

Adult Social Care and Health Committee

Monday, 10 October 2016 at 10:30

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

AGENDA

1	Minutes of the last meeting held on 12 September 2016	5 - 10
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	Update on Progress with Arrangements to Integrate Health and Social Care in Mid-Nottinghamshire	11 - 20
5	Care Delivery Group Expansion - Nottingham North and East and Rushcliffe Clinical Commissioning Groups	21 - 24
6	Development of KeyRing Services	25 - 30
7	Savings and Efficiencies Update and Proposal to Maximise the Income Available to the Council's Directly Provided Adult Social Care Services	31 - 52
8	Update on Extra Care Schemes in Bassetlaw	53 - 58
9	Care Home Provider Contract Suspensions	59 - 62
10	Work Programme	63 - 70

11 Exclusion of the Public

The Committee will be invited to resolve:-

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

Note

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

12 Exempt Appendix to Item 8 - Update on Extra Care Schemes in Bassetlaw

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

13 Exempt Appendix to Item 9 - Care Home Provider Contract Suspensions

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

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

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

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

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 12 September 2016 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Sybil Fielding
Francis Purdue-Horan
David Martin
Mike Pringle
Pam Skelding

Stuart Wallace
Jacky Williams
Yvonne Woodhead
Liz Yates

OFFICERS IN ATTENDANCE

Sue Batty, Service Director, ASCH&PP
Paul Davies, Advanced Democratic Services Officer, Resources
Dan Godley, Commissioning Officer, Carers, ASCH&PP
Jennie Kennington, Senior Executive Officer, ASCH&PP
Ainsley MacDonnell, Service Director, ASCH&PP
Garry McKay, Group Manager, Older Adults, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Jane North, Transformation Programme Director, ASCH&PP
David Pearson, Corporate Director, ASCH&PP
Sorriya Richeux, Team Manager, Corporate and Environmental Law, Resources
Penny Spice, Commissioning Manager, ASCH&PP

ALSO IN ATTENDANCE

Tom Quartley, NHS Emergency Care Improvement Programme

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 11 July 2016 were confirmed and signed by the Chair.

MEMBERSHIP

The Chair welcomed Councillor Francis Purdue-Horan to the committee, where he had replaced Councillor John Cottee.

DECLARATION OF INTERESTS BY MEMBERS AND OFFICERS

None

ADULT SOCIAL CARE STRATEGY AND NEXT STEPS

Jane North gave a presentation to introduce the report. She invited comments on how to inform other members about the strategy and how they could advise constituents on appropriate sources of advice and information. Members were of the view that information should be succinct, whether presented in writing or as a video.

Members requested a report on the Transitions Protocol for young people moving from Children's to Adults' Services, and the work of the Transitions Board.

RESOLVED 2016/063

- (1) That the progress being made by the Adult Social Care, Health and Public Protection Department in implementing the Adult Social Care Strategy be noted.
- (2) That the development of Phase 2 of the Adult Social Care Strategy to deliver further savings by developing opportunities to promote independence and manage demand to reduce the cost of support packages be approved.
- (3) That the establishment and funding of 1 FTE Team Manager, Band D (subject to job evaluation) be approved for six months from the date of appointment, funded through use of reserves to enable delivery of Phase 2 of the Adult Social Care Strategy.

BETTER CARE FUND – PROPOSED ALLOCATION OF CARE ACT FUNDING

RESOLVED 2016/064

- (1) That the use of the Care Act funding allocation contained within the Better Care Fund during 2015/16 and the amount that has remained as an underspend and subsequently been carried over to 2016/17 be noted.
- (2) That the allocation of the recurrent Care Act funding within the Better Care Fund of £1.983m and the projects and schemes to be funded be noted.
- (3) That the following posts be established on a permanent basis required to enable the delivery of the project named:

Younger Adults Project Team

Advanced Social Work Practitioner, 1 FTE, Band C

Social Worker, 1 FTE, Band B

Occupational Therapist, 1 FTE, Band B

Community Care Officer, 1 FTE, Grade 5

- (4) That the following posts be established on a temporary basis for the period shown from date of appointment, required to enable the projects and schemes set out below:

Community Independence Workers

Team Manager, 1 FTE, Band D, for 18 months

Co-Production Worker, 2 FTE, Band A for 18 months

Community Independence Workers, 5.5 FTE, Grade 3/4 for 18 months

Enable Notts

Team Leader, 1 FTE, Band A for 18 months

Promoting Independence Workers, 8 FTE, Grade 3 for 18 months

ICT Integration

Project Manager, 1 FTE, Band D for 2 years

Access Point Education

Community Care Officer, 1 FTE, Grade 5, for one year

Falls Prevention

Commissioning Officer, 1 FTE, Band C, for one year

BCF Co-ordinator

Project Co-ordinator, 1 FTE, Band C, for one year

Extra Care

Commissioning Officer, 1 FTE, Band C for two years

Integration Posts

Transformation Manager – Integration Bassetlaw, 1 FTE, Band E for two years

- (5) That the following existing temporary posts be extended for the period shown to enable the delivery of the projects and schemes as set out below:

Integration Posts

Transformation Manager – Mid and South, 2 FTE, Band E for 12 months to the end of March 2018

HR Manager – Transformation Team, 1 FTE, Band D for 12 months to the end of March 2018

Optimum Workforce

Team Manager, 1 FTE, Band D for 2 years

Workforce Planning Officer, 1 FTE, Band A for 2 years

Administration Officer, 1 FTE, Grade 3 for 2 years

CARE ACT 2014 – IMPLEMENTATION UPDATE

An amendment in terms of resolution 2016/065 (4) below was moved and seconded. After a short adjournment to take advice, the Chair indicated that she was willing to accept the amendment. Upon the vote being taken, it was:-

RESOLVED 2016/065

- (1) That the updates made to the Care Act guidance be noted.
- (2) That the proposal to consult the public on the proposal to increase the brokerage fee payable by people using the Council's contracted social care providers where they are liable for the full cost of their care be noted.
- (3) That the progress that has been made in Nottinghamshire to implement both the new statutory responsibilities of the Care Act and the spirit of the Care Act through the initiatives described in the report be noted.
- (4) That officers from Legal Services and the department review whether strengthened contractual arrangements between self-funders and the department are required, with the outcome reported back to committee at the end of the consultation period.

ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF DEVELOPMENTS

RESOLVED 2016/066

- (1) That the developments and activity presented in the report be noted.
- (2) That further updates be presented on all the areas covered as indicated in the relevant sections of the report.

INTEGRATED CARERS STRATEGY UPDATE

RESOLVED: 2016/067

- (1) That the work undertaken to implement Nottinghamshire's Integrated Carers Strategy be noted.
- (2) That the Committee receive six-monthly update reports on the Integrated Carers Strategy.

PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH

RESOLVED: 2016/068

That the performance update for Adult Social Care and Health for the period 1 April to 30 June 2016 be noted.

DEPRIVATION OF LIBERTY SAFEGUARDS

RESOLVED: 2016/069

- (1) That the progress with actions being taken to implement the Corporate Deprivation of Liberty Safeguards Strategy be noted.
- (2) That 4 FTE temporary Community Care Officer posts (Grade 5) be established in the DoLS service for a period of 12 months.

WORK PROGRAMME

RESOLVED: 2016/070

That the work programme be noted, with the addition of:

- Transitions Protocol for young people moving from Children's to Adults' Services, and the work of the Transitions Board (November or December 2016)
- Proposed transfer of Attendance Allowance to local authorities
- Independent Living Fund (September 2017)
- Transforming Care Programme (February 2017)
- Systematic care of Older People's Elective Surgery (SCOPES) and Elective Orthopaedic Surgery Scheme (EOSS) (May 2017)
- Integrated Carers Strategy – six monthly updates

EXCLUSION OF THE PUBLIC

RESOLVED: 2016/071

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

EXEMPT APPENDIX TO REPORT OF DEPRIVATION OF LIBERTY SAFEGUARDS

RESOLVED: 2016/072

That the report be noted.

The meeting closed at 12.55 pm.

CHAIR



10 October 2016

Agenda Item: 4

REPORT OF THE SERVICE DIRECTOR FOR MID-NOTTINGHAMSHIRE

UPDATE ON PROGRESS WITH ARRANGEMENTS TO INTEGRATE HEALTH AND SOCIAL CARE IN MID-NOTTINGHAMSHIRE

Purpose of the Report

1. To provide the Committee with a bi-annual progress report on the Mid-Nottinghamshire Better Together Alliance. This was requested by Committee on 7th March 2016 following approval for Nottinghamshire County Council to be an Alliance member.
2. To seek approval to establish a temporary full time Social Worker post (Band B) in the Intensive Home Support Newark and Sherwood pilot until 31st March 2017.
3. To seek approval to re-configure existing staff posts into two Short Term Independence Services (STIS) one in mid Nottinghamshire and one in Bassetlaw.
4. To seek approval to consult on three savings proposals in Mid-Nottinghamshire. This currently funds a) a health team which organises discharges for hospital patients, b) pharmacy expertise into care homes and c) a voluntary scheme to support people home from hospital.





Information and Advice

5. The Better Together Alliance (The Alliance) is a partnership between Ashfield and Mansfield Clinical Commissioning Group (CCG), Newark and Sherwood CCG, Nottinghamshire County Council, six NHS health providers and voluntary sector partners.
6. The programme's ambition is that everybody who uses both health and social care services in Mid-Nottinghamshire will experience integrated care; services will work together better in order to give the best care based on a person's personal circumstances. In addition, it aims to put in place joined up, responsive urgent care services that operate outside of hospital wherever possible.
7. The programme has three main work-streams with the joint work between adult social care and health taking place predominantly in the first:
 - Urgent and Proactive Care (including care for people with long term conditions such as Diabetes, Chronic Heart Disease, Stroke)
 - Elective Care
 - Maternity and Paediatric Care.

Performance

8. Table 1 below shows performance against the four targets, which are part of the joint health and social care ‘Urgent and Proactive Care’ workstream. Low is good for all the indicators. In relation to the two targets within this workstream that are not being met, immediate action to recover performance has been agreed as a “Mid-Nottinghamshire System Activity Management Plan” and the plan is being monitored through the Mid-Nottinghamshire Accident and Emergency Delivery Board (formerly the System Resilience Group). The Service Director for Mid-Nottinghamshire is a member of this Board. Medium and longer-term actions against these two key priorities will also be agreed by dedicated working groups, made up of all Alliance members.
9. Reductions in admissions to residential care in Mid-Nottinghamshire remain on target to deliver the Council’s Living at Home programme and associated savings through reducing the numbers of people in residential care. The opening of Poppyfields Extra Care in Spring 2016 has been a key milestone in delivering the Living at Home programme and one third of the 36 apartments and bungalows available for permanent tenants have now been allocated.

Table 1

Outcome area	Performance target to be met by BT Programme by 2018/19	Target for July 2016	Actual performance July 2016	Trend since April 2016
Reduction in admissions to residential and nursing homes	25% 	27 admissions	19 admissions	Admissions are consistently lower than target
Reduction in attendances at Emergency Department	15.1 % 	9,000 attendances	10,500 attendances	Attendances are consistently above target
Reduction in emergency admissions to hospital	19.5% 	2,600 admissions	3,000 admissions	Attendances are consistently above target
Reduction in emergency acute hospital bed days	30.5% 	13,000 bed days	13,000 bed days	Bed days are on target

Progress with developing the Alliance partnership and the transition plan

10. At the point of forming the Alliance, it was acknowledged that further work was required in the first transition year in order to determine the detail of how to implement some of the intentions of the Alliance.
11. At the end of the transition period, if agreement on the way forward has not been reached, then there will be a decision as to whether the Alliance reconfigures its membership or is

dissolved. There is also an option to extend the transition period (acting unanimously) to allow more time for resolution. The transition plan includes the following priorities:

- **developing new payment mechanisms for health providers** that move away from the current system of 'Payment By Results' to allocating funding to providers to deliver outcomes that meet the health and wellbeing needs of local populations (also referred to as a "capitated payment mechanism"). It has been agreed that this will exclude funding allocated as social care Personal Budgets. A new mechanism is in now place between Health Providers and the CCGs and this will be shadow run and tested to the end of the financial year. Alongside this, social care expenditure on Personal Budgets will be monitored.
- **expansion of the outcomes based payment model for the NHS service contracts**, to allocate a portion of funding based on achievement of agreed outcomes rather than specific activity. The outcomes are: reducing attendance at A&E, reducing permanent admissions to residential care; reducing falls; reducing the prevalence of diabetes; improving patient experience in decision-making; reducing unplanned hospitalisation for chronic ambulatory conditions; and increasing the number of people able to die in their preferred place. Leads have been identified and social care is co-ordinating the reduction in residential care work, with two workshops planned for the Autumn.
- **agreeing the detail of how the sharing of risks and rewards will operate** across the partnership. A draft process has been developed and is due to be tested.
- **a process for selecting social care provider Alliance members** was approved by Adult Social Care and Health Committee on 11th July 2016. The application process was launched in August 2016; shortlisting and interviews will take place in September 2016.
- **ongoing development of new models of care** as described in the next section (paragraphs 12-21) of this report.

Update report on key integration developments within Mid-Nottinghamshire

12. **Local Integrated Care Teams (LICTs)** are eight multi-agency teams who proactively identify and work with people in their local GP population who may be at risk of admission to hospital. The CCGs fund eight social workers, on a permanent basis, who are co-located within the teams.
13. The Council successfully bid for £20,000 from the Local Government Association, Care and Health Improvement Programme to fund a robust external evaluation of the cost-effectiveness and impact for social care of this approach across the County. This contract has been awarded to Nottingham Trent University and People Too. The evaluation is planned to be completed by March 2017.
14. The Council's Short Term Assessment and Re-ablement Team (START) service supports people in their own homes for up to six weeks, in order to help them regain their independent living skills and confidence after a period of ill-health or hospital stay. A pilot has been completed to understand where best to align this service so that it dovetails with the emerging re-design of the community health teams. The recommendations from the

pilot are incorporated into the proposed model for the Short Term Independence Service (see **paragraphs 22-27**).

15. **7 day access to services.** Currently social care assessors only routinely work at weekends at King's Mill Hospital. This has evidenced positive benefits for better management of the flow of people through the system. The NHS 5 Year Forward Plan set out seven new national models of care and selected 50 localities as 'Vanguards' to test and develop these. Better Together was selected to test the model for an integrated Primary and Acute Care System (PACS) and has successfully bid for implementation funding. It has recently been agreed to use some of this money to test whether there are benefits to extending the availability of social care assessment staff in the community teams to weekday evenings 5-8pm and daytime at weekends. Community health staff already work extended hours. The final funding allocation is to be confirmed and agency staff will be used to create additional capacity to test this. Council staff will be paid enhanced hours as set out in the Premium Working Policy. The outcome and any staffing or policy implications requiring decisions by the Council will be brought back to Committee.
16. **The Transfer to Assess** model aims to ensure that once people are medically well enough to move out of an acute ward, any further assessments required will be carried out in another setting, ideally their own home. This has had a positive impact on reducing the number of Delayed Transfers of Care from hospital.
17. The aim is now to support the shift to a 'Home First' ethos. The CCG is re-investing money saved through purchasing fewer independent sector residential beds into a community based health "Intensive Home Support" service. This will be launched in September 2016, initially in Mansfield and Ashfield (which has an existing social care assessor linked to it) and then Phase 2 is to roll out across Mid-Nottinghamshire. The CCG has agreed to fund an additional social worker post for the Newark and Sherwood service as there is no capacity within current services that could be aligned. This will be temporary until 31.3.17 with the potential to extend subject to successful evaluation of the service. ASCH Committee is therefore asked to approve the establishment of:
 - 1 full time temporary Band B Social Worker post up to 31st March 2017.
(The full year cost to the CCG is £48,272 pa, including on-costs, equipment and travel).
18. **A review of the multi-agency discharge teams and processes** is taking place across Mid-Nottinghamshire between August and October 2016. The aim is to speed up processes and provide people being discharged from hospital with a more integrated approach from the various separate health teams. This includes the Hospital Social Work Teams and other discharge-related services including Mansfield District Housing staff, transport, voluntary sector provision etc.
19. **The 'Call for Care' service** is a care navigation service that health and social care staff can contact to identify which appropriate service(s) have available capacity that can be put in place quickly to avoid emergency hospital admissions. The service started to be rolled out in November 2015. The plan is that social care staff will be able to call the service to help find support in a crisis by Autumn 2016. The Council's Customer Service Centre and Adult Access Service are involved to ensure that it is clear how urgent social

care needs identified by Call for Care will be responded to, as well as retain the Council's successful central countywide Customer Service Centre model and performance.

20. **The Self-Care Hub** based at Ashfield Health and Wellbeing Centre commenced in July 2015. Its main objective is to help people to better manage their health condition(s) themselves. Social Work and Occupational Therapy Clinics started in the centre from 6th July 2016. Social care is also involved in discussions to develop a new Primary Care Hub at the Ashfield Health and Wellbeing Centre.
21. **Assistive Technology (AT)** options are used much more extensively to complement care and support packages in social care than in the NHS. Initial scoping suggests that there are people who are not eligible for social care that could benefit from having access to some of the equipment that is currently only funded and installed by social care. This would support more effective management of long term health conditions, avoid hospital admissions, as well as trigger urgent responses to deteriorating health problems. A business case is being developed to explore the case for health funding of assistive technology to complement social care commissioning of AT.

Proposal to create a new Short Term Independence Service (STIS)

22. Short term support bed based and community services are provided by both health and social care in order to avoid hospital/residential care admissions, as well as enable people to return home as soon as possible and regain their independence after a stay in hospital. These services have historically collectively been known as 'intermediate care' or 'step-up', 'step-down' or 'reablement'.
23. Within Mid-Nottinghamshire the staff who assess and plan for people moving through these services are currently dispersed and fragmented across nine different teams and managers. Due to this the assessment and Occupational Therapy staff are ring fenced to specific services only e.g. Short Term Assessment and Re-ablement Service (START) and resources cannot be flexibly deployed to where the demand is at any given time. In order to better and more flexibly use all current available assessment capacity, it is proposed to combine the staff supporting all short term beds and home based independence services, with the START provider service managers and re-ablement support workers into one Short Term Independence Service (STIS). This will have two teams, each reporting to the relevant Group Manager for that locality; one will cover Mansfield and Ashfield and one Newark and Sherwood.
24. The benefits of this approach are:
 - Managers can maintain a strategic approach to deliver key objectives
 - It establishes a service with common goals, clarity of purpose, aims and objectives
 - Managers will have oversight of all relevant resources to better direct to where the demand is and maintain flow through all the short term services
 - Improved lines of communication across staff and other agencies
 - Flexible approach which can align to health teams and evolve as the new care models develop and change in Mid-Nottinghamshire & Bassetlaw
 - Provides one source for internal and national reporting of re-ablement performance outcomes from the Council's client database and information management system (Mosaic).

25. The Better Together blueprint across Mid-Nottinghamshire recognises a need for the alignment of services to offer an integrated approach from the point of view of the individual receiving a service. The community health service is establishing an Intensive Home Support Service and establishing all similar social care resources into one service would enable social care to align with this and have workers linked 'virtually' to health counterparts. The establishing of the two services will be supported by development sessions as well as training on re-ablement, supporting independence and integrated working.
26. The aim is to maximise capacity before the Christmas period and also to do a joint launch with the Intensive Home Support Service. It is therefore proposed that the STIS service commences as phase one in Mansfield & Ashfield in November 2016, with phase two covering Newark & Sherwood at a future date in the New Year once the manager negotiations are completed, as detailed in **paragraph 30**.
27. The same principles requiring reconfiguration of services into aligned models with health apply in Bassetlaw. As the line management across Newark and Bassetlaw will be split, approval is also sought to create a second STIS service to cover Bassetlaw.

Ways of Working Implications

28. The Mid-Nottinghamshire STIS service will be made up of a total of 83.2 FTE posts, with the majority (54.7) comprising the START provider service. The Bassetlaw STIS service will be made up of 33.7 FTE posts, of which 19.8 are the START provider service.
29. The frontline staff already work in the different localities, so other than a potential change of line manager for some staff, there would be minimal change. Human Resources have advised that creating the new service would be a re-configuring of staff and not a re-structure. No posts are being created or deleted and staff are not being asked to cover duties that are not in their job descriptions but rather to work across different functions within same job description.
30. Trade Unions will be consulted through the Joint Consultative and Negotiating Panel meeting 20th September 2016 and a workshop will be held for staff with Trade Union representatives in attendance on 4th November. The workshop will be an opportunity to identify any issues arising and provide staff with re-assurance regarding training needs. Two of the four FTE Team Managers currently work across Newark and Bassetlaw and specific negotiations will be held with them as it will require some changes to the teams that they manage. The current spread of services across Team Managers is also not sustainable in terms of the capacity of one Bassetlaw post and the re-configuration should resolve this without requiring additional resources. The aim is to come to common agreement on which Team Manager posts staff will choose and if this cannot be achieved then a competitive interview process would apply.

Reviewing Mid-Nottinghamshire partnership expenditure

31. The following schemes are proposed for consultation to deliver future savings.

- a) The Council contributes £175,000 p.a. to the cost of dedicated staff employed by Sherwood Forest Hospitals NHS Foundation Trust (SFHT) within the Integrated Discharge Assessment Team (IDAT) at King's Mill Hospital. This is a separate team to the Council's social care assessment workers. The IDAT assesses the health needs of people ready to leave hospital and arranges their discharge packages. The funding was originally part of an historical arrangement for an alternative approach to the Council paying health reimbursement fees for any delays that were due to social care. SFHT also funds some resources for social care, such as providing administrative support, office accommodation etc. at the hospital. SFHT has agreed to facilitate an Alliance-wide review of the resources involved with the discharge to home function and operational staffing arrangements across health and social care, with the aim of the Council funding only the social care elements required by new models and pathways, from April 2017. The review will identify the options for all partners to increase the efficiency and effectiveness of current resources, which could include savings for other partners as well as the Council.

Demand and through put of assessments linked to short term bed based and community services across health and social care is increasing as the transfer to assess model is implemented. Initial assumptions were that assessment work in hospitals would reduce as work transferred out. This is not occurring and recent figures show that demand for hospital assessments at King's Mill is increasing. Whilst the development of the STIS will enable current capacity to be better utilised, there are currently some temporary funded assessment and therapy posts which require permanent funding and re-investment from the £175,000, as well as covering administration and accommodation costs at three sites. Once these are funded it is estimated that there will be recurrent savings of a minimum of £40,000 p.a. for the Council of this total fund. The outcome of the review and proposed use of part of the £175,000 to establish current temporary posts on a permanent basis will be brought back to Committee for a decision.

- b) £23,000 p.a. funding provides two days per week of pharmacist expertise to support referrals for medicine management in care homes and to carry out audits in homes of medicine use. The Council proposes to save £5,000 p.a. in reduced funding to this scheme, which is not expected to damage the viability of this scheme.
- c) £46,000 p.a. funding contributes to the cost of a 'Hospital to Home Support' scheme, involving 1.6fte paid Council staff who coordinate volunteers to support people who are being discharged from hospital, to ensure that they are safe in their home. The King's Mill Hospital Social Work team manages this scheme. Usage has steadily been declining since 2014 and the current low numbers of people mean it has high hourly costs of £119. During 2015, there were 89 people supported in total which works out at a cost of £521 per person. The majority of people supported by the scheme are not eligible for social care funding. The Council commissions other services that could meet this need more cost effectively. SFH NHS Trust also funds additional discharge support via an Age UK 'Patient representative' scheme, which provides volunteer support. The proposal is to save £46,000 by ceasing the scheme and diverting referrals into more appropriate community and voluntary responses e.g. Notts Connect service.

The impact on Council staff is that 1.6 fte staff would be put at risk. HR support would be given to these staff during their redeployment phase.

32. The Committee is asked to approve consultation about these three savings options.

Other Options Considered

33. Another option considered to the implementation of the Short Term Independence Service was that the service staffing remains unchanged. This is not recommended as the current situation has shortcomings, as outlined at **paragraph 23**.
34. Other options for savings proposals have been considered, including to deliver more savings from the first and second proposals (hospital discharge and pharmacy support to care homes). These have been rejected as they would affect the viability of the services that remain a benefit to the Council and people with social care needs using services.

Reason/s for Recommendation/s

35. These recommendations are proposed for the reasons outlined in the various sections of the report.

Statutory and Policy Implications

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

Financial Implications

37. The temporary Band B Social Worker post set out at **paragraph 17** will be funded by the Clinical Commissioning Group as part of the new Intensive Home Support Service for Newark and Sherwood.
38. There are no additional resources required to establish the STIS service.
39. The three savings options are proposed in order to deliver a total of £91,000 per annum recurrent savings for the Council.

Human Resources Implications (SJJ 13/9/16)

40. The HR Implications are included in the body of the report where appropriate,

Implications for Service Users

41. The establishment of the STIS aligned with health's Intensive Home Support Service will enable people to experience a more integrated service across health and social care.

42. Mitigations of any impact on service users regarding the three savings proposals are set out in the report and the proposals have been informed by an initial Equality Impact Assessment which is available. The impact assessment will be up-dated with any further relevant information gained during the consultations.

RECOMMENDATION/S

That the Committee:

- 1) notes the update on the development of integrated health and social care arrangements in Mid-Nottinghamshire
- 2) approves the establishment of one full-time temporary Social Worker post (Band B) in Newark and Sherwood until 31st March 2017, as detailed in **paragraph 17**. The post will be allocated an authorised car user status
- 3) approves the reconfiguration of existing posts to create Short Term Independence Services in Mid-Nottinghamshire and Bassetlaw, as detailed in **paragraphs 28 - 30**.
- 4) approves consultation with staff, partners and service users about the following savings options as proposed at **paragraph 31**: a) a health team which organises discharges for hospital patients, b) pharmacy expertise into care homes and c) a voluntary scheme to support people home from hospital.

Sue Batty
Service Director, Mid Nottinghamshire

For any enquiries about this report please contact:

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Constitutional Comments (SLB 14/09/16)

43. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require all reports regarding changes to staffing structures to include HR advice, and for consultation to take place with the recognised trade unions.

Financial Comments (KAS 13/9/16)

44. The financial implications are contained within paragraphs 37-39 of the report.

Background Papers and Published Documents

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

Integration with Health in Mid-Nottinghamshire – report to the Adult Social Care and Health Committee on 2 November 2015.

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

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

The Mid-Nottinghamshire “Better Together” Alliance Agreement contract – report to Adult Social Care and Health Committee on 7 March 2016.

Update on progress to integrate health and social care in Mid-Nottinghamshire – report to Policy Committee on 20 April 2016

Selection process for social care providers to join the Mid-Nottinghamshire Better Together Alliance – report to Adult Social Care and Health Committee on 11 July 2016

Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

ASCH428



10th October 2016

Agenda Item: 5

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

**CARE DELIVERY GROUP EXPANSION – NOTTINGHAM NORTH AND EAST
AND RUSHCLIFFE CLINICAL COMMISSIONING GROUPS**

Purpose of the Report

1. To inform Committee of the progress of the Integrated Care Teams (Care Delivery Groups) within South Nottinghamshire.
2. To seek approval for the establishment of 4 FTE Temporary Community Care Officer (Grade 5) posts within the Integrated Care Teams to the end of March 2018 funded by Nottingham North and East (NNE) and Rushcliffe Clinical Commissioning Groups (CCGs).
3. To seek approval for the extension of the current integrated care staff team of 2 FTE Temporary Social Worker (Band B) and 2 FTE Temporary Community Care Officer (Grade 5) posts up to the end of March 2018 funded by NNE and Rushcliffe CCGs.

Information and Advice

4. Integrated Care Teams are presently partly established within the three health planning areas. In Bassetlaw there are four Integrated Neighbourhood Teams (INTs); in Mid-Nottinghamshire there are eight Local Integrated Care Teams (LICTs) and in South Nottinghamshire there are three Care Delivery Groups (CDGs). All these teams include a wide range of health professionals from primary and community care as well as a social care worker. All the teams are charged with supporting people who have complex health needs (with three or more long-term conditions) and who are at significant risk of needing acute health and care services. The integrated teams use risk stratification tools to identify people most at risk.
5. Health Commissioners are currently funding the health and social care workers in each planning team. The objective is to provide a social care assessment and service to:
 - manage demand through effective signposting to information and advice about local support
 - promote independence through a range of early interventions
 - undertake assessments in clinics and test out the use of trusted assessors
 - promote services that aid recovery from illness to enable people to maximise their potential to care for themselves without long term support
 - undertake reviews to ensure that the support provided is just enough to promote people's independence and safety

- support people with complex needs at home for as long as possible.
6. In order to continue with the evaluation of the present model and secure the funding of the social care posts, the Council has been successful in gaining Local Government Association (LGA) funding of £20,000, as detailed in the report on *Update on progress with arrangements to integrate health and social care in Mid-Nottinghamshire* which is also on the agenda of today's Committee meeting. The LGA has agreed to fund the cost to support an evaluation of integrated care and the cost effectiveness of social care interventions and outcomes. The national evidence base for integrated working is currently limited. The evaluation will advise the future design, planning and establishment of these teams.

NNE and Rushcliffe CCGs current integrated care provision

7. Across North and Mid Nottinghamshire and Nottingham West the Integrated Care Teams cover the whole population; this means that within each GP locality that makes up the CCG populations every GP has access to staff within an integrated care team that includes social care staff.
8. Within South Nottinghamshire (NNE and Rushcliffe CCG areas) there is not full integrated care team cover within their six GP localities (three in NNE / three in Rushcliffe), only a pilot area in each with social care staff. This report recommends the establishment of 2 FTE additional Community Care Officers in both NNE and Rushcliffe to ensure that there is total coverage across the South of the County. This has the full support of both the NNE and Rushcliffe CCGs. The CCGs have confirmed that funding is available until the end of March 2018. The current Social Worker will oversee and support the Community Care Workers within each CCG area.

Other Options Considered

9. The option to establish a Social Worker and Community Care Officer in each of the three GP locality areas within each CCG was discounted as the need for this resource has not been evidenced. Consideration was given to the use of a Service Advisor instead of a Community Care officer as the Service Advisor as a more cost effective and viable delivery model but CCGs confirmed this would not provide the necessary level of assessment and service provision required.

Reason/s for Recommendation/s

10. To ensure that across all planning / CCG areas and GP localities there is equal and available access for this population group to receive the support from an integrated care team approach.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such

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

Financial Implications

12. Nottingham North and East and Rushcliffe CCGs will meet the full cost of the following Social Care staff posts:
 - 4 FTE Community Care Officer posts – Grade 5 (£32,218 p.a) newly established from October 2016 to the end of March 2018.
 - The extension of the current 2 FTE Social Worker posts Band B (£39,081 p.a) and 2 FTE Community Care Officer posts – Grade 5 (£32,218 p.a) from the current end date of January 2017 to the end of March 2018.
13. The evaluation as part of the pilot is funded by the Local Government Association Efficiencies Programme and is being carried out by Nottingham Trent University, to be completed by March 2017. This money was awarded to Nottinghamshire County Council following completion of a bid to review integrated care teams.

Human Resources Implications (SJ 01/09/16)

14. The new posts will be recruited to using the County Council's vacancy control protocol and the contracts will be extended for staff currently in post. The recognised trade unions have been consulted and are in agreement with the recommendation.

RECOMMENDATION/S

That the Committee:

- 1) notes progress made so far by Integrated Care Teams (Care Delivery Groups) within South Nottinghamshire
- 2) agrees the establishment of 4 FTE Temporary Community Care Officer posts (Grade 5) up to the end of March 2018, funded by Nottingham North East and Rushcliffe Clinical Commissioning Groups
- 3) agrees the extension of the current integrated care staff team of 2 FTE Temporary Social Worker posts (Band B) and 2 FTE Temporary Community Care Officer posts (Grade 5) up to the end of March 2018, funded by Nottingham North East and Rushcliffe Clinical Commissioning Groups.

Paul Mckay

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Constitutional Comments (KK 19/09/16)

15. The proposals in this report are within the remit of the Adult Social Care & Health Committee.

Financial Comments (KAS 13/09/16)

16. The financial implications are contained within paragraphs 12 and 13 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCH423



10 October 2016

Agenda Item: 6

REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE & DIRECT SERVICES

DEVELOPMENT OF KEYRING SERVICES

Purpose of the Report

1. To seek Committee approval to take forward and develop the proposal for KeyRing networks in Nottinghamshire in order to expand the range of housing and support options available and to deliver further savings by developing opportunities to promote independence and reduce the cost of support packages.
2. To seek approval for the establishment of additional temporary resource of 1 FTE Community Care Officer (CCO) post (Grade 5) to support the work.

Information and Advice

3. KeyRing is a patented name for a model of support which is built around a *Living Support Network*, typically consisting of up to ten service users and one Community Living Volunteer (support worker). Each service user has their own home within a close radius of other network members and the support worker.
4. Service users are encouraged to help and assist one another through peer support in addition to formal support from their Community Living Volunteer. This support worker would also be able to provide a telephone and emergency response service in much the same way as a parent or friend would.
5. This type of arrangement would be suitable for people with low level learning disabilities or mental health issues, who would require the additional reassurance of a support network to complement the formal 3-4 hours of support they would get on a face to face basis from the support worker.
6. There are over 100 KeyRing Living Support Networks operating nationwide, across more than 50 local authority areas and supporting around 1,000 vulnerable adults and can offer a flexible and cost effective solution.
7. Potential cost savings will be realised from people currently in shared supported living who could be supported to move on to KeyRing accommodation and the resultant vacancy filled by someone with higher needs.
8. The sourcing of appropriate housing within a small radius will be a key challenge in delivering this type of provision.

9. The CCO would take the lead in the reassessment of the service users put forward for the scheme and work closely with them and their circles of support to assist them to move. They would provide the key departmental link to the district councils in respect of lettings and tenancy issues in the early phases of the schemes.

10. The benefits and risks are as follows:

Benefits:

- Greater independence for individuals and higher self-esteem, associated with peer support.
- Cost savings to Care Support and Enablement spend with an initial target of £70,000 over three years, from April 2017.
- The potential to provide a broader hub service to existing supported living schemes. For example, the KeyRing support worker could provide out of hours support to other local services to replace existing sleep-in cover.
- Although the project itself would deliver relatively modest savings, it would act as a useful enabler to release existing supported living capacity to support other programmes of work in younger adults.

Risks:

- Availability of appropriately located, reasonable quality and affordable housing.
- Finding appropriate Community Living Volunteers. This is not a 9-5 job and is more like a 'warden' who would need to be available for out of hours work when required in addition to the delivery of some individual support.
- Not having sufficient numbers of people with lower level needs in the Council's existing services to create a KeyRing network.
- Not delivering savings as Care Support and Enablement providers are already incentivised to save on existing packages.
- Costs might go up if people move out of services which have existing economies of scale.

Other Options Considered

11. Individuals ready to move on to more independent accommodation could potentially be supported into their own local authority tenancies; however the costs of supporting a scattered cohort will be higher and opportunities for peer support reduced.

Reason/s for Recommendation/s

12. Development of KeyRing networks locally will enhance the variety of supported accommodation provision available to younger adults.
13. This type of scheme will further promote independence and give people greater opportunities to be part of their local community.
14. There is potential to make cost savings through less intensive packages of care for those moving into a KeyRing scheme as well as providing opportunities to free up much needed supported living provision elsewhere which will enable people to move out of residential care.

Statutory and Policy Implications

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

Financial Implications

16. The establishment of 1 FTE CCO post (Grade 5) for a period of 18 months from October 2017 at a cost of £48,000 would need to be funded from existing reserves.
17. The work up until October 2017 can be supported by existing temporary posts. The project will also be supported by permanent staff from within the team.

Human Resources Implications (SJJ 13/9/16)

18. The additional post will be recruited to on a fixed term contract.

Public Sector Equality Duty Implications

19. An Equality Impact Assessment has been undertaken and is available as a background paper. Whilst there is potential that some service users and their families may see a reduction in their level of support as a negative impact, service users will be assessed for their readiness and suitability to move to this type of more independent accommodation and nobody identified as a candidate for the schemes would be forced to move from their existing service.
20. It is hoped that most people would view a move to a more independent setting as a positive impact.
21. The proposal will target younger adults, including people with a learning disability, people with mental health difficulties, Asperger's syndrome and/ or physical disabilities.

Safeguarding of Children and Adults at Risk Implications

22. The service will ensure that any placement into a KeyRing scheme which further promotes an individual's independence is based on sound assessment practice, ensures positive risk taking is safe and that this work does not create unwarranted increases in safeguarding concerns.

Implications for Service Users

23. Development of a KeyRing network will expand the range of housing and support options available to younger adults with disabilities.

Ways of Working Implications

24. There are no significant ways of working implications for the proposed service.

RECOMMENDATION/S

That the Committee:

- 1) approves the proposal to develop KeyRing networks in Nottinghamshire.
- 2) approves the establishment of an additional temporary resource of 1 FTE Community Care Officer (CCO) post, at Grade 5 and the post allocated an authorised car user status, to support the work for a period of 18 months from October 2017.

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Constitutional Comments (SLB 13/09/16)

25. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require all reports regarding changes to staffing structures to include HR advice, and for consultation to take place with the recognised trade unions.

Financial Comments (KAS 13/09/16)

26. The financial implications are contained within paragraphs 16 and 17 of the report.

Background Papers and Published Documents

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

Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

ASCH427



10 October 2016

Agenda Item: 7

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

**SAVINGS AND EFFICIENCIES UPDATE AND PROPOSAL TO MAXIMISE
THE INCOME AVAILABLE TO THE COUNCIL'S DIRECTLY PROVIDED
ADULT SOCIAL CARE SERVICES**

Purpose of the Report

1. To update the Committee on progress with budget savings projects being delivered by the Adult Social Care, Health and Public Protection (ASCH&PP) department over the period 2016/17 to 2019/20.
2. To update the Committee on the progress of the Adults Portfolio of Redefining Your Council.
3. To seek Committee approval for the establishment of a full-time temporary Development Officer post for an initial period of 1 year, and for potential extension for a further year, subject to a review after the first year, from the date of recruitment to support the ASCH&PP department to maximise the income available to its directly provided social care services.
4. To seek Committee approval for the disestablishment of a full-time temporary Quality Development Officer post and the establishment of a part-time Business Support Administrator post for a period of one year to support the promoting independence in supported living and outreach services project.

Information and Advice

ASCH&PP Department's Savings and Efficiency Programme

5. The ASCH&PP department has already delivered efficiency savings of £67m over the period 2011/12 to 2015/16 through the delivery of savings and efficiency projects relating to Adult Social Care (excluding Public Protection savings).
6. This report updates Committee on progress, as at Period 5 2016/17, with the remaining projects falling under the remit of the Adult Social Care and Health (ASCH) Committee, approved by Full Council on 27 February 2014, 26 February 2015 and 25 February 2016. Please refer to **Appendices 1 and 2**.

7. This report also updates the Committee on progress in relation to the Adults portfolio of Redefining Your Council. Please refer to **Appendix 3**. Policy Committee also receives quarterly reports on progress against the Council's Strategic Plan and Redefining Your Council, with the next one due on 19 October 2016.
8. Please note that this report excludes progress on the savings projects falling under the remit of the Community Safety Committee, Public Health Committee, and the Business Support Services Review (ASCH&PP and Children, Families & Cultural Services) project, which falls under the remit of the Personnel Committee.
9. The overall financial position of the department, including savings at risk, is contained within the body of the financial monitoring report that is regularly considered by Finance and Property Committee, and its associated appendix. Any change requests approved to amend projects' savings targets and / or their profile of savings are also reported to Finance and Property Committee (see background papers).
10. The department's remaining savings targets, including the new projects approved in February 2016, are profiled as follows:

2016/17	2017/18	2018/19	2019/20	Total
£12.224m	£5.591m	£7.034m	£0.294m	£25.143m

11. As Members are aware, each project is RAG (Red; Amber; Green) rated as defined in the status key within **Appendix 1**. Based on good practice from elsewhere, the County Council uses an 'experiencing obstacles' (yellow) category. This gives project managers a chance to highlight that aspects of a project are 'off target' without this necessarily meaning that there will be a resultant risk to overall savings delivery (e.g. some slippage in tasks within the plan etc.). In effect, the 'experiencing obstacles' category provides an early warning that action needs to be taken to rectify a problem and / or stop a position worsening so the project becomes 'at risk.' However, at this stage the scale of the issue, and any potential savings at risk, may be unknown and further work is required to ascertain this.
12. The current RAG rating of the 35 remaining projects as at Period 5 2016/17, and the breakdown of the remaining savings targets assigned to them, are provided in **Appendix 1**. This also shows any projects reporting exceptions and savings at risk of either slippage into future financial years and / or at risk of non-delivery. In summary, the position with regard to the achievement of the £12.224m 2016/17 savings target is as follows:
 - a. £1.679m savings (14%) will be realised by year end, from projects already completed / closed. Of this, £0.145m has been achieved in an alternative way.
 - b. £7.377m savings (60%) are on target to be achieved by year end.
 - c. At least £0.025m savings are anticipated to slip into future years. Additional slippage over and above this is being assessed so that it can be quantified and reported.
 - d. At least £0.032m is at risk of non-delivery by March 2017 and will need to be made up in future years. Additional savings at risk over and above this are being assessed so that it can be quantified and reported.

Across all years (2016/17 to 2019/20), at this stage it is anticipated that £0.717m is at risk overall. As and when any additional slippage, savings and / or savings at risk are quantified, they will be reported to Committee.

13. Within a portfolio(s) of programmes and projects of the scale of that being undertaken by the Department, it is to be expected that some projects will have delivery issues, which ultimately may result in failure to meet some or all of the savings. This is particularly the case where change has been overlaid on change and where projects are more transformational. For those projects reporting exceptions in **Appendix 1**, further detail on the reasons for these, and mitigating action in place to manage these, is provided in **Appendix 2**.
14. Of those projects currently on target to achieve their 2016/17 savings target, a case study example of progress being made by one of these is the *Targeted Reviews* project. This project builds on previous savings projects which aim to maximise people's independence, and thus reduce the cost of community care in younger and older adults, by reviewing packages of care, ensuring they remain sufficient to meet the needs of individuals in the most cost effective way. The project is delivering savings by focussing the work of the Central Review Team on reviewing packages of care falling into the categories detailed below:
 - a. Direct Payment packages - where surplus amounts have been identified, linking with the recoup project underway within Direct Payments.
 - b. New packages that have been set up, particularly following hospital discharge, including individuals who have not received re-ablement and may only need a short time limited service.
 - c. People who have two carers where, through the use of equipment, this can be reduced to one carer.
 - d. Packages of care which have not yet received an annual review.
15. Prioritising these reviews has resulted in enabling people to maintain their independence, health and well-being and reduced the cost of the package, realising significant savings for the Council. Savings in excess of £0.800m (assuming full year effect) have been recorded since April 2016, and this is ahead of the savings target for 2016/17 of £0.480m. Additionally, the focussing of this activity significantly reduces the backlog of overdue reviews, supporting the Council in meeting its objectives of timely review of all care packages.

Adults Transformation Portfolio Update

16. A quarterly update on key achievements for the five programmes that comprise the Portfolio, is contained in **Appendix 3**. The Portfolio is reporting good progress in achieving key outcomes and benefits required from the programme. The update also provides a forward view for the next three months. It is intended to include these key achievements, milestones and progress on savings in the next Council-wide Performance and Redefining Your Council Progress Update to Policy Committee.

Proposal to Maximise the Income Available to the Council's Directly Provided Social Care Services

17. The Council runs a range of directly provided social care services, for example Day Services, County Enterprise Foods (the Meals Service) and Short Breaks units. It is proposed that the services explore the viability of a range of ideas designed to generate new income and / or maximise the income available to the Council through trading.
18. The overall aim of this work would be to:
- Support services to work in a more commercially focused way.
 - Promote the greater community use of the services and their assets.
 - Develop a range of new business opportunities that have been identified in order to generate additional income to support the longer term viability of services.
 - Explore additional new business opportunities.
 - Review current charging processes to maximise income for the Department.
19. Although not exhaustive, some of the income generating opportunities that have been identified include:
- Offering people who fund their own care, or other private customers who do not have an assessed care need, the opportunity to purchase care and support from the Council's Day Services and Short Breaks units.
 - Offering neighbouring local authorities the opportunity to purchase spare capacity in the Council's Short Breaks units.
 - Increasing the range of services that people can purchase from County Enterprise Foods (the Meals Service) to support them to continue living independently in their own homes for longer.
 - Increasing the County Horticulture & Work Training services' farm shop sales and looking for opportunities to hold events for the public on the horticulture sites.
 - Reviewing the Short Breaks booking policy to ensure that the use of its resources are maximised.
20. It is proposed that a new temporary post of Development Officer (subject to job evaluation which will determine the grade, costs and authorised car user allowance) is established for an initial period of 1 year, and for potential extension for a further year, subject to a review after the first year. The post will provide commercial expertise and work alongside managers and staff working in Direct Services, and the Council's Commercial Development Unit, to undertake this work.
21. It is anticipated that the surplus income generated from developing the initiatives will, as a minimum, cover the cost of the temporary appointment. If the initial work to explore and develop the initiatives conclude that this may not be the case, the continuation of the post will be reviewed. Scrutiny of progress against the various initiatives will be included as part of the existing Direct Services delivery group agenda. Member oversight will be provided via update reports to this Committee.
22. This proposal will allow the Council to explore areas where, subject to Local Authority powers to trade, additional income could be generated by its directly provided social care services. In addition, by helping the services to work in a more commercially focused way, this proposal will also support work already underway within the department to explore alternative service delivery models for some of the directly provided social care services.

Proposal to change the post associated with the promoting independence in supported living and outreach services project

23. A Quality Development Officer post (QDO) was originally approved for 2 years until March 2017. This post has recently become vacant and an initial recruitment did not enable the Council to refill the post. The priority work of this post over the next few months is to monitor provider returns and check the data against the Council's internal systems to ensure savings are being made by the providers as reported. As systems to undertake this have now been set up, and the post is no longer required to provide additional quality monitoring of the services themselves, it is proposed that this post is disestablished and a new part-time (0.5 fte) Business Support Administrator post at Grade 4 is established in its place.
24. The QDO post was full time to March 2017, but experience at 2014/15 and 2015/16 year end suggests that work on the provider returns and the updating of financial systems to reflect the savings will take until year end of March 2018 as any changes during the year may affect the level of savings attributable. Therefore it is proposed that the newly established post is for 18 months at a cost of £15,792 plus NI and pension (Grade 4) compared to £16,170 plus NI and pension for 6.5 months of Quality Development Officer (Band A) time which was remaining since the post holder left.

Other Options Considered

25. There are no other options to outline in relation to the savings and efficiency elements of the report as this aims to update Committee on existing budget saving projects currently being delivered by the ASCH&PP Department.
26. The initiatives described against the proposal to maximise income available to the Council's directly provided social care services could be progressed by officers working within the existing Direct Services structure. However there is no spare capacity or appropriately skilled staff to undertake this work alongside business as usual activity. It is felt that it would therefore take much longer to develop, test and implement the initiatives.
27. A QDO post was being advertised at the time the existing post holder left and therefore if there had been enough suitably qualified applicants a QDO would have been appointed to fulfil the remainder of the 2 year post. A further advertisement could be undertaken to continue to try and recruit a QDO but it is unlikely that other candidates will come forward for a short contract. The nature of the work required has changed significantly since the post was established and therefore is felt that a Business Support Administrator could complete the work necessary.

Reason/s for Recommendation/s

28. The proposal to maximise income available to the directly provided adult social care services will allow the Council to explore areas, where subject to Local Authority powers to trade, income could be generated on a cost recovery basis which, by contributing to existing overheads, will help to reduce the subsidy for the services and support the

Council to deliver savings against the current budget. This proposal will also support work already underway within the department to explore alternative service delivery models for some of the Direct Services.

29. The proposal to disestablish the QDO post and establish a Business Support Administrator post for a longer period but part time better reflects the support required at this stage of the promoting independence in supported living and outreach services project.

Statutory and Policy Implications

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

Financial Implications

31. The progress in achieving the 2016/17 to 2019/20 savings targets for each project is detailed in **Appendices 1 and 2**.
32. The proposal to maximise the income available to the Council's directly provided adult social care services, recommends the establishment of a full time temporary Development Officer post. The post will be funded from the additional income generated as a result of the work to explore income generating initiatives. Any shortfall in the funding of the post will be met from the Direct Services budget. Any additional income realised over and above the cost of the post will reduce the subsidy that the services require from the Council.
33. The proposal to disestablish the QDO post and establish a Business Support Administrator post will have minimal change to the total level of funding required as identified in **paragraph 24** but will move some of the cost into the next financial year. The funding for this post is already coming from the savings made in the project.

Human Resources Implications (SJJ 15/09/16)

34. The expected grade for the post of Development Officer is Band D; however this post has not been evaluated or allocated an anticipated grade by job evaluation. Once the grade has been confirmed the post will be recruited to using the County Council's vacancy control process.
35. The Quality Development Officer post will be disestablished and the new Business Support Administrator post required will be supplied by business support functions.
36. The recognised trade unions have been consulted and no comments received.

Public Sector Equality Duty Implications

37. The equality implications of the projects were considered in Equality Impact Assessments undertaken, published and considered as part of the 2014/15, 2015/16 and 2016/17 budget consultation process.
38. The proposal to establish the temporary Development Officer post will not in itself have an impact on the current staff and service user group. However, depending on the nature of the individual income maximising initiatives, as work to explore them in more detail commences, consideration will be given to the necessity to complete Equality Impact Assessments for them on a case by case basis.

Safeguarding of Children and Adults at Risk Implications

39. In respect of the proposal to maximise income available to the Council's directly provided social care services, the priority for the services will continue to be the provision of safe services for Nottinghamshire County Council residents with assessed social care needs. A full assessment of any safeguarding implications involved in the sale of services to neighbouring local authorities or to people who are not known to the Council and / or who fund their own care, will be made as part of the development of each initiative.

Implications for Service Users

40. The implications of the projects on service users were considered in the Outline Business Cases and Options for Change undertaken during their development that were published and considered as part of the 2014/15, 2015/16, and 2016/17 budget consultation process.
41. In relation to the proposal to maximise income available to the Council's directly provided social care services, people who currently access adult social care Direct Services will be able to continue to access these services and have their outcomes met as now. In addition, it is hoped that the proposal will promote increased use of the services within communities and also offer up new opportunities to service users.

Ways of Working Implications

42. It is proposed that the Development Officer will report to a Group or Service Manager within the Direct Services structure. It is envisaged that the post holder will work flexibly across the services. Scrutiny of progress against the various business development initiatives will be included as part of the existing Direct Services delivery group agenda. Member oversight will be provided via update reports to this Committee.
43. The Business Support Administrator will report to a business support officer within the business support unit with specific job related day to day supervision being provided within the strategic commissioning team.

RECOMMENDATION/S

That the Committee:

- 1) notes the progress with budget saving projects being delivered by the Adult Social Care, Health and Public Protection department over the period 2016/17 to 2019/20, as detailed in **Appendices 1 and 2**.
- 2) notes the key achievements of the Adults Portfolio of Redefining Your Council, as outlined in **Appendix 3**.
- 3) approves the establishment of a full-time temporary Development Officer post for an initial period of 1 year, and for potential extension for a further year, subject to a review after the first year, from the date of recruitment to support the Adult Social Care, Health and Public Protection department to maximise the income available to its directly provided social care services.
- 4) approves the disestablishment of a temporary Quality Development Officer post at Band A and the establishment of a Business Support Administrator post at Grade 4 for 18 months.

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Constitutional Comments (KK 19/09/16)

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

Financial Comments (MM 29/09/16)

45. The financial implications are contained within paragraphs 31 to 33 of the report.

Background Papers and Published Documents

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

- Report to Policy Committee, 13 November 2013: Savings Proposals 2014/15 – 2016/17 and associated published Outline Business Cases and Equality Impact Assessments.
- Report to Full Council, 27 February 2014: *Annual Budget 2014/15* and associated published Outline Business Cases and Equality Impact Assessments.
- Report to Adult Social Care and Health Committee, 12 May 2014: *Overview of Savings Projects to be delivered 2014/15 to 2016/17 by the Adult Social Care and Health Department.*
- Report to Adult Social Care and Health Committee, 3 November 2014: *Overview of Departmental Savings and Efficiencies Programme.*
- Report to Policy Committee, 12 November 2014: *Redefining Your Council: Transformation and Spending Proposals 2015/16 – 2017/18.*
- Report to Finance and Property Committee, 19 January 2015: *Financial Monitoring Report: Period 08 2014/15* and Appendix.
- Report to Full Council, 26 February 2015: *Annual Budget Report 2015/16* and associated published Options for Change and Equality Impact Assessments.
- Report to Adult Social Care and Health Committee, 30 March 2015: *Transformation Resource – Overview of Departmental Requirements.*
- Report to Adult Social Care and Health Committee, 1 June 2015: *Overview of Departmental Savings and Efficiencies Programme – Adult Social Care, Health and Public Protection.*
- Report to Finance and Property Committee, 14 September 2015: *Financial Monitoring Report – Period 4 2015/2016.*
- Report to Adult Social Care and Health Committee, 2 November 2015: *Departmental Savings and Efficiencies Programme – Adult Social Care and Health.*
- Report to Policy Committee, 9 December 2015: *Spending Proposals 2016/17 – 2018/19.*
- Report to Full Council, 25 February 2016: *Annual Budget 2016/17* and associated published Outline Business Cases and Equality Impact Assessments.
- Report to Adult Social Care and Health Committee, 7 March 2016: *Departmental Savings and Efficiencies Programme – Adult Social Care and Health.*
- Report to Adult Social Care and Health Committee, 13 June 2016: *Update on the Transformation Portfolio.*
- Report to Finance and Property Committee, 18 July 2016: *Financial Monitoring Report: Period 2 2016/2017.*

Electoral Division(s) and Member(s) Affected

All.

ASCH425

Appendix 1: Project Statuses as at August 16 Highlight Reports and Budget Monitoring Information - ASCH

Project Name	Project Status (July 16)	Project Status (August 16)						Projected At Risk / Slippage & Over Achievement						Savings delivered in an alternative way	Net at risk amount
			2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s	2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s		
High Governance															
Redesign of Assessment and Care Management Functions & Organisational Re-design	Closed or Completed	Closed or Completed	250				250							0	0
Living at Home Phase II	Experiencing Obstacles	Experiencing Obstacles	397				397		25		-114			-89	-89
Reduction in long-term care placements	At Risk	At Risk	423	300	400		1,123	197	-165					32	32
Day Services	Closed or Completed	Closed or Completed	490				490							0	0
Residential Short Breaks Services	Closed or Completed	Closed or Completed	250				250							0	0
Reducing the Costs of residential Placements - Younger Adults	At Risk	At Risk	1,000	0	500		1,500	274			500			774	774
Care and Support Centres	Experiencing Obstacles	Experiencing Obstacles	492	292	3,268	294	4,346							0	0
Direct Payments	On Target	On Target	1,823	580	1,280		3,683							0	0
Promoting Independence in supported living and outreach services	On Target	On Target	951	500	250		1,701							0	0
Promoting Independent Travel	On Target	On Target	191	389			580							0	0

Project Name	Project Status (July 16)	Project Status (August 16)						Projected At Risk / Slippage & Over Achievement						Savings delivered in an alternative way	Net at risk amount
			2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s	2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s		
Early Resolution (Consulted on as - C05 New operating model for the Social Care Pathway)	On Target	On Target		176	176		352						0		0
Targeted Reviews	On Target	On Target	480	1,010	1,010		2,500						0		0
Further Expansion of Assistive Technology to Promote Independence	Experiencing Obstacles	Experiencing Obstacles	646	543	40		1,229						0		0
		Sub Total	7,393	3,790	6,924	294	18,401	471	-140	0	386	0	717	0	717

Low / Medium Governance

Reduction in staff posts in the Joint Commissioning Unit	Closed or Completed	Closed or Completed	149				149						0		0
Savings from the Supporting People budget	On Target	On Target	1,950				1,950						0		0
Various contract changes by the Joint Commissioning Unit	On Target	On Target	190				190						0		0
Various options to reduce the cost of the intermediate care service	On Target	On Target	800	800			1,600						0		0
Ensuring cost-effective day services	On Target	On Target	150				150						0		0
Gain alternative paid employment for remaining Sherwood Industries staff	On Target	On Target	35	35			70						0		0
Partnership Homes	On Target	On Target		292			292						0		0

Project Name	Project Status (July 16)	Project Status (August 16)						Projected At Risk / Slippage & Over Achievement						Savings delivered in an alternative way	Net at risk amount	
			2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s	2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s			
Quality Assurance and Mentoring Package	Closed or Completed	Closed or Completed	75				75		75					75	75	0
Short Term Prevention Services	On Target	On Target	200				200							0		0
To create a single integrated safeguarding support service for the council	Closed or Completed	Closed or Completed	70				70		70					70	70	0
Development of a single integrated meals production and delivery service	On Target	On Target	293				293							0		0
Strategic Commissioning - Review of Contracts	On Target	On Target	43				43							0		0
Older Adults Residential Care Banding	Experiencing Obstacles	Experiencing Obstacles	100				100							0		0
Reduction in transport budget	Experiencing Obstacles	Experiencing Obstacles	50	50	50		150							0		0
Change to the staffing structure in the Adult Access Service	On Target	On Target	10				10							0		0
Day Services - withdrawal of Catering and Facilities Management Advisory Service	On Target	On Target	28				28							0		0
Investment in Shared lives	On Target	Experiencing Obstacles	60	60	60		180							0		0
Quality and Market Management: reduction in staffing	Closed or Completed	Closed or Completed	45				45							0		0
Improving collection of Continuing Healthcare funding	Closed or Completed	Closed or Completed	350	350			700							0		0

Project Name	Project Status (July 16)	Project Status (August 16)						Projected At Risk / Slippage & Over Achievement						Savings delivered in an alternative way	Net at risk amount
			2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s	2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s		
Increase in transport charge	On Target	On Target	80	80			160							0	0
Charge for Money Management service	On Target	On Target	134	134			268							0	0
Increase meal charges within day services	On Target	On Target	19				19							0	0
		Sub Total	4,831	1,801	110	0	6,742	0	145	0	0	0	0	145	0

Total	12,224	5,591	7,034	294	25,143	471	5	0	386	0	862	145	717
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On Target	Successful delivery of the project to time, cost and quality is achievable and there are no major outstanding issues at this stage that threaten delivery
Experiencing Obstacles	Successful delivery is probable, however, there are minor issues which need resolving to ensure they do not materialise into major issues threatening delivery. This is an early warning category, if the minor issues are resolved in a timely manner, it is unlikely that project savings will be put / remain at risk.
At Risk	Based on available evidence, successful delivery still appears feasible but significant issues exist with scope, timescales, cost, assumptions and/or benefits. Issues appear resolvable, but action is required
Compromised	Based on available evidence, successful delivery of the project appears to be at significant risk. There are major issues with project scope, timescales, cost, assumptions and/or benefits. Immediate action required to resolve issues.
Closed or Completed	Project benefits have been achieved, or there has been an official change to the benefits profile (through change control) so the project is complete or declared undeliverable
No Status	Awaiting major points of clarification / decision-making to enable PID and plan to be completed.

Appendix 2: Project exceptions for 2016/17 – reasons and mitigating action

Project	Reason for Exception	Mitigating Action
Living at Home (Phase II)	Additional time is needed to develop some of the new Extra Care schemes planned. This will result in a small under delivery of £0.025m savings in 2016/17.	The £0.025 short fall in 2016/17 will be made up by a further 50 new Extra Care units scheduled to open in 2017/18 (Bowbridge Road and a new Mansfield scheme). The full year effect savings anticipated from the 50 units will be £0.114m in 2018/19, thereby compensating for the smaller shortfall in 2016/17.
Care and Support Centres (CSC)	The development of alternative services is constantly under review alongside the future plans for the care and support centres.	The impact of this, and the timing of establishing alternative services, e.g. short term beds, is being assessed.
Further Expansion of Assistive Technology (AT) to Promote Independence	Reports are now available which suggest the project's savings targets are being met and this is currently being confirmed by Finance colleagues.	The project manager is confident that all of the project's savings are on target.

Project	Reason for Exception	Mitigating Action
Reduction in long-term care placements	<p>There has already been slippage of £0.197m savings from 2015/16 to 2016/17 and by March 2017 it is anticipated that the scheme will be £0.032m short of its savings target and this shortfall will have to be made up in the first year of the extended project (2017/18).</p> <p>This slippage is due to a number of factors, including:</p> <ul style="list-style-type: none"> • Meeting the requirements of the Department of Health's Winterbourne View report, which has absorbed project staff resource and suitable supported living tenancies. • Given changes in procurement rules, a new Dynamic Purchasing System has been developed to obtain a list of approved housing providers, and this has taken time. • There have been delays to the development of new larger schemes already approved. • Discussions with supported living housing providers on new schemes have been stalled due to their concerns regarding the proposed plan to cap all rents to local housing allowance levels and introduce discretionary payments for higher rent schemes. This issue is also impacting on the <i>Reducing the Costs of residential Placements - Younger Adults</i> project and Extra Care scheme that is part of the <i>Living at Home</i> project. <p>At this stage it cannot be fully quantified how much of the remaining £0.700m savings target may be at risk due to the national cap issue. However, some full year effect savings, from activity undertaken in 2016/17, has already been made towards 2017/18, and there will some further savings from moves through turnover and filling vacancies.</p>	<p>Following local and national lobbying, the introduction of the cap has been delayed until April 2019, from which point a new 'local top up' model will be introduced.</p> <p>Whilst this, and former interim announcements, will instil confidence in providers involved in existing scheduled schemes, it is not yet known if it will instil sufficient confidence in housing associations in respect of assurances / risk underwrites that they are seeking, and hence help to catalyse discussions on new developments.</p> <p>In the meantime:</p> <ul style="list-style-type: none"> • Extensive work is being undertaken to fill existing vacancies. • Discussions with housing providers on schemes already in development are ongoing. • Mechanisms for assuring providers have been considered by the Corporate Leadership Team and recommendations are to be put to Policy Committee for approval. If approved, this will facilitate the progression of new developments. <p>The situation will continue to be monitored, particularly regarding how provider confidence is affected by the expected policy change.</p>

Project	Reason for Exception	Mitigating Action
<p>Reducing the Costs of residential Placements - Younger Adults</p>	<p>The project's savings profile has been amended following approval of a change request by the Corporate Leadership Team to confirm that £0.500m savings in 2017/18 is not achievable and slip £0.500m savings into 2018/19 (as reported to Finance and Property Committee on 18 July 2016). This was required due to:</p> <ul style="list-style-type: none"> • The time required to negotiate changes to care packages, where reviews and analysis of background staffing requirements for homes demonstrated changes were possible. Providers also wished to delay decisions on any fee level increases they would receive from April 2016, given the National Living Wage. • Although fee increases have now been approved, none have been awarded for placements costing more than £1,600 per week, other than where providers can evidence current prices are below market value. Therefore, the ongoing negotiations with providers on these placements is having to take account of the wider cost pressures they are facing. <p>Despite approval of the change request, the project's status remains <i>At Risk</i> due to the ongoing challenge of achieving all of the project's remaining £2.000m savings target, particularly the £1.000m planned savings in 2016/17, plus making up slippage of £0.274m from 2015/16. It is highly likely that there will be further slippage into 2017/18 as this project is the first detailed work of its kind with the residential market, requiring time to implement change management. For example, some providers are having to adjust business cases, re-train staff and consult with them over restructuring and rota changes.</p> <p>Therefore, at this stage, whilst it cannot be fully quantified how much of the remaining savings are at risk, it is estimated that the £0.274m slippage from last year will not be made up this year, and all of the £0.500m savings scheduled for 2018/19 are at risk.</p> <p>The project's status has also been left as <i>At Risk</i> due to the inter-dependency with the <i>Reduction in Long-Term Care Placements</i> (see above).</p>	<p>A temporary senior practitioner is now in post to support the detailed work the project's temporary Community Care Officers are required to undertake, and to ensure robust assessments of need are in place which can be agreed with providers.</p> <p>The review work is providing the opportunity to talk to providers about the direction of travel and services required in the future. This should mean that over time the market can respond to the need for high quality services which aim to move people on, promoting independence and offering good value for money.</p> <p>All possible areas for savings will continue to be explored and negotiated with providers over the remainder of the project.</p> <p>Work is ongoing to refine the project's savings projections, as more hard evidence becomes available.</p>

Project	Reason for Exception	Mitigating Action
Older Adult Care Home Banding Rationalisation	<p>The original Option for Change envisaged that the remaining £0.1m savings allocated to this project were to be delivered through reviewing a small number of older adult placements where the residents are currently funded at a different fee level outside of the current bandings framework (i.e. service users who have entered long term care as a younger person and remained in the homes after reaching the age of 65).</p> <p>Since the option for change was approved, a more detailed desk based exercise on those service users in scope suggested that not all of the £0.100m savings may be achieved, as for most of the target cohort the reason why the placements are funded at a fee level above the current bandings framework is due to either free nursing care contributions, dementia quality mark payments, or either service users, families or Health are paying the difference.</p> <p>Reviews have been undertaken on the cases where there is potential for a reduction, and the outcome to date confirms it is unlikely that all of the £0.100m savings target will be met. To date, £0.017m savings have been achieved. If this average is sustained, this suggests a maximum saving of £0.045m will be achieved.</p>	<p>More reviews are being undertaken on outstanding cases to allow for more accurate projections. Discussions are ongoing with Health on jointly funded packages.</p> <p>Any savings shortfall will be met by other departmental budgets.</p>
Reduction in Transport Budget	<p>This project aims to reduce the amount spent on adult social care transport by £0.150m over three years by reducing the number of fleet vehicles, using some vehicles for public transport routes, joining up transport with health services, where appropriate, and renegotiating external transport contracts.</p> <p>An overspend of £0.300m is currently projected on the Adult Social Care transport budget. The budget is made up of various elements, some of which have historical overspends.</p>	<p>Work is ongoing within the Transport Solution Service (formed April 2016) to identify and implement efficiency savings.</p> <p>In addition, it is expected that commitments (and therefore the forecast overspend) will reduce over the coming months as a result of the new transport policy being applied as part of the <i>Promoting Independent Travel</i> project. However, as reviews have only recently begun, it is too early to assess the longer-term impact. This will be kept under review.</p>

Project	Reason for Exception	Mitigating Action
Shared Lives	<p data-bbox="331 140 1319 320">Additional staff required to support project delivery (a Support Officer and Senior Co-ordinator) were not in post until mid-July 2016 due to delays in the recruitment process outside of the project's control. One of the posts (Senior Co-ordinator) has only been able to commit part time to the project, until their former post is recruited to.</p> <p data-bbox="331 363 1319 544">This position is compounded by a full-time member of the existing Shared Lives staff base being off on long-term sickness since April 2016. This has required their caseload to be re-allocated to other members of the small Shared Lives Team, thereby reducing existing capacity.</p> <p data-bbox="331 587 1319 687">As this is a three year project planned to start from January 2016, the above issues have delayed the project's start by 9 months, although some work has been undertaken in the meantime.</p>	<p data-bbox="1350 140 2085 284">The appointment of the Support Officer, albeit on a part time basis for now, has released a significant proportion of management time to focus on the project aims and objectives.</p> <p data-bbox="1350 327 2085 507">As part of the role, the Support Officer will track and calculate the level of savings achieved since the project commenced (cashable and non-cashable) so that the impact of the delayed timescales can be quantified.</p> <p data-bbox="1350 550 2085 762">It is anticipated that the Senior Coordinator role will be able to commit full time to the project from October 2016. In the meantime, other team members have been dealing with some of the existing cases and they have been able to start on some project work.</p>

Redefining Your Council – Adult and Health Portfolio Update Q1 to June 2016

Progs.	<ul style="list-style-type: none"> • Adult Social Care Strategy & market development – preventing & reducing care needs by promoting independence • Integration with health – implementing joined-up working practices and initiatives with health • Public Health Outcomes – working with key stakeholders to establish how to allocate the current budget • Care Act Implementation – implementing the changes needed for the next stage of the Care Act • Direct Services Provision – developing different ways of delivering services 	
Benefits to be delivered	<ul style="list-style-type: none"> • Promoting independence and preventing, reducing and delaying the need for care and support (including providing information and advice to encourage people to look after themselves and each other) • Better and more joined-up working with partners (e.g. health) to improve outcomes for service users • More efficient, flexible and mobile staff by using technology to maximise staff time and help manage demand • Providing services that are creative, sustainable, value for money and legally compliant 	
Key achievements in last 3 months		Expected delivery over next 3 months
<ul style="list-style-type: none"> • A comprehensive Team Manager Development Programme ‘New Ways to Better Outcomes for all’ has been launched to help managers support teams to further deliver the ASC strategy change. • New performance dashboards for team managers to measure the outcomes of their teams has been finalised. • As part of the wider communication strategy with health, a letter, outlining the Adult Social Care Strategy has been sent to all GP practices as well as MPs and Members, along with information to help them advise the public. • All Older Adult teams are now using Social Care clinics for assessments and most Learning Disability teams have also started to run review clinics. The Gedling team saw 21 service users across 2 days with 2 members of staff. Typically a member of staff would review 2 to 3 service users a day if a home visit is required. • The scheduling of appointments pilot has been rolled out to most older adult’s occupational therapy teams. Where scheduling is in place it is improving the numbers of people who are assessed within the 28 day time scale. • A review of the care and support plan has been completed, the aim is to ensure the new support plan is easy to understand, encourage more people to complete their own support plan and enable the social care worker to work alongside the individual and family to find the best solutions to maximise independence. 		<ul style="list-style-type: none"> • Phase 2 of the ASC Strategy to be initiated and work to focus across four key workstreams. <ul style="list-style-type: none"> <u>Support planning</u> <ul style="list-style-type: none"> • To improve support planning with service user outcomes based on opportunities to maximise people’s independence • Embedding of the new support plan which will promote short term goals and enable independence to be promoted <u>Community independence workers</u> <ul style="list-style-type: none"> • A new community independence worker role to be introduced to build upon the strengths of the person and their network and maximise the use of alternatives to paid for support to meet needs. <u>Learning disabilities</u> <ul style="list-style-type: none"> • Building on existing work, this is a targeted strand to ensure that people with learning disabilities have a support plan that focuses on maximising the person’s potential for greater independence. A new service targeted at people with learning disabilities will be introduced to maximise independence, improve outcomes and reduce costs. <u>Building Community Resources</u> <ul style="list-style-type: none"> • Being taken forward as part of the Age Friendly Nottingham Approach within the Community Empowerment & Resilience Programme of work (see the Place Portfolio Update) • Work to link the clinic and scheduling projects together is underway to enable service users to book onto clinic appointments at the first point of access utilising the scheduling system.

<ul style="list-style-type: none"> • A trial is underway to improve responses to existing social care customers by resolving more of them at the front door and avoid unnecessary handoffs. This will create capacity in district social care teams and provide the customer with a quicker response. • On-line carer's assessment and review has been rolled out to all teams and feedback from carers has been positive. Uptake of this new service has been encouraging. • It has been agreed that a full system-wide review of integrated discharge arrangements will be carried out across mid-Notts (Aug to Oct 16). Currently in Nottinghamshire we are below the national average for delays attributed to Social Care. • Next steps have been agreed to develop a new action plan across Mid-Notts Alliance partners, to ensure that all partners are working to reduce residential admissions. NCC is leading this Workstream. • Launch of a new Transport policy and guidance and broadening the independent travel training offer. • Review undertaken of changes required arising from the latest version of the Care Act 2014 statutory guidance issued March 16 by the Department of Health. • The sixth and final Care Act Implementation Stocktake was completed in July and submitted to the LGA, ADASS and Department of Health. The focus of this stocktake was to show where councils are one year on from the introduction of the Care Act. • The stakeholder engagement group incorporating CCGs and Public Health England reviewed the use of Public Health grant and established a prioritisation framework. • The procurement process for the 0-19 Healthy Child Programme and Public Health Nursing Service commenced. 	<ul style="list-style-type: none"> • An evaluation of the carer's online process will be completed highlighting the benefits in terms of time saved and development work will have started on the next social care forms to go online. • Collaboration developed between health and social care Occupational Therapy services and Intermediate Care / reablement and referral management to identify opportunities to reduce duplication and provide an improved service. • Development of proposal to create Short Term Independence Service across Mid-Notts. This proposal will outline how we could bring together all the social care resources invested in intermediate care and reablement. • Analysing Smart Ideas feedback from operational staff and deciding which ideas have the potential to deliver savings and develop services provided by the Council. • Complete the procurement process for the 0-19 Healthy Child Programme and Public Health Nursing Service.
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<p>Key risks to delivery</p>	<ul style="list-style-type: none"> • Managing demand for services when there are increasing pressures from rising demographics and increased responsibilities from legislation. • Maintaining service quality as much as possible in the face of falling budgets and the continued need to find savings. • Maintaining care provision in the face of increased costs and problems with staff recruitment and retention. • Enabling alternatives to paid support through the development of community based support in order to reduce demand.
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10 October 2016

Agenda Item: 8

**REPORT OF SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE
UPDATE REGARDING NEW EXTRA CARE SCHEMES IN BASSETLAW**

Purpose of the Report

1. The purpose of this report is for the Committee to:
 - give approval for analysis by the Council of revised plans by Bassetlaw District Council regarding a proposed new Worksop Extra Care scheme, with a report to be brought to Committee in early 2017. The report shall include confirmation of the Homes and Community Agency (HCA) grant funding decision and also detailed plans and financial implications for consideration regarding approval to allocate Extra Care capital funding;
 - give approval for analysis by the Council of the Developer's revised proposal for Retford Extra Care, with a report to be brought to Committee in early 2017. The report shall include confirmation of the HCA grant funding decision and also detailed plans and financial implications for consideration regarding whether to proceed with the allocation of Extra Care capital funding as agreed in 2012.

Information and Advice

2. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information comprises commercially sensitive and confidential information about the Extra Care schemes. The exempt information is set out in the Exempt Appendix.
3. The two Bassetlaw Extra Care schemes outlined in this report are proposed as part of the Council's Strategy for the additional development of new Extra Care accommodation across Nottinghamshire. The Council is committed to creating 160 new Extra Care places by March 2018 as part of its commitment to providing alternatives to residential care. To date 82 new places have been created within four new schemes (St Andrew's, Poppy Fields, Bilsthorpe Bungalows and Darlison Court). A further 50 new Extra Care places have been approved by the Adult Social Care and Health (ASCH) Committee and are currently in development (Bowbridge Road Extra Care scheme and Townview, the former Mansfield General Hospital Extra Care scheme). The additional two new Bassetlaw schemes proposed in this report (Worksop and Retford) would between them provide a further 61 new units, making an overall delivery of 193 new units of Extra Care across Nottinghamshire.

4. Extra Care accommodation, with its combination of communal facilities, on-site care team and specialist housing design helps to prevent and reduce the need for health and social care intervention. For example, accessible on-site communal facilities help to prevent social isolation and promote mental and emotional wellbeing. The high quality of the accommodation provided helps to prevent falls. Overall, the support and prevention offered by Extra Care in turn means that all the older adults living in those schemes (both those in the Council's nomination units as well as those in the remainder of the units in a scheme) benefit from living in specialist accommodation designed to help older adults remain living at home safely for longer.

Proposal for a new Worksop Extra Care scheme

5. Bassetlaw District Council is keen to work with the County Council to create a new build Extra Care scheme in Worksop. The existing Extra Care scheme, Abbey Grove in Worksop, provides 25 units of Extra Care accommodation. The scheme is managed by A1 Housing (the District's Housing Provider), with 24/7 on-site care provided by Comfort Call. Discussions between Council officers, District officers and A1 Housing colleagues have identified the need for additional Extra Care places to meet local demand. In addition, further improvements are likely to be needed to the existing Abbey Grove building to upgrade accommodation in line with future Fire Safety requirements.
6. At its meeting in February 2015, ASCH Committee approved work with Bassetlaw District Council to develop a proposal for a new Extra Care scheme in Worksop. During 2015 officers worked with colleagues from Bassetlaw District Council on a proposal to extend the footprint of the existing Abbey Grove site to enable a new 50 bed scheme for older adults to be created on the site, of which approximately 36 units would be designated Extra Care accommodation for use by County Council service users as an alternative to residential care.
7. A further report to ASCH Committee in June 2015 approved the submission of a joint bid with Bassetlaw District Council to the national HCA Care & Support Specialised Housing Fund for the development of new Extra Care within Worksop.
8. On 10th March 2016 the HCA announced the award of grant funding of £1,056,000 conditional on a revised scheme design being submitted to the HCA for approval. A report to ASCH Committee in April 2016 provided an update on the further development work needed and required a report to be brought back to Committee in 2016 to provide detailed plans and financial implications for consideration to approve the allocation of capital funding.
9. Over the course of 2016, Bassetlaw District Council has undertaken further work to revise the scheme layout in order to be able to meet the design requirements of the HCA whilst also complying with the planning restrictions placed on the site due to its proximity to the nearby Gatehouse, which is a grade 1 listed structure. A revised design was shared with the County Council in August 2016 and has been assessed as meeting the county Extra Care design standard. The revised design was submitted to the HCA in September and the District advises that it expects the HCA to confirm its approval for the new design by December 2016. Once HCA approval has been achieved, it will be possible for the District

to confirm the minimum contribution required from the County Council to deliver the proposed new Extra Care scheme.

10. The District advises that without funding from the County Council it would be unable to afford the higher construction costs required to develop Extra Care, as the anticipated rental income, along with the HCA grant and District capital funding, would not cover the cost of the redevelopment. Indicative financial modelling and outline details regarding the proposed arrangements for the creation of the new scheme, as set out in the Exempt Appendix, shows the expected level of funding required is anticipated to be within the range of approved County Council contributions to other new Extra Care schemes in Nottinghamshire. Once the final HCA decision is known, confirmation of financial implications for the County Council will form part of a detailed report to be brought to Committee for consideration.

New Proposal for Retford Extra Care

11. In line with a report to ASCH Committee in July 2015, further development work has been undertaken with the proposed developer for the Retford Extra Care scheme. Following the withdrawal of the Developer's chosen funding partner in April 2016 at final contract negotiation stage, the Council sought legal advice and set the Developer a final deadline of September 2016 for confirming its proposed funding arrangements and timescales for proceeding with the development of the Retford Extra Care scheme.
12. In response to the September deadline, the Developer has submitted updated proposals stating that it has now secured a new funding partner and would like the Council's approval to develop a Retford Extra Care scheme which they say would offer a range of affordable housing for rent, for sale and for shared ownership.
13. In order to be able to deliver this proposal, the Developer has said it will require HCA funding under the national 'Shared Ownership and Affordable Homes Funding Programme 2016 to 2021', the aim of which is to increase the supply of new shared ownership and affordable homes in England.
14. HCA grant decisions are scheduled for announcement in December 2016. If the HCA chooses to award funding to the Developer, this would mean bringing a report to ASCH Committee, in January 2017 at the earliest, to confirm proposals for the Retford Extra Care scheme and to seek permission to allocate capital funding. This timescale would result in the start of construction on site in February 2017 at the earliest, with an expected opening date for the Retford scheme of February 2019 at the earliest. These timelines are dependent upon the Developer receiving firm scheme approval from the HCA in December 2016.

Other Options Considered

15. When deciding where to create new Extra Care accommodation, the location of existing schemes and local services, as well as demand/population demographics, are all considered by officers when making recommendations to Committee.

Reason/s for Recommendation/s

16. The Council's 'Living at Home' Programme (which manages the creation of new Extra Care schemes for the Council) is bringing the use of residential care in line with Nottinghamshire's comparator authorities by increasing alternative choices for older people to residential care and thereby delivering savings to the Adult Social Care and Health budget. The business case for the creation of new Extra Care, as developed in 2013/14, shows the net revenue saving to the County Council of placing an older adult in Extra Care (as opposed to residential care) is £94 per person per week, equating to an average annual saving of £4,888 per person per year.

Statutory and Policy Implications

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

Financial Implications

18. These are as set out in the Exempt Appendix.

Implications for Service Users

19. These are as set out in the Exempt Appendix. The creation of additional Extra Care provision will provide additional choice and opportunities for service users who in the past would have only had one option which would have been a place in a residential care home.

RECOMMENDATION/S

That Committee:

- 1) gives approval for analysis by the Council of revised plans by Bassetlaw District Council regarding a proposed new Worksop Extra Care scheme, with a report to be brought to Committee in early 2017. The report shall include confirmation of the Homes and Community Agency grant funding decision and also detailed plans and financial implications for consideration regarding approval to allocate Extra Care capital funding;
- 2) gives approval for analysis by the Council of the Developer's current proposal for Retford Extra Care, with a report to be brought to Committee in early 2017. The report shall include confirmation of the Homes and Community Agency grant funding decision and also detailed plans and financial implications for consideration.

Sue Batty
Service Director for Mid Nottinghamshire

For any enquiries about this report please contact:

Rebecca Croxson
Programme Manager 'Living at Home'
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E: rebecca.croxson@nottsc.gov.uk

Constitutional Comments (LM 23/09/16)

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

Financial Comments (KAS 27/09/16)

21. The financial implications are contained within the exempt appendix.

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.

Aiming for Excellence – Extra Care Update – report to Adult Social Care & Health Committee on 29 October 2012

Update on the Development of New Extra Care Schemes for Nottinghamshire – report to Adult Social Care & Health Committee on 2 February 2015

Development of Proposals for New Extra Care Schemes for Newark, Worksop and Arnold – report to Adult Social Care & Health Committee on 29 June 2015

Update on Development of Retford Extra Care – report to Adult Social Care & Health Committee on 15 July 2015

New Extra Care Schemes in Newark and Worksop – report to Adult Social Care and Health Committee on 18 April 2016

Electoral Division(s) and Member(s) Affected

All.

ASCH429



10 October 2016

Agenda Item: 9

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING ACCESS AND SAFEGUARDING

CARE HOME PROVIDER CONTRACT SUSPENSIONS

Purpose of the Report

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

Information and Advice

2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).
3. Nottinghamshire County Council continues to place significant emphasis on monitoring the standard of the care which it commissions through independent sector providers and in supporting providers to make required improvements where necessary. The Council undertakes this monitoring work in partnership with other agencies, including the relevant Clinical Commissioning Groups (CCGs), Healthwatch and the Care Quality Commission (CQC). Information is routinely shared with these organisations in order to build up a picture of risk levels and the associated impact that these may have for people accommodated at the services.
4. Quality Monitoring Officers (QMOs) currently undertake annual quality audits in older people's care homes within Nottinghamshire (that the Council contracts with) which informs the allocation of a 'banding' (which corresponds to an allocated fee level). The staff also undertake annual audits in younger adults' care homes and both work programmes are determined and managed through a risk based approach. This approach has been developed in partnership over several years.
5. From April 2016 the QMMT saw a reduction in posts as a part of the Council's Redefining Your Council savings plans and to accommodate this the team is now working slightly differently in that each of the QMOs now holds an individual portfolio of services. This enables them to have an overview of individual services and also of providers as a whole that may have a number of homes in the County. In addition to

this the relationships with CCGs and the CQC are continuing to develop and information sharing is more proactive, enabling the reduction of duplication of workloads. Joint visits are also undertaken where possible to reduce the time that audits take; this is particularly effective at larger services.

6. QMM staff also make themselves available to residents' relatives when they attend services so that they can gain feedback about the quality of the services provided and whether they are meeting people's agreed outcomes. Where concerns have been raised and relatives meetings held these have also been attended by QMM team, operational and CCG representatives. In some circumstances the CQC has also attended.
7. Staff from the QMM team also attend operational team meetings with CCG colleagues to share information and discuss local services. Where concerns have been raised, whether that be about quality issues or because of a safeguarding referral, responsive visits to individual services are undertaken to ensure that appropriate support is given to individual services.
8. Following a responsive monitoring visit, or annual audit, where evidence is gathered that indicates the terms of the contract have been breached, a number of actions can be taken. The Council, and health partners, might decide to issue an 'improvement notice' which requires the provider to make required improvements within an agreed timescale. If subsequent improvement is not made in a timely manner or the service is delivering poor outcomes for people, then the Council and health partners might jointly move to suspending the contract with the provider. This means that no further Council or CCG-funded people would be placed in that service. Alongside this a voluntary undertaking might also be sought, from the provider, not to admit people who fund their own care - whilst this is not legally binding it does signal a positive commitment from a provider to partnership working/to make required improvements.
9. When an 'improvement notice' has been issued, or a contract suspended, staff from both the Council and the CCG will work together to closely monitor the progress of providers to make the required improvements. In exceptional circumstances where the required improvements have not been made the Council and the CCGs are able to terminate a contract. It is only the CQC that can make a decision to close or de-register a service.

Current Contract Suspensions

10. As at 6 September 2016 there are 287 homes across the County that have a contract with the Council, of which three have their contracts suspended. Further detail is given in the confidential **Exempt Appendix** to this report.
11. When a service is suspended the Council makes a range of agencies and internal stakeholders, including operational staff and ward Councillors aware of the suspension. In addition to this the people living at the service and their relatives are notified by the Council in partnership with the provider, the CCG and CQC; where appropriate meetings are also held for residents and their families at which the reason for the suspension and the concerns are explained so that support is made available; such meetings are held prior to more general public information release.

12. The lifting of a suspension is undertaken when the Council, and partner agencies, are satisfied that improvements have been made and that they are sufficiently confident that they can be sustained.

Other Options Considered

13. The methodology for the Council's risk escalation procedure and its relationship with other relevant agencies has been developed through a partnership approach over many years. No other options have therefore been considered.

Reason/s for Recommendation/s

14. The report is for noting.

Statutory and Policy Implications

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

Financial Implications

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

Implications for Service Users

17. Some of the most vulnerable adults are in care home placements. It is imperative that the services that they receive are of good quality and are delivered with dignity and respect. Suspensions of services seek to reduce and wherever possible eliminate poor quality care home provision and enable providers to consolidate and improve the care and support to people accommodated.

RECOMMENDATION/S

- 1) That the update on the current contract suspensions with care home providers and a brief overview of quality auditing and monitoring activity undertaken by the Quality and Market Management Team (QMMT) in care homes across the County is noted.

Caroline Baria

Service Director, Strategic Commissioning, Access & Safeguarding

For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments (KAS 13/09/16)

19. There are no financial implications contained within the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCH424

10 October 2016

Agenda Item: 10

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

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

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE AND HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
14th November 2016			
Outcome of the Sector Led Improvement Peer Review 2016 update	Six-month update on actions arising from the sector led improvement peer review of ASCH&PP in March 2016.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Providing Adult Social Care Assessments and Reviews	Update on work to address assessments and reviews that are awaiting allocation and completion by social care teams.	Service Director, South Nottinghamshire and Public Protection	Nick Parker/ Steve Jennings-Hough
Commissioning for Better Outcomes Peer Review 2015 – progress report on actions	Six-month update on work relating to the key line of enquiry 'Are people's individual outcomes enhanced through stakeholder involvement in the commissioning and delivery of services?'	Service Director, Strategic Commissioning, Access and Safeguarding	Laura Chambers
Update on the work of the Health and Wellbeing Board	Update on work of Health and Wellbeing Board over the last 6 months	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Strategic Plan for Commissioning Short Term Independence Services for Older Adults 2016-18		Service Director, Mid Nottinghamshire	Karen Peters
SCOPEs hospital team – change to establishment		Service Director, South Nottinghamshire and Public Protection	Claire Bearder/ Nicola Peace
12th December 2016			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Celia Morris/ Matthew Garrard
Care Home Provider Contract Suspensions	Overview of live suspensions of care home provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Outcome of consultation on changes to brokerage arrangements for self-funders		Programme Director, Transformation	Nick Parker
Update on social care work in prisons	Update on personal care procurement exercise and approval to permanently establish a prison based social work post	Service Director, South Nottinghamshire and Public Protection	Nicola Peace
Update on transitions work for young people moving from children's to adults' services	Report on the Transitions Protocol for young people moving from Children's to Adults' Services, and the work of the Transitions Board.	Service Director, North Nottinghamshire and Direct Services	Paul Johnson
Deprivation of Liberty Safeguards	Approval to go out to tender for services.	Service Director, Mid Nottinghamshire	Daniel Prisk
9th January 2017			
Transformation update		Programme Director, Transformation	Stacey Roe
National Children and Adult Services Conference: 2 - 4 November 2016	Report back on outcomes.	Corporate Director, Adult Social Care, Health and Public Protection	David Pearson
Adult Social Care and Health – Overview of developments		Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Savings and efficiencies delivery group – update report	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies
6th February 2017			
Care Act and Adult Social Care Strategy update	Update on progress in relation to embedding the Care Act and the ASC Strategy.	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Savings Review Delivery Group – update report	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
13th March 2017			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Celia Morris/ Matthew Garrard
Integrated Carers' Strategy update	Six monthly update on the support provided to carers and progress against the outcomes in the strategy.	Service Director, Mid Nottinghamshire	Penny Spice
Transforming Care update	Progress report on work of Transforming Care programme.	Service Director, Strategic Commissioning, Access and Safeguarding	Cath Cameron-Jones
18th April 2017			
Update on the work of the Health and Wellbeing Board	Update on work of Health and Wellbeing Board over the last 6 months	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Care Home Provider Contract Suspensions	Overview of live suspensions of care home provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk
Progress with development of Personal Health Budgets	Update report on the progress with increasing the number of PHBs in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Kate Rush
Deprivation of Liberty Safeguards update report	Six monthly progress report on work to manage DoLS assessments and reviews.	Service Director, Mid Nottinghamshire	Daniel Prisk
12th June 2017			
Care Act and Adult Social Care Strategy update	Update on progress in relation to embedding the Care Act and the ASC Strategy.	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Update report on two integrated health and social care schemes (SCOPES and EOSS)	Progress report on work of two integrated health and social care schemes supporting prompt discharge from hospital.	Service Director, Strategic Commissioning, Access and Safeguarding	
Savings and efficiencies delivery group – update report	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Personal Outcomes Evaluation Tool (POET) survey – implementation of outcomes update	Report on implementation of outcomes	Service Director, Strategic Commissioning, Access and Safeguarding	Penny Spice
10th July 2017			
Adult Social Care and Health – Overview of developments		Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
To be placed			
Appropriate Adults Service		Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis
Update on possible transfer of Attendance Allowance to local authorities	Outcome of national consultation and update on government plans in relation to AA.	Service Director, Strategic Commissioning, Access and Safeguarding	Paul Stafford
Update on transfer of ILF	Regular update on transfer of Independent Living Fund to the Council (Sept 2017)	Service Director, Mid Nottinghamshire	Paul Johnson
New Extra Care schemes in Newark and Worksop	Report to present detailed plans and seek approval of capital funding	Service Director, Mid Nottinghamshire	Rebecca Croxson
Stakeholder engagement – proposed re-design	To outline future proposals for better engagement with all stakeholders, particularly service users and carers through co-production	Service Director, Strategic Commissioning, Access and Safeguarding	Felicity Britton
Deprivation of Liberty Safeguards update report	Six monthly progress report on work to manage DoLS assessments and reviews.	Service Director, Mid Nottinghamshire	Daniel Prisk
Business case for the proposal to transfer a range of adult social care directly provided services into an alternative service delivery model	Report to present detailed description of options available to the Council and outline plans for implementation, with recommendations for Committee to consider	Service Director, North Nottinghamshire & Direct Services	Ian Haines/ Jennifer Allen
Savings Review Delivery Group – update report	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Progress with development of Key Ring service	Update on progress with the development of a new community-based model of support for people in their own homes.	Service Director, North Nottinghamshire & Direct Services	Mark Jennison-Boyle

