportion is below the level found on average nationally'.
  - c) 'Education, health and care plans do not yet reflect enough information about the health and care needs of children and young people. Currently, there is a disproportionate emphasis on education. The plans do not contain sufficient, good-quality, time-limited targets, and this means that progress cannot be checked effectively at specified review points. The integrated children's disability service has set this as a priority area for improvement. Many parents described challenging circumstances in which they believed professionals in the education, health and care sectors did not always take their views into account. Inspectors found that parents and frontline professionals are committed strongly to the co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service that works for them all) of provision for children and young people who have special educational needs and/or disabilities. The partners do not currently seize on that sentiment and use it across the local area'.
  - d) 'The local offer website outlines a good range of provision across education, health and social care. However, although many people are using the website each month, too few parents and young people spoken to during the inspection knew anything about this resource.'
19. A SEND Accountability Board has been established to oversee the implementation of the Council's improvement action plan. This will be chaired by Councillor John Peck, Chair of the Children and Young People's Committee. This requires significant additional work from the Transitions Team.
20. Preparing for Adulthood is one of the 5 work-streams of the SEND Ofsted Accountability Board and relates to much of the work of the Transitions Team. It will be co-lead by a Team Manager from the Integrated Children's Disability Service (ICDS) and a Group Manager from Adult Social Care, Health and Public Protection (ASCH&PP).
21. Other work streams will also have a significant impact for the workload of the Transitions Team. The Personalisation work stream will be co-lead by the Transitions Team Manager



and a Children's Social Care Team Manager. They will consider how to share best practice with the use of personal budgets, direct payments and utilising universal services. The EHC Plan and Pathway work stream will also need to include representatives from the Transitions Team to ensure that the revisions to the process are consistent with expectations in adult care.

22. A joint event run by Preparation for Adulthood National network and the Council is being held in January 2017, to engage staff and key stakeholders in identifying ways that the teams and services can better work together to improve the Preparation for Adulthood journey for young people with SEND and their families.
23. The Council had already completed significant work to develop a more integrated service through Phase 1 of the Improving Outcomes for Disabled Children transformation programme which started in January 2015 and ended in September 2016. Following completion of Phase 1, the following priority areas for further action were identified, some of which will be progressed through the SEND action plan and some of which will be part of the next phase of the Children's Transformation Programme. All will require significant input from the Transitions Team:
  - completion of a multi-agency demand and gap analysis for transitions
  - alignment of short break provision across agencies
  - revision of EHC plans and update of the Nottinghamshire SEND "Local Offer" (public information website listing services for families and young people with special educational needs and disabilities)
  - roll out of the new Transitions Pathway and guidance to key partners
  - development of a monitoring tool for the service to undertake 6 monthly reviews
  - review of Occupational Therapy provision
  - review and alignment of Personal Budgets
  - alignment of Continuing Healthcare processes.

### **Capacity in the Transitions Team and increasing demand**

24. The numbers of pupils in schools with Statements of Educational Needs or EHCPs has risen significantly over recent years, from 1,496 in 2013 (when the countywide team was established) to 1,844 in 2016.
25. Analysis of the May 2015 school census data showed that there was a total of 1,865 young people in year groups 9 to 13 who had received a statement for the eight following specific conditions: Autistic Spectrum Disorder, Hearing Impairment, Moderate Learning Disability, Multi-sensory impairment, Physical Disability, Profound and Multiple Learning Disability, Severe Learning Disability and Visual Impairment.
26. Whilst not every young person with a statement or an EHCP will necessarily require an assessment, case work or Personal Budget from the Transitions Team, the figure of 1,865 represents the numbers of children who are potentially eligible for assessment and transition planning. This figure is higher if the numbers of children with behaviour and social, emotional difficulties were to be included.
27. In 2014 -15 the team completed 150 assessments and reviews. This rose by 15% in 2015-16 to 172. Currently the Transitions Team is actively working with 300 young people,

with a further 38 awaiting allocation. The average caseload per Social Worker in the team is approximately 38 but in some cases has reached 50. This means that the team are starting to work with young people at an older age than the ideal of 14 years, which has been identified in the SEND action plan as providing the best opportunity to support them to plan for an independent future.

28. Current capacity only enables 1% of the team's caseload to be allocated to work with people aged 14-15 years and 9% for ages 15-16 years. The majority of young people that the team work with are aged 18-21 years, with the next largest age groups being 17-18 years (25%) and 16-17 years (19%). This means that the team are starting to work with young people at an older age than the ideal of 14 years, which has been identified in the SEND action plan as providing maximum opportunities to support planning for an independent future.

<b>Ages (years)</b>	<b>% allocation by age</b>
14-15	1
15-16	9
16-17	19
17-18	25
18-21	43
21+	3

29. As part of developing and embedding New Ways of Working that enable staff to increase productivity and maximise staff's assessment time, 2 Community Care Officers (CCOs) were recruited to on a temporary basis until the end of March 2017. The current Transitions Team only contains qualified Social Work staff, so the aim was to test the potential to utilise non-qualified staff for less complex work. This has been successful and has freed up qualified Social Workers to focus on the most complex cases.
30. The CCOs have differentiated the way the team can offer a more tailored and proportionate service that better manages expectations. For example, they are now in the process of establishing clinics in the 11 special schools and colleges. Where appropriate they will seek to meet needs at an early stage through advice and signposting, with the aim of reducing the number of full social care assessments and personal budgets required. The provision of the CCOs has meant that the average caseload has reduced to 30.
31. The CCOs have also been able to undertake reviews, which has enabled quicker and better continuity of young people into the relevant locality care management team. This has historically been a blockage point for the team as workers struggled to transfer cases at the same time as starting work with the new school/college leavers.
32. In the future, staff in the Transitions Team need to work more generically across the whole County. Rather than maintaining an historic focus solely on district and specialisms, staff need to work more flexibly based on a north and south division that would cope better with the peaks in demand and the need to cover when staff are absent. In consultation with staff, job descriptions and specifications will be reviewed to reflect this.

33. Extra capacity is required in order to meet increasing demand for assessments and address the SEND recommendations for more timely intervention and planning with young people. It has been shown that having Community Care workers in the team is a more cost effective way of providing additional capacity and therefore approval is sought to permanently establish:
- 2 FTE Community Care Officer posts (Grade 5) at an annual cost of £63,903 including on-costs.

### **Responding to the Ofsted SEND inspection and implementation of the SEND action plan**

34. The existing line management structure has all current 8 FTE Social Workers reporting directly to the Team Manager, who consequently does not have the management capacity to respond to the strategic partnership challenges, whilst at the same time effectively managing the day-to-day operation of the team.
35. The Team Manager is pivotal to the relationships between a range of Children's and Adults services, both internally and externally. As an example, in order to forecast demand and likely financial commitments, requires engagement with 16 different Younger Adult and 13 Children's Team Managers. The Team Manager is also required to lead a SEND work stream, contribute to three others as well as interagency partnerships with health. The operational and strategic level of partnership working for the Transitions Team is extensive and exceeds that of equivalent Younger Adult Team Manager roles.
36. The Team Manager is currently piloting the use of a workload management tool, based on the one used by Children's services. It is starting to assist the Team Manager to analyse the throughput of the team, caseloads, issues raised by service users and carers, as well as staff stress levels.
37. To ensure the initial Ofsted SEND reforms and on-going partnership work are delivered and sustained, additional capacity is required to supplement the operational supervision, oversight and day-to-day management of staff and work flows. This will enhance the knowledge base and expertise of the team to tackle demanding issues such as Mental Capacity Act decisions, Court of Protection processes, Mental Health Act assessments and reports, risk management and requirements under the Care Programme Approach. Therefore approval is requested to permanently establish:
- 1 FTE Advanced Social Worker Practitioner (ASWP) post (Band C) at a cost of £50,781 per annum.

### **Other Options Considered**

38. Reduce Social Worker posts from 8 FTEs to 6.8 FTE and utilise existing vacancies (covered by agency staff) to establish 2 CCO posts on a permanent basis: this would not however, provide sufficient capacity to meet increased demand.
39. Establish ASWP post on a two year temporary basis to implement SEND Inspection action plan: in order to sustain the level of partnership working required by the Team Manager, this capacity is required permanently. In this situation, it is also most efficient to

undertake the partnership work by the manager who is leading the service, rather than external short term project management capacity.

40. Do nothing: demand will continue to outstrip capacity and risk of not implementing the SEND recommendations.

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

41. Following consideration of the above options, the recommendations have been assessed as the best way to meet and sustain increasing demand for assessments and also to respond to the recommendations of the recent SEND Inspection.

### **Statutory and Policy Implications**

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

### **Financial Implications**

43. The costs would be as follows:
- 2 FTE permanent Community Care Officer posts = £63,903
  - 1 FTE permanent Advanced Social Work Practitioner post = £50,781
  - one-off ICT cost of £5,000.
44. The total of £119,684 funding can be met from within current social care budgets for younger adults.

### **Human Resources Implications (SJJ 07/12/16)**

45. The posts will be recruited to using the County Council's vacancy control protocol. The recognised trade unions have been consulted and are in agreement with the recommendation.

### **Implications for Service Users**

46. Improved and earlier planning for the move from Children's to Adult services for young people and their families.

### **Ways of Working Implications**

47. The three additional posts can be located in existing office space.

### **RECOMMENDATION/S**

That:

- 1) the update on the relevant outcomes of the recent Special Educational Needs and Disability inspection, workload and priorities for the countywide Transitions Team be noted.
- 2) the following posts are permanently established:
  - 1 FTE Advanced Social Work Practitioner (ASWP) (Band C)
  - 2 FTE Community Care Officers (Grade 5)
  - all posts to be allocated an authorised car user status.

**Ainsley Macdonnell**  
**Service Director, North Nottinghamshire**

**Sue Batty**  
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#### **Constitutional Comments (LM 20/12/16)**

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

#### **Financial Comments (AGW 16/12/16)**

49. The financial implications are contained in paragraphs 43-44. There is sufficient underspend within the mainstream budget.

#### **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.

Nottinghamshire Transitions Protocol and Pathway - report to Policy Committee on 21<sup>st</sup> September 2016

SEND Ofsted report.

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

All.

ASCH446

**9 January 2017****Agenda Item: 6****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****ADULT SOCIAL CARE AND HEALTH - OVERVIEW OF DEVELOPMENTS****Purpose of the Report**

1. The report updates the Committee on a number of developments and activities that have been, and are, taking place in relation to adult social care and health.

**Information and Advice**

2. The report provides updates on: the visit to the Council by the Chief Social Worker and the outcomes of this visit; the Social Work Health Check and progress with the action plan that arose from it; a review of fees for older adults' care homes (Bands 4 and 5) and an update on the national consultation in relation to Supported Housing.

**Visit by the Chief Social Worker September 2016**

3. On 8<sup>th</sup> September 2016, the Chief Social Worker, Lyn Romeo, visited the Council and spent the morning with Social Workers and managers from across the department. The Chief Social Worker is based in the Department of Health, and she works closely with the Chief Social Worker for Children and Families. The role involves supporting and challenging the profession to ensure that adults get the best possible help from social workers, and providing independent expert advice to ministers on social work reform, and the contribution of social work and social workers to policy implementation more generally. The Chief Social Worker provides leadership to the network of principal social workers.
4. 25 Social Workers working across different service user groups and with different levels of experience – from newly qualified to experienced – attended the session. In addition to this there were managers and members of the Senior Leadership Team, as well as the Principal Social Worker.
5. The session involved a presentation by the Service Director for Mid-Nottinghamshire which provided an overview of the current structure, developments and challenges in relation to social work practice in the county. Following this there were four round table discussions which the Chief Social Worker moved between to hear the issues and contribute to. The four groups were: integrated working with health; specialist teams; newly qualified social workers and the Assessed and Supported Year in Employment (ASYE) and safeguarding practice.



6. Each group was asked to consider what is working well in this area, what the challenges are and what could be improved. Following brief feedback from the groups in response to these three questions, Lyn shared her thoughts and reflections on what she had heard in the group session. She was very positive and complimentary about what she heard from staff and about how the Adult Social Care Strategy is providing an appropriate framework for promoting independence in a personalised approach. She also tweeted a photograph of the Adult Social Care Strategy 'word cloud' sticker with the comment 'impressive work on changing practice culture to promote wellbeing and independence'.
7. Lyn then gave a brief presentation on her role and priorities, explained why social work is important and then responded to questions from attendees. Feedback from staff who attended the session was very positive. Lyn also asked for case studies of good social work practice from the Council, which will be considered for inclusion in the Chief Social Worker's Annual Report published in early 2017.
8. Further to the visit the contributions of staff in the group sessions were written up and have been grouped under a number of key themes that emerged. These included: workforce planning and rotation of posts, learning and development, communication and engagement, mobile working, preventative services, safeguarding practice issues, working with health and other partners, issues around Newly Qualified Social Workers and the Assessed and Supported Year in Employment and practice educators, who supervise social work students.
9. Staff who attended the session have been contacted to share with them the activity and developments in the department that are already underway in response to the issues that they raised, and to acknowledge the areas raised where there is still work to be done. The Committee will note that an update on the development of a workforce strategy for the Council's adult social care and health workforce is scheduled for February's meeting.

### **Progress on the Adult Social Care Social Work Health check**

10. The Adult Social Care Social Work health check was completed in November 2015, and covered all teams where Social Workers are located. Standard 1 of the Standards for Employers of Social Workers in England, May 2014, sets out the requirement for employers to have a clear accountability framework, and reinforces the requirement for employers to "complete, review and publish an annual 'health check' or audit to assess whether the practice conditions and working environment of the organisation's social work workforce are safe, effective, caring, responsive and well-led."
11. The department's health check included qualified Social Workers and Occupational Therapists up to Group Manager level, Community Care Officers and other non-registered roles in assessment teams (district and countywide specialist teams). A report was presented to Committee in March 2016 with a summary and an action plan. This is a further update providing an overview of progress to date.
12. A health check working group continues to track the agreed actions with ongoing representation from the Trades Unions, Human Resources, Workforce Development, Smarter Working Project Lead, Health and Safety, Public Health and adult social care practitioners. The working group is chaired by the Principal Social Worker for adult social care. The actions cover four areas.



## **Time and workload management**

13. Progress on a workload management tool is ongoing and a model is being tested at present. More analysis is required to confirm its effectiveness and whether the framework can ensure an equitable calculation of an individual worker's workload.
14. A number of initiatives are being implemented across the department to support sustainable workloads across teams including:
  - additional resources deployed to support the management of waiting lists
  - scheduling of appointments, mobilisation of staff through use of ThinkPads and laptops and availability of touchdown areas, and the use of clinics
  - development of new support plan documentation to reduce time required for completion.

## **Learning and development**

15. The Workforce Delivery Group is now established and has oversight of workforce planning and learning and development activity in adult social care. The concept of and an outline for core modular based training is being developed. This will cover all staff in adult social care up to Team Manager level. The department is planning the allocation of resources to deliver this programme. A departmental induction package has also been developed and launched.

## **Wellbeing at work and the working environment**

16. A Stress survey is available which identifies issues around workload demand, change and staff wellbeing. An Employee Health and Wellbeing action plan has been developed and Group Managers are progressing this in their service areas. A hate crime policy and procedure has been approved that covers the issue of abuse towards staff and how to deal with this.
17. A Health and Safety bulletin to staff continues to support wellbeing and recently contained an update on lone working, which contained specific guidance on social care workers going into people's homes. There is ongoing work with the Smarter Working Project to ensure corporate touchdown areas are suitable and adaptable to the needs of staff.

## **Communicating change**

18. Relevant information is shared regularly through Team Talk and a weekly email update called 'What's changing in adult social care', which is targeted at frontline adult social care practitioners with a view to supporting them to implement the Adult Social Care Strategy in a practical way. Service Directors and Group Managers have recently been involved in the team managers' training programme.
19. An update for staff will be circulated in February 2017 with the support of Human Resources and the Unions. The Working Group will plan for another health check in the summer of 2017. Questions will be revised to gain further information on any outstanding issues from the original health check which will clarify where further action might be

required. Further plans will be made to consider how the health check can be broadened out to cover other operational areas of the department including staff in direct service provision.

20. The Committee will receive an update further to completion of the health check in 2017.

### **Review of fees for Older Adults Care Homes - Bands 4 and 5**

21. In preparation for the introduction of the National Living Wage (NLW) from April 2016, the Council completed some detailed analysis of the financial implications of this new cost pressure on providers of adult social care services in Nottinghamshire. This financial analysis and the assumptions relating to future National Living Wage cost pressures were validated by an independent consultancy, PwC, before being built into the Council's Medium Term Financial Strategy. The proposed fee increases were approved at Full Council in February 2016 and subsequently applied to adult social care providers from April 2016.
22. For older adults care homes, different fee increases were allocated based on the banding of the care homes, as below:
- |                  |               |
|------------------|---------------|
| Bands 1, 2 and 3 | - 6% increase |
| Band 4           | - 3% increase |
| Band 5           | - 1% increase |
23. The rationale for applying a lower rate increase for care homes in Bands 4 and 5 was the assumption that the fee levels already paid to these homes would allow for the providers to absorb some of the cost pressures attributed to the NLW. This assumption was based on the outcome of the previous Fair Price for Care review undertaken in 2012.
24. The Nottinghamshire Care Association (NCA) and a number of providers of Band 4 and 5 homes have asked that the Council reviews its decision.
25. In response to the care home providers' concerns, the Council agreed to commission an independent review of costs associated with running Band 4 and 5 older adults care homes.
26. The review is being undertaken on the same basis as the full Fair Price for Care review undertaken in 2012, using an updated version of the survey questionnaire. The questionnaire has been sent to each of the Band 4 and 5 care homes for completion, seeking a breakdown of costs. Following return of the questionnaires, the review will aggregate the information and complete an analysis of the costs of these services.
27. Once the Council receives the report on the findings of the review, a full report will be brought to Adult Social Care and Health Committee for consideration of the options in relation to the fee increases applied in 2016/17 to Band 4 and 5 care homes.

### **Consultation on Funding for Supported Housing**

28. In the 2015 Autumn Statement and Spending Review the Chancellor announced proposals which would mean major changes affecting social rented tenancies. These

were the introduction of a cap on Local Housing Allowance (LHA), and a rent reduction on social rented properties.

29. Currently people living in supported housing provided by registered social landlords can get higher levels of housing benefit than people living in standard housing. The proposed changes would mean that supported housing would have a housing benefit cap applied to it in the same way that all other housing does. This would have a direct impact on people living in supported living services with learning disabilities, mental health issues, autism and physical disabilities, who would no longer get a higher level of housing benefit and could have significant rent shortfalls of anything from between £30-£180 a week.
30. The availability of suitable social housing is critical in ensuring that people with support needs are able to remain living independently in their own home. Therefore local authorities with social care responsibilities have a key role to play in ensuring there is enough supported housing within the local area.
31. In Nottinghamshire, there are over 650 adults living in supported accommodation of which approximately 80 individuals are in Supported Living Plus services. These services were created for people leaving long stay hospital or NHS campus or at risk of admission to long stay hospital. Many of the individuals have complex needs and at times display challenging behaviour.
32. The Council has been working with a range of housing providers over the last few years to develop supported living with 50 new tenancies being provided during 2015/16 and with plans in place for the development of a further 155 new supported living tenancies during 2016 to 2018. However, the plans for the new developments have stalled as a result of the proposed changes and the cap on the LHA as housing providers have expressed concern that they will not be able cover their investment and housing management charges because housing benefit levels will not cover the full cost of the rent.
33. Following lobbying from various organisations and cross party concern from many MPs, there have been a number of parliamentary debates on the proposed changes to the benefit, with members from all parties raising concern about the impact of the housing benefit cap on people who live in supported housing. The debates recognise that the provision of such housing is intrinsically linked to the support the individuals receive to enable them to remain living in the community.
34. The lobbying resulted in two further announcements, the first was early in 2016 when the Government indicated that there would be a year's exemption from the policy with the capping of housing benefit applying to supported living tenancies taken up from April 2017 rather than from April 2016 as originally intended. The second announcement was made on 15 September 2016 with the Government confirming that the implementation of the housing benefit cap on supported housing would be delayed until 2019/20 to allow time to undertake full public consultation on the future funding model for supported housing.
35. On 21 November 2016, the Department of Communities and Local Government (DCLG) and the Department of Work and Pensions (DWP) launched the consultation on the future funding arrangements for supported housing. The Government is proposing to

implement a new funding model from 2019/20. This would entail devolving a ring fenced fund to local authorities in England to enable them to provide additional 'top-up' funding to local supported housing providers. It is proposed that the devolved fund will be set on current projections of future need.

36. The consultation is open for a period of 12 weeks, until 13 February 2017, and raises 12 questions for which the Government is seeking a response.
37. It is proposed that the Council completes and submits a response to the consultation document, and that a short task and finish group is set up with Members, consisting of one or two meetings, to be scheduled during late January, to provide Members with the opportunity to consider and agree the Council's response to the proposals.

### **Other Options Considered**

38. With the exception of the consultation on the funding for supported housing, the report is for noting so there were no other options considered.
39. The Council is not required to submit a response to the consultation on funding for supported housing but given the Council's plans to develop new supported housing and the delay in some current developments due to concerns about funding, it is in the interests of the Council to contribute to the consultation.

### **Statutory and Policy Implications**

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

### **Financial Implications**

41. There are no financial implications relating to the updates on the Chief Social Worker's visit and the work in response to the social work health check. The outcome of the review of costs associated with running care homes for older adults (Band 4 and 5 homes) will be reported back to a future meeting of the Committee.

### **Implications for Service Users**

42. The outcome of the consultation on the funding of supported housing has significant implications for service users who require this type of support.

### **Ways of Working Implications**

43. The outcomes of the Chief Social Worker's visit and the action plan which resulted from the social work health check both involve developments and improvements in relation to new ways of working for staff.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the visit from the Chief Social Worker and follow up work undertaken as a result of her visit
- 2) notes progress made with the Social Work Health Check action plan and agrees to receive a report on the outcomes of the next health check in 2017
- 3) notes the work taking place in relation to the fees paid to care homes for older adults (Bands 4 and 5) and agrees to receive a report at a future meeting of the Committee
- 4) delegates to the Corporate Director, Adult Social Care, Health and Public Protection, completion of a response to the consultation document on funding for Supported Housing, with a task and finish group including Members to help develop the submission.

**David Pearson CBE**

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

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### **Constitutional Comments (SLB 01/12/16)**

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

### **Financial Comments (MM 16/12/16)**

45. The financial implications are contained within paragraph 41 of the report.

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

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

Outcome of the Adult Social Care Health Check 2015 – report to Adult Social Care and Health Committee on 7 March 2016

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

[Announcement on Housing Benefit](#), Department for Work and Pensions, 15<sup>th</sup> September 2016

[Consultation on Funding for Supported Housing](#), launched 21<sup>st</sup> November 2016, Department for Communities and Local Government and Department for Work and Pensions

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

All.

ASCH443

**9 January 2017****Agenda Item: 7****REPORT OF SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND  
PUBLIC PROTECTION****REPORT ON NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE,  
2 - 4 NOVEMBER 2016****Purpose of the Report**

1. The report informs the Committee about Member and officer attendance at the National Children and Adult Services Conference which took place in Manchester between 2<sup>nd</sup> and 4<sup>th</sup> November 2016.

**Information and Advice**

2. The County Council's representatives attending the conference were Councillor Muriel Weisz, Chair of the Adult Social Care and Health Committee, Councillor John Peck, Chair of the Children and Young People's Committee, Colin Pettigrew, Corporate Director of Children, Families and Cultural Services, David Pearson, Corporate Director of Adult Social Care, Health and Public Protection and Paul McKay, Service Director, Adult Social Care, Health and Public Protection,
3. The report is supported by the speeches and presentations which are available on the conference website, hosted by the Local Government Association (LGA).
4. A range of issues and priorities in adult social care were reflected in the conference agenda including some joint issues with children's services. Major topics covered were: integration with health; financial sustainability and the link with Sustainability and Transformation Plans; prevention; and managing demand.
5. As part of the event, David Pearson made a presentation to a policy session on Integrated Commissioning for Prevention highlighting the Mid-Nottinghamshire Better Together vanguard and a presentation on managing demand at the policy session on A Sustainable Future for Adult Care.
6. Various speakers referred to the need to adopt 'radically different approaches' to address rising needs in older and younger adults and demographic changes. This included how a number of councils were responding to the austerity measures by being able to meet people's support needs, deliver improved outcomes, reduce dependency and make significant cash savings. The work in Nottinghamshire was seen as a good example of where this was happening.



7. Examples of work that has been taking place across the country to deliver innovation and manage demand whilst ensuring quality were profiled. There were numerous references to the current challenges in the social care market and ensuring that there is an appropriately skilled and trained workforce.
8. There was a strong emphasis on prevention and the need for joint working between health, housing and social care. This reaffirmed how crucial good quality prevention services that help people to remain independent and live healthy are.
9. In relation to integration the conference included a session profiling the work of vanguards and integration pioneers. David Pearson outlined that social care is integral to the success of Sustainable Transformation Programme commenting “Without this, and without addressing the funding challenge of social care, the ambitions of the NHS England’s Five Year Forward View will not be realised”.
10. In his opening speech to the conference former ADASS President Ray James paid a moving tribute to the late Harold Bodmer, ADASS President.
11. He challenged colleagues to focus on the priorities set out by Harold Bodmer, calling for a focus on home care, taking a supportive but challenging approach on integration, promoting the cause of carers and making a call for a social movement to take forward social care in the same way that the Dementia Friends movement is already changing attitudes.
12. He also stressed the valuable contribution front line staff play in helping people to live at home in the community. This was also a theme of the opening address by David Hill, President of the Association of Directors of Children’s Services, who paid tribute to the work that “social workers, youth workers and others all across the county are doing to safeguard and improve the lives of vulnerable people each and every day”.
13. The conference was not well-attended by leading politicians in the social care field, but the conference heard from David Mowat MP, Parliamentary Under Secretary of State for Care. He acknowledged the current challenges regarding the financial situation and increasing demands and called for more innovation.
14. Barbara Keeley MP and Shadow Member for Mental Health and Social Care also addressed the conference and spoke about the need for improvements in mental health and social care services and for improved support and recognition for carers.

#### **Other Options Considered**

15. The report is for noting only.

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

16. The report is for noting only



## **Statutory and Policy Implications**

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

## **Financial Implications**

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

## **RECOMMENDATION/S**

- 1) That the Committee notes the report on attendance at the National Children and Adult Services Conference which took place in Manchester in November 2016.

**Paul McKay**

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

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## **Constitutional Comments**

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

## **Financial Comments (MM 16/12/16)**

20. 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.

National Children and Adult Services Conference 2016 – report to Adult Social Care and Health Committee on 7 March 2016

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

All.

ASCH442



9 January 2017

Agenda Item: 8

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

### **QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY**

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

1. The purpose of the report is to provide:
  - a brief overview and update on quality auditing and monitoring activity undertaken by the Quality and Market Management Team in care homes and with community care providers across the County
  - an update on current contract suspensions with care home providers.

#### **Information and Advice**

2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).
3. One of the main roles of the Quality and Market Management Team (QMMT) is to complete annual audits of externally provided care and support services and to undertake monitoring activities where concerns are raised about the quality of care. Officers work in partnership with the relevant Clinical Commissioning Groups (CCGs), Healthwatch and the Care Quality Commission (CQC).
4. As a part of the ongoing commitment to work together more effectively joint audit visits are continuing to take place with CCG colleagues and with the CQC where appropriate. There has also been a local workshop attended by staff from the QMMT, CQC and representatives from a number of CCGs and Optimum, the Council's Workforce Leadership Project, to look at how the organisations can work together more effectively and reduce duplication. The session looked at the role of each organisation, roles and responsibilities and the information that is collated as a part of the ongoing monitoring and quality assurance processes. By sharing information support can be targeted at organisations that may have issues with poor quality services and accessing appropriate training etc. It will also ensure that examples of best practice are shared enabling providers to take responsibility for their own

improvement. The outcome of the work will be formalised through a local Memorandum of Understanding between the Council, the CQC and the individual CCGs.

5. In October 2016 the QMMT members were each issued with ThinkPads to enable them to work more flexibly. Staff can now complete the recording of their audit visits whilst on site at the care home or work in other locations to reduce the need to travel to an office base. In addition to a portfolio of services, each Quality Monitoring Officer (QMO) has a lead role for a specific service area or specific issue such as the Mental Capacity Act, Safeguarding, End of Life care, training and links with Optimum (to support learning partnerships). This enables the staff to share learning and identification of best practice as well as areas which require further focus and support. The intention is for the learning to be shared with care providers at the different provider forums. This in turn will mean better outcomes for people that use the services.

## **Update on specific service areas**

### **Day Care Services**

6. As well as having its own directly provided day services, the Council also commissions a wide range of day care services from external providers through its list of accredited day service providers. Officers from the QMMT are involved in auditing these day services and in offering support to the providers where required. An example of this is the work recently undertaken with one provider to develop holistic support plans which includes all aspects of a person's care needs and Mental Capacity Assessments and that these are reviewed through the provider's own quality assurances processes. This work has ensured that the care plans evidence a person-centred approach and that service users are receiving the right care and support, ensuring their needs are being met whilst they are attending the day service.

### **Care Support and Enablement (CSE) – younger adults supported living services**

7. The team is in the process of completing the second annual audit of all 20 contracted CSE providers. The audits will be completed by March 2017. Six weeks after the audit is completed, the team member attends a meeting with the care provider together with a Commissioning Officer to complete a full contract review of the CSE provider.

### **Home care**

8. The Community Partnership Officers (CPOs) each have a lead role with the core Home Care provider as well as working with a number of Extra Care and spot providers. They are responsible for sourcing a service following assessments by operational teams. The CPOs have weekly meetings with the core providers and as an example, over the past year, the team has undertaken a targeted piece of work with one provider to look at all aspects of the service. The outcome has seen improved quality of care and better outcomes for people using the service. Capacity building and sustainability is also an integral part of the work with all providers which is a challenge both locally and nationally.

9. The work is currently focused on ensuring sufficient capacity throughout the winter period to ensure that services are available for people who are due to be discharged from hospital. Providers are required to provide assurance that anticipated increase in demand has been factored into their winter plans, with the overall objective of ensuring that service users' needs are met in a timely and effective way.
10. Strategic meetings have also been held with the Chief Officers and Directors of the core providers as part of effective partnership working, with a focus on ensuring sufficient capacity and in order to support stability at a time of considerable financial pressure across health and social care services. One of the initiatives underway is a marketing campaign which is being supported by the Council's Communications and Marketing Team.

## Care Homes

11. QMOs are currently undertaking the annual quality audits in older people's care homes within Nottinghamshire to inform the banding and associated fee level for each home for 2017/18. Staff are also undertaking annual audits in younger adults care homes. Another new initiative is the introduction of surgeries that are held at a care home during the day of the quality audit visit. The QMO allocates some time to meet with relatives and carers should they want to discuss any issues or concerns they may have about the care home.
12. In addition to the planned annual audit visits, the QMOs spend much of their time working with care home providers and home managers where concerns have been raised about the quality of the care being provided. At times, this will involve frequent monitoring visits to the home, meetings with relatives and carers, and meetings with the provider to oversee the implementation of improvement plans. This focussed and targeted work is proving to be beneficial in enabling providers to improve the quality of their care and support services and in preventing the need to suspend the contract with the care home.
13. Healthwatch Nottinghamshire is an independent consumer champion which has statutory powers under the Health and Social Care Act 2012 to 'Enter and View' the premises of service providers, including care homes. Members of the QMMT regularly share information with Healthwatch colleagues about services where there are concerns or which have a 'Requires Improvement', or 'Inadequate' CQC inspection rating. Healthwatch then target these services for their Enter and View visits. Following a visit any concerns will be shared with QMMT and they will also escalate concerns with CQC or Healthwatch England.

## Current Contract Suspensions

14. There are 286 care homes across the County that have a contract with the Council, of which three have their contracts suspended which means that the Council will no longer place people in those homes during the period of the suspension. Further detail is given in the confidential **Exempt Appendix** to this report.
15. Contracts with care homes are suspended when there have been escalating concerns about the quality of care being delivered at a home. In most instances the Council will

already have been working with the care home together with the CQC and with the relevant CCG in overseeing the delivery of an improvement plan. On occasion however, a suspension will be put in place following a safeguarding referral in relation to harm caused to a resident. When the Council is considering suspending a contract or after the suspension has been put in place, meetings are held for residents and their families to explain the reasons for the suspension and the actions required of the care home. Support is also made available both from the QMMT and from operational teams should family members want to discuss their specific concerns.

16. The suspension is only lifted once the Council has evidence that improvements have been made and are being sustained. They are then monitored for a period of time via an agreed action plan. At times, the suspension may be in place for a lengthy period of time even where the required improvements have been made but concerns remain about the provider's ability to sustain the improvements. For example, a provider has brought in consultants or a manager from another home to implement the action plan and this has resulted in improvements but the home may not have a permanent care home manager or may still be relying on high use of agency staff. In such cases, the Council will keep the suspension in place until these matters have been resolved. This approach has proved successful in preventing homes from having their contracts suspended on numerous occasions.

#### **Other Option/s Considered**

17. The report is for noting only.

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

18. The report is for noting only.

#### **Statutory and Policy Implications**

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

#### **Financial Implications**

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

#### **Implications for Service Users**

21. The Council commissions a high proportion of its care and support services from external providers. It is imperative that these services are monitored to ensure they are of good quality, meet people's individual outcomes and that people are treated with dignity and respect. The work of the QMMT is aimed at supporting providers to ensure their own quality assurance processes are effective. The team also undertakes targeted work with those services where concerns have been identified

about the quality of care. Where this is the case then action plans are put in place to rectify the issues. This ongoing process of proactive monitoring ensures that people that use services are supported to live as independently as possible with appropriate and responsive high quality services.

## **RECOMMENDATION/S**

That:

- 1) the update on quality auditing and monitoring activity undertaken by the Quality and Market Management Team in care services across the County is noted.
- 2) the update on the current contract suspensions with care home providers is noted.

**Caroline Baria**

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

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

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## **Constitutional Comments**

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

## **Financial Comments (MM 16/12/16)**

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

## **Background Papers and Published Documents**

None.

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

All.

ASCH444





**9 January 2017****Agenda Item: 9****REPORT OF CORPORATE DIRECTOR, RESOURCES****WORK PROGRAMME****Purpose of the Report**

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

**Information and Advice**

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

**Other Options Considered**

5. None.

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

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

## **RECOMMENDATION**

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

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

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

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

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

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

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

### **Background Papers**

None.

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

All.

## **ADULT SOCIAL CARE AND HEALTH COMMITTEE – WORK PROGRAMME**

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
<b>6<sup>th</sup> February 2017</b>			
New Abbey Grove Extra Care Scheme, Worksop	Report seeking approval to enter into an agreement with Bassetlaw District Council	Service Director, Mid Nottinghamshire	Rebecca Croxson
Sustainability and Transformation Plan		Corporate Director, Adult Social Care, Health and Public Protection	David Pearson
Update on social care work in prisons	Update on personal care procurement exercise and approval to permanently establish a prison based social work post	Service Director, South Nottinghamshire and Public Protection	Nicola Peace
Savings Review Delivery Group – update	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay
Savings and efficiencies delivery group – update	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies
Update on Workforce Planning Strategy	Update on development of workforce planning strategy for ASC.	Service Director, Mid-Nottinghamshire	Veronica Thomson
DMWS Partnership Bid to Aged Veterans Fund for Services in Nottinghamshire		Service Director, Mid-Nottinghamshire	Lyn Farrow
<b>13<sup>th</sup> March 2017</b>			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Celia Morris/ Matthew Garrard
Integrated Carers' Strategy update	Six monthly update on the support provided to carers and progress against the outcomes in the strategy	Service Director, Mid Nottinghamshire	Penny Spice
Transforming Care update	Progress report on work of Transforming Care programme.	Service Director, Strategic Commissioning, Access and Safeguarding	Cath Cameron-Jones

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Progress with development of Short Term Independence Services	Update on development of this service, to include information on number of people awaiting Extra Care.	Service Director, Mid-Nottinghamshire	Karen Peters/Rebecca Croxson
Outcome of review of new ways of working within adult social care		Service Director, Mid-Nottinghamshire	
Adult Social Care and Health – overview of developments	Overview report on current developments and activities across adult social care and health services	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
<b>18<sup>th</sup> April 2017</b>			
Update on the work of the Health and Wellbeing Board	Update on work of Health and Wellbeing Board over the last 6 months	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Quality and Market Management Team Quality Auditing and Monitoring Activity	Update report	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk
Progress with development of Personal Health Budgets	Update report on the progress with increasing the number of PHBs in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Kate Rush
Deprivation of Liberty Safeguards update	Six monthly progress report on work to manage DoLS assessments and reviews.	Service Director, Mid Nottinghamshire	Daniel Prisk
Review and impact of additional staffing for winter pressures	Report on impact of temporary social work and community care officer capacity approved at Dec 2016 committee to deal with winter pressures.	Service Director, Mid Nottinghamshire	Wendy Lippmann/Sue Turner
Outcome of review of discharge arrangements at King's Mill Hospital and investment in appropriate social care resources	Report on the outcome of the review and recommendations for re-investing NCC funding in additional social care staff to meet increasing demands in the service.	Service Director, Mid Nottinghamshire	Wendy Lippmann

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
<b>12<sup>th</sup> June 2017</b>			
Care Act and Adult Social Care Strategy update	Update on progress in relation to embedding the Care Act and the ASC Strategy.	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Update on two integrated health and social care schemes (SCOPES and EOSS)	Progress report on work of two integrated health and social care schemes supporting prompt discharge from hospital.	Service Director, Strategic Commissioning, Access and Safeguarding	Claire Bearder
Savings and efficiencies delivery group – update report	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies
Personal Outcomes Evaluation Tool (POET) survey – implementation of outcomes update	Report on implementation of outcomes	Service Director, Strategic Commissioning, Access and Safeguarding	
<b>10<sup>th</sup> July 2017</b>			
Adult Social Care and Health – Overview of developments		Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Outcome of the quality assurance work on safeguarding	Report on the outcomes of the work led by external partners to review the safeguarding work of the department.	Service Director, Strategic Commissioning, Access and Safeguarding	Claire Bearder/Stuart Sale
Progress report on the development of KeyRing services	Update on the work to introduce Key Ring services in the county.	Service Director, North Nottinghamshire & Direct Services	Mark Jennison-Boyle
<b>To be placed</b>			
Appropriate Adults Service		Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis
Update on possible transfer of Attendance Allowance to local authorities	Outcome of national consultation and update on government plans in relation to AA.	Service Director, Strategic Commissioning, Access and Safeguarding	Paul Stafford

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Update on transfer of ILF	Regular update on transfer of Independent Living Fund to the Council (Sept 2017)	Service Director, Mid Nottinghamshire	Paul Johnson
New Extra Care schemes in Newark and Worksop	Report to present detailed plans and seek approval of capital funding	Service Director, Mid Nottinghamshire	Rebecca Croxson
Stakeholder engagement – proposed re-design	To outline future proposals for better engagement with all stakeholders, particularly service users and carers through co-production	Service Director, Strategic Commissioning, Access and Safeguarding	Felicity Britton
Deprivation of Liberty Safeguards update	Six monthly progress report on work to manage DoLS assessments and reviews.	Service Director, Mid Nottinghamshire	Daniel Prisk
Business case for the proposal to transfer a range of adult social care directly provided services into an alternative service delivery model	Report to present detailed description of options available to the Council and outline plans for implementation, with recommendations for Committee to consider	Service Director, North Nottinghamshire & Direct Services	Ian Haines/ Jennifer Allen
Savings Review Delivery Group – update	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay