

## Adult Social Care and Health Committee

**Monday, 11 July 2016 at 10:30**

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

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### AGENDA

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|---|--|---------|
| 1 | Minutes of the last meeting held on 13 June 2016   | 3 - 6   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Pathways End of Life Service for Carers  | 7 - 10  |
| 5 | Selection Process for Social Care Providers to Join the Mid-Nottinghamshire Better Together Alliance   | 11 - 16 |
| 6 | Transformation Programme Integration in South and North Nottinghamshire  | 17 - 22 |
| 7 | Tender for Older Peoples Home Based Care and Support Services  | 23 - 32 |
| 8 | Nottinghamshire First Contact Scheme Revised Proposal to Cease the Scheme  | 33 - 38 |
| 9 | Work Programme   | 39 - 44 |

### 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	13 June 2016 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**Muriel Weisz (Chair)  
Alan Bell (Vice-Chair)John Cottee  
Sybil Fielding  
David Martin  
Mike Pringle  
Pam SkeldingStuart Wallace  
Jacky Williams  
Yvonne Woodhead  
Liz Yates**OFFICERS IN ATTENDANCE**Caroline Baria, Service Director, ASCH&PP  
Sue Batty, Service Director, ASCH&PP  
Sue Bearman, Senior Solicitor, Resources  
Paul Davies, Advanced Democratic Services Officer, Resources  
Jennie Kennington, Senior Executive Officer, ASCH&PP  
Ainsley MacDonnell, Service Director, ASCH&PP  
Paul McKay, Service Director, ASCH&PP  
David Pearson, Corporate Director, ASCH&PP**DAVID PEARSON CBE**

On behalf of the committee, the Chair congratulated David Pearson on his award of the CBE in the recent Queen's Birthday Honours.

**CHAIR AND VICE CHAIR**

The appointment by the County Council on 12 May 2016 of Councillor Muriel Weisz as Chair of the Committee and Councillor Alan Bell as Vice-Chair was noted.

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 16 May 2016 were confirmed and signed by the Chair.

**DECLARATION OF INTERESTS BY MEMBERS AND OFFICERS**

None

## **SUSTAINABILITY AND TRANSFORMATION PLAN**

David Pearson gave a presentation on the Nottinghamshire Sustainability and Transformation Plan (STP) of which he was the lead officer. The plan would cover a five year period, with ambitions to improve health and wellbeing, care and quality and finance and efficiency. Priorities, work streams and governance arrangements had been identified. He responded to questions and comments about the plan and offered to update members at committee meetings or through the Member Reference Group on Integration.

### **RESOLVED 2016/052**

That the presentation be received.

## **ADULT SOCIAL CARE AND HEALTH MARKET POSITION STATEMENT**

### **RESOLVED 2016/053**

- (1) That the Market Position Statement for 2016-18 be approved.
- (2) That the key indicators relating to market sustainability, as listed in paragraph 7 of the report, be used as the basis for a future report to Committee with analysis of the longer term sustainability of the local social care market.
- (3) That authority be delegated to the Corporate Director, Adult Social Care, Health and Public Protection, to make minor changes to update the Market Position Statement for 2016-18 in line with market circumstances after it has been published.

## **UPDATE ON THE TRANSFORMATION PORTFOLIO**

### **RESOLVED 2016/054**

- (1) That the progress over 2015/16 on budget saving projects, as detailed in Appendices 1 and 2 of the report, be noted.
- (2) That the key achievements of the Adults Portfolio of Redefining Your Council, as outlined in Appendix 3 of the report, be noted.
- (3) That approval be given to the following:
  - a) the extension of 13 FTE Adult Social Care Transformation Team posts supporting the delivery of the Adults Transformation Portfolio and the implementation of the Adult Social Care Strategy until 31 March 2018, approving the use of an additional £1,139,511 from reserves.
  - b) the secondment of 1 FTE Team Manager at Band D for a six month period, to be funded from the Adult Social Care Transformation Team budget.

- c) the extension of the Transformation Team posts in two parts, initially extending the posts detailed in the report until 31 March 2017 and then to review the Adult Social Care Transformation Team as required for the period 1 April 2017 to 31 March 2018.
- d) the extension of 2 FTE Framework Technical Specialists posts at Band C, for a further 12 months from 1 April 2016 until 31 March 2017, funded from reserves at a cost of £102,036.
- e) the extension of 1 FTE Social Worker post in Ashfield Mental Health at a Band B for 12 months from 1 April 2016 until 31 March 2017. This post is currently funded by Ashfield District Council and there is no cost to the Council for this post.
- f) an increase in the number of Community Care Officers by 1 FTE and 2 FTE Business System Support Officer posts agreed by Committee in November 2015, on the condition that no additional funds are required above what has already been agreed and that slippage money from posts starting after 1 April 2016 be used.
- g) the establishment of a new temporary 1 FTE Team Manager post in the Central Reviewing Team and 2 FTE Data Input Officer posts in the Data Input Team until 31 March 2017, to be funded as previously agreed by Committee in April 2016.
- h) the disestablishment of 2 FTE Social Worker posts in Strategic Commissioning (that could not be recruited to) and the establishment of 2.5 FTE Community Care Officers.

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

### **RESOLVED 2016/055**

That the performance update for Adult Social Care and Health for the period 1 April 2015 to 31 March 2016 be noted.

### **WORK PROGRAMME**

#### **RESOLVED: 2016/056**

That the work programme be noted.

The meeting closed at 12.15 pm.

**CHAIR**



**11 July 2016****Agenda Item:4**

## **REPORT OF SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE PATHWAYS END OF LIFE SERVICE FOR CARERS**

### **Purpose of the Report**

1. The report provides an update on recent changes and interim arrangements for the Pathways Service and requests approval to progress stakeholder consultation and re-tender of the service.

### **Information and Advice**

#### **Pathways End of Life Service for Carers background**

2. As part of Nottinghamshire's Joint Carers Strategy, Nottinghamshire County Council and the six county Clinical Commissioning Groups (CCGs) jointly commissioned Central Nottingham Clinical Services (CNCS) to deliver the Pathways End of Life Service for Carers. The Council is the lead commissioner for the service which is funded through the Better Care Fund (BCF). The original contract period was from 1 July 2014 to 31 March 2017.
3. The aim of the Pathways Service is to provide practical, emotional, spiritual and social support, as well as respite, to the carers of people deemed to be within the last year of life. This will enable the person cared for to remain at home for as long as that is their preferred place of care, avert hospital admissions due to carer breakdown (as opposed to an unanticipated change in the patient's condition) and facilitate discharge home from hospital where that is the agreed plan. This approach supports Nottinghamshire's End of Life Care Pathways (all diagnoses), as well as the Cancer Reform Strategy for people who have entered a palliative phase of treatment.
4. In July 2015, the Public Health Team led an extensive 'Pathways Evaluation Report 2015-16', which investigated how well the outcomes were being met and how carers rated the Service. Overall the outcomes were being met and carers rated the Service positively. Some of the comments made by carers were as follows:

*"I was given my life back."*

*"Nothing is too much trouble for them to help you."*

*"I felt that the support was good when I felt I needed to talk to someone."*

*"To know I didn't have to struggle on alone."*

*"I really receive excellent care. I would recommend your service highly."*

5. The Council undertook regular contract monitoring meetings with the Pathways Service. Outcomes from the service were positive. An improvement action plan had been agreed to improve the geographical spread of the service which was concentrated on the Mansfield and Ashfield area, with other areas making little use of the service.

### **Current situation**

6. On 13 May 2016, with 48 hours' notice to the Council, CNCS went into administration. CNCS staff within the Pathways Service were issued with redundancy notices the next working day. As soon as the administration was publically announced Council officers worked with the Pathways team to identify carers the service was working actively with, in order to ensure that no carer was left without the support they needed or had their anxieties raised due to being unsure as to what would happen following the CNCS announcements. At that point, Pathways were actively supporting approximately 40 carers across the County, most of whom were accessing respite. The Pathways team were extremely professional at this difficult time and telephoned as many carers as possible in the short period of time available to inform them of the changes.
7. Letters were sent to all the carers supported by Pathways, to inform them in writing of the situation and advise that for any queries they should call the Nottinghamshire Carers Hub (run by the Carers Trust) who were briefed and prepared to respond. CNCS had sub-contracted the provision of respite care to a small number of providers with whom the Council negotiated short-term, direct spot contract arrangements, in order to ensure continuity for those carers currently using them.

### **New interim provider**

8. In order to ensure carers can continue to receive support whilst a competitive tender is completed, an interim arrangement has been made via a contract variation with an existing provider, the Carers Trust (East Midlands), who also run the Nottinghamshire Carers Hub. This will run from 1 June to 30 September 2016.
9. CNCS employed five staff in the Pathways Service, most of whom have been re-employed on a temporary basis by the Carers Trust.

### **Future arrangements**

10. Discussions with the six CCGs are planned in order to re-tender the service and identify a provider from October 2016. There is a good evidence base for the current model and it is therefore expected that there should be minimal need for changes to the existing specification. The specification is for a countywide service. This aspect did require improvement on behalf of the provider as coverage across the County was inequitable. In the interim the Carers Trust is seeking to address this.

### **Other Options Considered**

11. Alternative options considered are to terminate the contract in October 2016, or to tender this service as a lot within the homecare tender.



12. Terminating the contract is not the recommended option as the Pathways Service can demonstrate positive outcomes for carers who are at a very difficult point in their life and it receives good feedback from those using the service. The scheme supports key strategic objectives and is also held in high regard and valued by GPs and clinicians in the areas where it is well used.
13. The Pathways Service could have been re-tendered as part of the forthcoming tender for homecare services. This has, however, been discounted as there are no significant benefits from doing this. A separate tender is more likely to reach a wider range of providers and therefore assist in securing the most cost effective and quality service.

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

14. The Pathways service provides support and respite care to carers who are in difficult situations. This support enables those who are cared for to remain at home for longer (if they choose to do so). This reduces the demand on social care and health provision by requiring less use of residential care, fewer hospital admissions due to carer breakdown and facilitating discharges from hospital. This is in line with the Adult Social Care Strategy, promoting independence and reducing the need for care. There is evidence that those who have used the service have valued it highly, as have those professionals who have made referrals to the service. An independent evaluative report by Public Health colleagues confirmed that the service delivery model was effective.
15. Following consultation with carers and stakeholders, if, as envisaged, there are no significant changes to the model and specification, it is recommended that the Pathways Service proceeds to re-tender without needing to return to Committee for a further decision.

### **Statutory and Policy Implications**

16. 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**

17. The contract can continue to be provided within the existing budget and this funding has been approved by the Better Care Fund Programme Board. On advice from the Corporate Procurement Team the contract value is not included in this report as it is deemed commercially sensitive due to the pending procurement exercise.

### **Implications for Service Users**

18. The recommended approach aims to ensure continuity of service for carers and service users.

## **RECOMMENDATION/S**

That Committee:

- 1) notes the changes and interim arrangements for the Pathways Service
- 2) gives approval for officers to progress stakeholder consultation and re-tender of the existing Pathways Service, assuming no significant changes to the existing model are required in which case a further report will be brought to Committee.

**Sue Batty**  
**Service Director for Mid Nottinghamshire**

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

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### **Constitutional Comments (SMG 15/06/16)**

19. The proposals set out in this report fall within the remit of this Committee.

### **Financial Comments (KAS 21/06/16)**

20. The financial implications are contained within paragraph 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.

Pathways Evaluation Report 2015-16

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

All.

ASCH409



11<sup>th</sup> July 2016

Agenda Item:5

## **REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE**

### **SELECTION PROCESS FOR SOCIAL CARE PROVIDERS TO JOIN THE MID-NOTTINGHAMSHIRE 'BETTER TOGETHER' ALLIANCE**

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

1. The purpose of the report is to seek approval for the proposed process for selecting social care provider/s to join the Mid-Nottinghamshire 'Better Together' Alliance.

#### **Information and Advice**

##### **Background**

2. Adult Social Care and Health (ASCH) Committee received a report in March 2016 about the development of the Mid-Nottinghamshire "Better Together" Alliance Agreement. This report outlined:
  - a) national policy and legislative landscape for the integration of health and social care
  - b) progress with the Mid-Nottinghamshire 'Better Together' programme and development of the Alliance agreement
  - c) key issues and implications of the Alliance Contract Agreement for the Council.
3. Committee approved Nottinghamshire County Council to join the Better Together Alliance as a Full Member.
4. Signing the Alliance Agreement contract means that the Council agrees to work within the Alliance partnership, committing to shaping and working to its purpose, objectives and behaviours. At this stage, it does not require the Council to change its existing arrangements for management of staff or services, or to delegate any areas of finance, strategy or performance. During the next twelve months the contract requires a number of transitional activities to be completed, including: the development of new payment mechanisms for health providers; a framework for managing risk and reward; and the identification of an initial cohort of social care providers to become members of the Alliance.
5. In addition to the Mansfield & Ashfield and Newark & Sherwood Clinical Commissioning Groups (CCGs), the other partners in the Alliance are currently all health providers who were selected following a 'Most Capable Provider' procurement process by the CCGs. These providers are: Circle Nottingham Ltd; East Midlands Ambulance Service; Nottinghamshire Healthcare NHS Foundation Trust; Nottingham University Hospitals

NHS Trust; Sherwood Forest Hospitals NHS Foundation Trust; and United Lincolnshire Hospitals NHS Trust. In addition, the voluntary sector Mid-Nottinghamshire special purpose vehicle 'Together Everyone Achieves More' (TEAM) is an associate member. TEAM was established to enable the value of the Third Sector to help shape service transformation and is not itself a provider of services. Central Nottinghamshire Clinical Services was initially a member but in April 2016 went into administration and is therefore no longer a member of the Alliance. Social care perspectives within the Alliance have therefore been represented by ASCH involvement to date.

6. In recognition of the fact that partners will have differing levels of involvement in the design, delivery and implementation of the transformation plans there are two levels of Alliance Membership: Full and Associate. A Full Member has a vote on the Leadership Board, an active and key strategic role in developing and delivering transformation plans and takes a share in the risks and rewards of delivering the partnership's objectives.
7. An Associate Member will be invited to participate and contribute to meetings of the Alliance Leadership Board, but will not be entitled to vote, or expected to take a share of any Alliance risk and reward agreements. It is recognised that there are also potentially other providers and organisations that may not meet the requirements to be an Alliance Member, but could have a role in providing local services and important contributions to make. They will be able to be engaged through design and delivery work-streams that will sit under the Alliance Leadership Board.
8. Alliance partners will be engaged in the process of identifying social care providers, however, the Council has absolute discretion over the final decision as to any social care provider(s) it selects to form part of the Alliance as Associate Members. Full Alliance Membership needs to be agreed by the other Full Alliance Members and this is required at any time that a new health or social care Alliance Member is proposed. In reaching their decision, Members are asked to consider whether having the proposed organisation in the Alliance will support achieving the Alliance objectives and to support them joining where this is the case. If, however, unanimous Alliance agreement cannot be reached on the initial selection of the proposed new social care provider(s), this risk is mitigated by the fact that the Council has the right to terminate its membership and participation in the Alliance or to become an Associate Member upon service of one month's notice in writing.
9. The current providers that receive funding from the Council to deliver social care outcomes relevant to the current Better Together objectives in Mid-Nottinghamshire are:
  - British Red Cross, Integrated Community Equipment Loan Service
  - Home Care providers:
    - a) "Core providers" are Mears UK (Mansfield & Ashfield) and Comfort Call (Newark and Sherwood). These are the providers that are the Council's current core providers for a new care home care package for managed Personal Budgets.
    - b) Spot contractors e.g. Hatzfeld, Bluebird, AMG, for occasions when the core providers do not have the capacity to respond to new requests.
  - Residential and nursing care homes

- Prevention and Early Intervention providers e.g. Framework, Age UK
  - Care Support and Enablement providers
  - Direct Payment providers and Personal Assistants
  - Day Service providers – accredited and non-accredited
  - Micro-providers.
10. The Council already represents all its directly provided services, for example START reablement, through being a member of the Alliance. The majority of the objectives and discussions of Better Together Phase 1 correlate to the Council's services for older adults and therefore the initial selection is likely to have this focus.
11. The benefits of having more social care providers in the Alliance are:
- a) strengthening the breadth and range of the social care voice within the Alliance, which is currently predominantly health commissioners and providers
  - b) bringing a greater range of creative and flexible social care solutions to the table to inform improvements, new ways of working, as well as forge new relationships and cultures.
12. Providers will have some flexibility for making improvements and culture change within their existing contract arrangements with the Council. Any significant contract variations considered would need to ensure that they complied with the Council's financial procedures and procurement law.
13. Membership of the Alliance itself would not bring any additional procurement advantage or opportunities for the providers concerned, as this would violate current procurement regulations for social care. Legal advice from Weightmans on this development has determined that:
- a) once selected, any new provider joining the Alliance will start to have exposure to new ideas on service redesign. All providers must acknowledge that their involvement in this Alliance cannot be used as an opportunity to influence and shape the market in their own self interests. Any provider involvement is advisory only and the Alliance will need to ensure that it does not distort competition. Any suggestions or recommendations made by providers need to be reasonable, objectively justifiable and in the interests of service users.
  - b) meetings where commissioners and providers come together are not undertaken in a competitive environment but are designed to work in collaboration to achieve better outcomes for service users.
  - c) accurate notes will be taken and maintained from relevant meetings. In case of challenge these will be required to support the Council's position and will likely need to be disclosed to other bidders during any procurement process.
  - d) the Alliance meetings are not to be used as a forum for any anti-competitive discussions or undertakings. Providers are reminded that in compliance with the Alliance agreement, should a service redesign require a competitive procurement process to be undertaken, then the Alliance commissioners will make the appropriate

arrangements to take the service requirements to the market. Providers must keep separate their alliance activities from their bidding teams.

14. In February 2016, all social care providers who operate in Mid-Nottinghamshire were invited to a briefing event run jointly by Nottinghamshire County Council Corporate Procurement and the Better Together Programme Director. Providers received information about the development of the Alliance, its aims and objectives. A question and answer session provided an opportunity for them to explore the options and implications for their organisation. Providers were asked to complete a questionnaire following the event and indicate if they were interested in further exploration of being a social care member of the Alliance.
15. An application process to identify the most capable and suitable social care provider(s) to join the Alliance has now been designed for these and future interested providers. The process will ask providers to set out their position in relation to the following questions:
  - a) service range: what services are currently provided, to whom and to deliver what outcomes?
  - b) capacity to engage with the Alliance:
    - does the provider have the management and data capacity to be able to attend meetings and take on any additional work that may arise, related to transformation?
    - does the provider have data about service usage that can be shared (anonymised)
    - is the provider already involved in strategic/partnership discussions of this nature elsewhere, or in the past?
  - c) integration:
    - does the provider have, or are they likely to have, a key role to play in delivering integrated services that will be of benefit for the target population?
    - is the provider already involved in joint working with other organisations to find new creative solutions that streamline services and support people more effectively?
    - what does the provider think it can contribute to the Alliance?
    - willingness to sign up to the Alliance principles and behaviours.
16. Using the responses to these questions, it is proposed that officers from the Adult Social Care, Health and Public Protection department and Corporate Procurement will select the most capable and suitable social care provider/s to join the Alliance. The process will involve scoring of responses and an interview. It will be up to successful providers to determine if they wish to join as an Associate or Full Member, since there are different implications for the organisation depending on the level of membership.
17. Social care and health providers joining the Alliance may be subject to change as care providers are selected to deliver services by the Council and CCGs through competitive tender processes. As the Better Together programme develops it may also be necessary to bring in other provider members as required.

18. Committee is requested to consider the proposed process and give approval for it to be implemented.

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

19. A transparent selection process is needed to identify the most capable and suitable social care provider to join the Better Together Alliance. This report sets out the proposed process.

### **Statutory and Policy Implications**

20. 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**

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

### **Implications for Service Users**

22. The overall aim of the Better Together programme is to deliver improved health and social care outcomes for service users. Having additional social care providers on the Alliance will ensure that social care objectives, skills and priorities will be presented appropriately in all relevant discussions.

### **RECOMMENDATION/S:**

- 1) That the application process referred to in paragraphs 15 to 17 (inclusive) of this report be undertaken for the purposes of selecting the most capable and suitable social care provider/s to join the Mid-Nottinghamshire 'Better Together' Alliance.

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

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

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**Constitutional Comments (SMG 27/06/16)**

23. The proposals set out in this report fall within the remit of the Committee.

### **Financial Comments (KAS 21/06/16)**

24. There are no financial implications contained within 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.

The Mid-Nottinghamshire 'Better Together' Alliance Agreement contract – report to the Adult Social Care & Health Committee on 7 March 2016.

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

All.

ASCH410



11 July 2016

Agenda Item:6

**REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND  
PUBLIC PROTECTION AND THE SERVICE DIRECTOR, NORTH  
NOTTINGHAMSHIRE AND DIRECT SERVICES****TRANSFORMATION PROGRAMME – INTEGRATION IN SOUTH AND NORTH  
NOTTINGHAMSHIRE****Purpose of the Report**

1. The report provides the Committee with an update on the progress of integration arrangements in South Nottinghamshire and Bassetlaw. The report seeks approval for the Better Care Funding to be assigned to fund three integration posts, one in Bassetlaw and two in South Nottinghamshire, as previously agreed at the Better Care Fund Board meeting in May. Approval is required to establish the Bassetlaw post and agree the transfer of funding to Rushcliffe Clinical Commissioning group the South posts as host employer.

**Information and Advice****Background****South Nottinghamshire including Nottingham City**

2. The Transformation Programme across Greater Nottingham is overseen and agreed by the Greater Nottingham Health and Care Partners (GNHCP). The partnership is made up of Rushcliffe, Nottingham West, Nottingham North and East and Nottingham City Clinical Commissioning Groups (CCGs), the City and County Council, the combined Acute Trust (Nottingham University Hospital and Sherwood Forest Acute Trust), Nottinghamshire Healthcare NHS Foundation Trust (County Health Partnerships), Nottingham Citycare Partnership, Circle, East Midlands Ambulance Service and Nottingham Emergency Medical Services.
3. The vision of the partnership is to “create a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better”.
4. To achieve this vision and to deliver care closer to people’s homes requires partners to move away from high-cost, reactive and bed-based care to a model that is preventative, proactive and focuses on wellbeing and independence. Integration and alignment of services within health and social care is the key. As a result there will be less reliance on acute hospital and residential and nursing care, and lengths of stay in hospital should

reduce.

5. Closer working together and the alignment of health and social care services is crucial in delivering this ambition.

## **Bassetlaw**

6. The Transformation Programme in Bassetlaw is overseen and agreed by the Integrated Care Board (ICB) which was established in 2013. The partnership is made up Bassetlaw Clinical Commissioning Group, Doncaster and Bassetlaw Foundation NHS Trust, Bassetlaw District Council, Nottinghamshire County Council, Bassetlaw Community and Voluntary Service, Nottinghamshire Healthcare Foundation NHS Trust and primary care.
7. Bassetlaw CCG and its partners have a vision for health and care, 'A Community of Care and Support', which sets out its aspiration for the population of Bassetlaw until 2019. This vision describes what the local population can expect:
  - Better care for our frail and the elderly population
  - More and better care provided locally
  - A high quality local hospital with 7 day working, easy access, and essential services, such as 24 hour Emergency Department, and consultant-led maternity unit
  - Same day GP led care, with access to the right health care professional
  - More support for independent living with enhanced sheltered housing choices
  - Patients with a mental health condition to receive improved care through teams, professionals and services working more closely together
  - Care homes to be an integral part of our local community
  - Our local organisations to take joint responsibility for improving care and support
  - Integrated delivery of care and support through team working
  - Organisations to work across boundaries
  - Professions to work together in teams with our patients at the centre of their care
  - Organisations to openly share and pool resources where it will benefit the patient.
8. Through the ICB a range of strategic programmes have been implemented in relation to: urgent care; care for the elderly in the community; care homes; mental health services; and supporting people after acute illness. These strategic programmes have laid the foundation for increased integration of care across the health and social care system.
9. In order to build on these achievements and to lay the foundation for a sustainable health and care economy in Bassetlaw, partners have agreed that a natural progression is a transition from the ICB to an Accountable Care Partnership. Through this approach the NHS, local government and the third sector will jointly aim to transform health care and prevention, improve health and care outcomes and the patient experience and more efficiently use public sector funding.
10. An accountable care partnership describes the development of collaboration between key partner organisations and the population, to coordinate and deliver efficient care. For Bassetlaw this approach is being developed by organisations commissioned to achieve a single set of outcomes with shared systems and incentives. The longer term ambition is to

provide a high quality, safe health system, with an emphasis on innovation and collaboration, whilst remaining responsive to local and national requirements.

### **Additional capacity to support transformation and integration**

11. In order to create additional capacity to deliver the work programmes that are required in Greater Nottingham and Bassetlaw, it is proposed to recruit to three Transformation Programme posts.
12. It is proposed that two Transformation Programme posts are enabled in Greater Nottingham, to be jointly funded by the Clinical Commissioning Groups and the County Council on a 50:50 split. The Council's funding for the posts will come from the Better Care Fund (BCF). These posts will be employed by Rushcliffe CCG.
13. It is proposed that one Transformation post is established for Bassetlaw, to be employed by Nottinghamshire County Council. This post will be fully funded by the Council through the BCF.
14. Two Transformation Manager posts were previously approved by ASCH Committee in November 2014 on temporary basis for two years. This was as part of the additional capacity required by Adult Social Care and Health (ASCH) to implement the departmental savings and efficiency plan and enable the department to undertake the necessary transformation to adult social care services in the County. These posts are dedicated to support the integration agenda with health across the County. One post focuses on South Nottinghamshire and the other was established for both the Mid-Nottinghamshire and Bassetlaw planning units, because the ASCH Senior Management structure had one Service Director covering both areas and the size of the combined areas (in population terms) was roughly equivalent (South Nottinghamshire – 42% of the total, Mid and North Nottinghamshire – 58% of the total). In addition, there are three CCGs operating in Mid and North Nottinghamshire, which is equivalent to South Nottinghamshire.
15. The post holders started in post in April 2015 (Mid and North Nottinghamshire) and May 2015 (South Nottinghamshire). Subsequent developments have resulted in the need to request additional transformational capacity to support integration work, dedicated to Greater Nottingham and Bassetlaw.
16. The reasons for needing extra capacity in Greater Nottingham are:
  - a) to support the cultural and behavioural change required by the planned integration programme across multiple commissioning and provider organisations of which Greater Nottingham (including South Nottinghamshire) is made up.
  - b) to provide the support required to deliver the aspirational transformation required by the Sustainability and Transformation Plan (STP).
  - c) to sustain the pace of change required in the establishment of new models of care in order to deliver the STP, and in the process reflect investment across the other planning areas around their transformation programmes.
17. The reasons for needing extra capacity in Bassetlaw are:

- a) the ASCH Senior Management structure was changed in 2015 to reflect the fact that the nature and extent of the involvement required in each planning unit justified there being oversight from a dedicated Service Director. It was proving impossible for the Service Director covering Mid and North Nottinghamshire to attend all the relevant meetings appropriate to the post and provide the time to build up the trust and relationships necessary within each area, to achieve successful outcomes for social care. The same difficulty now applies to the combined Transformation Manager post, as the scale and pace of work to develop the Better Together Alliance in Mid-Nottinghamshire has dominated the postholder's time during 2015/16. This has left significant gaps in the support for integrated working in Bassetlaw.
  - b) Bassetlaw Clinical Commissioning Group is developing proposals to establish an Accountable Care Partnership. It is expected that there will need to be a greater focus on integrated working during 2016/17, with more attendance and involvement expected from the Council. This cannot be supported by the current Transformation Manager, due to ongoing commitments within the Better Together programme in Mid-Nottinghamshire.
  - c) the integration agenda is very significant from a political and strategic perspective. The potential benefits to service users and potential clients have been clearly expressed and it is imperative that sufficient involvement from the Council is provided to the emerging discussions in Bassetlaw, so that social care interests are appropriately addressed by any new proposals.
  - d) in addition to the Local Plan being developed by Bassetlaw and the Accountable Care Partnership developments, Bassetlaw has been asked to join with South Yorkshire to develop that region's STP. Therefore, there is an additional set of wider sub-regional meetings that need to be attended by social care, to ensure that the Council's interests are reflected in that planning requirement and associated implementation.
18. Approval was given by the Better Care Fund Board on 26 May 2016 to fund the integration posts as outlined. For South Nottinghamshire the posts required are 1 FTE Integration Programme Manager (Band 8c) and 1 FTE Integration Project Support Officer (Band 7). These posts are to be funded equally by the south Nottinghamshire CCGs and the County Council. For Bassetlaw, 1 FTE Transformation Manager (Band E) is required.

### **Other Options Considered**

- 19. There are currently 2 FTE Transformation Managers based within the Council and providing supporting work on health and social care integration. However, given the extent and range of change required in this area, as identified earlier in the report, it is necessary to establish additional temporary capacity.

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

- 20. Additional capacity is required to deliver the Transformation Programmes in these two planning units.

## Statutory and Policy Implications

21. 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

22. The costs and funding of the three additional temporary posts are as follows:

### South Nottinghamshire

1 FTE Integration Programme Manager (Band 8c)      £30,500 per annum

1 FTE Integration Project Support Officer (Band 7)      £18,125 per annum

With an equal (50%) contribution from CCG partners.

### Bassetlaw

1 FTE Transformation Manager (Band E)      £60,030 per annum

For the three posts, the total BCF contribution is £217,310 for two years.

## Human Resources Implications

23. Establishment of three additional posts, as described in **paragraph 18**, to be recruited on a fixed term contract for a period of two years.

## Implications for Service Users

24. Greater integration between statutory agencies will have a positive impact on service user/ patient experience of health and social care services.

## RECOMMENDATION/S

That the Committee:

- 1) notes the update on the progress on integration with health partners in both the South Nottinghamshire and Bassetlaw planning units.

- 2) confirms that the Better Care Funding, which was agreed at the Better Care Fund Board in May 2016, be allocated to fund the three Transformation posts.
- 3) agrees the establishment of one Bassetlaw Transformation Programme post (Band E)
- 4) agrees the transfer of funding outlined for the South Nottinghamshire posts to Rushcliffe Clinical Commissioning Group as employer for these positions.

**Paul Mckay**  
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**Ainsley MacDonnell**  
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#### **Constitutional Comments (LM 24/06/16)**

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

#### **Financial Comments (KAS 24/06/16)**

26. The financial implications are contained within paragraph 22 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.

Overview of Departmental Savings and Efficiencies Programme – report to Adult Social Care and Health Committee on 3 November 2014

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

All.

ASCH412

**11 July 2016**

**Agenda Item:7**

**REPORT OF SERVICE DIRECTOR FOR STRATEGIC COMMISSIONING,  
ACCESS AND SAFEGUARDING**

**TENDER FOR OLDER PEOPLE'S HOME BASED CARE AND SUPPORT  
SERVICES**

**Purpose of the Report**

1. This report seeks Committee approval to commence the re-tender of home based care and support services and outlines the process and the timescales to be followed.
2. The report seeks Committee approval for the mechanism of establishing a list of accredited providers for home based care and support services through the use of a Dynamic Purchasing System.
3. The report also seeks Committee approval to build in a process for determining and allocating an annual inflationary increase to the home care and support contracts to take into account cost pressures arising from the increases in the National Living Wage over the contract period.

**Information and Advice**

**Background**

4. Members will recall that a report was brought to Committee on 18 April 2016 seeking approval to tender for new home based care and support services during 2016 with a view to awarding new home care and support contracts in January 2017.
5. The Council and the six county Clinical Commissioning Groups (CCGs) have a contract in place with four core providers for generic home based care and support services, each covering a large geographical area based on district council boundaries. The providers are also required to deliver the care and support services within the existing Extra Care scheme/s in their specific areas and in the new schemes that are currently being developed, as and when they open.
6. In addition to the generic home care contracts, the CCGs have a contract with three core providers to deliver complex health care services under Continuing Health Care (CHC) arrangements.
7. The contracts were let for a period of three years, commencing in July 2014, with an option to be extended for up to a further two years.



8. Since the contracts commenced, the home care providers have experienced difficulties in recruiting and retaining care staff. This was exacerbated by the complexities of transferring the existing work and packages of care from the existing providers. A significant proportion of staff members chose to remain with their original employer and not to transfer to the new providers, so fewer staff than anticipated were transferred under TUPE arrangements. In addition many service users decided to take a Direct Payment (DP) and remain with their substantive provider, which meant that less work and fewer staff than expected were passed to the new providers. This in turn created staffing issues and resulted in the core providers struggling to deliver services at the capacity required to meet demand. The Council has therefore had to issue spot contracts to a number of other home care agencies as a means of securing services for individuals in a timely way, but this has been at higher cost in some areas.
9. There are over 150 home care providers currently operating in Nottinghamshire, many of which are small local providers who have not sought a contract with the Council because they focus on delivering services to people that are self-funding or people who arrange and manage their own care through a direct payment.
10. In addition to the above generic home care services, the CCGs have commissioned some targeted services aimed at providing short term support to people who are at risk of being admitted to hospital as a result of a crisis but who do not need medical interventions. These include the crisis response service provided by the British Red Cross, Emergency Department Avoidance Support Service (EDASS) in mid Nottinghamshire and Urgent Community Support Service (UCSS) in Rushcliffe. These services are funded in entirety by the CCGs.
11. In the south of the County, a hospital discharge service has also been jointly commissioned by the Council, Rushcliffe CCG, Nottingham West CCG and Nottingham North and East CCG. This service is called the Interim Home Care Service and it is currently provided by The Carers' Trust.
12. The Interim Home Care Service was initially commissioned on a temporary basis in the summer of 2014 during the time of the transition from the previous home care contracts to the new core provider contracts. The purpose of the service was to avoid people having to remain in hospital longer than necessary whilst home care services were being arranged for them. The Carers' Trust delivers the required level of home care for a period of up to 10 days following discharge from hospital. The provider is able to deliver the service within 24 hours of the service request.
13. It has been the Council's intention that this service would not be required in the longer term once the new core provider contracts had time to become established. As such, the Council has not undertaken a tender for this service. However, lack of capacity from the core providers has meant that the Interim Home Care Service has continued to be needed in order to avoid delayed hospital discharges. Therefore, this service will also be included as part of the wider home care tender process.
14. The Council's financial contribution to this service is £450,000 per annum and the CCGs contribute £306,000 per annum through the Better Care Fund plus £132,000 from Section.256 reserves, bringing the total to £888,000.



## **The Budget**

15. The Council's total budget for home care and support is approximately £17.3m for 2016/17 with approximately 1,560 service users receiving a service at any one time (figures relate to March 2016) and the delivery of approximately 22,780 hours of service provision by independent sector providers per week. This includes services commissioned from the core providers and from spot contracted providers. It excludes people who arrange and manage their own home care services through the use of a direct payment and £438,000 that the CCGs contribute for the Interim Home Care Service.
16. In summer 2015, the Council completed an open book exercise with home care providers and supported living providers in Nottinghamshire. This was undertaken as a direct result of the lack of capacity from the core providers who stated that the main reason for the lack of capacity was the pay rates of the care workers. Providers stated that pay rates were causing significant recruitment and retention issues and that turnover of staff was noticeably higher in Nottinghamshire than other areas they served across the country.
17. The exercise showed that the cost to providers for the delivery of home care services has increased considerably since the award of the contracts in 2014 and it highlighted concerns about provider viability and their ability to meet increasing demand. The main cost pressures to the providers are directly as a result of increasing staffing costs relating to staff pay and terms and conditions of employment. The open book exercise showed that the average cost of the home care contracts with the four core providers was significantly above their average tendered price.
18. The findings of the open book exercise were outlined in a report to Adult Social Care and Health Committee in November 2015 and resulted in the Committee approving a 10% in-year fee increase to the core providers which was subsequently applied from 1 December 2015. The full-year cost of the increase to the Council for home care is £950,000. In addition to this, at Full Council in February and subsequently at Adult Social Care and Health Committee in April 2016, Members approved a further 6% increase for home care services to be implemented from April to take account of the impact of the National Living Wage.

## **The commissioning and tender planning process**

19. As outlined in the previous report to Committee in April, the Council and five of the county CCGs have completed a review of the existing services and have been planning the re-tender to secure new home care services across the County to commence from September 2017. Bassetlaw CCG has decided to commission its own home care service for people who meet Continuing Health Care (CHC) eligibility criteria and for people who are at the end of life. The City Council and City CCG also have a contract, based on a similar model to the County, and they are also planning to re-tender their home care services. Discussions are underway about the option of undertaking a joint commissioning and procurement process with the City Council and City CCG.
20. The following services are to be included in the tender:

- home care, including dementia care, end of life care and jointly contracted health commissioned services
- hospital discharge provision
- Extra Care
- respite care (non-residential)
- support for people to access community resources
- 24/7 urgent care and crisis/rapid response
- 24/7 social care response to telecare.

21. It is proposed that the services will be commissioned through a Dynamic Purchasing System (DPS). The DPS is a two stage process where during the first stage a wide range of providers are selected as accredited providers of home care and support services. The second stage of the process consists of further competitions for accredited providers who are required to complete Invitations to Tender either as individual organisations or by collaborating to jointly provide services under specific lots.

22. The vast majority of the services will be commissioned through contracts for generic homecare services that are provided to people with eligible needs from the point at which they are assessed through to end of life. This will help to avoid people having to change their care provider as their needs change. In addition to this, it is proposed that separate contracts are awarded for crisis care to avoid hospital admissions, and rapid response services to support effective and timely hospital discharge. Separate services will be commissioned by the CCGs for complex health tasks. It is likely that the CCGs' service requirements will be focused around the health planning areas of South Nottinghamshire, Mid-Nottinghamshire and Bassetlaw, and as such the tender process will need to reflect this.

23. The proposed model of services will include the following:

a) **Generic Home Based Care and Support Services**

This will be the largest contract requirement, and would be jointly commissioned by all partners. The contracts would be split into geographical lots with each lot being awarded to a number of providers based on known service requirement levels in each area. The pricing mechanism is still to be determined but advice from Corporate Procurement colleagues is that the hourly rate is set by the commissioners and this may vary from one lot to another to take into account the relevant factors impacting on supply of care staff such as rurality. It is proposed that within each lot, all of the providers would be paid the same hourly rate as set by the commissioners.

b) **Home care to support hospital discharge**

It is proposed that this service will be jointly commissioned and funded by the Council and the CCGs. It is likely that the services would be configured according to health's planning areas, one covering Mid-Nottinghamshire and the other covering the south CCG areas. Given the requirement for a rapid response and flexible service, covering a large geographical expanse, it is proposed that payment

for this service would be on a block basis with a specified budget and volume of service.

c) **Crisis response service**

It is proposed that a separate service is jointly commissioned to respond to people with health and/or social care needs who are at risk of an avoidable hospital admission and who need support over a few days whilst other services are arranged. Such a service may also help to prevent an admission into short term residential or nursing care.

d) **Complex Continuing Health Care**

This service would be commissioned and funded by the CCGs independently when required on a scheme by scheme basis. A single provider is likely to be awarded the contract for each specific geographical area.

24. In order to further support personalisation and to facilitate service user and carer choice and control, it is proposed that Individual Service Funds (ISFs)<sup>1</sup> are introduced. The Dynamic Purchasing System would be used to create an accredited list of providers willing to manage the personal budgets of service users who are not able or willing to have a Direct Payment but do want to have a more active role in directing and managing the service they require. This accredited list of providers may also be made available to service users who have a Direct Payment.
25. The DPS is open throughout its duration allowing new providers to apply to join the DPS and bid for contracts with the Councils and CCGs, thereby allowing new providers to enter the local market and gain a contract with the Councils and the CCGs. This offers greater flexibility to the commissioners in the event that existing providers cannot sufficiently meet demand or in the case of concerns about the quality of the care services. It also allows for small and micro-providers to be registered so encouraging a diverse and more robust market that can respond to small or specific service needs. The DPS will also permit contracts to be awarded with different start and finish dates. It is proposed that the DPS is put in place for a period of 10 years; specific services can then be tendered for as and when required according to the requirements of the Council and partners and also with differing timescales. The DPS will reduce the time it takes to undertake the tender for specific services when they are identified as the initial selection stage is always complete.
26. Providers will be expected to demonstrate how they will work in an integrated way with the local health community teams, to ensure better co-ordination of each individual service user's care and support needs and to ensure efficient and effective use of resources.

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<sup>1</sup> Individual Service Fund (ISF) is when someone wants to use their individual budget to buy support to manage their care package from a care provider. ISFs mean that the money is held by the provider on the individual's behalf and the individual decides how it should be spent. The provider is accountable to the individual and commits to spend the money only on the individual's service and on the management and support necessary to provide the management service.

## Pre-tender market testing

27. Officers from the Councils and the CCGs have commenced soft market testing and discussion with home care providers to help to inform the service model. During May 2016 a questionnaire was placed on the electronic Due North portal for providers to complete around the proposed service delivery and model as part of the soft market testing approach. Feedback from the providers is summarised below:
- a multi provider Dynamic Purchasing System (DPS) is supported
  - geographical lots to be evenly split in relation to volume and demand
  - a minimum of 3 providers per lot
  - specialist services to be commissioned as separate lots rather than being required as part of the generic home care services
  - services to be commissioned on the basis of agreed outcomes rather than on a 'Time and Task' basis
  - the use of an electronic monitoring system is supported but for the purpose of monitoring quality rather than as a means of determining the payment level
  - use of Individual Service Funds are supported
  - a set hourly rate per geographical lot is supported to include consideration of service delivery in rural areas
  - providers have asked that rates are set at sustainable levels reflecting the UKHCA recommendations.
28. A pre-tender market engagement event was held on 9 June 2016 which was attended by 110-120 providers who represented 82 organisations; this included a range of current and new providers of varying size from micro to large national organisations. The event was facilitated by officers from each of the commissioning organisations. It is anticipated that further provider engagement events will be held during the tender process, focusing on specific aspects of the model and service requirements.
29. The tender is being managed through the Due North portal and all questions and correspondence will be directed through this system.
30. Other engagement activities have been arranged for service users and staff and a lay reference group will be established following these events being held in June 2016. All these activities are being carried out jointly with CCG and City Council colleagues.
31. Work is on-going across the different commissioning organisations as part of the tender planning process with working groups looking at specific aspects of the tender requirements. This includes the establishment of a task and finish group consisting of finance colleagues to consider the pricing framework based on the financial envelope across each organisation for these services.

32. Another aspect of the programme of work includes reviewing the current functions undertaken by the Community Partnership Officers (CPOs) within the Quality and Market Management team whose role includes working directly with the contracted home care providers and in the brokerage of home care services. This may include the deployment of an electronic system or portal and how the CPO role could evolve to support the new home care and support services. This review will also need to take into account ongoing work on direct payments systems and processes as there could be some synergy around the commissioning and brokerage role in both.
33. The commissioning partners are continuing to work to the timescales outlined in the previous report to the Adult Social Care and Health Committee in April, and these are detailed again below. It is anticipated that the transition period will be over a six month period commencing in January through to June 2017 to allow the new contracts to become established.

Stage	Date
Market sounding engagement events with existing and prospective providers	June 2016
Commence the procurement with the publication of the OJEU notice	September 2016
Bidders' day and closure of tender clarification period	October 2016
Closing date of tender submissions	Early November 2016
Evaluation of tenders	November and December 2016
Notify all bidders of the outcomes of their tenders and award contract to successful providers	Early January 2017
Contract award	January – February 2017
Transition from current providers to new providers	January to June 2017
Commencement of new service	September 2017

### Other Options Considered

34. The Council has the option of extending the current contract with the core providers for up to a further two years beyond June 2017. However, the Council believes that continuation of the current contract would not provide adequate levels of home care services to meet needs and enable timely hospital discharges. There are also concerns that there is a lack of home care provision to enable timely hospital discharges.
35. As a result of the limited capacity from the core providers, the Council is having to commission a significant volume of home care through spot contracting arrangements and this is at a higher hourly rate than the services delivered through the core provider contracts. The Council has also had to negotiate higher hourly rates where people have

requested a Direct Payment in order to secure more timely home care services and have sought to purchase their home care from non-contracted agencies.

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

36. The core providers are not currently able to provide the required capacity of home care services. Since the award of the contract in 2014, there have been a number of significant changes, including the introduction of the Care Act 2014, and the implementation of the National Living Wage. Given these significant changes, it would be timely to allow the contract to end without extending it and to re-commission the services. The County CCGs are keen for the home care and support services to be re-commissioned.

### **Statutory and Policy Implications**

37. This report has been compiled after consideration of implications in respect of finance, public sector equality duty, 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.

### **Implications for Service Users**

38. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. The aim of the tender process is to enable the Council to commission sufficient volumes of home care services and to ensure these services are sustainable and are able to meet current and future needs.
39. It is anticipated that the proposed operating model, through the use of the Dynamic Purchasing System, will enable the Council and the CCGs to accommodate sufficient numbers of home care providers under one contractual framework. This will also enable smaller organisations, including micro-providers to be included in the arrangements to help to support a diverse range of providers who will be able to deliver smaller volumes of services, including in more rural parts of the County.
40. The re-tendering of home care and support services may impact on some people who currently receive home care from the core providers if those core providers choose not to tender for the services or if they do not meet the quality thresholds. If and where this is the case, the Council will work with the providers to ensure that the transition is managed carefully so that service continuity is not disrupted for the people using the services.

### **Human Resources Implications**

41. A review will be undertaken over the next six months of the role and responsibilities of the Community Partnership Officers within the Quality and Market Management team to ensure they are able meet the new model of home care and support services.



## Financial Implications

42. As outlined above, the Council's budget for home care services is £17.3m. The average hourly rate across the core provider contracts is currently £14.81 to £15.39 per hour. The hourly rates for services commissioned from providers on a spot contracting basis varies from £12.41 to £16.80 per hour.<sup>2</sup> At present 71% of work being commissioned with spot providers is at a rate of £15.00 or less and the majority of work being commissioned at the higher rates is done so in the 'harder-to-serve' areas of Rushcliffe and Newark.
43. As part of the tender planning process, detailed consideration is being given to the various options relating to the determination of the hourly rate. This includes consideration of various options including setting a fixed hourly rate based on specific geographical areas and contract lots. This option would enable the Council and the commissioning partners to plan their budgets more effectively as the cost of the provision would not be subject to so many variations arising from the use of different providers all of whom have different hourly rates.
44. In order to ensure the contracted price for the home care and support services remains viable for the duration of the contract and that the providers are able to deliver services to the capacity required, it is proposed that an annual inflationary increase is built into the contract terms and conditions. The annual inflationary increase would need to take account of the anticipated increases in the National Living Wage.

## Public Sector Equality Duty Implications

45. The nature of the services to be commissioned mean they will affect older adults and people with disabilities, including people who have multiple and complex health and social care needs. The Council has completed an Equalities Impact Assessment to consider the implications of the tender process on people with protected characteristics and to identify and put in place mitigating action to ensure that these groups of people are not disadvantaged as a result of the tender process.

## RECOMMENDATION/S

That the Committee:

- 1) approves the commencement of the re-tender of home based care and support services
- 2) approves the mechanism of establishing a list of accredited providers for home based care and support services through the use of a Dynamic Purchasing System
- 3) approves the proposal to build in a process for determining and allocating an annual inflationary increase to the home care and support contracts to take into account cost pressures arising from the increases in the National Living Wage over the contract period.

**Caroline Baria**  
**Service Director, Strategic Commissioning, Access and Safeguarding**

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<sup>2</sup> Prices at 1<sup>st</sup> May 2016

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**Constitutional Comments (SMG 28/06/16)**

46. The proposals set out in this report fall within the remit of this Committee.

**Financial Comments (KAS 23/06/16)**

47. The financial implications are contained within paragraphs 42 to 44 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.

Tender for Home Based Care and Support Services – report to Full Council on 26 September 2013

The Social Care Market: Provider Cost Pressures and Sustainability – report to Adult Social Care and Health Committee on 30 November 2015

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

Tender for older people's home based care and support services – report to Adult Social Care and Health Committee on 18 April 2016

Equality Impact Assessment

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

All.

ASCH411



**11 July 2016****Agenda Item:8****REPORT OF THE SERVICE DIRECTOR FOR STRATEGIC COMMISSIONING,  
ACCESS AND SAFEGUARDING****NOTTINGHAMSHIRE FIRST CONTACT SCHEME - REVISED PROPOSAL TO  
CEASE THE SCHEME****Purpose of the Report**

1. The report seeks approval to cease the First Contact Scheme when the current Service Level Agreement ends on 30<sup>th</sup> September 2016. This is further to consultation, a detailed review of the scheme and the development of a range of alternative services.

**Information and Advice**

2. The First Contact scheme has been in operation since 2005 and was originally devised as a tool for identifying and meeting the needs of older people at the earliest opportunity and in helping to prevent the need for more costly interventions and support. The scheme is delivered via a multi-agency checklist, aiming to enable older people to access a range of preventative services through a single gateway.
3. The multi-agency checklist asks questions about the need for services and support in relation to 10 domains including falls, warmth, home repairs, fire safety and home security. 'Pathway' agencies have delivered specific services in response to the identified needs upon receiving a referral through the First Contact process.
4. The scheme is currently supported by five Co-ordinator posts hosted by Our Centre, Bassetlaw Action Centre, Rushcliffe CVS (Community and Voluntary Service), Mansfield CVS and Newark and Sherwood District Council. Newark and Sherwood District Council processes the system in-house. The scheme is supported by the Council's Customer Service Centre and through ICT resources to centrally process the completed checklists.
5. The scheme currently costs around £136,000 per year in external contract costs plus internal costs incurred in respect of commissioning and Customer Service Centre input. In 2016-17, the budgeted Adult Social Care, Health & Public Protection (ASCH&PP) contribution to these costs is £36,430 with a further contribution of £50,859 from the Public Health Grant.
6. The current Service Level Agreement (SLA) with co-ordinator providers runs to 30 September 2016.
7. In June 2015 this Committee considered a proposal to cease the First Contact Co-ordinator role but maintaining a First Contact checklist that would be processed and

triaged through the Customer Service Centre (CSC). At the meeting, Members approved the recommendation to consult with providers and partner agencies on the proposal to cease the Co-ordinator role.

8. The consultation exercise that followed sought the views of service users, partner organisations and voluntary and community sector organisations on the proposed new model for First Contact. The consultation ran from 22 July to 14 August 2015 and subsequently the findings from the consultation were distributed to key partner agencies and through established older people's forums, carer organisations, district authorities and organisations delivering the service pathways.
9. At this time, work was to undertaken to review and streamline the First Contact service pathways. This raised a number of issues as follows:
  - Some of the information and sources were out of date and some services were no longer offered or available, or only available in some parts of the County, with variations in services offered by districts such as for warmth and falls prevention
  - The current referral and signposting arrangements delivered by the Co-ordinators is available through the CSC where the referrals are processed
  - The scheme is labour intensive, with a large number of referrals made by paper and some referrals still received by fax
  - The monitoring information collated by the Co-ordinators is not used effectively to inform service delivery, to update existing services and identify new services and partners.
10. Analysis of the First Contact monitoring information for August 2015 shows that the number of completed checklists for six districts was 154. Over half of the referrals from these were in relation to three areas of service: Pension Credit; Nottinghamshire Fire & Rescue; and Community Transport. The monitoring data showed that referrals to some services such as accommodation services, falls prevention and keeping warm are very low and feedback from the Mansfield Falls Prevention Team indicated that the referrals that are received are inappropriate for the restricted eligibility service available and they experience wasted time trying to follow up First Contact referrals who do not respond.
11. A review of the checklist has identified that:
  - a) There is currently no longer a service offer available in relation to questions asked regarding:
    - Accommodation
    - Groups and clubs
    - Police
    - Repairs
    - Transport.
  - b) There is a more restricted service offer than originally available, leading to increased likelihood of inappropriate referrals regarding:
    - Adaptations

- Falls
- Fire
- Warmth.

12. Concurrent with the First Contact review process, the Council has invested £1.136m per annum in new early intervention services to promote independence and support to maintain self-management. These services, known as Connect services, are targeting older people and people at risk of deteriorating health and independence as a result of age, mobility, disability, long term health condition or bereavement. Their aim is to identify people who have lived independently but are now at risk of escalating need and to provide information, advice, signposting or short term help to support people to identify solutions for continued self-management. They incorporate and build on the role of Community Outreach Advisors to: enable people to manage their health more effectively; address issues of inappropriate home environment; develop networks of social contact and informal support; and address money and benefits issues.
13. The contracts for the Connect service have been awarded to: Metropolitan Housing Trust for South Nottinghamshire; Age UK Notts for Mid Notts; and Nottingham Community Housing Association for Bassetlaw. The services commenced in January 2016 and approximately 850 referrals were made to these services by a variety of individuals, voluntary sector organisations, emergency services and statutory organisations in the first four months of operation with referral rates increasing over this period.
14. The Council has also invested in the Notts Help Yourself online directory which provides access and signposting to a range of resources to enable self-service and supported self-service through voluntary sector organisations, libraries and other community provision. People contacting the Council's CSC are also offered information and advice about services in their area, and this includes information about services covered through the First Contact checklist. In addition, and where appropriate, CSC staff will make a referral to one of the Connect services, for example where an individual requires additional support or encouragement to resolve more complex issues or to access local services that might be beneficial. In these circumstances, the new Connect services offer the most effective solution by providing a tailored response to their specific needs and in ways that work for them. The Connect services are being promoted amongst a broad range of organisations, including those that currently complete First Contact checklists, and referrals are already coming in from these sources.
15. Given the limitations of the First Contact scheme and given the new Connect services that are now available, it is proposed that the First Contact scheme is not extended once the SLA comes to an end in September 2016.
16. The Council will continue to develop prevention approaches and pathways with partners and promote these amongst frontline workers across the County in order that they can offer the best information, advice and guidance to people with whom they have contact.
17. The proposal to cease the First Contact scheme has been discussed with the four district and borough councils who have contributed financially to First Contact in 2015-16. All four concurred with the rationale for the proposal. Newark & Sherwood District Council, which has funded its own vulnerable adult version of the scheme, had also made the decision to end that scheme at the end of March 2016. Two authorities have expressed

an interest in continuing to work with the Council around reviewing and developing a shared understanding of prevention options and pathways in order that needs are addressed most effectively and that unmet need is identified.

18. This position is also supported by colleagues within Public Health, who have confirmed their support to cease this service given the alternative services that are now in place.

### **Other Options Considered**

19. An option originally considered was to retain a more digitalised checklist without the use of funded co-ordinators. However it is recognised that this would be a duplication of the function that is already being undertaken by staff at the CSC when signposting and advising people about preventative interventions. Also, the promotion of the Connect services amongst agencies known to complete First Contact checklists is likely to result in more appropriate and timely information, advice, referrals and support, and ultimately better outcomes for individuals.

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

20. Further work to consult on and review the arrangements for a First Contact scheme has identified that:
  - a) for those who would have completed a First Contact checklist themselves, the opportunity to identify and access a range of services is now more readily available such as through Notts Help Yourself
  - b) the enhanced role that the CSC is playing in diverting people at the first point of contact, together with the availability of the enhanced offer of the new Connect early intervention support service, means that the First Contact scheme is no longer required.

### **Statutory and Policy Implications**

21. 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**

22. If the service is ceased at the end of September 2016 when the SLA expires, there will be an in-year saving to the Council of £36,144, with a full year saving of £72,289 per annum thereafter.

### **Human Resources Implications**

23. Staff working within the Co-ordinator provider organisation would be affected as a result of the Council confirming that agreements would not be extended beyond 30 September 2016. The organisations that provide the Co-ordinator role are aware of the proposal to cease the service.

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

24. This change will disproportionately impact older people. However the commissioning of the Notts Help Yourself website, a more pro-active Customer Service Centre response to support early resolution of people's needs through signposting to community based options, and commissioned early intervention support services will all result in a more personalised and effective identification of need for a range of preventative interventions which include but are over and above those achieved through the First Contact scheme.

## **RECOMMENDATION/S**

- 1) That approval is given to cease the First Contact Scheme when the current Service Level Agreement ends on 30<sup>th</sup> September 2016.

**Caroline Baria**

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

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

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E: [lyn.farrow@nottsc.gov.uk](mailto:lyn.farrow@nottsc.gov.uk)

### **Constitutional Comments (SMG 24/06/16)**

25. The proposals outlined in this report fall within the remit of this Committee.
26. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

### **Financial Comments (KAS 24/06/16)**

27. The financial implications are contained within paragraph 22 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.

Proposed revision of the First Contact Scheme – report to Adult Social Care and Health Committee on 1 June 2015

Consultation responses

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

All.

ASCH375

11 July 2016

**Agenda Item:9**

## **REPORT OF CORPORATE DIRECTOR, RESOURCES**

### **WORK PROGRAMME**

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

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

#### **Information and Advice**

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

#### **Other Options Considered**

5. None.

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

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

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

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



## **RECOMMENDATION**

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

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

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

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

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

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

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

### **Background Papers**

None.

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

All.

## ADULT SOCIAL CARE AND HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
<b>12<sup>th</sup> September 2016</b>			
Adult Social and Health – overview of developments	Overview report on developments and activities across adult social care and health services, including: progress on Personal Health Budgets; update on the Transforming Care programme update; update on the transfer of the Independent Living Fund; update on 2 integrated health and social care schemes (EOSS and SCOPES); the transfer of Attendance Allowance to local authorities and developments with the Integrated Community Equipment Loans Service (ICELS).	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Retford Extra Care Scheme		Service Director, Mid Nottinghamshire	Rebecca Croxson
Deprivation of Liberty Safeguards update report	Six monthly progress report on work to manage DoLS assessments and reviews	Service Director, Mid Nottinghamshire	Daniel Prisk
Integrated Carers Strategy update report	Update and evaluation on the service being provided following the contract awarded in 2015	Service Director, Mid Nottinghamshire	Penny Spice
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
Adult Social Care Strategy - update and future plans	Progress with work to implement the Strategy and plans to refine and develop the approach	Programme Director, Transformation	Stacey Roe/ Ian Haines
Implementation of the Care Act and next steps		Programme Director, Transformation	Bronwen Grieves
<b>10<sup>th</sup> October 2016</b>			
Development of the Mid Nottinghamshire Better Together Programme – commissioner provider alliance agreement	Progress report	Service Director, Mid Nottinghamshire	Wendy Lippmann

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
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
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
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
Savings and efficiencies delivery group – update report	Progress report on the work of the delivery group	Programme Director, Transformation	Ellie Davies
KeyRing services	Approval to progress work to develop a new community-based model of support for people in their own homes	Service Director, North Nottinghamshire and Direct Services	Ian Haines
<b>14<sup>th</sup> November 2016</b>			
Changes to day service meal production	To present proposals for meals production at the Council's day services.	Service Director, North Nottinghamshire and Direct Services	Ian Haines/ Jennifer Allen
Outcome of the Sector Led Improvement Peer Review 2016 update	Six-month update on the sector led improvement peer review of ASCH&PP in March 2016	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
<b>12<sup>th</sup> December 2016</b>			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Celia Morris/ Matthew Garrard
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
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>
<b>9<sup>th</sup> January 2017</b>			
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
<b>6<sup>th</sup> February 2017</b>			
Care Act and Adult Social Care Strategy update	Update on progress in relation to embedding the Care Act and the ASC Strategy	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
<b>13<sup>th</sup> March 2017</b>			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Celia Morris/ Matthew Garrard
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
<b>18<sup>th</sup> April 2017</b>			
Update on the work of the Health and Wellbeing Board	Update on work of Health and Wellbeing Board over the last 6 months	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
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
Deprivation of Liberty Safeguards update report	Six monthly progress report on work to manage DoLS assessments and reviews	Service Director, Mid Nottinghamshire	Daniel Prisk

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
<b>12<sup>th</sup> June 2017</b>			
Care Act and Adult Social Care Strategy update	Update on progress in relation to embedding the Care Act and the ASC Strategy	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Savings and efficiencies delivery group – update report	Progress report on the work of the delivery group	Programme Director, Transformation	Ellie Davies
Personal Outcomes Evaluation Tool (POET) survey – implementation of outcomes update	Report on implementation of outcomes	Service Director, Strategic Commissioning, Access and Safeguarding	Penny Spice
<b>10<sup>th</sup> July 2017</b>			
Adult Social Care and Health – Overview of developments		Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
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
<b>To be placed</b>			
Appropriate Adults Service		Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis
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