

Adult Social Care and Public Health Committee

Monday, 20 September 2021 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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| 1 | Minutes of the last meeting of the Adult Social Care and Public Health Committee held on 26 July 2021 | 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 | Nottinghamshire Day Opportunities Strategy 2021-26 | 9 - 52 |
| 5 | Update on Adults and Health recovery from COVID | 53 - 66 |
| 6 | Adult Social Care performance and financial position update for Quarter 1 2021-22 | 67 - 78 |
| 7 | Establishment of post of Deputy Director of Public Health | 79 - 82 |
| 8 | Investing into the Healthy Families programme | 83 - 90 |
| 9 | Home First Services framework agreement tender 2021 | 91 - 100 |
| 10 | Autism pre-diagnostic support service | 101 - 110 |
| 11 | Market management position statement | 111 - 118 |

12	Work Programme	119 - 124
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13 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 Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

Note

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

EXEMPT INFORMATION ITEMS

14 Market management position statement - exempt appendix

- 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 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 26 July 2021 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Boyd Elliott (Chairman) - **A**
Scott Carlton (Vice-Chairman) – **In the Chair**
Nigel Turner (Vice-Chairman)

Steve Carr - **A**
Dr. John Doddy - **A**
Sybil Fielding
Paul Henshaw

Eric Kerry
David Martin
Nigel Moxon
Michelle Welsh

SUBSTITUTE MEMBERS

Councillor Bruce Laughton for Councillor Boyd Elliott
Councillor Richard Butler for Councillor Dr John Doddy

OFFICERS IN ATTENDANCE

Ainsley Macdonnell, Service Director, Living Well Community Services, ASC&PH
Jonathan Gribbin, Director of Public Health, ASC&PH
Rebecca Atchinson, Senior Public Health and Commissioning Manager, ASC&PH
Tracy Lyon, Public Health and Commissioning Manager, ASC&PH
Jo Toomey, Advanced Democratic Services Officer, Chief Executive's

OFFICERS IN REMOTE ATTENDANCE

Kashif Ahmed, Service Director, Strategic Commissioning and Integration, ASC&PH
Sue Batty, Service Director, Ageing Well Community Services, ASC&PH
Catherine Pritchard, Consultant in Public Health, ASC&PH
Grace Natoli, Director of Transformation, ASC&PH
Jennie Kennington, Senior Executive Officer, ASC&PH
Stacy Roe, Group Manager, Service Improvement Team, ASC&PH
Mercy Lett-Charnock, Commissioning Manager, Strategic Commissioning (Living Well), ASC&PH
Jane Cashmore, Commissioning Manager, Strategic Commissioning (Ageing Well), ASC&PH
Philippa Milbourne, Business Support Assistant, Chief Executive's

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of the Adult Social Care and Public Health Committee held on 14 June 2021 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

- Councillor Boyd Elliott (medical) was substituted by Councillor Bruce Laughton
- Councillor Dr John Doddy (other reasons) was substituted by Councillor Richard Butler
- Councillor Steve Carr (other reasons)

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

No interests were disclosed.

4. IMPROVING OUTCOMES FOR SURVIVORS OF DOMESTIC ABUSE

The report discussed the Domestic Abuse Act 2021 and ways to improve outcomes for survivors of domestic abuse. The report highlighted the needs of survivors and included a commissioning plan, which was developed using a partnership approach, and the resources required to deliver that plan.

RESOLVED 2021/038

- 1) The three-year commissioning plan and procurement approach be approved.
- 2) The establishment of 0.8 FTE Band D Public Health and Commissioning Manager and 0.6 FTE Band B Public Health Support Officer permanent posts be approved.
- 3) That permission be given for communications related to the Domestic Abuse Act 2021 and local service provision.
- 4) That a paper on the Local Partnership Board governance and the Domestic Abuse strategy be brought to Committee in September 2021.
- 5) That no changes be made to the response to the National consultation on the domestic abuse statutory guidance and regulations (Appendix 1) for submission to the Ministry of Housing, Communities and Local Government as part of the national consultation on guidance and regulations for the domestic abuse statutory duty.

5. ADULT SOCIAL CARE STRATEGY DEVELOPMENT

The report proposed the development of the Adult Social Care strategy through a co-production approach and its timeline for approval by Committee.

During discussions, Members:

- Highlighted the need to work with colleagues in neighbouring counties, recognising that residents who lived close to Nottinghamshire's borders would access services outside the county
- Asked officers to look at the percentage of cases where care homes could be used as an interim stage before implementing support packages in the home

RESOLVED 2021/039

- 1) That the proposed plan for revising the Adult Social Care Strategy be approved.
- 2) That a draft Adult Social Care Strategy be received by Committee for review before the end of 2021.

6. ADULTS AND HEALTH RECOVERY FROM COVID-19

The report identified resources and actions to support the Adult Social Care and Public Health Department in its recovery from the impact of COVID-19. This included additional staffing resource and investment to accelerate recovery and the Service Improvement Programme.

During discussions, Members:

- Sought assurance that day service users would be consulted on any proposed changes that would affect the service

RESOLVED 2021/040

- 1) That the required resources for Ageing Well and Living Well services to manage demand due to the COVID19 pandemic as detailed in **paragraphs 9 to 13** of the report be approved.
- 2) That the resources required to support the department's transition to recovery from the COVID19 pandemic, as detailed in **paragraphs 14 to 56** of the report be approved.
- 3) That the investment required to deliver and accelerate recovery and the Service Improvement Programme, including establishment of temporary posts as identified in **paragraph 61** of the report be approved.
- 4) That an increase to the permanent establishment for two posts of 0.6 FTE Strategic Development Manager (Band E) and 0.5 FTE External Workforce Project Manager (Band D) as outlined in **paragraph 61** of the report be approved.
- 5) That the temporary established 1 FTE Forensic Intellectual Disabilities Social Worker (Band B) post within Living Well be extended with funding arrangements in place through Nottinghamshire Transforming Care Partnership and at no cost to the Council, as outlined in **paragraph 61** of the report.

7. THE LEARNING DISABILITY AND AUTISM THREE-YEAR ROADMAP

The report provided details of a three-year funding programme to progress plans to support people with learning disabilities and autism. The aim was to avoid unnecessary hospital care and support some people who are living in hospital to move back into their local communities.

RESOLVED 2021/041

- 1) That the establishment of a Temporary Senior Commissioning Officer (Band C) post for three years, funded by NHS England be approved, to support the delivery of the strategic priorities set out in the NHS long term plan and the Nottinghamshire three year roadmap for people with a learning disability and/or Autism.
- 2) That the procurement of two unplanned care beds in the north of the county for three years, funded by NHS England be approved, to support the avoidance of unnecessary hospital admissions.

8. INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE TENDER 2021

The report sought approval to proceed with the tender for a new provider of the county-wide Integrated Community Equipment Loans Service and the award of a contract to the successful bidder.

During discussions, Members:

- Asked that additional information be provided on the amount of equipment that was recycled in comparison to other methods of disposal
- Requested consideration of options to optimise recycling equipment, including imposing penalties for the failure to return loaned equipment
- Asked for clarification around the £2m difference between the figures for delivery and collection set out in paragraph 11 of the report
- Indicated that the re-tendering process should reflect the Council's priorities, including the declared climate emergency

RESOLVED 2021/042

- 1) That the commencement of the tender for a new provider for the county-wide Integrated Community Equipment Loans Service through a framework agreement for a single provider be approved.
- 2) That the award of the contract to the successful bidder for a maximum term of 10 years (initial contract term of five years, with an option to extend for up to five additional years) be approved.
- 3) That an update report on the outcome of the tender and award of contract be brought to Committee.

9. MENTAL HEALTH RECOVERY FUND

The report provided an update on work that was undertaken through the Mental Health Winter Pressures programme and set out plans for ongoing work.

During discussions, Members:

- Were informed of a 24-hour crisis line that had been introduced and requested that details be forwarded to them following the meeting.

RESOLVED 2021/043

- 1) That the use by Nottinghamshire Healthcare NHS Foundation Trust of the Mental Health Recovery Fund to fund Nottingham Community Housing Association to provide Enhanced Community Support for County citizens until the end of March 2022 be noted.
- 2) That the establishment of the following posts be approved:
 - 1 FTE Senior Practitioner (Band C) on a temporary basis for 8 months.
 - 1 FTE Occupational Therapist (Band B) on a temporary basis for 8 months.
 - 3 FTE Reablement Community Care Officers (Grade 5) on a temporary basis for 7 months.

10. PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR FUNDED CONTRACTS (1 JANUARY 2021 TO 31 MARCH 2021)

The report set out performance information for those services commissioned by Public Health for the period 1 January 2021 to 31 March 2021.

During discussions, Members:

- Asked about the availability of statistical information on pregnant mothers who smoked
- Queried the year-to-date figures for the percentage of new service users accepting an HIV test and the percentage of 15-24 year olds in contact with the service accepting a chlamydia test
- Asked about work contacting breast feeding mothers and whether this is being targeted, which had arisen through information from prospective service users
- Sought clarification around the oral health promotion work including where it was happening and who was accessing toothbrushing kits arising from information from prospective service users
- Requested that when officers were dealing with colleagues from the NHS in coming months, they encourage services return to normal with face-to-face consultations

RESOLVED 2021/044

- 1) That members receive updated information on the quality standards relating to the percentage of new service users accepting an HIV test and the percentage of 15-24 year olds in contact with the service accepting a chlamydia test.

- 2) That clarification be provided around mechanisms for contractual arrangements for contacting breastfeeding mothers and oral health promotion work.

11. WORK PROGRAMME

During discussions, Members:

- Queried why Child Death Overview Arrangements were listed to come to the Adult Social Care and Public Health Committee and not the Children and Young People's Committee
- Asked that consideration be given to becoming a pioneer county by providing a screening programme for Sudden Adult Death Syndrome

RESOLVED 2021/045

That the Committee's work programme be approved.

The meeting closed at 12.46pm.

CHAIRMAN

20 September 2021**Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR, LIVING WELL COMMUNITY
SERVICES****NOTTINGHAMSHIRE DAY OPPORTUNITIES STRATEGY 2021-2026****Purpose of the Report**

1. The report sets out a case for change for Day Opportunities including a vision for the way in which Adult Social Care will support and enable people to live the lives they want and sets out how a Day Opportunities Strategy will help to achieve this. Committee is asked to approve a public consultation on the draft Day Opportunities Strategy, attached as **Appendix 1**, to obtain service user and carer views on the proposals.

Information

2. Day Opportunities are services and community activities that help people to have a fulfilling life, enable development of new skills, pursue interests, make friends, gain relationships and peer support, and make a positive contribution to the community. Employment support and building work readiness skills are part of the broad spectrum of opportunities that the Council would expect to have in place for people to access.
3. Adults with care and support needs face particular barriers and challenges to participating in community life and activities. They face greater inequalities and harassment and have less access to services and employment. Nottinghamshire County Council aims to help reduce these inequalities by supporting adults to live as independently as they can, build resilience and skills, enjoy good standards of health and wellbeing and have access to mainstream services and activities within their local communities. The strategy will look at how people can best be supported to access the support and activities they need to achieve the outcomes and lives they want.
4. The COVID-19 pandemic meant that redesigning day opportunities was necessary to ensure compliance with restrictions, and some of these measures will be needed into the future to ensure people remain safe as part of ongoing measures to keep the risk to people low, including responding to any future outbreaks. COVID-19 has had a serious impact on the lives of people who use social care services and their carers. Disabled people, for example, more often indicated that coronavirus had affected their health than non-disabled

people (35% for disabled people, compared with 12% for non-disabled people)¹. Already marginalised people have been more excluded from society due to their vulnerabilities and this has led to both incredible resilience from carers and the informal support of their communities around them, but also great hardship for those overwhelmed by the pandemic, with associated impacts on people's mental and physical health.

5. Loneliness has increased, with Office for National Statistics (ONS) data showing that up to a million more people became chronically lonely (defined as 'often' or 'always' feeling lonely) as lockdown continued – increasing the total to 3.7 million adults by the beginning of 2021². It is therefore more important than ever that people are supported to make and maintain social connections and become part of their communities.
6. COVID-19 stimulated some different services and offers such as digital technology, small scale local community responses and more personalised individual solutions such as those delivered by Personal Assistants, which have been welcomed by some who continue to benefit from the new-found flexibility, friendships and support. Where there have been positive developments the strategy will look to build on that.

Background

7. Day Services make up the majority of day opportunities at present and currently benefit 1,500 residents in Nottinghamshire with a range of support needs including older people, people with physical disability, learning disability, dementia, Autism and mental health difficulties. Services are delivered directly by the Council as well as independent organisations. The total budget for day services is £16.4m per annum.
8. The current day service offer is well valued by people and their carers, but is predominantly building based services with limited scope to offer a full range of choices and to raise alternative aspirations for people. Some services are provided through a range of other mechanisms including Personal Assistants, Shared Lives and Care Support and Enablement. The approach for day opportunities needs to expand on this and go beyond commissioned services, moving away from an historic emphasis on deficits or needs and instead 'consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' (Care Act 2014).
9. This is reflected in Nottinghamshire's Adult Social Care Strategy which sets out the Council's commitment to 'promote people's independence and wellbeing by building new relationships between formal social care, health, housing and the support that already exists in families and their local communities'. Comments from people locally during the engagement include: *"My son is desperate to socialise and try new things"* and *"As a carer for a disabled person, I would like the services to be available at different times throughout the week, not just 9-5. Access to additional services would positively affect my family, reducing social isolation"*.
10. During the past year a number of engagement and co-production activities took place including:

¹ [Coronavirus and the social impacts on disabled people in Great Britain](#), Office for National Statistics, February 2021

² [Loneliness Beyond Covid 19: Learning the lessons of the pandemic for a less lonely future](#), Campaign to End Loneliness, July 2021

When	How the Council heard from people
June 2020	Everyone who uses a day service was sent a questionnaire asking about their experiences of receiving day services during Covid.
November 2020	People using day services, people who use direct payments, short breaks, shared lives or mental health support services and their carers were asked to complete a questionnaire, join an online discussion or participate in a telephone call. Discussions were held in existing services to find out what a 'meaningful day' meant to the people who were going there.
February 2021	People who are Deaf were asked about their day opportunities needs to ensure this was fully understood. This was done virtually to enable interpreters to facilitate the session.
March 2021	People who use services, their carers, service providers and staff were asked about the practicalities of implementing the things that people told the Council they wanted. People provided feedback via questionnaires or through telephone conversations.
Ongoing	The Council is working with a small group of young people preparing for adulthood to design options for them where the current offer is not suitable. This will help trial the future model and is fully informed by the group.
Ongoing	The Council worked with a group of people with a learning disability to respond to concerns about loneliness and boredom during the pandemic to increase the use of virtual options and alternatives to meeting in day centres when this was not possible. The group has continued to be involved in work around the day opportunities strategy including the "I Statements".
Ongoing	The Council has worked with a group of carers who self-identified as being interested in the strategy through the survey in November 2020. In addition, carers of people receiving short breaks have met on a regular basis and as part of that have commented on the day opportunities work and the impact day opportunities have on their lives. Two sessions with carers from the Carers Hub have also informed the work.

11. In total the Council has heard from over 1,500 people who use services and their carers. This involvement of people who are directly impacted by services has directed the draft strategy and accompanying actions.

The Vision

12. In order to move away from a predominantly service-based approach to meeting needs, a shift in focus is required to a personal approach. This should be done in conjunction with the community assets and services where they live, which bring people and places together, through a range of methods, to support people to live ordinary lives. Community assets are the wide network of community groups, services, businesses and faith-based provision within communities (SCIE Asset Based Places 2017).
13. The draft strategy sets out a vision for an inclusive society where mainstream leisure and employment support is accessible to people who access care and support and that through the use of Shared Lives and Personal Assistants they are able to access this how they want,

when they want. The strategy also reflects that internal services will develop in response. This will include:

- the provision of day services for those with complex needs
 - working with others to support people through enablement/reablement to gain independence including accessing employment and community support
 - continuing to provide support to those already utilising day services as appropriate.
14. The shift in focus will see patterns of investment change gradually over time; as more people choose community based options, a greater number of people receive short-term enablement and reablement offers and people find alternatives within their local communities. Funding will move accordingly to ensure those services are available to meet people's chosen options, with alternatives being commissioned or developed in response to demand.
15. In July 2020 the Association of Directors of Adult Social Services (ADASS) produced a paper, Adult Social Care - Presenting a Better Future, which identified the need for government and local authorities to think very differently and transformationally about the future of social care. 'For too long care has been built around organisations and buildings such as hospitals, day care centres and care homes. The future must be about what works for us as individuals and our families, with a whole series of local organisations working together to organise care and support that enables us to work, stay independent at home, and be as engaged in our communities as we want'. With this in mind, the strategy considers day opportunities in the widest sense in addition to the use of day services.
16. In line with the focus of the Prevention Strategy, which is currently in development, to ensure that services and opportunities are in place which prevent, reduce and delay the need for social care, the strategy takes a broad approach in looking at how adults with additional needs can be enabled to access a meaningful day.
17. The strategy has been developed in close collaboration with the Short Breaks Review in considering the needs of carers and reflecting the role day opportunities have in supporting carers. Whole family approaches and enabling carers to continue their role are key aspirations of the strategy. In setting out a vision of ordinary lives where people can access mainstream services in their own community, the strategy supports the strengths-based approach the department is taking to working with people.

What people have told us

18. Key themes from the engagement with people who use services were:
- seeing friends
 - getting help with learning new things
 - doing exercise and sporting activities
 - attending evening and social events
 - attending activities in their local area (e.g. going to cafes, the cinema etc).

With carers citing the following as being of importance to them:

- 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.

19. People who use services and their carers worked to develop a set of 'I statements' that form part of the strategy and will inform future commissioning. People want to be able to say:

- I am treated as an individual
- I am asked about the things I can already do
- I am asked about the things I want to do
- I am asked about what I want to achieve and how I can be supported
- I am asked about what my family's needs are
- I am helped to use support I already have like my friends and family
- I am part of my local community
- I know the community I am part of are welcoming and understand my needs
- I am able to be as independent as possible
- I can get a Personal Budget or Direct Payment
- I get the support that is right for me and this might change over time
- I am able to keep in touch with the people I want to see
- I can do the activities I want to do and wherever possible I can choose where I do them
- I can access services and activities at evenings and weekends
- I am supported for as long as I need to be
- I can learn new things
- I feel safe.

20. The strategy aims to respond to the user and carer feedback by providing a broader range of opportunities for people to support the aspirations that people have to be a part of their community. Some of these developments will take time but the strategy sets out a direction of travel for the department to move towards along with people, communities and providers of services.

Consultation

21. The strategy supports the already agreed departmental approach to strengths-based working and approaches to promoting independence and so the focus of the consultation exercise will be on the impacts to those responding. The consultation will be hosted online and depending on COVID-19 restrictions and guidance at the time some face to face activities may be able to take place. In addition to the strategy attached at **Appendix 1**, a shortened version will also be produced and carers have asked that some hard copies of that are made available on request. An easy read document will also be produced.

22. Legal advice has been sought on the process. The duty to consult can be either a statutory duty or an implied duty. In the present case there is not a statutory requirement but, as it affects a specific group of people, it falls within the implied duty provisions. There are certain requirements about how the consultation should be carried out, including that it should be carried out at a time when the proposals are at a formative stage, it must give sufficient reasons for the proposals, together with adequate time for the consultees to consider and

respond, and finally, the product of the consultation must be conscientiously taken into account in finalising any proposals.

23. If approved, the consultation will run from October to December 2021 and the results will be brought back to Committee in January 2022. Feedback from the consultation will inform a final version of the strategy as well as the future commissioning intentions. The commissioning intentions will set out what the Council will need to do, whether through procurement activity, community development, or changes to processes and approach which are required to implement the strategy. Policy Committee will be requested to approve the final strategy.
24. Future implementation will continue to be co-produced with users, carers and broader stakeholders by working with individuals and groups to identify, create and evaluate any alternatives. This will ensure that the services or activities meet the needs of those who will use them.
25. Further activities will be as follows:

Activity	Timescales
Adult Social Care & Public Health Committee	September 2021
Strategy consultation	October - December 2021
Consultation analysis and amendment of strategy	January 2022
Development of commissioning intentions	December 2021 – January 2022
Implementation including commissioning activity	January 2022 onwards
Policy Committee	March 2022

Other Options Considered

26. Continuing with the day services current offer is a possibility but would limit the ability to create greater community opportunities, increase access to employment and thus impact positively on wellbeing, loneliness and provide the flexibility that carers and people who use services need.

Reason/s for Recommendation/s

27. Working in strengths-based ways with individuals and ensuring the right opportunities are available will help to ensure services and activities are accessible to people in their community, enabling people to develop connections and relationships and thus build their resilience and contribute to a greater sense of wellbeing and reduced isolation. A broader range of provision should help to meet need more flexibly, responding to the feedback of those who use services as well as their carers.

Statutory and Policy Implications

28. 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

29. The 2021/2022 budget for Day Opportunities (covering both internal and externally provided services) is £16.4m per annum. Future developments will be made within that budget envelope as people's Personal Budgets will move with them where they choose an alternative option.

Human Resources Implications (SJ 17/8/21)

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

Public Sector Equality Duty Implications

31. An Equality Impact Assessment is being undertaken for this work and updated/refreshed at different stages of the project.

RECOMMENDATION/S

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

Ainsley Macdonnell
Service Director, Living Well Community Services

For any enquiries about this report please contact:

Mercy Lett-Charnock

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Constitutional Comments (AK 26/08/21)

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

Financial Comments (DLM 01/09/21)

33. The current budget for 2020/21 is comprised of £5.96m for External Day Services and £10.46m for Internal Day Services. This excludes the Day Services Fleet and other associated transport costs.
34. Any future plans will need to be reviewed and costed as they are developed, however it is envisaged they will be contained within this budget envelope and so will not impact the overall budget required.

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.

ASCPH775 PDMv5

Nottinghamshire Day Opportunities Strategy 2021-2026
Connecting people to communities to live the lives they want to lead

Our vision is for an inclusive society where mainstream leisure and employment is accessible to people who access care and support.

Summary

We know that adults with care and support needs face particular barriers and challenges to participating in community life and activities. They face greater inequalities and harassment and have less access to services and employment. Nottinghamshire County Council aims to help reduce these inequalities by supporting adults to live as independently as they can, build resilience and skills, enjoy good standards of health and wellbeing and have access to mainstream services and activities within their local communities. Day opportunities can help people to have a fulfilling life, enable development of new skills, gain employment, pursue interests, make friends, gain relationships and peer support, and make a positive contribution to the community. The strategy will look at how people can best be supported to access the support and activities they need to achieve the outcomes and lives they want.

The COVID-19 pandemic meant that redesigning day services and opportunities was necessary to ensure compliance with restrictions and some of these measures will be needed into the future to ensure people remain safe as part of ongoing measures to keep the risk to people low including responding to any future outbreaks. COVID-19 has had a terrible impact on the lives of people who use social care services and their carers. Disabled people more often indicated coronavirus had affected their life than non-disabled people in ways such as their health (35% for disabled people, compared with 12% for non-disabled people), access to healthcare for non-coronavirus related issues (40% compared with 19%), and access to groceries, medication and essentials (27% compared with 12%)¹. Among people who indicated coronavirus affected their well-being, disabled people more frequently than non-disabled people specified that the coronavirus was making their mental health worse (46% for disabled people and 29% for non-disabled people), they are feeling stressed and anxious (67% and 54%) or they are feeling lonely (49% and 37%)².

Already marginalised people have therefore been more excluded from society due to their vulnerabilities and this has led to both incredible resilience from carers and the informal support of their communities around them but also great hardship for those overwhelmed by the pandemic, with associated impacts on people's mental and physical health.

¹ [Coronavirus and the social impacts on disabled people in Great Britain](#), Office for National Statistics, February 2021

² ² [Coronavirus and the social impacts on disabled people in Great Britain](#), Office for National Statistics, February 2021

The Council recognises that people value day opportunities. This strategy aims to provide a clear vision and intentions for future commissioning to support the development of day opportunities in Nottinghamshire enabling an increase in people's access to their local communities and services, ensuring there is enough accessible provision for those that need it, where they need it with the appropriate support.

Whilst the majority of people who have day support currently access building-based services there are a number of other options people utilise such as commissioning a Personal Assistant (PA) using a direct payment, accessing Shared Lives for daytime support or supported employment and volunteering opportunities. People also access a variety of community activities such as lunch clubs and activity-based clubs and services. It is our vision that in the future more people will access the available community options to have a meaningful day in order to live a fulfilling and "normal life".

Day services benefit approximately 1500 people across Nottinghamshire with a wide range of support needs including older people, people with learning disabilities, autism, physical disabilities, and people with mental ill health across the county. Currently services are delivered directly by the Council as well as by 60 external providers. The majority of current day service provision is building-based which may limit the options available within the wider community for those wishing to partake in a broader range of daytime opportunities.

A clear strategy is required to start to redress the increased inequity faced by those who use social care services following the COVID-19 pandemic, to ensure appropriate day opportunities are available for those who need/want them, increasing people's access to activities and services in their communities. These should be outcomes focused and meet the aims identified in people's support plans. Whilst it is recognised that building-based day services may be appropriate for some individuals, others will benefit from more diverse opportunities to learn new skills, participate in a wider variety of hobbies and interests, access the community and develop friendships and support networks. This can build on many of the initiatives that sprang up from within communities to support people during the pandemic and which have continued in many places. We know for example that loneliness reduces people's healthy life expectancy and that research shows that "loneliness and social isolation are harmful to health. Lack of social connections can increase the likelihood of early death by 26%. That risk is comparable to smoking 15 cigarettes a day and is higher than that caused by obesity and physical inactivity"³. One of the good things that has come out of the pandemic is a plethora of both informal and organised arrangements that have helped ensure those who may otherwise be lonely, have contact and support or friendship from those around them.

³ [Recognising Loneliness](#), Royal College of Nursing

It is recognised that accessing day opportunities is a key source of support for carers who rely on this provision for respite and/or to attend paid employment, medical appointments etc. As such the strategy will incorporate both the needs of carers and the people they care for into the proposed future vision for day opportunities.

In summary, the key aspirations of this proposed new strategy are to:

- Focus on the individual, their strengths, choices, assets, and goals through person centred planning
- Focus on the outcomes that people who use services and their carers wish to achieve
- Work with the whole family to ensure that the support provided works for individuals and their carers
- Support people to build relationships and avoid social isolation
- Provide support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal participant
- Create welcoming communities that understand the needs of those who access them
- Focus on skills development, learning and improving independence in daily living i.e. travel training and employment where possible
- Maximise the opportunity to use personal budgets or direct payments to access support or activities of the person's choice including employment of Personal Assistants (PAs)
- Ensure choice and flexibility is available through a diverse range of opportunities and support mechanisms (e.g. people are supported to do the activities they want to do and, wherever possible, they can choose where they want to do them)
- Develop services that are flexible to meet the needs of those who need them including during evenings and weekends
- Develop a range of services to support people short, medium, and long-term in line with their needs and goals
- Enable carers to continue in their caring role whilst maintaining their own health and wellbeing and employment (where applicable)
- Support people through their life course, ensuring that the right support is available at the right time and recognise that needs may change over time as people age or their independence increases or decreases
- Ensure that people feel safe

Introduction

ADASS (the Association for Directors of Adult Social Services) defines day opportunities as “any service that allows vulnerable adults to improve and maintain their independence through participation in activities, leisure, work experience, developing everyday living skills, maintaining and widening their friendship and support network and/or that which allows unpaid carers the opportunity to take a break from their caring

responsibilities. The services can be provided by Local Authorities and other public service organisations, the voluntary sector, for- and not-for profit organisation, family carer groups and any other relevant bona fide organisations. The services can take place in: day centres, registered care homes, community facilities, any other setting that is deemed relevant and safe or people's own homes (for instance 'sitter services', Shared Lives Schemes and so on)". They provide the chance to take part in various interests and activities, make friends, develop relationships, gain new skills, and enable people to become part of their local and wider community whilst making a positive contribution to it. Day opportunities also provide support to carers by means of creating a carers' break so that they can pursue their own interests outside of their caring role, attend to their own health and wellbeing or partake in and sustain paid employment. There are day opportunities available for older people, people with learning disabilities, autism, physical disabilities, and for people with mental ill health.

The Nottinghamshire Adult Social Care Strategy focuses on enabling people to maximise their independence through strength-based approaches and outcomes-based commissioning goals whilst, whenever possible, enabling them to exercise choice and control so that they can live good quality lives and enjoy good health and wellbeing.

Key to the day opportunities strategy is the need to address some of the barriers which some adults, particularly those with learning disabilities, face in participating fully in communities and identify mechanisms to either remove them or to reduce their impact. These barriers are even more pronounced for those who also have additional needs and have grown during the pandemic with loneliness being a key concern particularly for those who were social distancing and unable to access their usual support mechanisms or services. The aim is to ensure a range of options for meaningful daytime activities are available for all to access.

This strategy proposes to deliver more day opportunities based in the community that focus on developing skills and independence in order to enable and reable people to live their lives in the way they want. It proposes to focus on what people want to achieve (outcomes) and what they are good at (their strengths) to promote health and well-being in line with the Care Act 2014. COVID-19 means it is also important that any options are adaptable should the need for restrictions and social distancing measures be necessary again in the future.

Our vision for day opportunities is that people should be able to access resources within their local communities and through a range of technological innovations to enable them to maintain networks, support and learning should building-based services not be available (i.e. due to social distancing measures) or not be the right option for an individual. Wherever possible, short term focused support that enables people to find friendship groups, develop skills and get involved in activities to maintain health and well-being that are based in the wider community should be utilised. People should be encouraged to maintain these newly formed relationships and interests outside of formal support, to

sustain and maintain the connections they have made, in order to enable greater autonomy in the future whilst maintaining the benefits of such interactions.

The shift in focus will see patterns of investment change gradually over time, as more young people choose community based options, a greater number of people receive short term enablement and reablement offers and people find alternatives within their local communities, funding will move accordingly to ensure those services are available to meet people's chosen options.

Background

There are a number of factors at both a national and local level which have influenced and prompted the need to review the day opportunities model in Nottinghamshire not least the COVID-19 pandemic. This strategy seeks to ensure that Nottinghamshire is compliant with key Social Care legislation as well as significant national policy and good practice.

There is a large amount of research and evidence, both national and local, that recognises the importance of day opportunities for people with a variety of support needs. "People with learning disabilities [and other support needs] want to lead ordinary lives and do the things that most people take for granted. They want to study at college, get a job, have relationships and friendships and enjoy leisure and social activities"⁴. Access to appropriate day opportunities can help people to achieve these aspirations and support them in their chosen activities to meet their identified outcomes. These findings were also backed up by [Having a Good Day?](#) in which the Social Care Institute for Excellence (SCIE) published a "knowledge review" of community-based day activities which remains very applicable today. The review of policy and practice highlighted: work, education, training and volunteering; participating in leisure, arts, hobbies and socialising; as essential elements of successful day opportunity services. It goes on to say, irrespective of the support, people need activities to have a purpose, be undertaken in ordinary places, do things members of the wider community would do and ensure friendships, connections, and a sense of belonging develop in the process. The recent [National Disability Strategy 2021](#)⁵ states that "Disabled people's aspirations for their lives are no different from non-disabled people's aspirations. We all want to live fulfilling lives. We want to be safe and healthy. We want autonomy about where we live, how we live, and with whom we live. We want to go outside, meet other people, and go places. We want to easily access the support we need to live an independent life and to feel confident that we won't lose it. We want to be able to participate in society, to be valued, to go to work".

⁴ [Commissioning Services for People with a Learning Disability: Good Practice Guidance](#), Institute of Public Care 2017b, p.7

⁵ [National Disability Strategy 2021](#), HM Government, page 18

Having “small amounts of practical and social support can benefit people ... and have the potential to mean that more intensive services are needed less often” as “some of the difficulties faced by people ... could be addressed or reduced if low-level, often relatively inexpensive services, were provided promptly”. Prevention services (such as day services) can support people “who may find that support with social skills can prevent social isolation and attendant mental health difficulties” and can also help people with more complex needs for whom “intensive support within the home, coupled with good respite care, can prevent placement in expensive residential care” ([SCIE](#)). For those with dementia and their carers the most effective types of support to enable them to live well and maintain independence include support for living well i.e. support for carers, feeling included in society, meaningful activity and spirituality⁶. It has been shown that maintaining activity and social connections can help with reducing the acceleration of dementia and may reduce the need for more costly interventions.

It has also been shown that the participation in appropriate day opportunities can support the five ways to wellbeing: Connect with other people; Be physically active; Learn new skills; Give to others; Mindfulness. For those with sensory impairments the first of these may be particularly difficult due to accessibility issues within communities. Locally people have said that where support is unavailable they can find it difficult to engage in activities or to understand communications sent to them or find information about available resources. As a result of this inaccessibility deaf people said that they can often feel a sense of loneliness and isolation which can lead to poor mental health and that COVID has further enhanced this in a group of people who were already more likely to suffer from mental ill health than the general population (approximately between 27% and 43%)⁷.

[Redesigning Mental Health Day Services](#) highlights the ways in which day services need to modernise in order to most appropriately support people with mental health needs. In addition to 9-5 day opportunities the report states that “weekend services can help reduce the isolation frequently experienced most acutely at weekends and bank holidays. Ideally located in a community-based venue, weekend services offer a range of recreational and social activities, and can promote social inclusion when those actions involve participation in community activities and events”⁸. Further, intensive day support that takes place over seven days may avoid hospital admissions⁹.

⁶ [Prime Minister's Challenge 2020](#)

⁷ Marit H. Kvam, M. H., Loeb, M. and Tambs, K. (2007) “Mental Health in Deaf Adults: Symptoms of Anxiety and Depression Among Hearing and Deaf Individuals”, *The Journal of Deaf Studies and Deaf Education*, 12:1, Pages 1–7

⁸ [Redesigning Mental Health Day Services](#), page 16

⁹ [Redesigning Mental Health Day Services](#), page 17

In 2018 a review of Moving Forwards (a mental health support service) by Nottinghamshire County Council sought feedback from users of the service. People stated that they valued having a meaningful day that gave structure and purpose and enabled them to gain new skills such as cooking, IT and budget management. People accessing the service suggested that someone to facilitate a skills swap would be of value as it gave purpose to the one teaching and new skills to those learning. They also said that attending services with those with similar problems was manageable whereas accessing the wider community was often not as they felt misunderstood and like they “didn’t have anything in common” with other people. They did say that this got better over time and that it was something they could be supported towards. Likewise Deaf people and those with Autism have said that they would welcome awareness raising within communities to enable them to participate more easily.

The Government paper [Work, health and disability green paper: Improving Lives](#) (2017) states that “appropriate work is good for an individual’s physical and mental health”. Disabled people are significantly less likely to be in employment than non-disabled people. In 2015 nationally, 47.9% of working-age disabled people were in employment compared to 80.1% of working-age non-disabled people. Additionally, “evidence shows that there is currently a significant employment gap for autistic people. Data published by the Office of National Statistics for the first time in February 2021 shows that as of December 2020, 22% of autistic people aged 16 to 64 are in employment, in contrast to 52% of disabled people, and 81% of non-disabled people”¹⁰ ([The national strategy for autistic children, young people and adults: 2021 to 2026](#)). People with a learning disability are less likely to be employed than people without. It is estimated that approximately 17% of all adults with a learning disability in England are in paid employment, while only 6% of adults with a learning disability known to their local authority in England are in paid employment. Locally only 2.8% of adults with a learning disability who are in contact with social care have paid work. In order to close the gap between the Nottinghamshire and English average for adults with disabilities (including learning disabilities), Nottinghamshire have produced the [Nottinghamshire Employment and Health Strategy 2020-2030](#).

Locally people identified barriers to accessing friends and networks outside of services which included issues with transport, support, lack of awareness of alternative activities, and lack of provision at weekends and in the evenings including for less traditional support such as [Gig Buddies](#) and [Stay Up Late](#). People have also identified the need for support outside of the current 9-5 model of day service support to enable them to access a broader range of activities based on interests or because they require more structure for their leisure time. In the recent report [Self Building Our Lives](#) it is stated that “whilst some people use weekends and evening to relax and spend time with family and friends,

¹⁰ [The national strategy for autistic children, young people and adults: 2021 to 2026](#) (2021), HM Government, page 21

others would benefit from more organised social and leisure activities, including opportunities for social evenings, days out and holidays”¹¹. In line with the Care Act 2014 and local priorities around strengths-based approaches it is important that people are encouraged therefore to think creatively about daytime opportunities to meet their identified outcomes.

Learning from Covid

The severity of the COVID-19 pandemic and the vulnerability of the client group who attend building-based day services has meant that the way they operate have had to change significantly. During the period of social restriction day service buildings were only able to remain open for a limited number of people and most have provided support to their client group in alternative ways. COVID-19 is likely to have an influence for many more months or even years and any day opportunities that are available and/or commissioned as a result of this Strategy will need to take account of the longer-term impacts of the pandemic such as increased social distancing measures and the potential needs for further local lockdowns or restrictions. Many providers have adapted well to the outbreak and have been innovative in their approaches to maintain support for those that need it. COVID-19 also poses additional challenges such as those of providing transport and catering for day centre attendees. It is also acknowledged that the pandemic will have had an impact upon individuals who were previously attending services and that additional needs may be identified or previous needs altered. Many individuals will have been receiving alternative packages of care for a considerable period of time and it is important that we assess how these alternatives may have met their needs. As such it is important that the needs of people are reviewed through regular annual reviews.

The COVID-19 pandemic has required providers of day opportunities to look for alternative methods of provision in order to meet the needs of the people who use their services. As a result, many providers have looked to use technological solutions such as the use of Zoom and Teams to host virtual quiz nights, gardening clubs, art classes, exercise activities etc. These new ways of support have been utilised across all cohorts including for those with dementia who have taken part in activities such as the “delivery of cooking kits then a Zoom cookery session together, starting community gardening, taking on an allotment with a friend rather than gardening at a day service and a variety of quiz groups” all of which have evaluated well with the people who have used them and their carers. Technological approaches to deliver support is an area of increasing development for those who are able to, and want to, use these technologies particularly given the many advantages and opportunities it can bring and is an area with exciting potential to support the delivery of future day opportunities as outlined in this strategy.

¹¹ [Self Building Our Lives](#) (2020), page 49

A [survey](#) undertaken by Mencap to assess the impact of the pandemic lockdowns reported that a lack of social care support led to negative impacts on people with a learning disability including their mental health (69%), relationships (73%), physical health (54%) and independence (67%), according to family carers¹² with many worrying that service closures may be made permanent or that further cuts are to come. In August 2020 ADASS/Sortified published New Models of Care¹³ which reflects the impact of Covid in the East Midlands on those who had reduced access to Day Services and Short Breaks. Some of the learning from that included greater involvement of people who use services and their carers in defining wants, needs and future services, developing shared digital resources, increasing access to Direct Payments and Personal Assistants as well as doing further work to understand the impacts of Covid. The role of day services as respite featured and again the reflection is that a variety of provision needs to be available to meet the diverse needs.

A survey undertaken by Sortified on behalf of East Midlands ADASS reported that during the height of the restrictions 48% of carers would not allow people into their homes which led to additional carer pressure with carers reporting they felt “tired, stressed, uncertain and lonely”¹⁴. A lack of access to respite and usual support services made sustaining care arrangements incredibly difficult with carers saying they needed respite and emotional support as a priority at that time. Reflecting on support that had been helpful carers said that a number of things including timetabled Zoom groups, podcasts, YouTube, walking, yoga, advice from professionals and a buddy or someone to connect to, were all useful. Feedback reflected that solutions needed to be tailored to each family and circumstance and that any future options would also need to offer variety rather than “one size fits all”¹⁵.

When asked, people locally reported that one of the biggest impacts of Covid upon them was the sense of loneliness and isolation and that attending services, for many, is a way to have social interactions they would not normally have access to. The Campaign to End Loneliness report [Loneliness Beyond Covid 19](#) identifies that

“Although the restrictions were universal, their impact on loneliness was highly unequal. People who were already lonely

¹² <https://www.mencap.org.uk/press-release/i-dont-know-what-day-it-or-what-weather-outside-social-care-cuts-people-learning>

¹³ New Models of Care: Assessing the impacts on day opportunity and short breaks provision for people with a Learning Disability and Autism in the East Midlands during the Covid-19 crisis, ADASS/Sortified, September 2020

¹⁴ The East Midlands’ Unpaid Key Workers: Supporting Unpaid Carers by adapting services and responding to need during the Covid-19 crisis, ADASS, March 2021, page 10

¹⁵ The East Midlands’ Unpaid Key Workers: Supporting Unpaid Carers by adapting services and responding to need during the Covid-19 crisis, ADASS, March 2021

were likely to get lonelier, as were those at greater risk of loneliness because of factors such as health, income, ethnicity, sexuality or gender identity. In contrast, those with strong social connections were likely to feel less lonely, as they spent more time with family and in their local community. This reflects the pictures we've seen for health and employment during the pandemic. It exacerbated existing inequalities, rather than creating new ones.

With many of us unable to see friends or family, take part in social activities or interact with others, we've seen a significant increase in loneliness. Office for National Statistics (ONS) data shows that up to a million more people became chronically lonely (defined as "often" or "always" feeling lonely) as lockdown continued – increasing the total to 3.7 million adults by the beginning of 2021.”¹⁶

It is therefore more important than ever that people are supported to make and maintain social connections and become part of their communities.

Current Commissioned Day Services

Day Services

Locally (as of March 2021) 10,646 people receive some form of commissioned care package from Adult Social Care with around 1511 of those receiving some form of day care provision (from a total population of approximately 823,126). Internal (Council owned) day services offer a generic service to a broad range of people who have a variety of primary support needs (or multiple support needs) whereas external services (those owned by private organisations, charities and community interest companies) generally offer a more specialised approach to the support they deliver. The table below shows the current and pre-pandemic access levels across both internal and external day services. Pre-pandemic, day services were costing Nottinghamshire County Council approximately £16 million per year.

Table 1: Day service attendance 2019/20 vs 2020/21

	Internal Day Services		External Day Services	
	2019/20	2020/21	2019/20	2020/21
Number of individuals commissioned to access day care	1044	884	659	611

¹⁶ [Loneliness Beyond Covid 19: Learning the lessons of the pandemic for a less lonely future](#), Campaign to End Loneliness, July 2021, page 3

Number of individuals who accessed support	962	684	630	509
Number of individuals who did not access support	82	200	29	102

As can be seen from the table attendance at day services has decreased during the Covid -19 pandemic due to capacity reductions as a result of social distancing measures and a need for a proportion of the people (or their families) to shield. In addition, many of the people still in receipt of day service provision will have been supported in alternative ways to building based services. For internal day service provision 45 people (5%) are currently in receipt of outreach support and 260 (29%) are receiving telephone calls.

Primary support need of people accessing day services

Across all day service settings the primary support need identified is for people with a learning disability (57% of internal day service and 69% for external) followed by a physical health need (16% for internal services and 27% for external services). The table below shows the breakdown of people attending internal and external day service provision by primary support need for the year 2019-20 (the last full year of data available).

Table 2: People attending day centres broken down by primary support reason (PSR) 2019-20

	External		Internal		Total	
	SU No	% PSR type	SU No	% PSR type	SU No	% PSR type
Disability	6	1	2	0	8	0
Learning Disability Support	539	69	715	57	1168	60
Mental Health Support	49	6	57	5	106	5
Physical support	127	16	335	27	454	24
Sensory support	10	1	19	2	28	1

Social support	6	1	31	2	37	2
Support with memory and cognition	47	6	88	7	130	7
Total	784	100	1247	100	1931	100

It is important to remember that many people attending day services will have specific support needs which the day centres, their staff and buildings, are able to meet. Wider community options may be more accessible for more people where day services are not the correct support option for them.

Geographical location of day service access

The table below shows the distribution of need across the districts of Nottinghamshire with the highest attendance being in Ashfield and Newark

Table 3: Geographical access to day services across Nottinghamshire

District	Service Users (SU)			
	SU No.	External	Internal	% total Day Care
Ashfield	320	40%	60%	17%
Bassetlaw	277	24%	76%	14%
Broxtowe	249	25%	75%	13%
Gedling	230	41%	59%	12%
Mansfield	268	36%	64%	14%
Newark	333	47%	53%	17%
Rushcliffe	254	57%	43%	13%
Total	1,931	39%	61%	100%

It may be that the numbers reflect the location of the day centres rather than the location of need and further work is therefore required to ascertain where any future opportunities that are established should be located.

Complexity of needs

People who attend day services are assessed depending upon the level of support required. Complexity may relate to physical needs or complex behaviours which may challenge. In general, the more complex the need the more intensive the support a person requires.

Table 4: Assessed complexity of need those attending day services 2019/20

	External		Internal	
	SU No.	% of need	SU No.	% of need
Complex needs	187	24	203	16
High needs	206	26	394	32
Medium needs	92	12	272	22
Low needs	115	15	378	30
Spot contract/ other	137	17	0	0
No need listed	47	6	0	0
Total	784	100	1247	0

Length of stay

Individuals tend to remain in current services for long periods of time (particularly if they are younger adults), sometimes for significant periods of their lives. Older people who attend day services tend to do so once their needs meet a significant level and day time care and support is required to provide carer breaks to enable them to live at home for as long as possible. For these people day services are able to support them to live at home for longer by providing much needed breaks for carers as well as maintaining health, wellbeing and nutrition. It is essential that effective, appropriate and proportionate reviews are carried out to ensure that individual's skills and interests are captured. At

a time when building-based services have reduced capacity it is necessary to make sure that places are available for those who have limited alternatives for the support that they require.

Other day opportunities and support

Complexity of needs care offered by NHS Day Services

The highest number/percentage of people with complex needs are connected to external provision 24% compared to internal provision (delivered by the Council) of 16%. Complex needs and high needs make up 50% of the external provision, compared with 48% internal provision. The majority of high, medium and low needs are with internal provision. 52% of people in internal provision fall within the low and medium categories.

For those with the most complex needs the NHS provides specialist day services through two sites at Newark and Mansfield. The Specialist service offers adults from the age of eighteen onwards who present with an intellectual disability, physical disabilities, mental health difficulties, behaviours that are considered a challenge and associated co-morbidities and supports people with a wide range of needs including Epilepsy, Autism, obsessive compulsive disorder, personality disorders, self-harm, hearing or sight disability, profound disability/mobility problems, dysphasia, aggression to self and/or others, anxiety/depression, speech and language difficulties susceptibility to reoccurring infections and disease. The Service offers a wide range of activities in the building and accessing the community which enables the individual to receive an ongoing health service that cannot always be met at a primary level due to the persons behaviours and/or health needs. This group of people would be unlikely to be able to access mainstream provision and would be at risk of hospitalisation without this specialist support. Unfortunately, capacity is limited and as people generally remain within the services for several years there is little opportunity to reduce waiting lists. Currently provision is provided to:

- **Holly Lodge (Newark)**
 - Holly Lodge have a total of 28 people who access the service
 - 1 person is due to commence service shortly
- **Heather Close (Mansfield)**
 - Mansfield Health Day Services have a total of 25 people who access the service
 - There are 2 people making a proposed transition from child to adult services for September 2022
 - There are 10 people aged 18-40 and 15 aged 40-73
 - 4 people have 1:1 packages of support with one person requiring 2:1 support for community access

- Group activities are for a maximum of 5 people
- Many people have complex behaviours as well as physical health conditions that require specialist support
- A further 2 people are supported by the service on an outreach basis

Shared Lives

Shared lives support can be delivered in several different ways:

- living in a carer's home: the person needing support may live in the carers own home and be supported in their everyday life. Sharing a carer's home can be to cover a short-term need (such as providing a break for a person's main carer) or a longer-term situation
- day-time support: regular support sessions held in the carer's home
- outreach support: the person needing support lives in their own home and a carer provides help as needed.

Currently only 2 people access Shared Lives for daytime support solely with a further 22 people utilising Shared Lives for short breaks and daytime support. 95% of people accessing Shared Lives have learning disabilities whilst only 1% are older adults, 1% have mental health support needs and 3% have physical disabilities. The Council is currently looking to expand the Shared Lives offer to enable more people to access the provision it offers to ensure that this is a real option for those seeking daytime support. The scheme has a waiting list of people wishing to access the support it offers, so this expansion is needed to ensure that provision can keep up with demand.

Personal Assistant support purchased via direct payments

Personal Assistants (PAs) are employed to help people who need support either because of their age or disability, to enable them to live as independently as possible in their home. PAs can help carry out a wide range of tasks including leisure and recreational activities, helping some to get involved in their local community and supporting someone at work. PAs can offer a personalised approach to supporting people to access day service opportunities and to assist with learning new skills. PA support can be purchased using direct payments or can be self-funded. Approximately 222 people are using a Direct Payment to commission their day service (approximately 10% of all Direct Payments spend).

Supported employment, training and internships

People who live in Nottinghamshire and have a learning disability and/or autism can be supported by the iWork team who will:

- Look at skills, interests and qualifications

- Provide support to find jobs
- Explain what will happen with benefits for people in paid work
- Provide opportunities to try out jobs to see if people like them
- Provide ongoing support to help people stay in employment.

Data from October 2018 show 740 people have been supported and 207 are successfully in paid work.

Support is also available through a variety of supported employment and training opportunities such as through Brooke Farm (a Nottinghamshire County Council service) and the Towards Work scheme provided by the Building Better Opportunities Partnership as part of the Local Area Partnership (part of D2N2). There are also opportunities for supported apprenticeships and internships around the County including within the Council itself in areas such as County Enterprise Foods and Solutions 4 Data.

Brooke Farm currently have 12 people attending its work programme that supports adults with learning disabilities, Asperger's and autism to learn, and feel confident in, employment skills. The service is currently amending its offer with a view of offering places for up to 30 people at any given time. Brooke Farm is predominantly a horticultural site, with a small farm shop, plant sales garden centre and a café. People are given real, hands on experience at working in these areas as well as on their employability skills in order for them to be ready for long-term employment at completion of the programme. The programme can last for up to three years – this is dependent on the individual. The service, will also offer a shorter version of the programme on a 12 week skills refresher basis, for example to improve confidence in the workplace following long term unemployment absence due to Covid.

Community groups and organisations

Many community groups and organisations are available throughout the County that may be utilised by people with support needs with the appropriate assistance as an alternative to building-based day services. Provision may include sporting activities, lunch clubs etc. Accessing such groups provide the opportunity for people to integrate with their wider community and develop social and support networks. Groups can provide opportunities for developing and learning new skills, to partake in physical activities or to develop friendship groups. The County Council Community Development Team can support with establishing appropriate opportunities where none are currently available. It is recognised however that utilisation of community support and assets is dependent on the accessibility of that community such as accessible buildings, autism and dementia friendly communities and accessible toilets and Changing Places. In November 2019 an audit was carried out of Changing Places toilets across the County. It was noted that whilst Nottinghamshire had a higher proportion of accessible toilets and

Changing Places compared to neighbouring authorities these were still not sufficient to meet demand and were often put in inaccessible areas, were blocked by obstacles, had alarm chords tied up out of reach, had equipment missing or doubled up as cleaning cupboards and staff locker rooms. Those that were known to be good were often overused and as a result quickly needed consumables replenishing and lacked the required cleanliness. The report also found commercial buildings were often better equipped than public buildings and where facilities were available were often not sufficient in number e.g. a local pool had one accessible changing room for a class of four learners. Such considerations will have significant impact on the accessibility of venues or on the amount of time people are able to access the community for without returning to a more user-friendly building.

Sport England's vision is to transform lives and communities through sport and physical activity, driven by [Uniting the Movement](#), a 10-year strategy of change. Data from Sport England's Active Lives Adult Survey shows that disabled people or those born with a long-term health condition are twice as likely to be physically inactive (41%), compared with those without (20%). Whilst barriers to participation are often multifaceted, the benefits of active participation for adults with disabilities are well understood. Locally, [Active Notts](#) are funded to work to a national specification as agreed by Sport England, identifying local partners to increase participation and opportunity at a neighbourhood or district level. Nottinghamshire County Council is working within its innovation sites and at a strategic level with Active Notts and partners to map local provision, enhance opportunities for increased participation and review how contracted social care partners can be utilised.

Technological solutions

The COVID-19 pandemic has led to many technological solutions being implemented in order to keep supporting the people who have previously utilised building-based day services. Whilst the majority of the contact to date has focused on wellbeing checks for people and carers, technology offers opportunities for creativity that traditional building-based services do not. For example, taking part in online quizzes, virtual fitness challenges, online support groups, cookery classes etc. The nature of virtual interactions mean that they can be available as and when people want them including evenings and weekends and negate the need for transport. Technology can also enable people to make wider connections outside of their immediate area and can lead to people interacting based on interests rather than geography.

Whilst COVID-19 has driven the need for organisations to be creative and inventive with their use of technology it is essential that the momentum and learning gained during this time is not lost as many mainstream services such as on line shopping, applications for work or

benefits and social media are now accessed on line. Some people who use services and their carers may require support to engage fully with this type of activity and learning such skills may be included in future outcomes as part of support planning.

Projecting future demand

In order to plan services effectively it is important that future demand is taken into account. An increase in demand is to be anticipated across all areas of need as the population ages and the tables below show the anticipated population changes which will need to inform decision making around future service provision

Table 5 – projecting future demand across primary support need

	2020	2025	Percentage change
Learning Disability	15437	15797	2%
Autism	7306	7513	2.80%
Mental health need	117376	116967	-0.35%
Hearing impairment	16620	18449	11%
Visual impairment	20885	23877	14%
Age over 65	176100	192400	9%
Carers (aged 65 and over)	26600	28873	8.50%

Source: PANSI and POPPI March 2021, national prevalence model applied to ONS population predictions

Overall the demand for day opportunities and provision of support is predicted to continue to increase and future provision needs to be able to accommodate this need as well as be adaptable to the types of support required as new people enter services. The age structure of Nottinghamshire is slightly older than the national average, with 21% of the population aged 65+ in 2017 compared with 18% in England. Our population is predicted to continue to age over the next fifteen years with the number 65-84 year olds increasing by over 30% and 85+ year olds by over 76%. Older people are more likely to experience disability and limiting long-term illnesses which may lead to the need for support via day opportunities. This is likely to be linked to the projected increased need around both sensory needs and caring as people are likely to acquire both as they age.

Why the need for change?

In 2017 analysis of the Council's, 'younger adult's services' identified that:

- 37% of people could achieve greater independence with some adjustment to their support, such as 'enablement' services,
- 35% of people could achieve better outcomes with a care package that better reflects their needs, skills and aspirations,
- 28% of people were benefiting from a package of care and receiving the right level of care appropriate to their needs was allowing them to live as independently as possible.

Whilst it is recognised that building-based day services may be an appropriate mechanism to deliver day opportunities for some people, less-intensive, community-based provision or enablement and reablement may be better suited to others to support them to maximise their independence and meet their outcomes more effectively. It is important that full time day provision is not utilised as an automatic progression from full-time education and that instead of focusing on care requirements (whilst recognising the importance of supporting family carers), the strengths of the individual, the outcomes they want to achieve and their aspirations are the driving factors in the commissioning of support and services.

ADASS suggest a series of changes for a more flexible approach that services can adopt during the current COVID pandemic and beyond including:

- The ability for people using services to be able to switch between services to maintain their original levels of service and support
- A wider variety of options available to people, so they can move to a more community-based model and become less reliant on building-based services
- More alternative ways of giving unpaid carers a greater say and choice in how they get support in caring
- Good digital access to services for those who don't want to go out during the pandemic
- The opportunity to move from traditional building-based to more personalised and flexible services

A review of Day Opportunities

Stage 1 Engagement: Day services and Covid

In June 2020 Adult Social Care carried out an engagement activity to assess people's experiences of receiving day services during Covid. At this time the building bases were mainly closed for people who use services and were instead utilised as staff bases as well as PPE storage, dissemination and safe disposal. When asked the majority of people who use services said that they would return once they were able to. Of the 13% who said they would not want to return the main reasons stated were 'worry about getting ill' and uncertainty about safety. Day services promptly responded to these concerns putting in place a Covid secure offer to enable people to return as safely as possible. People who use services reported that the things that were most important to them about attending day services were seeing friends in a safe place and help with learning activities. Additionally, carers reported that they needed support to access breaks (particularly if the person they cared for was not attending day services as they usually would) and securing a support network for themselves.

Stage 2 Engagement: 'What is a meaningful day'

In November 2020 people using day services, those in receipt of direct payments, users of short breaks, shared lives and mental health support services and their carers were invited and supported to participate in completing a questionnaire, online discussion, participate in a telephone call and to hold discussions within existing services to find out what a 'meaningful day' meant to them. This engagement activity built on that previously carried out as restrictions continued and people had returned to some form of day support.

The findings from the early engagement questionnaire identified that the most important thing that people wanted to keep doing was seeing family, friends and staff and socialising closely followed by attending day services. People identified a range of activities they either did or would like to do in the future including arts and crafts, cookery, exercise and sporting activity, evening and social events and community access (including day trips, going out for meals and visiting new places/places of interest). People most disliked staying in and feeling lonely and isolated. People also identified new things that they wanted to learn including cooking, carrying out domestic tasks, money management and learning to use IT. People were asked to identify any barriers they currently experienced with being able to access the things that they had identified. Things that were reported included physical and mental health, lack of support and finances.

Table 6 - Summary of findings from people who use services

What are the things you want to keep doing?	See family/friends/staff/socialise	43%
	Attend day service	41%
	Arts and crafts	37%
	Exercise/sporting activity	35%
	Community access	25%
What would you like to do more of?	See family/friends/socialise	21%
	Exercise/sport	17%
	Arts and crafts	13%
	Day centre	12%
	Day trips/visiting places	11%
What are the new things you want to try?	Arts and crafts	10%
	Cookery	7%
	Swimming	7%
	Evening events/social events	4%
	Gym	4%
Are there any new things you want to learn?	Cooking	16%
	Computer/phone/tablet	4%
	Arts and crafts	3%
	Domestic tasks	3%

Carers were also asked what they needed in order to carry out their own caring role. When asked what they wanted to keep doing carers reported that the things that were important to them were the person they cared for being able to access day services, socialising, carrying out the carer role, accessing breaks and having the opportunity for hobbies and leisure activities. They reported that having access to this support helps with their own physical and mental wellbeing, allows them to attend to their own personal care needs, provides time for them to socialise with friends and family, enables them to continue in paid employment and enables them to have a rest and “recharge their battery”. Carers were also asked what they would like to see more of and reported a need for a wider range of activities for the cared for and at more flexible times, more carer breaks, the need to know what was available and timely reviews and regular checkins. Carers

reported barriers to them being able to access the things they had identified including their caring role, the availability of support and services (e.g. for evenings and weekends), their own health conditions and time and finances.

Table 7 - Summary of findings from carers questionnaires

What are the things you want to keep doing?	Day service	21%
	Socialising	20%
	Carrying out caring role	19%
	Carer breaks	18%
	Hobbies/leisure activities	15%
What could the Council do more of?	Wider variety of activities for cared for	10%
	More carer breaks	8%
	Information/support advertised to carers	6%
	Timely reviews/regular check ups	4%

Staff within services and service providers were also asked to provide their feedback and reported similar findings of social contact and community integration and access being what was important. Staff also noted the key role they play in supporting carers, providing a safe environment and the wider work they do in terms of health and wellbeing including access to meaningful activity and learning new skills. Staff thought that more was needed by way of community access and social inclusion, a wider variety of activities and flexibility of service offer. They noted that in order to make services more accessible they needed to be flexible, advertise their offer and be more innovative in the type of support and services they could offer such as using IT, outreach and community support and accessible facilities. Staff also expressed a desire for continued working in smaller groups and more access to the community including community outreach for those not attending services. Linked to this was some reflection that services would often be more accessible closer to the people who use them whether utilising community venues or by changing building locations. A number of responses mentioned the need to diversify the service offer both in terms of activities and available days/times rather than the current rigid structure, including the need for people to move flexibly between services depending on activities on offer or to attend at different days/times on different weeks dependent on individual circumstances. Additionally, there was some desire to separate out client groups and have staff trained in particular specialisms particularly in the case of those with dementia or autism who staff thought may benefit from some quieter times.

Table 8 - Summary of staff feedback

What are the things we should keep doing?	Social contact	75%
	Community integration and access	31%
	Supporting carers	27%
	Provide a safe environment	27%
	Health and wellbeing	23%
	Meaningful activity	15%
	Learning new skills	15%
What do we need to do more of?	Community access/social inclusion	17%
	More variety/options	15%
	Small groups	15%
	Flexibility	13%

Stage 3 engagement: How would the things identified impact on you

Throughout March 2021 we asked people who use services, their carers, service providers and staff about the practicalities of implementing the things that people told us they wanted in the second engagement activity. People were invited to provide their feedback via questionnaires or through telephone conversations. Summaries of the feedback can be seen in the tables below.

Table 9 - Summary of responses from those who use services when asked where they would like to access services

Where would you like to do the things you told us about?	Number of responses	Percentage of total responses
Cafes/pubs	32	65%
Day centre	30	61%
In your local area with staff	30	61%
Shops	28	57%
In your local area with friends	28	57%
At home	25	51%

Libraries	18	37%
Leisure centre/gym	17	35%
College/school	10	20%
Work placement	1	2%
Guitar classes	1	2%
Concert	1	2%

People who use services have told us that in addition to accessing activities within the day service 65% of people would like to access pubs/cafes, 61% would like to access the community with staff, 57% would like to go shopping and/or out with friends and 51% would like to do activities at home.

Table 10 - Summary of responses from those who use services regarding requirements for assistance

Would you need any help to do these things or get to these places?	Number	Percentage
Support worker/carers	16	33%
Yes	15	31%
Transport	13	27%
No	5	10%
Emotional support/anxiety management	2	4%
Familiarisation support	1	2%
Sometimes	1	2%
Friends	1	2%

There were some concerns raised over accessing community-based activities with 33% of people saying they would need the support of a staff member, 31% saying they would need some sort of support (type unspecified) and 27% saying they would need help with transport.

Table 11 - Summary of responses to carers regarding impact of any changes to delivery model

If people were accessing these alternatives in shorter blocks of time and at a number of venues - how would this impact on you?	Number of responses	Percentage of total responses
Positive	17	32%
No impact	11	20%
Access issues/transport	5	9%
Wouldn't work	4	7%
Impact on work	3	6%
Weekends	3	6%
Able to accommodate	2	4%
Impact on siblings/wider family	1	2%
Need morning activities	1	2%
Online	1	2%
Anxiety issues	1	2%
Needs easy access	1	2%
Shorter times still need to be long enough to get a break	1	2%
Planning needed	1	2%
Base needed to run sessions	1	2%
Cost	1	2%
Needs constant care	1	2%

Of the 54 carers who responded to the survey 32% thought that accessing community activities and venues would be positive for them and the people they care for and enable greater flexibility in the type of support they received. A further 20% thought that any changes would have little or no impact on them as carers and 6% stated that weekends in particular would be beneficial. A further 6% did note that alterations to service may impact on their working day and a further 9% were concerned about transport and accessibility. 7% of respondents stated that changes would not work for their family.

Table 12 = Summary of responses to carers around overcoming potential barriers

Is there a way we could support you to make this work for you?	Number of responses	Percentage of total responses
Transport	12	22%
Range of activities	7	13%
Being local/accessible	6	11%
Flexibility	5	9%
Information	5	9%
Care/support	3	6%
Advanced notice to plan	3	6%
Support from family	2	4%
Evening care	1	2%
Unworkable	1	2%
Weekend support	1	2%
Day centre	1	2%
Smaller groups	1	2%
Community access	1	2%
Safety	1	2%

Carers were asked if there was anything in place that could support them if the person they cared for accessed services outside of a day centre. The biggest obstacle was around access to transport (22%) followed by requiring a range of activities (13%), the need for services to be local (11%) and to enable flexibility (9%). 9% of people also stated that having access to information so that they knew what was available would be helpful.

Staff who currently work within day services were also asked about the impact to them and/or their service should changes be required and how any negative impacts could be negated. A summary of the responses can be found in the next tables.

Table 13 – Impact of alternatives on you/your service

If people were accessing these alternatives in shorter blocks of time and at a number of venues - how would this impact on you/your service?	Numbers	Percentages
Impact on work/life balance	29	47%
Staffing/rotas	14	23%
Transport issues	14	23%
Staff flexibility	11	18%
Worry about impact on current role/service	8	13%
Impact on own caring role	8	13%
Carer support	7	11%
Access to community venues/activities	6	10%
Safety	5	8%
Base important	4	6%
Equipment/facilities/accessibility	3	5%
Consistency and structure	3	5%
Cost	3	5%
No impact	3	5%
Risk/risk assessments	2	3%
Planning	2	3%

Impact on coworking with other areas	2	3%
Young adult specific groups as step from youth groups	1	2%
Training	1	2%

Of the 63 staff who responded 47% of staff were concerned about the impact that alterations to services would have on their work/life balance with a further 23% stating that staffing and rotas would be important considerations as would transport issues. 18% of staff said that they were willing to be flexible to support any changes and 13% were concerned about what changes would mean to existing services or their caring roles outside of work.

Table 14 – What are the challenges for implementing changes

Are there any particular challenges you see with being able to deliver these and how could these be overcome?	Number	Percentage
Transport	19	30%
Staffing	18	29%
Community facilities/accessibility	12	19%
Cost	9	14%
Smaller groups	8	13%
More person centred	5	8%
Specific needs of certain groups	5	8%
Flexibility	5	8%
Offer venue hire/wider use of resources	4	6%
Weather	4	6%
Safety/comfort	3	5%

Evening and weekend support	3	5%
Impact on existing services	3	5%
Training	3	5%
Quieter space	2	3%
Different days/sessions for different needs	2	3%
Experience and confidence	2	3%
Planning	2	3%
Carer needs	2	3%
Bookable rooms positive	1	2%
Technology	1	2%
Isolating	1	2%

The biggest barrier was seen to be transport at 30%, followed closely by staffing (the need to have enough and the impact on them) at 29%. Concerns were also raised about the availability and accessibility of community venues and facilities particularly in relation to changing places and wheelchair access.

The Proposed New Vision of Day Opportunities

Nottinghamshire proposes a shift in practice in the delivery of day opportunities based on national and local priorities, good practice evidence and what people have told us. The proposal is to move away from approaches of solely providing 'day care' to instead:

- Focus on the individual, their strengths, choices, assets, and goals through person centred planning.
- Focus on the outcomes that people who use services and their carers wish to achieve.
- Work with the whole family to ensure that the support provided works for individuals and their carers

- Support people to build relationships and avoid social isolation.
- Provide support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal participant.
- Create welcoming communities who understand the needs of those who access them
- Focus on skills development, learning and improving independence in daily living i.e. travel training and employment where possible.
- Maximise the opportunity to use personal budgets or direct payments to access support or activities of the person's choice including employment of Personal Assistants (PAs).
- Ensure choice and flexibility is available through a diverse range of opportunities and support mechanisms (e.g. people are supported to do the activities they want to do and, wherever possible, they can choose where they want to do them)
- Develop services that are flexible to meet the needs of those who need them including during evenings and weekends
- Develop a range of services to support people short, medium, and long-term in line with their needs and goals
- Enable carers to continue in their caring role whilst maintaining their own health and wellbeing and employment (where applicable)
- Support people through their life course, ensuring that the right support is available at the right time and recognise that needs may change over time as people age or their independence increases
- Ensure that people feel safe

We want to ensure that the people of Nottinghamshire can say:

- I am treated as an individual
- I am able to keep in touch with the people I want to see
- I feel safe
- I am asked about the things I can already do
- I am asked about the things I want to do in the future
- I am asked about what I want to achieve (what my goals are and what things I would like to learn) and how I can be supported
- I am asked about what my family's and carer's needs are
- I get the support that is right for me and this might change over time
- I am helped to use support I already have like my friends and family
- I am part of my local community and the area where I live

- I know the community I am part of are welcoming and understand my needs
- I am able to be as independent as possible
- I can get a personal budget or direct payment so that I can buy my own support and services and have more choice and independence
- I can do the activities I want to do and wherever possible I can choose where I do them
- I can access services and activities at evenings and weekends
- I am supported for as long as I need to be
- I can learn new things

Commissioning Intentions

Market Development

- Investment in Personal Assistance/Direct Payment market
- Employment focus and investment linking in with wider corporate employment programme including increasing access to volunteering and job carving to ensure suitable employment options are available
- Ensure investment patterns over time reflect the increase in personalisation for individuals and the adaptation of services for the life course
- Community based opportunities working with Communities Department, social prescribers and Primary Care Networks
- Work with communities, community groups and local businesses to ensure accessible communities are available
- Work with organisations such as Sports England and Active Notts to develop sport as a mechanism for community integration
- Encourage the development of Micro Enterprise in relevant growth areas
- Ensure payment approaches reflect the outcomes and support required
- Enhance the information and advice offer to ensure a full range of alternative options can be effectively communicated
- Strengths-based and outcomes-focused service specifications and approaches
- Services available to meet a spectrum of needs including those with complex or specialist requirements
- Develop the Shared Lives offer to provide greater choice and control for individuals
- Outcome driven market
- Provision developed according to the demographics and need of the population
- Develop County Council owned day services to support the implementation of the vision outlined in this strategy including:
 - The provision of day services for those with complex needs

- Working with others to support people through enablement/reablement to gain independence including accessing employment and community support
 - Continuing to provide support to those already utilising day services as appropriate
- Work in partnership with external providers of day services and wider day opportunity support such as microproviders and Community Interest Companies (CICs) to broaden the offer of support and choice for those needing it

Cultural Change

- Work closely with existing services to coproduce new offers of support during COVID recovery and beyond
- Move away from fitting people to services
- Ensure that strengths-based and assets approaches to assessments are utilised across all staff teams
- Work with staff to ensure that the full range of day opportunities have been considered before the most appropriate service is commissioned
- Ensure that services are commissioned based on needs and outcomes
- Promote the use of “next steps” when identified outcomes have been met
- Co-production with key stakeholders
- Work-force development plan
- Change management - e.g. change champions

Personalised Planning

- Strength/Asset based planning
- Enablement focus
- Ensure clear engagement with the review of carers services to ensure carer needs are met

Desired outcomes from the new offer

- Person centred planning that supports individual aspirations and strengths
- Maximised use of community assets
- Opportunities to make a positive contribution including employment opportunities
- Significant increase in the uptake of direct payments and personal assistants
- Enablement focus including clear links with the Maximising Independence Service (MIS)

- Community opportunities are available when they are required including at weekends and evenings
- Every person travels as independently as possible
- Focus on support not services
- Clear information and advice offer of what is available
- Accessible community
- Increase the proportion of carers who report that they have as much social contact as they would like
- Increase the proportion of people who use services who report that they have as much social contact as they would like
- Maintain the proportion of people who report doing things in their community that they enjoy
- Increase the proportion of young adults who are supported to access employment, education, training or volunteering across each of the primary need areas (i.e. learning disability, mental health support need, physical disability)
- Increase the proportion of adults in receipt of a direct payment employing a PA

New model of day opportunities

Within this strategy the regaining and developing of new skills, as well as the promotion of independence and well-being are identified as essential elements. It is also recognised that people benefiting from day opportunities will have different levels of need and that this might change over time as people's needs increase due to age or illness or as people gain independence. Therefore, it is proposed that there are four levels of support in acknowledgement that some people require a relatively short period of support to realise their aspirations whereas others may need longer term specialist intensive support. It is anticipated that those who require lower levels of support will primarily access opportunities within their communities. Those requiring more specialist provision or higher levels of support may continue to require building-based in order to support their needs most effectively, but the aspiration will remain that everyone should be able to access their communities if they choose to. Provision of support will be built around the strengths of the individual, in a personalised manner within an inclusive society where mainstream leisure and employment support is accessible to people who access care and support and that through Shared Lives and PAs they are able to access this how they want, when they want. Support will be responsive to changes in personal circumstances such as a desire to access work, ageing with a learning disability or a change in the needs of carers due to their own health or ageing needs. Wherever possible planning will be carried out in advance of these life events to ensure appropriate transition is carried out.

The four levels are:

Early intervention and prevention

At this stage people will be encouraged to recognise their existing strengths and support networks and/or signposted to community support options to maintain their wellbeing and to prevent a deterioration in their health and wellbeing that may lead to longer-term or more intensive

support requirements. This tier would include the routine use of community resources such as leisure services, libraries, colleges and open access groups to provide activities and social contacts for people within a community setting.

Enablement

At this stage there will be a focus on what people want to achieve (outcomes) and help for them to achieve their personal aspirations. The enablement phase would be time limited (for example up to 12 weeks) and would focus on regaining skills, promoting independence, linking friendship groups in a safe environment and helping people to connect to their communities or regain/retain their previous community connections. This stage could form part of a transition from or between services and would be suitable for people with low support needs and will be supported by the Maximising Independence Service (MIS).

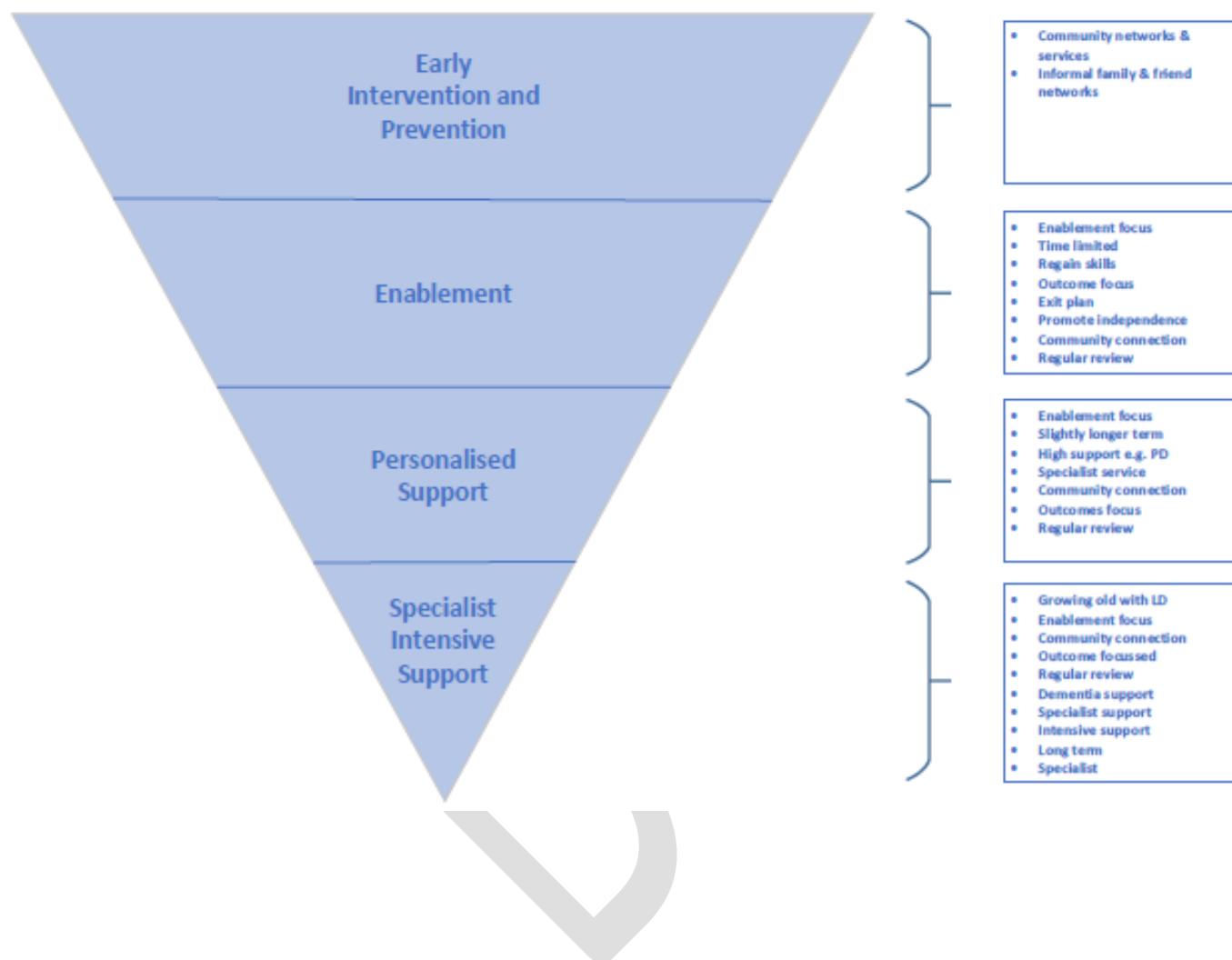
Personalised Support

Some people may need a little longer to regain skills and feel confident and need a higher level of support to achieve their outcomes. In this phase there would be a focus on enabling people to regain their independence and support for them to connect to their communities over a longer period of time. This could involve a programme of support within a day centre environment which aims to enable people to achieve greater independence over a longer time period. This phase would be suitable for people with higher support needs and may involve such activity as commissioning peer-friendship groups.

Specialist Intensive Support

A focus on developing specialist intensive support for people with complex needs. This would involve long term support with a focus on an individual's health and wellbeing and can contribute to hospital avoidance for those who might otherwise see a deterioration in their mental health. Individuals would be supported to be able to access the community like everyone else but may also involve an element of building-based support. This phase would be suitable for people with more complex specialist needs for example dementia, people whose behaviour challenges services and those growing old with existing support needs.

Proposed Day Opportunities Model



What next?

To move to the new model our social work teams and services will work with people in a strengths-based way through regular reviews in order to identify the support they require to meet their needs and outcomes and will look for suitable options to do this. For many, this will mean accessing services or activities that are available in the community but for others there may be gaps in provision. Where gaps are identified we will endeavour to work with service providers and individuals to coproduce solutions to meet their needs.

We will work with local communities to ensure that services are accessible to all, including those with hidden disabilities and will, through our [Market Position Statement](#) and [NottsHelpYourself](#) website, and the through the Adult Social Care Prevention Strategy which is currently in development, to encourage growth in underserved areas.

In order to draft this Strategy we have worked with a number of people who have expressed an interest in the future development of services. This includes people who work in social care, those who run activities in the community and those who provide services as well people who use services and their carers. To implement the Vision detailed in this draft Strategy we will continue to work co-productively to develop an implementation plan and will involve people throughout service design, delivery and evaluation. It is anticipated that there will be a gradual movement towards greater community provision of support rather than a whole-scale shift towards community delivery and for some, the service they currently have, will remain the best one. We know that changes to services can be of concern for people and want to reduce this anxiety by working together.

20 September 2021**Agenda Item: 5****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****UPDATE ON ADULTS AND HEALTH RECOVERY FROM COVID****Purpose of the Report**

1. This report seeks approval of the conclusion of the department's COVID-19 recovery plan for wave one of the pandemic, as outlined in the report to Committee in September 2020.
2. This report seeks approval of the department's recovery plan and recovery priorities for wave two of the pandemic.
3. This report seeks approval for additional investment on a temporary basis to deliver and accelerate Adults recovery from the pandemic and the Service Improvement Programme as outlined in the report to Committee in July 2021.
4. This report seeks approval of the resources required to support the Quality Market Management Team transition to recovery from the COVID-19 pandemic on a temporary basis until March 2022.

Information**Background**

5. In September 2020 Committee approved the Recovery Plan and priorities for the Adult Social Care and Public Health department following the implementation of emergency operating models in response to wave one of the Coronavirus pandemic.
6. Since then the department has been responding to a second wave of Coronavirus, with Public Health implementing a systemwide testing and vaccination programme with partners across the County and has led the response to the recent COVID-19 delta variant outbreak, as part of its continued additional responsibilities for COVID-19 Outbreak Management.
7. The Department of Health and Social Care published a policy paper entitled Adult Social Care: Our COVID19 Winter Plan 2020 to 2021 on 18th September 2020. The policy paper put into practice the recommendations of the Social Care Sector COVID-19 Support

Taskforce and set out actions for Local Authorities, Clinical Commissioning Groups and care providers to take over the winter period.

8. In response to this the department developed a COVID-19 Winter Plan which was published on the Council's website on 31st October 2020 and a letter sent to the Department of Health and Social Care to provide reassurance that the Council had a winter plan in place and was working to meet all the Department of Health and Social Care requirements in full.
9. The department's Winter Plan was successfully implemented by 31st March 2021.
10. In June 2021 Committee approved the arrangements to sustain the delivery of the Local Outbreak Management Plan until September 2023, with the introduction of a COVID-19 response service within Public Health. This development sits alongside the wider corporate approach to recovery set out in a COVID-19 Recovery Framework which was presented to Policy Committee in July 2021 (see Background Papers for further information on both reports).
11. In July 2021 Committee approved £3.3m of investment to support increased demand across Adults as a result of the pandemic and also areas identified that would accelerate COVID-19 recovery, with improvements to services that will build back better ways of working and the investment required in the short term to support this.

Conclusion of COVID-19 wave one Recovery Plan

12. The recovery plan for the first wave of the pandemic was presented and agreed at Committee in September 2020, and the recovery action plan was progressed and monitored through the Recovery and Transformation Group which was set up as part of the governance structure for recovery in June 2020.
13. Whilst the department began to implement actions to reset and transform there was emerging evidence that a second wave of the pandemic was likely, and a second national lockdown was introduced on 5th November 2020.
14. There were some successful initiatives during the first wave that are still in place today such as the Emergency Response Support Framework, which provides a toolkit for managers in the department for any emergency and was based on learning from wave one of the pandemic, and a new emergency workflow for hospital discharge.
15. The department also introduced a co-production steering group which has continued to flourish over the past 12 months, and further investment was approved to develop this approach further in the report to Committee in July 2021.
16. Collaboration with partners during the pandemic has continued across the County through the Local Resilience Forum network.

COVID-19 wave two

Departmental Challenges seen during wave two of the pandemic

a) Care Homes – Coronavirus outbreaks

17. The Coronavirus outbreaks managed and supported by the Quality and Market Management Team during wave two of the pandemic have been on a much larger scale than in wave one with 286 outbreaks in total across care homes, supported living and housing with care services. At one point Quality and Market Management Team colleagues were managing up to 100 outbreaks.
18. In order to mitigate this demand on resources a multi-agency system “Taskforce” was established in November 2020 to co-ordinate the response and support to providers and manage risk to the market.
19. In addition to this the department initiated a Care Home Response Hub, to provide extra workforce capacity when it was needed by the deployment of staff from internal services.
20. However the extra demand to manage outbreaks affected the business as usual tasks undertaken by the Quality and Market Management Team, with further details and a request for investment detailed in **paragraphs 49 to 54**.

b) Social Care Market

21. The department is moving into recovery with a social care market that is fragile and under pressure. There are a number of factors affecting the market which are detailed below:
 - recruitment and retention is a real issue for the market but is significantly impacting on homebased care capacity
 - providers are reporting that recruitment and retention of experienced registered managers is a real issue citing “manager burnout”
 - mandatory COVID-19 vaccination in care homes will significantly impact on staffing and the outcome of the consultation for homecare is not yet known
 - there are few specialist care home beds in the County
 - increase in community referrals but reduction in home care capacity
 - the financial viability of care homes is also a concern as insurance cover remains an issue for providers
 - decrease in the number of people wanting to work in social care.
22. The recovery of the social care market is a key priority for the department, with further actions being taken by the Quality and Market Management Team detailed at **paragraph 36**.

c) Public Health – Additional Responsibilities

23. Following the first wave of the pandemic, local authority Public Health teams took on greater responsibilities in preventing and mitigating local COVID-19 outbreaks. Outlined in the Nottinghamshire [Local Outbreak Management Plan](#), published in June 2020 and then updated in March 2021, these have included:
 - a. Public Health leadership and advice to the organisation and Local Resilience Forum partners

- b. regular communication and engagement with communities to promote key messages that reinforce the importance of following rules and advice related to the pandemic
 - c. establishing and maintaining a network of asymptomatic local testing sites and mobile units across Nottinghamshire
 - d. daily local outbreak review to monitor population data, identify new trends & situations and agree action
 - e. outbreak control teams for situations of concern to ensure all control measures are considered to manage outbreaks
 - f. support for schools, universities, prisons, care homes, workplaces and other high-risk settings
 - g. establishment of a local test and trace service to manage cases passed on from the national test and trace system
 - h. support for enforcement action through environmental health investigations and police activity
 - i. Public Health advice to the local NHS vaccination programme.
24. In order to sustain delivery of the Local Outbreak Management Plan, temporary staffing posts were established, and a significant proportion of existing Public Health staff were redeployed from their usual roles and responsibilities. Due to the escalation of the pandemic response during the winter period, all but the most critical areas of Public Health work were paused or significantly scaled back.
25. However, with the introduction of a COVID-19 Response Service within Public Health until September 2023 (detailed in **paragraph 10**), the necessary resources will be in place to undertake a reprioritisation exercise to deliver on both outbreak response and business as usual agendas as the department moves into recovery.

d) Operational Teams - Changes to operating models

26. During wave two of the pandemic key operational teams within Adults made adjustments to their operating models to accommodate exceptional demand due to the pandemic and the introduction of a new NHS Hospital Discharge Policy.
27. In addition to this the Department of Health and Social Care introduced a COVID-19 Winter Plan in October 2021 with requirements that the department had to meet with a focus on the care home and homecare sector.
28. Brief details of the changes are outlined below:
- Maximising Independence Service – switched their model to provide homecare as well as reablement over the winter months to support hospital discharges
 - Hospital Teams – work continues with partners to embed the hospital discharge policy and new ways of working
 - Maximising Independence Service - deployment of enablement staff to support safe and well checks being completed with individuals the department supports, and which were a requirement of the Department of Health and Social Care winter plan
 - Provider Services – development of a care home response hub to create extra capacity for care homes when they have staffing capacity needs
 - Day Services – colleagues created innovative ways to support individuals whilst the majority of building based support was closed.

29. Throughout the pandemic, the department did not use any of the Care Act easements, created under the Coronavirus Act 2020, and has continued to meet its statutory obligations in full despite the increased demand and complexity of the pandemic. An example here is the Approved Mental Health Practitioner service which has maintained the face to face standard of working and safeguarded the rights of people.

Learning and feedback on new initiatives introduced during wave two

a) Device lending Scheme

30. This scheme was introduced in April 2021 to support people where their ability to access social care services and support has been negatively impacted by COVID-19. The Council provides the tablet devices and unlimited data to access the intranet. Mencap also work with a wide range of vulnerable adults with additional support needs, so that individuals can gain the confidence and skills to use a digital device to help them achieve their health and social care outcomes. Since the start of the project 51 referrals have been received, with 42 devices issued. Additional devices are available for up to 258 people.
31. A wide range of channels continue to be utilised to raise awareness of the scheme with colleagues to encourage referrals into the scheme. This is under continuous review and adaptation.
32. Below are examples of the differences this scheme has had for people the department supports:

Mr Jones has been discharged home from hospital, he lives alone with no family close by and has long term social care needs.

Mr Jones is now using supermarket shopping apps with confidence to deliver food and 'Milk and More' to gain essential fresh food items. He is digitally accessing the local library and using 'Fantastic Fiction' to identify books to order and read. He has begun emailing people to help himself to re-establish his life.

Participant's comments:

'It is a god send'

'I don't know what I would do without it'

'...If I don't know something, I can ask about it, how to do things'

'I can order books I want from the library; I can find out what is new and other books by that author'

'I can shop and buy the things I need for my cats'

Mrs Smith is a full time carer for her husband. She is very isolated, and only had her mobile phone to access the internet and the phone screen was very hard to read and navigate round.

Mrs Smith is now successfully using shopping apps to meet day-to-day needs, and using Facebook to connect with family members and has local news via local paper app.

Participant's comments:

"A big difference, a bigger screen that I can see what I need to buy."

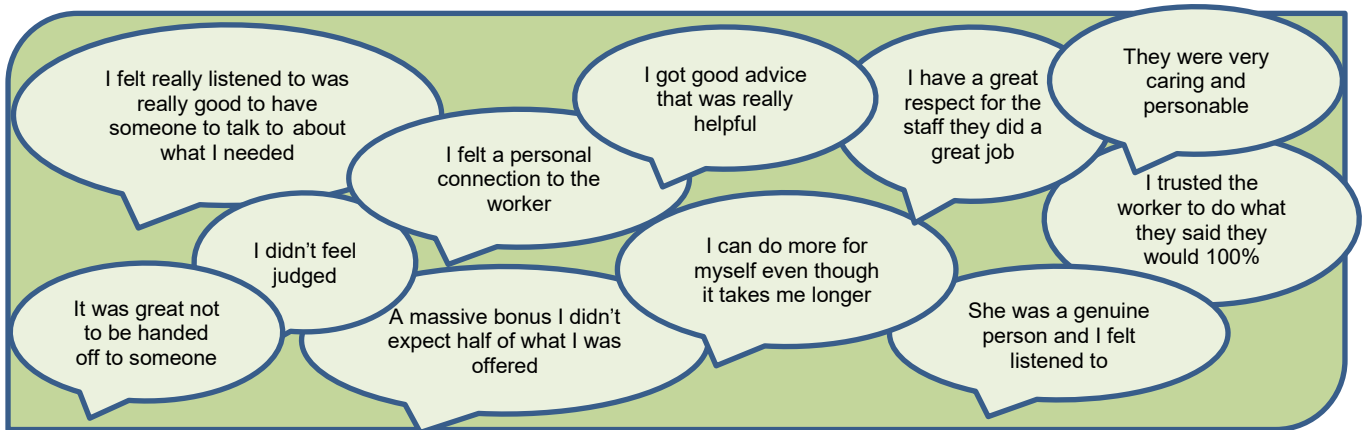
"I like going on Facebook to talk to my family."

"I look at The Chad (local newspaper) and the BBC news."

"The tablet has made a big difference to me."

b) Innovation Sites – Strengths Based Approach

33. The first innovation sites to embed a three conversation approach across the department were introduced in April 2021 during wave two of the pandemic, with the aim of reconnecting people with their community and focussing on “what’s strong” and not “what’s wrong” and asks the question “what does a good life look like for you?”.
34. Feedback from people the innovation sites have been working with is detailed below:



Public Health

35. During the pandemic Public Health commissioned services and adapted their service delivery to continue supporting residents whilst minimising the risk of infection. In the main this involved digital alternatives to face-to-face support. For example, Change Grow Live (the provider for substance misuse services) utilised fingerprint drug testing which enabled the service user and recovery worker to socially distance, receive quicker test results, and speed up access to treatment via WhatsApp consultation. The learning from digital interventions and support such as these has been adopted across Public Health commissioned services to improve outcomes for residents.

Departmental Recovery Priorities

36. As the department moves into recovery, with the ending of restrictions nationwide, there are some key priorities for the department to address and these are shared below:

a) Social Care Market

Work with social care providers will continue to ensure that there is capacity to provide re-active COVID-19 support to the social care market and that processes align, with the continuation of system partnership working through the 'Taskforce' identified in **paragraph 18**.

The Quality and Market Management Team will work with Integrated Strategic Commissioning colleagues to provide clear messaging to the market as to what the future needs/demands will be of social care providers in Nottinghamshire. This will be achieved by working with providers to develop 'fit for the future' services

b) Social Care Market Recovery

The quality monitoring and audit processes will recommence to ensure that there is robust oversight of the quality of the market in Nottinghamshire. A robust external workforce plan will be co-produced with all partners (including providers) to respond to identified issues with recruitment, retention and training.

c) Wellbeing of the workforce

The department continues to participate in workforce resilience and recovery from the pandemic through the corporate workforce recovery group and wellbeing task and finish group, to build on values and beliefs and develop a strategy and shared vision that will see employees provided with tools, opportunities and support, based on relationships and trust.

Some of the initiatives underdevelopment or already in place are highlighted below:

- Corporate workforce wellbeing survey completed in April 2021
- Wellbeing pages developed with key resource links on the home page of the intranet
- Development of a monthly wellbeing newsletter - Wellbeing Wednesday
- Review of corporate supervision template to ensure a focus on wellbeing and strengths-based approach is included with links to resources to support staff.

d) Public Health

Establishing the Covid-19 Response Service is a core priority to ensure sustained outbreak management response for the next two years. Once in place, it will allow existing staff to be freed up to re-engage with their business as usual agendas that have been paused or significantly scaled back.

Work to develop the new Joint Health and Wellbeing Strategy from 2022 has begun through the Health and Wellbeing Board. This will set the strategic focus for improving and protecting the health and wellbeing of residents as we recover from the pandemic and beyond.

Approach to recovery for wave two

37. The department has learnt lessons from wave one of the pandemic and has taken a more proportionate approach to recovery for wave two, with recovery profiling across services reduced and the recovery plan development and progress being managed through the existing Risk, Safety and Emergency Management Group governance.
38. What has been different this time is the department's alignment to both the National Roadmap to ease restrictions and the corporate recovery framework agreed at Policy Committee in July 2021, which identified potential scenarios to inform service planning, business continuity planning and recovery planning across Adults to support the delivery decisions needed to navigate living with COVID-19 through 2021 (see Background Papers for further information).

39. The department also continues to engage with corporate recovery workstreams which have continued from wave one to support the Council's workforce, properties and premises.

Service Improvement Programme

40. Additional information is provided below for the new initiatives outlined in the report to Committee in July 2021 on Technology Enabled Care to further support recovery from the pandemic.
41. Since the report to Committee in July 2021 has been a review of the resources required across the Quality Market Management Team in order to transition safely to recovery and meet business as usual demands. Further details are provided in **paragraphs 49 to 54**.
42. These initiatives and resources have been aligned to the Service Improvement Programme themes presented in the report to Committee in January 2021 and provide the framework for further investment across the department.

Theme 5 - Prevention and Early Intervention

a) Technology Enabled Care

43. Following the review of the Council's Technology Enabled Care (**TEC**) Service by strategic partner PA Consulting, a follow-up strategic planning session is being held at the end of September with Group and Team Managers to establish future priorities for the Technology Enabled Care service and inform a new social care Technology Enabled Care Strategy from 2022.
44. Plans to introduce a 'bring your own device' initiative are being developed, which aims to support people to use technology they may already own to support their social care needs, for example using smartphones and smart speakers to manage prompts for daily living activities, such as taking medication. This initiative would require further short term investment of £52,389, which includes the funding of 1 fte Technology Enabled Care Officer until March 2022.
45. Work is also underway to improve the range of Technology Enabled Care devices available to support independence, for example the use of advanced activity monitoring systems in reablement which can record the use of objects to determine if a person with a cognitive impairment is independently making their own drinks and meals, or using any aids which have been provided to keep the person safe. The cost of additional Technology Enabled Care equipment to reduce social care demand totals £104,200.
46. The Technology Enabled Care service has also seen the impact of the COVID-19 pandemic, with an increase of urgent referrals to support hospital discharge, which has led to a backlog of annual reviews of people's Technology Enabled Care solutions and therefore request the establishment of 1 fte Technology Enabled Care Advisor to complete reviews on a short term basis until March 2022, at a cost of £15,141.
47. In addition, as part of service recovery from the COVID-19 pandemic, a programme of training is being delivered to frontline staff between September 2021 and March 2022 to

embed knowledge of how Technology Enabled Care solutions can be used to manage risks to independence, support people to self-manage their care and reduce stress for carers.

48. The impact of these Technology Enabled Care initiatives on outcomes for people using services and reductions in cost pressures will be measured through an existing benefits tracking system developed by the Council which was highly commended by PA Consulting.

Table of Resources

Resources	Grade	Full Time Equivalent	Team	Total Cost £
Technology Enabled Care Officer	Band A	1.0	Service Improvement Quality and Practice	21,389
Technology Enabled Care Advisor	Grade 4	1.0	Integrated Strategic Commissioning	15,141
Technology Enabled Care Equipment and Associated Costs			Integrated Strategic Commissioning	135,200
Total				171,730

Theme 7 – Recovery and Reset

a) Quality Market Management Team

49. As outlined above in **paragraphs 17-20** the Quality and Market Management Team has dealt with unprecedented demand on their resources over the last 12 months and the team's capacity to maintain the current position and meet the priorities in 2021/22 detailed in **paragraph 36** will require temporary resources to March 2022 in order for the priorities to be met and being able to step up/down in response to COVID-19.
50. The team stood down the audit process to maintain emergency support and re-active quality processes, and now needs to schedule approximately 580 visits/audits in the next 12 months to clear the backlog. Quality concerns (including safeguarding referrals) are increasing and it is expected there will be an increase in provider failure in the next 12-18 months. It is anticipated that a further 4 fte Quality Contract Officers are required on a temporary basis until March 2022 to support this work.
51. Oversight of home care contracts for Rapid Response/Home First Response Service has increased significantly and dedicated officer time is required to support the maintenance of the contract/increase in the market. Prior to COVID-19 the average number of people accessing rapid response was between 20 and 25 at any one time. Presently the service is supporting between 75 to 90 a week. Utilisation of this contract has more than doubled.
52. Dedicated resource is also required on a temporary basis to support hospital discharges to care homes that will:
- hold an overview of vacancies in the County

- have the latest information regarding suspensions/closures
- have an overview of what the homes can support (nursing/dementia etc)
- link with district/hospital teams
- review the NHS capacity tracker data
- link with commissioning regarding gaps in the market.

53. It is therefore proposed to have a specific homecare/ care homes hospital discharge team within the Quality and Market Management Team on a temporary basis to meet this ongoing demand, as waiting lists at acute hospitals continue to rise and the department continues to see a reduction in people transferring to residential care. This team would consist of 1 fte Quality and Contracts Manager and 4 fte Quality and Contract Officers on a temporary basis until March 2022. (Only 3 fte Quality and Contract Officers need adding to establishment in the Quality and Market Management Team as 1 fte Quality and Contract Officer was approved by the Committee in July 2021).

54. The resources required are shown in the table below:

Table of Resources

Job Title	Grade	Full Time Equivalent	Team	Total Cost £
Quality and Contracts Manager	Band C	1	Quality Market Management Team	27,973
Quality and Contracts Officer	Band A	7	Quality Market Management Team	149,723
Total				177,696

Other Options Considered

55. The only other option available is to continue to meet increasing demand from existing resources, which is not sustainable as the department moves towards recovery, and the existing Service Improvement Programme and any new initiatives will take longer to implement if the department continues to use existing resources from within the Integrated Strategic Commissioning and Service Improvement directorate.

Reason/s for Recommendation/s

56. For the Committee to understand and agree the further investment needed to meet increased demand across services and transition from emergency response to recovery from the pandemic.

Statutory and Policy Implications

57. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability,

and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Data Protection and Information Governance

58. The General Data Protection Regulations (GDPR) require the Council to put in place appropriate technical and organisational measures to ensure that data protection principles and individual's information rights are built into everything the Council does. Legal Services and Information Governance colleagues within the Council will provide guidance on how to progress any new initiatives described to ensure Council obligations are met.

Financial Implications

59. The financial implications of resources requested in this report are as follows:

Resource Requirement	Grade/Band	Full Time Equivalent	Temporary	Team	Total Cost
Prevention and Early Intervention					
Technology Enabled Care Officer	Band A	1.0	Oct 21-Mar 22	Service Improvement Quality and Practice	21,389
Technology Enabled Care Advisor	Grade 4	1.0	Oct 21-Mar 22	Integrated Strategic Commissioning	15,141
Technology Enabled Care Equipment and Associated Costs			Oct 21-Mar 22	Integrated Strategic Commissioning	135,200
Sub Total:					171,730
Recovery and Reset					
Quality and Contracts Manager	Band C	1.0	Oct 21-Mar 22	Quality Market Management Team	27,973
Quality and Contracts Officer	Band A	7.0	Oct 21-Mar 22	Quality Market Management Team	149,723
Sub Total					177,696
IT equipment per new starter, including monthly costs for phone and laptop data	£1,600 per new starter	10			16,000
Sub Total:					16,000
TOTAL COST:					365,426

60. All further investment will be funded from within the current departmental budget due to the current forecast underspend.

Human Resources Implications

61. Recruitment to the posts described in the table in **paragraph 59** will be undertaken in line with the Council's Human Resources procedures and engagement with the Trade Unions.
62. The department anticipates that it may not be able to recruit to all posts given the short-term arrangements requested, and therefore it will potentially be exploring other arrangements such as agency recruitment to fulfil the workforce shortage identified. The Authority's managed service contract for agency staff provision will be utilised should agency staff be required.

Implications for Service Users

63. It is anticipated that the further investment described will make a difference to the people the department supports and the outcomes they are looking achieve, as the population of Nottinghamshire starts to recover from the pandemic.

RECOMMENDATION/S

That the Committee:

- 1) gives approval to the conclusion of the department's COVID-19 recovery plan for wave one of the pandemic, as outlined in the report to Committee in September 2020
- 2) gives approval of the department's recovery plan and recovery priorities for wave two of the pandemic
- 3) gives approval for additional investment and resources to deliver and accelerate Adults recovery from the pandemic and the Service Improvement Programme, outlined in the report to Committee in July 2021, as detailed in **paragraphs 43 to 48**
- 4) gives approval to the resources required to support Quality Market Management Team transition to recovery from the COVID-19 pandemic on a temporary basis until March 2022, as detailed in **paragraphs 49 to 54**
- 5) receives an update on progress of the recovery investment at Committee in January 2022.

Melanie Brooks

Corporate Director for Adult Social Care and Health

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Constitutional Comments (AK 09/09/21)

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

Financial Comments (OC 26/08/2021)

65. The financial implications of this report are detailed within the table in **paragraph 59**, and further in **paragraphs 43-54**. The total cost of £365,426 this financial year will be met by departmental forecasted underspend.

HR Comments (WI 26/08/21)

66. The newly established posts will be recruited to in line with the Authority's recruitment procedures and the successful candidates will be appointed on a fixed term basis, for the duration as outlined in the report. Additionally, the proposal to establish and recruit to the posts has been shared, for information purposes, with the relevant recognised trade unions.

Background Papers and Published Documents

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

[Adult Social Care and Public Health Recovery Plan in Response to Coronavirus Pandemic report to Adult Social Care and Public Health Committee 14th September 2020](#)

[Adult Social Care and Public Health Service Improvement Programme for 2021/22 to 2023/24 - report to Adult Social Care and Public Health Committee on 11th January 2021](#)

[Sustaining delivery of the local Outbreak Management Plan report to Adult Social Care and Public Health Committee 14th June 2021](#)

[COVID-19 Recovery Framework report to Policy Committee 15th July 2021](#)

[Adults and Health Recovery from COVID report to Adult Social Care and Public Health 26th July 2021](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH776 final

20 September 2021

Agenda Item: 6

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 1 2021/22

Purpose of the Report

1. The purpose of the report is to provide:
 - a) an update on the financial position of Adult Social Care at the end of July 2021.
 - b) a summary of performance for Adult Social Care for quarter 1 (1st April – 30th June 2021).

Information

Current Financial Position

2. As at the end of July 2021, the Adult Social Care & Public Health Department is forecasting to underspend by £0.21m in this financial year. This is equivalent to 0.1% of the net annual budget.

Department	Annual Budget £ 000	Actual to Period 4 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
<u>ASCH Committee</u>				
Strategic Commissioning and Integration	(32,821)	(52,563)	(32,754)	67
Living Well and Direct Services	128,906	52,556	128,969	63
Ageing Well and Maximising Independence	122,389	44,802	122,014	(375)
Public Health	1,379	(8,334)	1,167	(212)
Forecast prior to use of reserves	219,853	36,461	219,395	(458)
Transfer to / (from) reserves (SCI)	(4,337)	(34)	(4,303)	34
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	-	-	-	-
Transfer to / (from) reserves (Public Health)	(1,379)	(35)	(1,167)	212
Subtotal	(5,716)	(69)	(5,470)	246
Net Department Total	214,137	36,392	213,926	(211)

3. This forecast is against the revised net budget of £214.14m. The budget has been adjusted by £5.0m to reflect that spending in some areas is lower than initially predicted due to ongoing fluctuations in the level of service and the funding available from other sources.
4. The forecast includes a net use of reserves of £5.47m. There is an anticipated use of reserves of £1.17m for Public Health, £3.47m for Section 256 and £0.83m Pooled Budget reserves.

Transformation and Service Improvement

5. In the 2021/22 financial year, the department had agreed savings of £4.514m.
6. £0.714m has already been delivered with a further £3.08m expected to be delivered during this financial year.
7. As a result of the ongoing response to the pandemic, the delivery of the remaining £0.724m of these savings is expected to slip into 2022/23.

Core Metrics for Adult Social Care and Health

8. As detailed in the quarter 4 report to Committee, the department has co-produced some core metrics with the workforce to help describe what good looks like and how we are performing against that. The areas covered by the core metrics are:
 - **Quality of Life:** the support and services provided to people enhances their quality of life
 - **Positive Contributions:** people are supported to enjoy meaningful lives and are able to make positive contributions to their families, networks, and communities
 - **Independence:** people are supported to live as independently as possible and to exercise control over their lives and support
 - **Use of Resources:** we work with partners to ensure resources are managed effectively, efficiently, and consistently across the department and the wider system to achieve good outcomes for people.
9. **Appendix A** contains I and We statements which have been produced to help make the core metrics more real to people.

Summary of Quarter 1 2021/22 Performance

10. Performance to quarter 1 for 2021/22 is attached as **Appendices B** and **C** of this report. **Appendix C** introduces some of the newly available core metrics that have been developed as described in **paragraph 8**. These two sets of performance outcomes will be reported together from quarter 2 and added to over time.
11. A report about Adult Social Care Covid Recovery was presented to the Adult Social Care & Public Health Committee in July 2021, setting out the impact that delayed and new demand due to Covid 19 has had. This included significant increases in demand for Safeguarding referrals, Occupational Therapy and Care Act assessments, as well as delays to recovery and service improvement work which was also impacted due to the department's priority being on managing the pandemic. The combination of these factors

has also affected the department's performance indicators. Committee approved the temporary resources set out in the Adult Social Care Covid Recovery report that were required to manage the surge in demand, support the recovery plan and accelerate workstreams within the social care service improvement plan.

12. Filling the temporary posts was always going to be challenging in the current climate. This is now in progress using both tried and tested methods, such as the department's own Supply Register and the corporate agency staff provider, as well as more innovative ways to source the capacity required. Staff are gradually being sourced; some are already starting in posts with more scheduled to start after the school holidays end. It is, however, too early for this to have had an impact on the performance indicators. A further report on Adult Social Care Covid Recovery will be presented at Committee on 20 September.
13. Alongside managing the delayed and new demand due to Covid 19, work on the department's programme of cultural change has continued during quarter 1. This is described in **paragraphs 14 to 19**.

Strengths Based Approach and Simplifying Processes

14. As part of the department's activity to support staff to work in a strengths-based way and to simplify our processes so that the workforce can spend more time with the people they support, teams across the department have volunteered to be sites of innovation. The sites of innovation are thinking about, developing and putting into practice better ways of working. Across the department, four innovation sites are currently running. Some of the early feedback shows that many more people we support are having the issues that they contact us about resolved much earlier following their contact with the department. The feedback the innovation sites received from some people that they had worked with is very positive. There were no negatives apart from one person feeling a little overwhelmed with taking in a lot of information very quickly, which has been addressed.
15. These are some of the things that people have told us:

The importance of mutual support and listening to each other	Daily huddles mean no more hunting for a Manager!	The language we use matters	Conversations are everyday and extraordinary
Champions without being 'Champions' – finding out our interests, skills and knowledge	Get involved in different kinds of work	Power dynamics can shift	I thought I was working in a strengths-based way before I started working this way
We've had a genuine say in the development of the Mosaic conversation records	Three Conversation records support proportionate recording	We are learning about our communities	We are working more collaboratively

More innovation sites are due to start in September.

Impact of Owning and Driving Performance

16. Owning and Driving Performance is a key element of the department's cultural change programme. Owning and Driving Performance culture is about managers and staff taking responsibility for driving their own performance and wellbeing and enabling everyone to model the behaviours they expect to see in others in their own practice.
17. The focus for the first wave of Owning and Driving Performance has been on our managers and supervisors who have taken part in virtual workshops which included input on the key elements of good performance; giving and receiving feedback; effective listening; the GROW (Goal, Reality, Options and Wrap Up) model and coaching 'in time'; understanding people's motivation and the impact on team performance; and managing conflict and 'crunchy conversations'.
18. The feedback received so far from colleagues who have undertaken wave one of the five waves of the programme has been overwhelmingly positive. These are some examples of how people have been using Owning and Driving Performance in practice:

In our team meeting this morning we used the 1-word exercise (*where people use one word to describe how they are feeling*) as an introduction exercise and it was a really nice way to open the meeting. It gave us an insight into how people were feeling and allowed us to address/discuss some of these before officially starting the meeting. It was an easy way to introduce a form of the mood elevator to the meeting and help people reflect on how they are feeling and behaving. The Managers had also worked in a positive feedback session into the agenda at the end so as a team we could collectively talk about what had worked well since the last meeting. Both of these exercises helped created a positive and productive environment for the meeting.

I've also added ODP to the agenda for 1:1 sessions with my own team managers, asking for an example of where they have had a success using one of the tools from ODP at each supervision - this is helping myself and managers to be 'consciously competent' on our own journey.

19. This is the beginning of the journey. Each service area has been undertaking review sessions to reflect on what they have learned so far and how they want to take Owning and Driving Performance forward in their areas of service; the next wave will involve more customised work with teams.

Other Options Considered

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

Reasons for Recommendations

21. 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

22. 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

23. As at the end of July 2021, the Adult Social Care & Public Health Department is forecasting to underspend by £0.46m before reserves and £0.21m after accounting for reserve movements as described in **paragraphs 2 - 4**. This is equivalent to 0.1% of the net annual budget.

RECOMMENDATION

- 1) That Committee considers whether there are any further actions it requires in relation to the finance and performance information for the period 1st April to 30th June 2021.

Melanie Brooks

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For any enquiries about this report please contact:

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Constitutional Comments (ELP 09/09/21)

24. The recommendations fall within the delegation to Adult Social Care and Public Health Committee by virtue of its frame of reference.

Financial Comments (KAS 06/09/21)

25. As at period 4, the department is forecasting an underspend of £0.46m before reserves and £0.21m after accounting for reserve movements as described in **paragraphs 2 - 4**.
26. This forecast is after the budget has been adjusted by £5.0m to reflect that spending in some areas is lower than initially predicted due to ongoing fluctuations in the level of service and the funding available from other sources.

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.

[Adults and Health Recovery from Covid - report to Adult Social Care and Public Health Committee on 26th July 2021](#)

[Update on Adults and Health Recovery from Covid - report to Adult Social Care and Public Health Committee on 20th September 2021](#)

Electoral Divisions and Members Affected

All.

ASCPH777 final

ASCH Core Metrics Framework

Quality of Life

Positive Contribution

Independence

Use of Resources

The support and services provided to people enhances their quality of life		People are supported to enjoy meaningful lives and are able to make positive contributions to their families, networks and communities		People are supported to live as independently as possible and to exercise control over their lives and support		We work with partners to ensure resources are managed effectively, efficiently and consistently across the department and the wider system to achieve good outcomes for people
I can live the life I want balancing what is important to me with the support I need to keep safe and well	We have conversations and listen to people to discover what they want from life and the care, support and housing that can achieve this	I feel that people around me value me for who I am and the things I am able to do	We will recognise and value people's strengths and personal qualities when having conversations and working together	I can do things that are important to me as independently as possible.	We talk with people to find out what matters most to them, their strengths and what they want to achieve and build on these	I have enough time to spend with people to build relationships and trust, to understand what is important to them, and work creatively
I live in a place I call home	We have conversations and listen to people to discover what they want from life and the care, support and housing that can achieve this	I feel that I am part of my community and can contribute to it	We will support people to keep in touch with and contribute to their community including family friends and others who are important to them	I am fully involved in and given choice about my support and make my own decisions	We recognise that people are the experts in their own lives and will support them to make their own decisions and take positive risks	I am able to offer consistent support to people across Nottinghamshire
I am in touch with the people who are important to me, do the things that are important to me and go to places that matter to me or important for me to go to	We have conversations and listen to people to discover what they want from life and the care, support and housing that can achieve this	I can take part in education, volunteering and going to work if this is important to me	We will support people so they can take up opportunities to learn, volunteer and work if it is important to them	I get the information and advice I need, when I need it in a way that works for me	We provide accurate and up-to-date information in ways that work for them	I use NCC Adult Social Care resources wisely and creatively to achieve positive outcomes for people
I can live the life I want balancing my role as a carer and being able to look after my wellbeing as well	We will support family carers to look after their own wellbeing whilst caring for their loved ones					

Adult Social Care Performance Update - Quarter 1 (Apr - Jun 2021)						2019/20	2020/21	Apr-21	May-21	Current Value	Target	Best to be	RAG	Direction of Travel	National Average
Reviews															
Percentage of reviews of Long Term Service Users completed in year	84.9%	74.0%	10.7%	19.0%	27.4%	100.0%	High	G	TOWARDS TARGET	LOCAL & NATIONAL					
Reablement & Enablement															
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%	84.8%	84.4%	82.9%	83.0%	High	A	Away from Target	82%					
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%	2.5%	2.2%	2.5%	High	A	Away from Target	2.6%					
Packages of Care and Support															
Number of new packages set up each month	£455	£549	£450	£454	£484	To reduce	Low	A	Away from Target	LOCAL CORE					
Average package cost for LT and ST services	£466	£484	£523	£498	£511	To reduce	Low	R	Away from Target	LOCAL CORE					
Direct Payments															
Proportion of adults receiving direct payments	40.6%	38.6%	38.2%	38.3%	38.3%	42.0%	High	R	No Change	27.9%					
Long Term Care															
Number of Younger Adults supported in residential or nursing placements	662	694	689	687	686	635	Low	R	TOWARDS TARGET	n/a					
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	-	1.8	4.1	16.4	Low	G	TOWARDS TARGET	14.6					
Number of Older Adults supported in residential or nursing placements	2,375	2,104	2,136	2,126	2,158	2,309	Low	G	TOWARDS TARGET	n/a					
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	-	67.4	116.5	469.9	Low	G	TOWARDS TARGET	584					
Percentage of older adults admissions to LTC direct from hospital (Better Care Fund)	0.13	5.4%	-	2.5%	2.9%	11.0%	Low	G	TOWARDS TARGET	LOCAL					
Employment and accommodation															
Proportion of adults with learning disabilities in paid employment	2.4%	2.0%	2.0%	1.8%	1.8%	2.9%	High	R	Away from Target	5.6%					
Proportion of adults with learning disabilities who live in their own home or with their family	76.3%	74.5%	74.3%	74.3%	74.5%	77.0%	High	A	TOWARDS TARGET	77.3%					
Safeguarding															
Percentage of safeguarding service users who were asked what outcomes they wanted	82.5%	81.0%	75.8%	77.5%	80.1%	85.0%	High	A	TOWARDS TARGET	79.0%					
Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved	75.0%	75.0%	70.7%	72.4%	78.7%	80.0%	High	G	TOWARDS TARGET	67.0%					
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed	85.9%	86.5%	87.6%	87.1%	88.6%	90.0%	High	G	TOWARDS TARGET	89.5%					
Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an Independent Mental Capacity Advocate, advocate, family member or friend	86.9%	85.5%	79.8%	83.3%	83.1%	85.0%	High	A	Away from Target	87.0%					
Deprivation of Liberty Standards															
Percentage of DoLS assessments received and completed in year	89.0%	64.0%	-	40.0%	45%	90.0%	High	A	TOWARDS TARGET	LOCAL					

Adult Social Care Performance Update - Quarter 1 (Apr - Jun 2021)						2019/20	2020/21	Apr-21	May-21	Current Value	Target	Best to be	RAG	Direction of Travel	National Average
Reablement & Enablement															
Number of people who completed START reablement						N/A	N/A	120	284	470	2,432	High	R	TOWARDS TARGET	LOCAL CORE
People successfully completing a programme of enablement (with a Promoting Independence Worker)						N/A	N/A	18	41	61	1,000	High	R	TOWARDS TARGET	LOCAL CORE
Hospital Discharge															
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%	37%	32%	35%	NEW	High			LOCAL
The average number of days between MFFD or Discharge Notice and Discharge						N/A	2.88	3.29	3.47	3.40	NEW	low			LOCAL CORE
Packages of Care and Support															
The number of people entered into interim residential care from hospital where this was not the 'ideal' service						N/A	N/A	22	47	67	TBC	Low			LOCAL CORE
Direct Payments															
Percentage of new Direct Payments used to purchase a Personal Assistant						19.0%	26.5%	33.3%		28.3%(p)	50.0%	High	R	Away from Target	LOCAL CORE
Employment and accommodation															
Proportion of young adults supported to access employment, education, training or volunteering						N/A	8.6%	8.8%	8.6%	8.5%	25.0%	High	-	-	LOCAL CORE

20 September 2021**Agenda Item: 7**

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SENIOR STAFFING ESTABLISHMENT

Purpose of the Report

1. To propose the establishment of 1 Full-Time Equivalent (FTE) Deputy Director of Public Health post on a permanent basis within the Public Health Division, at a cost of £130,940 (Band I) per year, inclusive of on-costs, funded from the Public Health Grant.

Information

2. In 2013, local authorities were delegated¹ the role of providing information and advice to ensure that parties discharge their roles effectively for the protection of the local population. The Director of Public Health is responsible for the local authority contribution to health protection matters, including the authority's role in planning for and responding to incidents which present a threat to the health of the population.
3. The proposal to establish a Deputy Director of Public Health role arises from the need to strengthen the resilience of the public health team in delivering these statutory duties and the delivery of other public health agendas and outcomes for people in Nottinghamshire.
4. In regard to health protection specifically, the need relates to two considerations. Firstly, the role is needed to bring additional senior capacity to the authority in discharging its health protection duties and to whom the Corporate Leadership Team can look for continuity of specialist public health cover, especially during periods requiring a sustained public health response. Secondly, it is clear that ensuring that everyone in Nottinghamshire is able to live safely with COVID-19 and other communicable disease threats will require greater attention to and scrutiny of health protection arrangements than capacity in the local system has allowed in recent years. Closely linked to this second point is the reform of health protection arrangements out of which the UK Health Security Agency is being established and which is likely to require additional ongoing attention from the Director of Public Health.
5. Aside from health protection, the Deputy Director of Public Health role will also contribute to improved outcomes on other public health agendas, working alongside senior officers in Nottinghamshire County Council, our Integrated Care System partners and our commissioned services.

¹ The Local Authority (Public Health functions and entry to premises by local Healthwatch representatives) Regulations 2013

Current Senior Staffing Establishment

6. Over 90% of the annual Public Health budget of £41.98m is invested in commissioned services. A total of 7% is spent on staffing and running costs, including a contribution to corporate overheads.
7. The senior permanent staffing establishment in the Public Health Division comprises 1 FTE Director of Public Health and 4 FTE Consultant in Public Health, of which 1 FTE post remains vacant after having failed on three occasions in the past year to secure suitable candidates for interview.
8. The Director of Public Health (Band J) is a statutory chief officer and is individually accountable for the delivery of the Authority's public health duties. They are the principal adviser on all health matters to elected members and officers, with a vital leadership role for system-wide efforts to improve and protect health and wellbeing.
9. Consultants in Public Health (Band H) are senior leadership roles focussed on defined portfolio areas (e.g. early years, public mental health, substance misuse, domestic abuse, sexual health). They lead teams of public health practitioners who commission services and work with partners to drive forward health and wellbeing priorities.
10. Both the Director of Public Health and Consultant in Public Health roles are subject to specialist professional registration requirements. This requires the completion of nationally assured specialist public health training and mandatory professional revalidation which is a process designed to monitor fitness to practise and promote improvement in the quality of public health practice.

Deputy Director of Public Health

11. The proposal is to establish 1 FTE Deputy Director of Public Health (Band I) on a permanent basis within the Public Health Division, funded from the Public Health Grant.
12. The key purpose of the role would be to:
 - a. Lead senior teams within the Council and across the health and care system with the overall aim of promoting evidence-based commissioning which results in improvements in population health and reduces inequalities.
 - b. Routinely deputise for the Director of Public Health in the discharge of their statutory duties in executive level partnership arrangements across the local system spanning all three domains of Public Health, and within the organisation.
 - c. Demonstrate and sustain a high level of resilience along with intellectual and practical flexibility to deal effectively with multiple and changing demands in complex multi-organisational contexts, and to meet tight deadlines. A high level of intellectual rigour, negotiation and motivation skills are required to deal with complex public health issues, to advise and make recommendations regarding services and patient care. An ability to understand other cultures to enable effective working across organisational boundaries, influencing without authority and working with tact and diplomacy are essential.

- d. Take responsibility for strategic objectives of the local authority and the Health & Wellbeing Board and act as a change agent to enable delivery of relevant outcome indicators from the public health, NHS, and social care outcome frameworks. The post holder will be expected to work across organisations, be able to influence budgets held by those organisations as well as advocate for change effectively. They will exercise direct managerial responsibility for services and budgets which directly contribute to these objectives but will usually also have substantially greater strategic responsibilities across the council and other agencies.
 - e. On behalf of the local authority, working to the Director of Public Health and with other consultant colleagues, lead on improving the health and wellbeing of local residents and contribute to the leadership of the health and wellbeing system.
13. The Deputy Director of Public Health would be subject to the same professional registration requirements outlined in paragraph 10.

Statutory and Policy Implications

14. 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

15. Establishing 1 FTE Deputy Director of Public Health on a permanent basis at Band I will cost £130,940 per year. This can be contained within the Public Health Grant and therefore represents no additional burden to the Council's Medium Term Financial Strategy.

Human Resources Implications

16. This report proposes to establish a new permanent post in the Public Health Division, as outlined in paragraphs 11-13. Given this is a completely new role, job evaluation has taken place and existing senior staff in the Public Health Division have been consulted.

RECOMMENDATION/S

That Members:

- 1) Approve the establishment of 1 FTE Deputy Director of Public Health post on a permanent basis within the Public Health Division, at a cost of £130,940 (Band I) per year, funded from the Public Health Grant

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (ELP25/08/2021)

17. The recommendations fall within the delegation to Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 24/08/2021)

18. The additional 1FTE Deputy Director of Public Health, will be funded from the Public Health grant at an annual cost of £130,940.

HR Comments (SJ 23/08/2021)

19. As identified in the report the post has been evaluated and the post will be recruited to in line with the authorities recruitment process and the requirements of Public Health England

Background Papers and Published Documents

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

Electoral Division(s) and Member(s) Affected

- All

20 September 2021**Agenda Item: 8****REPORT OF DIRECTOR OF PUBLIC HEALTH****INVESTING INTO THE HEALTHY FAMILIES PROGRAMME****Purpose of the Report**

1. To seek approval to invest £97,673 of forecasted uncommitted Public Health reserves in a service aimed to increase capacity and expertise to support the parent-infant relationship in the first 1001 days of life. The service will form part of the existing contract between the council, and Nottinghamshire Healthcare NHS Foundation Trust for the delivery of the Healthy Families programme.

Information

2. The context for the following proposal is the availability of uncommitted Public Health reserves, and the opportunity to act quickly to invest a small part of this to improve outcomes for children and families over the long term and to avoid pressures on other corporate budgets.
3. Work will continue to take place to develop a further set of proposals to invest the remaining reserves, subject to the ability of the council to carry forward the Contain Outbreak Management Fund beyond March 2022.
4. This specific proposal is being presented to committee at this time due to the time critical nature of working with families in the first 1001 days of life that may have been disproportionately affected by the isolation and lack of peer/family support resulting from the Covid-19 pandemic restrictions.

Proposal

5. Committee is invited to review a proposal to invest £97,673 Public Health reserves in a service aimed to increase capacity and expertise to support the parent-infant relationship in the first 1001 days of life. This will form part of the existing contract with Nottinghamshire Healthcare NHS Foundation Trust for the delivery of the Healthy Families Programme.
6. The locally named 'Healthy Families Programme' (HFP) is the delivery mechanism by which the council meets the statutory requirement to ensure provision of the Healthy Child Programme, as set out in The Health and Social Care Act 2012.
7. This proposal represents a small in-contract expansion of services within the HFP to meet identified need following the pandemic. It would build capacity in the HFP to support the

parent-infant relationship by establishing a small satellite team consisting of 1 full-time equivalent (FTE) Family Nurse and 1 FTE specialist Health Visitor.

8. The small team would work to:
 - a. deliver targeted support to parents (these parents would be identified by the health visitor using the new tool described in paragraph 22) and;
 - b. scope the need for targeted evidence-based interventions in relation to parent-infant relationship via a proof of concept approach.
9. The caseload and remit of these colleagues would be robustly managed to ensure they are not overwhelmed and have capacity to deliver scoping work alongside intervention. It is envisaged that interventions are delivered at a targeted, rather than specialist, level reflecting an early intervention approach: early in the life-course, and non-specialist. Interventions could be further targeted based on deprivation and/or vulnerability.
10. A key element of the proposal is to scope recurrent resource requirements in relation to the parent-infant relationship, which may then form part of a future proposal.

Strategy and alignment

11. The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing - from obesity, heart disease and mental health, to educational achievement and economic status.¹
12. Giving children the best start in life is a fundamental part of improving health and reducing inequalities. The earliest years of a child's life have a significant impact on their long-term development and their life chances.
13. The first 1001 days - from conception to the age of 2 - are a critical period of development. Giving a child the 'best start' begins before birth, with good pre-conception and maternity care. Pregnancy and the early years offer a unique opportunity to shape the lives of our children: if a child receives appropriate support during their early years, they have a real chance of maximising their potential.
14. All children and young people need to be safe and secure so that they can achieve their full potential. **Therefore, providing support to those who need it most, to ensure that children remain safe and healthy, and can enjoy a happy and prosperous life** has been integral to the Council Plan.
15. Locally, the aim to give every child a good start in life is a key priority in the **Nottinghamshire Joint Health and Wellbeing Strategy**, and two recently published local [Joint Strategic Needs Assessments](#): '1001 days: from conception to 2' and 'Early Years and School Readiness' summarise the evidence base for investment in the early years.

¹ Michael Marmot, 2010, Fair Society, Healthy Lives

16. As a result of both the national and local prioritisation of giving every child the best start in life, Nottinghamshire's **Best Start Strategy 2021-2025** has been developed, setting out a comprehensive vision for every child in Nottinghamshire.
17. Supporting an improved parent/infant relationship is a theme running through all policy documents. Having at least one secure, responsive relationship with a consistent parent or caregiver is a vital ingredient in a baby's healthy brain development and lays the foundation for lifelong emotional wellbeing. Strong, secure relationships are protective and can help children to cope with other adversities in their lives. Persistent difficulties in early relationships can have pervasive effects on many aspects of child development, with long term costs to individuals, families, communities, and society.
18. There is a recognition that the parent-infant relationship is vital in maintaining good infant mental health. The term infant mental health describes the emotional well-being of babies and children in the earliest years of life, and refers to how well babies experience, regulate and express emotions. Infant mental health is dependent on the quality of the relationship between a baby and their parent/carers, and reflects whether children have the secure, responsive relationships they need to thrive.
19. It has been identified nationally that at least 15% of babies in the general population need additional parent-infant relationship interventions which are beyond the scope of universal services.²

Current Position

Universal:

20. Maternity services and Healthy Family Teams identify and support women with maternal mental health needs. Maternal mental health, attachment and the parent-infant relationship are intrinsically linked.
21. Health visitors in Healthy Family Teams (HFT's) lead care for all women from birth to the age of 5. They are experts in child development and family health and work in partnership with parents to support and maximise healthy early child development, identifying where families require additional support.
22. In 2021-22, following training, HFT's will begin to deliver the evidence based Brazelton newborn observation (NBO) tool. This relationship-building tool will be delivered universally to equip parents with the knowledge and skills to read, recognise and respond to baby's signs and signals, strengthening the early parent-infant relationship.

Targeted:

23. The Family Nurse Partnership Programme (FNP) is a structured programme delivered to first time teenage parents by Family Nurses who are highly skilled in parent-infant interaction and the parent-infant relationship.

² <https://parentinfantfoundation.org.uk/foundation-toolkit/chapter-2/>

24. Children's centre services offer a range of targeted work for 0-5's to improve child development and school readiness, as well as parenting support, however they do not have an offer focused on the parent-infant relationship.

Specialist:

25. The perinatal psychiatry service works with pregnant and postnatal women with severe mental illness. This includes some work in relation to the parent-infant relationship, however the focus is treating women's mental illness. A new maternal mental health service launching in late 2021 will work with women who have experienced trauma relating to pregnancy / birth / fertility.

26. Specialist Child and Adolescent Mental Health services work with children aged 5 and above, there is no provision for under 5's.

Impact

27. Parents who are tuned-in and able to respond to their baby's needs sensitively in an appropriate and timely way, support a baby's early development:

- Parents' responses shape how babies experience their emotions and how they learn to regulate and express these emotions. If someone responds sensitively to a baby when they cry, for example, the baby learns that they matter, that they can rely on their parents to help them when they are upset, and how difficult emotions can be brought under control.
- When babies receive appropriate comfort and care, they can feel safe and begin to explore the world around them, to play and learn.
- When parents provide positive, playful interactions, and when they engage in play and activities such as singing and reading to their baby, this provides stimulation that helps a child to learn and develop.

28. Work with babies in the first 1001 days is different from work with older children and requires a specific set of competencies: practitioners must have a deep understanding of child development and the ability to read a baby's pre-verbal cues. They need the ability to work with parents and babies, and to focus on their relationships. This is skilled work that requires specialist expertise. It is also true preventative work: acting early to prevent potential harm to babies' emotional wellbeing and later mental health.

29. Whilst there is a continuum of support for families in relation to early child development, and a focus on maternal mental health, which in turn influences the parent-infant relationship there is no dedicated capacity aimed at supporting the parent-infant relationship.

30. The Parent-Infant Foundation's Rare Jewels [report](#) summarises specific evidence in relation to the parent-infant relationship. The report also recommends that local areas develop parent-infant relationship teams: specialist multidisciplinary teams with expertise in supporting and strengthening the relationships between babies and their parents, often delivering a range of interventions from universal training and awareness raising, targeted support, and specialist therapeutic interventions.

31. In recent years there has been increased understanding of the impact, across the entire life course, of interventions aimed at improving health and wellbeing of the very young.³ There is a clear economic case for investing in the early years of children's lives. Investing in quality early care and education has a greater return on investment than many other options. For every £1 invested in quality early care and education, taxpayers save up to £13 in future costs (UNICEF and WHO).
32. In summary, (and notwithstanding the fact that effective services are only one part of what is required to shift outcomes at a population level) there is evidence from a range of studies that interventions like these deliver a good return on investment.
33. Assurance that investment of the Public Health grant in Nottinghamshire County is properly directed to the needs of people and circumstances locally follows from our close attendance to the recommendations of the Joint Strategic Needs Assessment as identified in paragraph 15, and to the rigour with which it sets out unmet need and the evidence of what works to address it.
34. Assurance that investment of the grant secures the intended service outcomes rests on evidence-based commissioning, including proactive contract management and evaluation.

Financial context

35. The Public Health Division is funded through a ring-fenced grant, provided annually as an allocation from the Department of Health and Social Care. In 2021/22, the grant received was £41.980m.
36. In discussion with the Section 151 Officer, a planning assumption has been agreed that the Public Health grant will increase by 1% annually within the period of the Council's Medium-Term Financial Strategy. This would represent a modest reversal of the year on year reductions to the grant in excess of £1m per year which have been applied between 2015/16 and 2018/19.
37. Where the Public Health grant is not spent in-year (due, for example, to slippage in spend or contract under-performance), the unspent monies accrue to Public Health General Reserves.
38. The ring-fenced allocation of Public Health grant is subject to national conditions specified by the Department of Health and Social Care. The conditions apply to the use of the grant including any unused sums which accrue to reserves.
39. Amongst other things the conditions specify that the grant must be for "eligible expenditure" (which it specifies) or for functions which "have a significant effect on Public Health", that the local authority must have regard to the need to reduce inequalities between the people in its area, and that the Public Health benefit to be derived from the use of the fund provides value for money.
40. In discharging its duties and plans, the Public Health Division is expected to make its own arrangements to address risk and is not expected to draw on the Council's other reserves.

³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/771732/BSIL_R_OI_report_01.19.pdf

The Public Health General Reserves provide the resource with which to do this, and £300k is currently held for this contingency.

41. Current forecasts show that £5.6m of uncommitted Public Health reserves will accumulate by March 2022. Committee agreed to hold a significant proportion of these reserves in the event that the Contain Outbreak Management Fund cannot be carried forward beyond March 2022 to fund the COVID-19 Response Service. Subject to further government announcements on this, additional proposals will be brought to committee for investment of Public Health reserves.
42. The proposal has been screened and prioritised against routine considerations relating to Public Health impact, equity, affordability, value for money, and the conditions of the Public Health grant.

Statutory and Policy Implications

43. 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

44. This proposal will cost £97,673 to employ 1 FTE Specialist Health Visitor for a period of 18 months within the Healthy Families Programme contract. A second member of staff will be re-distributed from within the existing contract for 18 months, at no additional cost, to create a small team of 2 FTE with specialist local knowledge and skills in the parent-infant relationship.

RECOMMENDATION/S

That Members:

- 1) Approve the proposal to invest £97,673 of forecasted uncommitted Public Health reserves in a service aimed to increase capacity and expertise to support the parent-infant relationship in the first 1001 days of life. The service will form part of the existing contract between the council, and Nottinghamshire Healthcare NHS Foundation Trust for the delivery of the Healthy Families programme.

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (AK 18.08.2021)

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

Financial Comments (DG 16.08.2021)

46. The cost of £97,673 for a specialist health visitor will be taken from the current uncommitted Public Health reserves, and this will reduce the balance left for additional calls on this uncommitted reserves money, including the Contain Outbreak Management Fund etc.

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.

47. There are a range of national policy drivers highlighting the importance of the early parent infant relationship for a baby's healthy social, emotional, and cognitive development. These include:

- The Best Start for Life: a vision of the critical 1001 days (2021)
- PHE's Best Start in Life and Beyond (2021)
- First 1000 days of life, Health Select Committee (2019)
- Healthy Child Programme (2009), including PHE's rapid review to update evidence (2015) and the Early Intervention Foundation's What Works to enhance the effectiveness of the Healthy Child Programme (2018)
- 1001 Critical Days: the importance of the conception to age 2 period, All Party Parliamentary Group Cross Party Manifesto (2015)
- NHS Long Term Plan (2019) which includes commitments to increase specialist psychiatric provision and psychological support for women before, during and after pregnancy.
- Future in Mind (2015), which highlights the importance of maternal mental health and attachment in relation to prevention and early intervention to support children and young people's mental health

Electoral Division(s) and Member(s) Affected

- All

20 September 2021**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC
COMMISSIONING AND SERVICE IMPROVEMENT****HOME FIRST SERVICES FRAMEWORK AGREEMENT TENDER 2021****Purpose of the Report**

1. To seek approval to proceed with the tender for a provider for county-wide Home First Services (home-based care) through a framework agreement for a single provider. This will allow for different contracts (Call-Off Contracts) to be awarded under the framework, which will allow for the provision of different services and provide flexibility for future developments within the overall agreement.
2. The report proposes that Committee will receive an update report to seek further approval if there are any changes to the service scope, scale and contract value that may be recommended as a result of the dialogue stage of the tender and a forthcoming options review of short-term reablement services.
3. The report also seeks approval to award the contract to the successful bidder for a maximum term of eight years (initial contract term of four years, with an option to extend for two additional years and then a further two years if required).

Information**Background**

4. In November 2017 the first framework agreement was awarded for a county-wide Rapid Response and Hospital Discharge Service and in December the service was launched which became known as the Home First Response Service. The service remit was initially to deliver the Home First Response Service but over time it developed and under the terms of the framework agreement expanded to incorporate the 24 Hour Response Service and has latterly included a Carers Respite at Home Service as a small scale trial. The county-wide service is currently delivered by one provider (TuVida, formerly known as East Midlands Crossroads). The single provider approach ensures consistency, flexibility and economy of scale.
5. The three services which are procured under the current framework agreement are all delivered in people's own homes, require a quick response and are focused on supporting people to remain as independent as possible.

- the Home First Response Service is a short-term, rapid response service providing home-based care for up to a maximum of 14 days. The service facilitates timely discharges from hospital or serves to prevent unnecessary admission to short-term care or hospital due to a temporary crisis at home.
 - the 24 Hour Response Service is an emergency home care service which aims to be at a service user's home within 45 minutes of being requested by a lifeline/telecare monitoring centre to attend following an unforeseen home care emergency.
 - the Carers Respite at Home Service is to enable unpaid carers of individuals needing care and support to get a break from their caring role. The Service is specifically for carers who are providing all the care needs for their loved one and do not receive any regular home-based care services or carers of people supporting someone with an existing package of care support but who have been unable to access short breaks/respite/day services, or other opportunities to enable carers to get a break from caring, due to the current restrictions. This is currently a temporary arrangement to test out the effectiveness of this type of service. It will be reviewed and at that stage a decision will be made on whether the service will become part of this suite of services or would be better as a stand-alone or sited within the wider carers services.
6. The existing framework agreement ends in November 2021. Any individual contracts (often referred to as Call-off contracts) which fall under the scope of the framework agreement can be awarded until this time with the end date for these individual contracts extending beyond the cease date of the framework agreement. This means that although the framework agreement ends in November 2021 the services will continue until April 2023, when the new Home First Framework Agreement is planned to start.
7. The current budgets for the services are as follows:
- the Home First Response Service is £3.6 million per year comprising £3.2m permanent plus an additional £400,000 temporary funding. It is delivered under a block contract, with the provider receiving a proportion of the contract value on a monthly basis.
 - 24 Hour Response Service is £346,000 per annum which is permanent and again a block contract.
8. The Carers Respite at Home Service is temporary pending the review of the trial.

Nottinghamshire's model of Home-Based Care and Support Services

9. The Home First Services are part of the suite of services that make up an overarching model of home-based care and support for adults in Nottinghamshire. The model was created in collaboration with a range of stakeholders, providers, staff and a group of carers and people who use services. The 'Experts by Experience' group defined a vision for services, which is included in the 'Experts by Experience Home Base Care Charter'. The Charter continues to inform service specifications for Home Based Care services. The full Charter is attached as **Appendix A**.
10. The Council's overarching home care model has two main components, short-term reablement services and longer term services. Within each component there are different

service offers and providers, but all the elements are intended to complement one another, and to provide the right type of service at the right time, according to the individual circumstances of people who need them.

Short Term Reablement Services

11. Reablement services focus on avoidance or delay of the need for longer term home-based care and support services through targeted interventions aimed at:
 - maximising independence
 - supporting people through short-term crisis
 - providing more accurate assessments of need to inform any care planning for longer term services.
12. There are three main types of reablement services:
 - **Maximising Independence Service Reablement Team:** a short-term (up to six weeks) reablement service provided by Nottinghamshire County Council. As with the Home First Response Service, it is aimed at people who need a period of reablement following a hospital discharge or a crisis at home, but predominantly at those people who are expected to regain skills and confidence to the extent that ongoing support will not be needed. Historically, the Maximising Independence Service Reablement Team has not provided such a rapid response as the Home First Response Service.
 - **Home First Response Service:** a short-term (7-14 day) service for people who need a period of reablement following a hospital discharge or a crisis at home. The service is designed to provide a very rapid response, on either the same day or the day following referral. The service helps people to regain as much independence as possible and, once this has been achieved, allows a meaningful assessment of their on-going needs to be carried out. The service is intended to be used when it is unclear what a person's final reablement outcome might be. Following on from a period of support from the Home First Response Service a person may go on to receive long-term home-based care, or be identified as having further reablement potential, such that on-going care and support services may not be needed. In such circumstances the person can be referred on to the Maximising Independence Service Reablement Service.
 - **Rapid Response Service:** the Rapid Response Home Based Care Service is a county-wide, short-term service commissioned from an external provider (AMG). It provides extra home-based care capacity at times of greater pressure, so complements and supplements both Reablement and longer term existing services where and when needed. The aim of the service is to ensure that temporary support for people can be put in place very quickly (within four hours of referral if necessary), to allow time to plan and arrange the home-based care and support service that would be most appropriate.

Longer Term Services

13. The second element of the home-based care model addresses the needs of people who require longer term or ongoing services. Whilst these services are for people with longer term care needs, they are nevertheless based on an ethos of promoting independence.

14. The Council commissions long-term services from a large group of providers, who are all included in a framework type contract. There is a hierarchy of providers, who are contracted to provide care and support within one or more of the districts of Nottinghamshire. The hierarchy in each area comprises of one 'Lead Provider', supported by a group of 'Additional Providers' and further 'Supplementary Providers'.

Proposed changes and additions to the 2021-23 Home First Services Agreement Framework tender

15. The proposal is to build on the current model of service delivery for the Home First Services but use the competitive dialogue process to develop and enhance this where possible. Work is also taking place to consider whether changes need to be made to the size and scope of the Home First Response Service in relation to the other parts of the overarching model of home-based care, described above. There are a number of considerations:
- a) demand for the Home First Response Service is growing as a result of various factors. These include overall demographic growth, the need for more home-based rather than accommodation based services and growing numbers of people being discharged from hospital who need community based social care support. This last factor is influenced by the NHS backlog in relation to planned elective treatments and the requirements of same day discharge for people leaving hospital.
 - b) there may be scope to streamline some of our service pathways for people leaving hospital, for example by referring all people who need reablement or long-term support to the Home First Response Service in the first instance, rather than referring some to the Maximising Independence Service. The benefit of this approach is that because the Home First Response Service can usually respond more quickly so that people can be discharged home in a timely way.
 - c) over the past 18 months, as hospital discharges have increased, the proportion of the Home First Response Service resource that is used to support such discharges has increased, at the expense of the capacity to pick up referrals for people living at home, therefore there is a need to re-balance this.
16. The work to review the scale and scope of the service will feed into the discussions that take place with potential providers during the dialogue stage of the procurement. It will also serve to clarify the overall resource needed and the associated contract value. The outcomes of the review work and the dialogue with providers will be reflected in the final service specification and contract value.

Timescales for procurement

17. The procurement process that will be used is Competitive Dialogue. This is a three-stage process incorporating a period of dialogue with interested providers to allow for the development of a more detailed specification for complex or high-risk services or products. It is appropriate for the Home First Services Framework Agreement, which is recognised to be complex and challenging to deliver. The stages of the process are as follows:

- a) an initial bidding process, in response to a high-level service specification that sets out the main elements of the service that the Council wants to be delivered. From this, providers will be selected to go through to stage two.
 - b) a process of dialogue with the selected providers. This can cover various aspects of the required service but focussing on elements that require further development or new solutions. This process gives providers a major role in defining what the service will look like and how it will work and helps the Council to identify the best solutions to meet its needs.
 - c) on the basis of the discussions with providers, a second more detailed service specification is produced. The remaining providers submit further bids against the second specification and the Council selects the provider with the best bid.
18. Due to the collaborative nature of this approach, the competitive dialogue process takes longer than other procurement methods. Furthermore, the fact that there is a comparable service of significant size already in place creates the potential for TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) to apply, if the provider selected to deliver the new service is different to the incumbent provider. TUPE regulations govern the transfer of staff between outgoing and new service providers. A period of six months needs to be factored into the timescales for implementing any new service, to ensure that any such staff transfers are done correctly.
19. For the reasons outlined above, for the new service to start in April 2023, approval is sought to start the tender in October 2021. A full timetable is set out at below.

Stage 1	Description	Date
Pre-tender preparation	Initial specification drafted and passed to Procurement	September/October 2021
Call for competition	Opportunity advertised through the procurement electronic portal	October 2021
Selection process	Prequalification questionnaire (PQQ) and selection of participants to participate and submit initial solutions	November 2021
Dialogue process	Opportunity to discuss and refine ideas and solutions	December 2021 - February 2022
Evaluation	Evaluation of all the proposals	February 2022
Finalise all tender documents	Final version of specification based on the competitive dialogue with potential bidders	March - April 2022
Stage 2	Description	Date
Final Invitation to Tender issued	Final tender document issued - invitation to submit tender with pricing	May 2022
Invitation to Tender response	Deadline for final tender responses	July 2022
Tender evaluation	Evaluation of submissions in accordance with published award criteria	August 2022
Selection of preferred bidder and standstill	The date by which the Council will proceed to announcing the preferred bidder, including a 10-day standstill period	September 2022

Preferred bidder stage	The period when the preferred bidder and partnership will work together to finalise the contract ready for signature	September 2022
Contract signature	The signature of the contract between the Council and the contractor(s)	30 September 2022
Transition period	Period when the new operating model and service is implemented, including any transfer of staff.	October 2022 - March 2023
Commencement date of new service		1 April 2023

Other Options Considered

20. Another option has been considered of proceeding with an Open Tender rather than the Competitive Dialogue approach. The advantage of this would be a shorter procurement timescale but would require a detailed specification at the point of advertising the tender, which would mean very limited opportunity for collaboration with the providers and less creative and innovative solutions to the subsequent service design and delivery.

Reason/s for Recommendation/s

21. The Council is required to follow procurement and legal process to retender the Home First Services Framework ready for commencement by April 2023. Without a similar service being put in place the Council would not be compliant with its statutory duty to provide care and support services to people who need them within 48 hours.
22. The length of the contract being recommended is a maximum of eight years with the initial contract term of four years, with an option to extend for two additional years and then a further two years if required. This reflects the size and complexity of the service being commissioned and allows the provider and the Council sufficient time to invest in and develop the service in line with changing needs and priorities.

Statutory and Policy Implications

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

Data Protection and Information Governance

24. A full Data Protection Impact Assessment (DPIA) is underway in preparation for the tender commencement and will be concluded on award of contract.

Financial Implications

25. The cost of the hospital discharge and community based Home First Response Service elements of the service will be within the current budget allocation of £3.6 million per annum, plus the budget for the 24 Hour Response Service of £346,000.
26. Whilst the provider, in conjunction with the Strategic Commissioning Team, will be required to explore options for delivering savings and efficiencies, this will need to be considered in the context of a number of upward financial pressures. As outlined above, further work is taking place to understand the financial implications of increased demographic demands, increased numbers of people being discharged from hospital, and of the options for reconfiguring the Council's different reablement services.
27. If there are additional service requirements, any additional funding will need to be secured before the final specification is agreed.

Public Sector Equality Duty implications

28. The nature of the services being commissioned mean they will affect older and younger adults, including people with disabilities and those who have multiple and complex health and social care needs. Support will also be provided to people who are carers of adults with health and social care needs.
29. A full Equality Impact Assessment (EQIA) is being undertaken in preparation for the tender commencement.

Implications for Sustainability and the Environment

30. The service provider will be expected to contribute to the social, economic and environmental wellbeing and prosperity of Nottinghamshire. The tender process will specifically address this and bidders will be required to demonstrate how they will add social value through this contract.

RECOMMENDATION/S

That Committee:

- 1) approves the commencement of the tender for a new provider for the county-wide Home First Services through a framework agreement for a single provider
- 2) approves the award of the contract to the successful bidder for a maximum term of eight years (initial contract term of four years, with an option to extend for two additional years and then a further two years if required) and will receive an update report on the outcome of the tender and award of contract
- 3) agrees to receive a report to seek further approval if there are any changes to the service scope, scale and contract value that may be recommended as a result of the dialogue stage of the tender and the review of short-term reablement services.

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Constitutional Comments (AK 26/08/21)

31. This report falls within the remit of Adult Social Care and Public Health Committee.

Financial Comments (DG 25/08/21)

32. The Home First Response Service and 24 Hour Response Service has a permanent budget of £3.537m and £0.439m temporary funding. These are the current budget envelopes, for the tender.

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.

ASCPH774 final

Experts by Experience Home Based Care Charter

“Our Vision for Homecare in Nottinghamshire”

Developed by people who live with, or have lived with, the need for care at home

We think the purpose of Homecare is –

“To support people to live in their own home as independently as possible and with dignity through the delivery of good quality individual care”

We want everyone to know that we value and respect the support we receive from home care workers. They currently enable us to:

“Live with my partner at home”

“Carry on caring for my husband the other 23 hours a day”

“Have the strength to carry on caring”

We want all home care workers in Nottinghamshire to:

- Be caring, dedicated, show warmth and understanding
- Be reliable and on time
- Be confident, engaging and have a can do attitude
- Be well trained and supported by the Provider they work for
- Be valued, respected and involved in the reviews about the people they support
- Have good up to date information about the people they work with so they know what is expected of them and how to support a person well.

This means home care Providers and their managers in Nottinghamshire must ensure:

- They listen to the person and their family and check the quality of the care provided to make sure it works for them
- Their staff are listened to and are confident enough to share concerns with their managers.

- Staff are well trained and supported
- Staff have regular appraisals to identify their development and training needs, which then form the basis of the organisation's on-going training and support
- Individuals, their families and care staff are involved in the development of Care Plans and these are kept up to date
- There are clear back up plans in place for individuals that (which) prioritise what matters to people and all care staff are informed of these before they start working with a person
- They ask individuals and their families how they can improve the quality of what they are doing and work with these people to make changes when needed.

Communication – For us the most frustrating aspect of getting care right is communication between the person receiving support, care worker and Provider office staff. Experience shows this to be frequently poor, causing us unnecessary stress and anxiety

- Providers must ensure that all office staff understand the importance of keeping care staff and the person and the families they support informed of changes that impact upon the provision of care
- Everyone involved has up to date contact details so they know who to get in touch with and calls are answered
- Individuals and families receiving care are always told in advance if there are changes to the time, personnel or how their support will be provided
- Complaints are dealt with immediately and effectively to achieve a satisfactory outcome.

20 September 2021**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC
COMMISSIONING AND SERVICE IMPROVEMENT****AUTISM PRE-DIAGNOSTIC SUPPORT SERVICE****Purpose of the Report**

1. The report seeks approval to proceed with the procurement of an Autism pre-diagnostic support service within timescales set by NHS England.

Information

2. Through Transforming Care Partnerships local authorities with their Clinical Commissioning Group partners have been working on a programme to support people with a learning disability and/or Autism to develop suitable community services. The aim is to ensure there is a reduction in avoidable hospital admissions and that those living inappropriately in hospital can move into their local communities.
3. In June 2021 regional Transforming Care partners were invited by NHS England to complete an Expression of Interest for funding for projects to support the Autism diagnostic pathway.
4. Projects were requested that were innovative in their approach, focused on a particular part of the Autism diagnostic pathway and that complemented rather than replicated existing work. Projects also needed to display learning that could be shared across the Midlands region and identify another area that could act as a control for their project. Locally links have been made with colleagues in Derby and Derbyshire to carry out this element.
5. In July the Nottingham and Nottinghamshire Transforming Care Partnership was notified that the bid had been successful and £84,000 had been awarded to develop the project.
6. The proposal is for a voluntary and community support service to span across the Nottingham and Nottinghamshire Integrated Care System (including Bassetlaw) footprint offering pre-diagnosis support, whilst colleagues across Derbyshire will focus on post-diagnosis support, thereby enabling each area to act as a control for the other. This will allow greater in-depth understanding of the role of information, advice and guidance throughout the diagnostic pathway. Learning will be embedded from both projects to

provide a continuity of care throughout the diagnosis process and beyond if the evaluation evidences positive outcomes.

Why the service is needed

7. A Neurodevelopmental Specialist Service (NeSS) was launched in Nottinghamshire on 1st April 2021. There is high demand for the service and waiting times for formal assessment and diagnosis can be up to two years for completion. The Neurodevelopmental Specialist Service has capacity to offer only limited post-diagnostic support and support regarding reasonable adjustments/referrals to wider services. There is currently an average waiting time of 12 weeks for a first diagnostic assessment and whilst the clinical team works to risk assess referrals to meet demand, there is also a need to support people whilst this process is taking place. Currently the local waiting list for diagnosis stands at 411 with a further 314 people having received their first appointment and 67 people actively involved in the diagnostic process.
8. From discussions with Experts by Experience and community Care and Treatment Reviews it is known that to leave people on the waiting list with no guidance or support can have a negative impact on people's mental health. This proposal goes some way to close that gap within our local pathway.
9. Little support is currently available at pre-diagnosis stage specifically for people with Autism and instead people are directed to generic services which may not understand their specific needs. People often report feeling unsupported and have told the Council that "whilst there might be services out there suitable for them they were difficult to find and people felt that they were somewhat left to help themselves when sometimes they needed assistance" (Adults with Autism Joint Strategic Needs Assessment, 2019). As stated by regional Experts by Experience "there should be a focus on 'getting it right the first time' this can help to prevent crisis and save resources". The proposed service would support people from the earliest point they require support and/or diagnostic referral.

The service

10. The service will be holistic in approach and have the ability to provide information and signposting across a range of subject areas to support people with their presenting needs in a timely manner, thereby avoiding a deterioration of the situation. As stated by regional Experts by Experience "it would be beneficial for autistic people to be more easily able to access support for different issues, as often when there are co-occurring conditions, the process of seeking support can be very fragmented".
11. It is proposed that by tackling presenting needs individuals may be able to avoid crises and be better able to be supported within their communities thereby avoiding a deterioration in wellbeing and costly extended support. Care and Treatment Reviews show that issues such as housing, debt, safeguarding, education and employment issues all arise and can impact negatively on a person's mental wellbeing. Supporting and signposting people to such services whilst waiting for a diagnosis should support people to maintain good mental wellbeing.

12. Nottinghamshire can utilise an online learning resource that Derbyshire has already established via a hidden YouTube channel to provide information, tips and useful techniques to people with Autism and their families.
13. Key elements of the service will include:
 - a. an information, advice and guidance service with multiple access routes (i.e. online, via telephone and face-to-face)
 - b. a website to provide information about the service and relevant support organisations
 - c. the development of a Nottinghamshire Autism Alliance to support organisations delivering services and other key individuals
 - d. an expansion of the existing Derbyshire online learning resources to provide initial tools and learning for individuals and families.
14. The funding of £84,000 from NHS England will mean there are some limitations in the service's capacity given the Countywide coverage. Partners will be discussing the use of Section 256 partnership monies to the value of £76,000 to add to this, to give additional capacity to the service. If this funding is approved at the Learning Disability and Autism Executive Board on 20th September, there will also be funding to provide "Brain in Hand" which is a mechanism to promote coping skills for individuals. This will enable people to better manage more practical matters which are often the issues that if not well supported lead to anxiety and a deterioration in mental health.
15. A full breakdown of costs and timescales can be found in **Appendix 1**. The funding for the service has been allocated for one year but needs to be spent before the end of March 2022.

Other Options Considered

16. To undertake a joint procurement exercise with Derby and Derbyshire.

Reason/s for Recommendation/s

17. The NHS England money has been approved and will be released to the Authority in September 2021.
18. Under the terms of the grant, the service needs to be in place by March 2022 and therefore needs to be procured during this calendar year.
19. The use by Nottinghamshire of a single provider framework with multiple call-offs for the separate project elements will allow some flexibility but without the complexities of the arrangements being proposed by Derbyshire which would prove difficult given the timescales.
20. The recommendations allow for the service to proceed, utilising the NHS England funding without the use of the additional £76,000 from partnership monies, however capacity would be more limited.

Statutory and Policy Implications

21. 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

22. The cost of tender is expected to be £160,000. This will be funded by £84,000 from NHS England and £76,000 from Section 256 partnership money.
23. NHS England will provide the funding to cover all elements of the bid listed at **paragraph 13**. If additional monies to the value of £76,000 are agreed by the Learning Disability and Autism Executive Board on 20th September, this will fund additional capacity within the information and advice element of the service and be used to broaden the offer to include "Brain in Hand".

RECOMMENDATION/S

- 1) That Committee gives approval to proceed with the procurement of an Autism pre-diagnostic service using available funding of £84,000 from NHS England and, subject to approval by the Learning Disability and Autism Executive Board, £76,000 from partnership funds. Should the £76,000 not receive approval from the Learning Disability and Autism Executive Board the service specification will be adjusted accordingly.

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Constitutional Comments (LPW 07/09/21)

24. 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 08/09/21)

25. The cost of tender is expected to be £160,000. This will be funded by £84,000 from NHS England, Transforming Care Partnership and £76,000 from Section 256 partnership money, which is going for approval on 20th September 2021.

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.

ASCPH779 final

Expenditure	Examples	Anticipated £s	Funding %
Set up and provision of information, advice and guidance service	· Establishment of providers and provider collaborative	£60,000	71%
	· Coproduction		
	· Learning from existing providers		
	· Media & communications		
Website	· To provide autism specific information and advice	£18,000	21%
	· Link services and good practice		
	· Bespoke resource for autistic people		
	· Support social connectivity		
	· Possible extension of Derbyshire site		
Development of Nottinghamshire Autism Alliance	· To support good practice	£4,000	5%
	· To bring people with an interest in autism together		
	· To support people with autism and their families		
Extension of Derbyshire online learning resource	· To provide resources for those who have, or have a family member with, autism	£2,000	3%
	· To provide education and strategies		
Total Bid = £84,000			

In order to reduce costs we have removed the provision of Brain in Hand to look at alternative apps that could support people in a similar manner. People would then be directed to this provision as part of the information advice and signposting service rather than it being a commissioned service.

Expenditure	Examples	Anticipated £s
Set up and provision of information, advice and guidance service	· Establishment of providers and provider collaborative	£60,000
	· Coproduction	
	· Learning from existing providers	
	· Media & communications	
Website	· To provide autism specific information and advice	£18,000
	· Link services and good practice	
	· Bespoke resource for autistic people	
	· Support social connectivity	
Development of Nottinghamshire Autism Alliance	· Possible extension of Derbyshire site	£4,000
	· To support good practice	
	· To bring people with an interest in autism together	
Extension of Derbyshire online learning resource	· To support people with autism and their families	£2,000
	· To provide resources for those who have, or have a family member with, autism	
Total NHSE funding = £84,000		£84,000
IAG service		£25,000
Face-to-face training and support for families	2 hour session for people newly referred to gain coping skills	£7,000
Brain in Hand (or similar)	Coping tools and supportive app	£30,000
Evaluation	Including 6 and 12 months and evaluation reports	£10,000
Website	To fully fund costs	£2,000
Coproduction activity		£2,000
Total Section 256 funding		76,000
Total funding allocation		£160,000

Activity	Date
Approval of project	July 2021
Co-production Activity (Including EIA)	July/August 2021
Specification development and approval	July/August 2021
Development of website	July/August 2021
Tender activity for coping strategies tool	July-September 2021
Funds released by NHSE	September 2021
Tender activity for provider framework	September- November 2021
Contract awarded	December 2021
Relationship building with key partner agencies	December 2021 (and ongoing)
Set up of data capture and evaluation systems	December 2021
Coproduction activity to design and develop service	December 2021/January 2022
Commencement of service provision	February 2021
Review and evaluation (2 points)	Oct 2021/March 2022

Individual and families	Partnership	System	NHS Hierarchy of need (impacts dependent on presenting need of individual)
Improved access to timely, accessible, up to date advice, information, support and signposting to other services and resources (including coping and education apps etc)	Collaborative approach to providing pre-diagnostic support	People develop coping mechanisms and strategies to avoid future crises	Equal access to community
Support provided in a holistic manner	Close working relationship with neighbouring partners to establish best practice model for whole pathway support	Service development is agile based on evidence and evaluation	Social networks
Reduced social isolation, and encouragement community engagement (including social activities, volunteering, employment and education).	Learning from established Derbyshire Service to inform best practice	Impact on waiting times across pathway as people are supported at an earlier stage	Life skills
Provision of education around ASD for families and people at pre-diagnosis	Work with neighbouring CCG and LA colleagues to establish provider collaborative and networks	Reduced need for intensive support post-diagnosis	Financial support
People report a positive improvement in their wellbeing following receipt of the service.	Learning from this service to inform commissioning	Learning will lead to parity of support across D2N2	Criminal justice system
People develop coping mechanisms and strategies to avoid future crises	Learning from EbE to inform commissioning	Resources released due to a reduction in crisis interventions	Employment
People no longer report feeling abandoned whilst awaiting their diagnosis	Partnership offering support at pre-diagnostic stage	Issues impacting on person's mental health are dealt with. For example, debt, dietary needs, access, housing etc.	Housing
Individualised and person-centred	Partnership widened to proactively include NCVS community		Family and carer support

20 September 2021**Agenda Item 11****REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC
COMMISSIONING AND SERVICE IMPROVEMENT****MARKET MANAGEMENT POSITION STATEMENT****Purpose of the Report**

1. To inform Committee about the work undertaken by the Quality and Market Management Team (QMMT) in response to the Local Authority's statutory duty to ensure that there is a robust and sustainable social care market available for people who live in the County.
2. To provide Committee with an update about social care services that have had their contract with the Council suspended; this information is contained in the **Exempt Appendix**.

Information

3. 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 person (including the Council).

Financial support to Providers – Update June 2021

4. The Government further announced a fourth round of the Infection Control Fund Grant. This allocation again has been made available for providers in June 2021 and the funding covers up to September 2021. The same conditions remain with this allocation in that the providers must ensure they complete a monthly return on the spend of their allocation and also complete the NHS Capacity Tracker (for care homes and domiciliary care agencies).

Mandatory Vaccinations in Care Homes

5. In May 2021, the Department of Health and Social Care commenced a consultation on mandatory vaccinations for staff working in care homes (Ageing Well services were the focus of the consultation). On 22nd July 2021, Parliament passed legislation that all staff working in care homes (both Ageing and Living Well) have to have had the Covid

vaccination. The 16 week grace period commenced on 22nd July and the following are key dates for care homes in respect of those staff working in care homes:

- 16th September 2021 – last date for care home workers to get their first vaccination
- 11th November 2021 – Regulations come into force.

6. The QMMT will be working with partners in the Clinical Commissioning Group, Care Quality Commission and Nottingham City Council in raising awareness and supporting care homes during this period leading up to the Regulations coming into force.

Covid 19 Taskforce

7. Due the Government's easing of restrictions and the updates/changes to guidance, the Taskforce has stepped up its frequency again in response to this. There has been a small increase in outbreaks in Nottinghamshire and the Taskforce has been monitoring and supporting services as and when required. The multi-agency team continues to review the impact on the social care market with a responsive plan in place to manage the on-going impact.

QMMT – Covid Response

8. Since July 2021 there has been an increase in Covid outbreaks, the picture for Nottinghamshire has been in line with the national picture of people testing positive. What this has meant for the QMMT is that they have had to step back up their emergency response supporting services during outbreaks and the additional impact on the social care workforce.

Supported Living – Managing Deterioration in Supported Living

9. Nottinghamshire has been chosen to support a new project for managing deterioration for people living in Supported Living. The project is being funded and supported through regional Association of Directors of Adult Social Services with the Academic Health Science Network leading the project. The project will require Supported Living providers to volunteer and for those services the staff will be trained to a standard (Restore 2) that will upskill them to be able to respond to changes in a person's health.
10. There is currently a project on-going in home care and there is already evidence that this training has seen less hospital admissions and improved links with the local GPs. The project is due to commence in September 2021.

Co-production – User/Relative Experience

11. The QMMT has in place a long standing quality auditing process which includes gathering feedback from those that use the services to inform the overall quality assessment. The team has reviewed how user feedback is obtained and to improve processes will be working with the Co-production Steering Group who will be helping with the following:
 - looking at different ways to obtain feedback
 - use of technology.

12. The QMMT will be commencing a task and finish group in September with the Co-production group with the new processes to be implemented from April 2022.

Communication between Home Based Care Providers – Experts by Experience

13. In March 2021, a Task and Finish Group was created to look at where improvements in communication between Home Based Care Providers and the people they provide care for could be made.
14. The QMMT is working with a group of Experts by Experience to create two separate surveys. The surveys will be used to gain an understanding of the positives and negatives around communication, particularly considering the Covid pandemic and the impact that this may have had on clear and effective communication channels and where to focus developments and improvements.
15. The first survey will be completed over the telephone with Quality and Contracts Officers calling a sample group of people who receive services for each managed home based care provider whilst the second survey will be completed electronically by all managed home based care providers. The Group is keen to ensure a varied cohort of employees complete the provider survey, to ensure that a broad reflection of the communication practices are reported.
16. Both surveys went live at the end of June and were extended to the end of August to increase engagement and allow further surveys to be completed. Once the data has been reviewed QMMT will be working with the Experts by Experience to develop an action plan to support providers.

Workforce

17. Based on Care Quality Commission data (May 2021) and Skills for Care data (ASCWDS 2021-22) the following can be seen in respect of Nottinghamshire's social care workforce:
- 3% more Outstanding providers than other authority areas in our region
 - Nottinghamshire has a higher percentage of managers and care workers with a recognised qualification than the average for the East Midlands
 - the comparison in respect of the completion and uptake of the care certificate in Nottinghamshire is also above the average for the East Midlands.
18. Key priorities from the data however have been identified as follows:

DATA SHOWS	WHY THIS IS A PRIORITY
50 Care provider settings without management 1.6% < Regional figure	The leadership skills of a manager can have a positive impact on the quality of the service and reduce turnover.
Slightly higher (<0.5%) than regional average of	This is an indication of the need to improve the quality of care available to adults across residential, nursing and domiciliary care in Notts

Inadequate and Requires Improvement care providers	
11% higher turnover of nurses than regional average	27% of all nursing homes in Notts are Inadequate (2) or Requires Improvement (21)
Almost 5% higher turnover of care workers and 4% senior care workers than regional average	Unless this is addressed any initiatives supporting recruitment will not be effective.

19. To address this a workforce plan is being initiated:

PRIORITY 1 – To increase the number of care providers with a registered manager in place

- promote Skills for Care Lead to Succeed Endorsed Programme
- promote Skills for Care Well Led Endorsed Programme
- develop Practical Workshops for Leaders and Managers in social care settings to manage talent, identify aspiring managers and succession plan.

PRIORITY 2 – To increase the number of care providers in Notts delivering Good or Outstanding quality services

- set up a planning group to agree content for Integrated Care System Collaborative Forums to End March 2021
- develop a role description as part of career pathway for subject specific leaders/in-house mentors
- develop a regular programme of best practice workshops for subject specific leaders/in-house mentors
- ensure the link between Enhanced Health in Care Homes framework and forums and best practice workshops.

PRIORITY 3 – To improve the retention of nurses in nursing homes and the quality rating of nursing services

- collaborate with the Universities to promote apprenticeships for Nursing Associates and Nurses to employers and the use of the Nottinghamshire County Council apprentice levy
- collaborate with the Nottinghamshire Alliance of Training Hubs and Health partners to develop and promote a learning programme for social care nurses
- develop a peer network meeting for social care nurses using Teams.

PRIORITY 4 – To improve recruitment and retention for Independent providers of the External Workforce

- collaborate with Skills for Care to develop recruitment, retention, and engagement care settings
- provide information for career pathways on courses, programmes, and qualifications as well as funded options

- create a Nottinghamshire County Council induction presentation that can be delivered face to face or online or video for all new recruits to the social care sector, to welcome them as the face of our social care workforce, emphasise the value of their contribution to social care in Nottinghamshire and the professional approach required.

20. To ensure that these priorities have the best possible chance of success:

- the Council is collaborating closely with Nottingham City Council and identifying where similar priorities exist to support care providers countywide to reduce duplication and ensure efficiencies
- a survey is going out to all care providers across the County and City to collect more up to date workforce data from a care provider perspective. It will also identify the perceived need of the activities listed under each of the priorities above
- an Integrated Care System Care Workforce Oversight Group is being established that will report into the Integrated Care System Care Sector Partnership Meeting (Operational). This will bring together all the workforce initiatives and funding available to care providers in Nottinghamshire in order to bring together expertise from Health and Social Care partners to further reduce duplication.

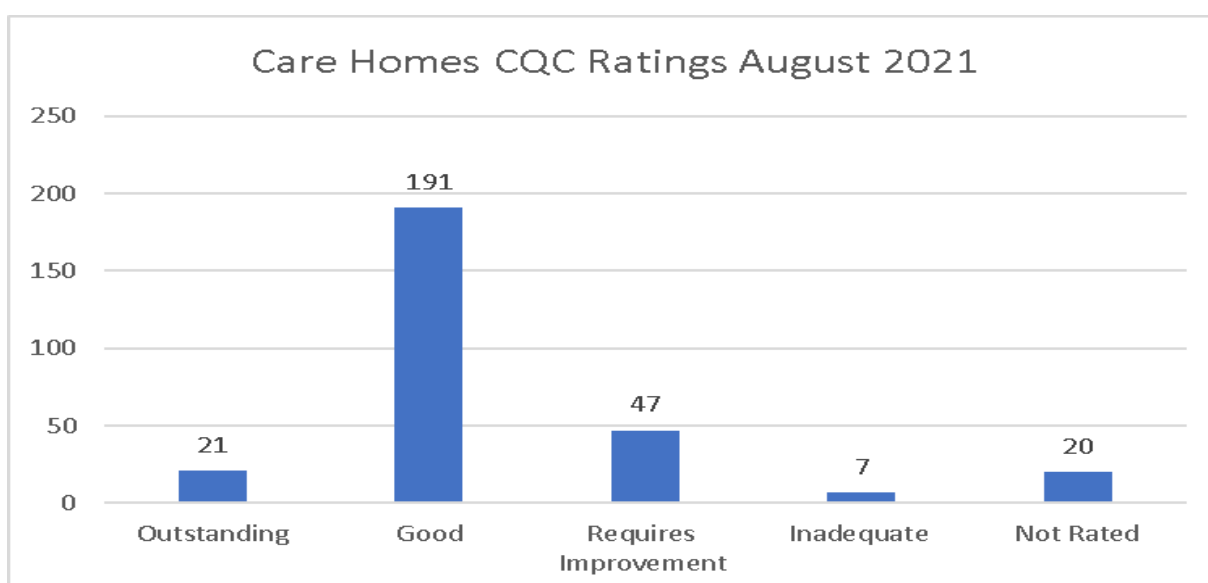
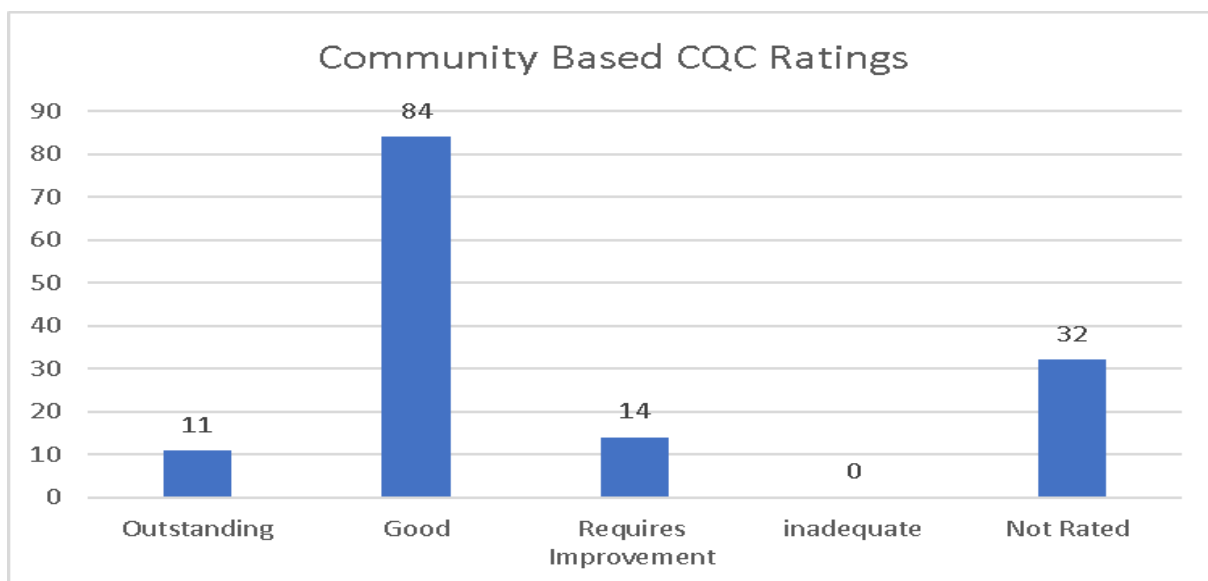
Quality Monitoring – Business as Usual

21. The QMMT continues to provide support through the well-established quality monitoring process. Quality monitoring visits and audits are being undertaken routinely by the team. The Ageing Well team has set a start date of early September for the Ageing Well Quality Audits which will determine the care home quality banding for the financial year 2022/23.

- Ageing Well: 155 Care Homes
- Living Well: 136 Care Homes
- Home Based Care: 48 Providers
- Housing with Care: 14 Schemes
- Supported Living: 35 Providers (190 schemes)
- Day Care: 30 Providers

22. The QMMT will maintain the risk assessment of services based on quality data, Covid data, financial information and other intelligence that informs the level of monitoring/support needed. The team will support services as required to ensure good quality service provision, maintaining strong links with key partners.

23. The Care Quality Commission has not routinely inspected services since early 2020 and is currently taking a risk based approach in carrying out inspections. An overview of the current ratings for care homes in Nottinghamshire for the past two years are as follows:



24. Since the last report there has been a small increase in the number of Inadequate rated services. There has been minimal changes to ratings due to the Care Quality Commission not carrying out routine inspections. There are a number of services that do not have a rating and this is due to them being newly registered in the last year.

Contract suspensions

25. Sometimes it is necessary to suspend a contract with a provider. This means that they continue to provide the service but for a period of time the Council does not give any new work to the provider. This is usually due to concerns about poor quality and when this happens the service is monitored closely, usually through an Action Plan, to ensure that the required improvements are made and sustained before lifting the contract suspension is considered.
26. Services that have a contract suspension currently are as follows:

Type of service	Number of services	Contract Status	District
Care Home – Ageing Well	6	Suspended	Gedling, Newark, Mansfield, Ashfield
Care Home – Living Well	6	Suspended	Bassetlaw, Newark
Homecare	2	Suspended	Newark, Rushcliffe, Gedling

27. Since the previous report to Committee in June 2021 there has been an increase in the number of contract suspensions.

Other Options Considered

28. No other options have been considered.

Reason/s for Recommendation/s

29. The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

Statutory and Policy Implications

30. 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

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

Implications for Service Users

32. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they are funded by the Council or fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service.

RECOMMENDATION/S

That:

- 1) Members consider whether there are any actions they require in relation to the issues contained within the report.

- 2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Kashif Ahmed

Service Director, Integrated Strategic Commissioning & Service Improvement

For any enquiries about this report please contact:

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Constitutional Comments (LPW 25/08/21)

33. 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 07/09/21)

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

Background Papers and Published Documents

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

[Market management position statement – report to Adult Social Care & Public Health Committee on 14th June 2021](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH773 final

20 September 2021**Agenda Item: 12****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
8th November 2021			
Refresh of the Adult Social Care & Public Health Department's Digital Strategy for 2021-2024		Corporate Director, Adult Social Care and Health	Grace Natoli/ Jennifer Allen
Discharge to Assess planning arrangements		Service Director, Ageing Well/ Service Director, Strategic Commissioning and Service Improvement	Sue Batty/Kash Ahmed/Clare Gilbert
Domestic Abuse governance process and strategic framework		Director of Public Health	Catherine Pritchard/ Rebecca Atchinson
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 1)	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
Establishment of Approved Mental Health Practitioner Lead role	To obtain committee approval for lead role to support AMHP services and ensure the department is providing safe and effective practice and supervision in this critical are of service.	Service Director, Living Well	Iris Peel
13th December 2021			
Departmental Awards			
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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 2)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Update on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund		Director of Public Health	Cathy Quinn
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
24th January 2022			
Proposals on joint commissioning		Service Director, Strategic Commissioning and Service Improvement	Kashif Ahmed
Carers and Short Breaks Strategies	To present to committee proposed strategies for carers and short breaks support.	Service Director, Living Well/ Service Director, Ageing Well/Service Director, Strategic Commissioning and Service Improvement	Sue Batty/Ainsley MacDonnell/Kash Ahmed
14th March 2022			
Co-production strategy/framework		Service Director, Strategic Commissioning and Service Improvement	Sarah Craggs
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
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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Proposed increase in fees for independent sector adult social care providers, Direct Payments and other charges		Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
Mental Health discharge avoidance		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Technology Enabled Care		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
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
13th June 2022			
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
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
25th July 2022			
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

