

Adult Social Care and Health Committee

Monday, 01 December 2014 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 3 November 2014 | 5 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Deprivation of Liberty Safeguards | 9 - 16 |
| 5 | Current Performance and Future Plans for Hospital Discharge Processes across Nottinghamshire | 17 - 22 |
| 6 | Changes to Provision of Emergency Accommodation within Learning Disability Short Breaks Service | 23 - 28 |
| 7 | Direct Services Delivery Group Update Report | 29 - 38 |
| 8 | Feedback From Peer Challenge Process | 39 - 42 |
| 9 | Performance Update for Adult Social Care and Health | 43 - 50 |
| 10 | Management Arrangements for Market Development and Quality | 51 - 60 |
| 11 | Care Home Provider Suspensions | 61 - 64 |

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| 12 | Integrated Community Equipment Loans Service Tender 2016 | 65 - 70 |
| 13 | Update on Independent Living Fund | 71 - 74 |
| 14 | Work Programme | 75 - 80 |

15 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

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

Note

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

EXEMPT INFORMATION ITEM

16 Exempt Appendix to Item 11, Care Home Provider Suspensions

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 3 November 2014 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)
Yvonne Woodhead (Vice-Chair)

| | | |
|---|----------------|----------------|
| | John Cottee | Andy Sissons |
| A | Dr John Doddy | Pam Skelding |
| | Sybil Fielding | Stuart Wallace |
| | Alice Grice | Jacky Williams |
| | Michael Payne | |

A Ex-Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, ASCH&PP
Sue Batty, Service Director, ASCH&PP
Claire Bearder, Group Manager, Access and Safeguarding, ASCH&PP
Paul Davies, Democratic Services Officer, PPCS
Jennie Kennington, Senior Executive Officer, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Rosamunde Willis-Read, Project manager for Strategic Quality and Risk, ASCH&PP

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 6 October 2014 were confirmed and signed by the Chair.

DECLARATIONS OF INTEREST

There were no declarations of interest by members or officers.

MEMBERSHIP

It was reported that Councillor Alice Grice had been appointed in place of Councillor Alan Bell, for this meeting only.

APOLOGY FOR ABSENCE

An apology for absence was received from Councillor Dr John Doddy (other reason).

ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION – LOCAL ACCOUNT 2013-14

RESOLVED 2014/079

That the report be noted and the publication of the Local Account 2013-14 be approved.

UPDATE ON THE MULTI-AGENCY SAFEGUARDING HUB (MASH)

In response to discussion about services for people with mental health problems, it was agreed to present a report on Vulnerable Persons Panels.

RESOLVED 2014/080

- (1) That 1 fte post of Advanced Social Work Practitioner, grade C, scp 39-44, in the MASH be disestablished;
- (2) That 3 fte Social Work posts, Grade B, scp 34-39 in the MASH be established;
- (3) That £37,600 be allocated from the Social Care Reserve Fund to meet the additional costs in 2014/15;
- (4) That an allocation of £85,600 be incorporated in the departmental organisational redesign to meet the addition costs from 2015/16 onwards.

PROVISION OF FINANCIAL INFORMATION AND ADVICE AS PART OF THE CARE ACT IMPLEMENTATION

The Committee was informed that the recommendation about the Care Advice Line was withdrawn.

RESOLVED 2014/081

That a tendering exercise be approved to further explore the market, and establish whether there are providers who can assist the County Council in meeting requirements under the Care Act, with a view to entering into an agreement with one or more providers for the provision of financial information and advice to service users by April 2015.

CARERS' INFORMATION AND ADVICE HUB

RESOLVED 2014/082

That a tender process be approved in order to procure a "Carers' Information and Advice Hub" as outlined in the report.

OVERVIEW OF DEPARTMENTAL SAVINGS AND EFFICIENCIES PROGRAMME

RESOLVED 2014/083

- (1) That the progress on budget savings projects for 2014/15 to 2016/17 be noted;
- (2) That the new temporary posts outlined in paragraph 15 of the report be approved;
- (3) That the extensions and amendments to existing temporary posts outlined in the report be approved.

OLDER PEOPLE COMMUNITY CARE AND RESIDENTIAL CARE SAVINGS PROPOSAL

RESOLVED 2014/084

That the report be noted.

STRATEGIC REVIEW OF THE CARE HOME SECTOR ACROSS NOTTINGHAMSHIRE – PROGRESS UPDATE

It was indicated that the first quarterly report on the suspension of contracts with homes would be presented at the December meeting.

RESOLVED 2014/085

- (1) That the progress made against the recommendations of the strategic review of the care home sector be noted;
- (2) That a further update of progress be presented before the end of the CQC secondment.

SECONDMENT OF GROUP MANAGER, ACCESS AND SAFEGUARDING AND TEMPORARY JOB-SHARE ARRANGEMENT

RESOLVED 2014/086

- (1) That the secondment of the Group Manager, Access and Safeguarding to the Local Government Association, and the remuneration received from the LGA, be approved;
- (2) That recruitment take place to a temporary job-share, 18.5 hours per week post of Group Manager, Access and Safeguarding, Band G, scp 63-68.

WORK PROGRAMME

Reports on the following items would be included in the Work Programme:

- Vulnerable Persons Panels

- Suspension of Contracts with Care Homes (December 2014)

RESOLVED 2014/087

That the Work Programme be noted.

The meeting closed at 12.10 pm.

CHAIR

1 December 2014**Agenda Item: 4**

REPORT OF SERVICE DIRECTOR MID AND NORTH NOTTINGHAMSHIRE DEPRIVATION OF LIBERTY SAFEGUARDS

PURPOSE OF THE REPORT

1. This report provides a progress update to Members on implementing the recommendations agreed by Committee on 12 May 2014, to manage the increased numbers of Deprivation of Liberty Safeguard (DoLS) Assessment requests. It also requests approval to extend the posts in the current central DoLS team to March 2016 in order to meet the ongoing pressures.

INFORMATION AND ADVICE

Background

2. The Deprivation of Liberty Safeguards (DoLS) were originally introduced to provide a legal framework for deprivation of liberty and to ensure that there were no breaches in the European convention on Human Rights. They provide legal protection for vulnerable people who are not able to make decisions about their care arrangements and who are subject to restrictions and restraints in their lives. The safeguards ensure that an assessment of their circumstances is carried out to determine whether the care provided is in their best interests to protect them from harm, whether it is proportionate and to determine if there is a less restrictive alternative.
3. On the 19 March 2014, the Supreme Court published its judgment in the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council, which further defined the meaning of Deprivation of Liberty. The effect of this change in test is that a much greater number of people in residential care homes, nursing homes and hospitals now come under the Deprivation of Liberty Safeguards (DoLS) than previously and by law they must now be assessed under the DoLS procedure.
4. The DoLS process requires assessments to be undertaken by staff who have successfully completed competency based training in DoLS work; a Best Interests Assessor (BIA) and a doctor. The local authority has a statutory duty to make sure the DoLS process is followed and that these assessments are undertaken within the legal timescales. In July 2014 a Lean+ review was undertaken in order to streamline the process where possible. This work now needs to be reviewed in light of new shorter national forms which are due to be launched in November. Benchmarking against other local authority approaches to undertaking assessments is also being undertaken.

The work is, however, by its nature a resource intensive process where up to six different assessments may be required on each case and the BIA would typically need to visit the person, liaise with the persons family members and involved professionals, consult with the care provider and consult notes, support plans, etc. It is recognised nationally that each assessment can take between 15-20 hours.

5. The Supreme Court has also clarified that Deprivation of Liberty can occur in domestic settings if the State (e.g. the Local Authority or NHS) is responsible for the arrangements. This means that a person could be deprived of their liberty in their own home, or in supported living (increasingly referred to as a 'community DoL'). These Deprivations of Liberty do not come under the DoL Safeguards, but do have to be assessed with the same rigour, have to be authorised by the Court of Protection and have therefore further increased workloads.
6. At this point, a small number of cases have been referred to the Court of Protection. Each case will require an application fee to the Court and an additional cost of authorisation which together amount to £1,000.00 per individual. A scoping exercise has revealed that this is a large piece of work to identify those affected that needs further dedicated oversight.
7. The report to committee on 12 May 2014 analysed the implications of this ruling and made recommendations around how to meet the increased demands. There was a request for a permanent budget pressure allocation of £2m to meet the recurrent cost of implementation from 2015/16. With this budget, Committee approved the establishment of a temporary central BIA service for a period of twelve months to co-ordinate activity, undertake assessments and provide advice to managing authorities and the County Council.

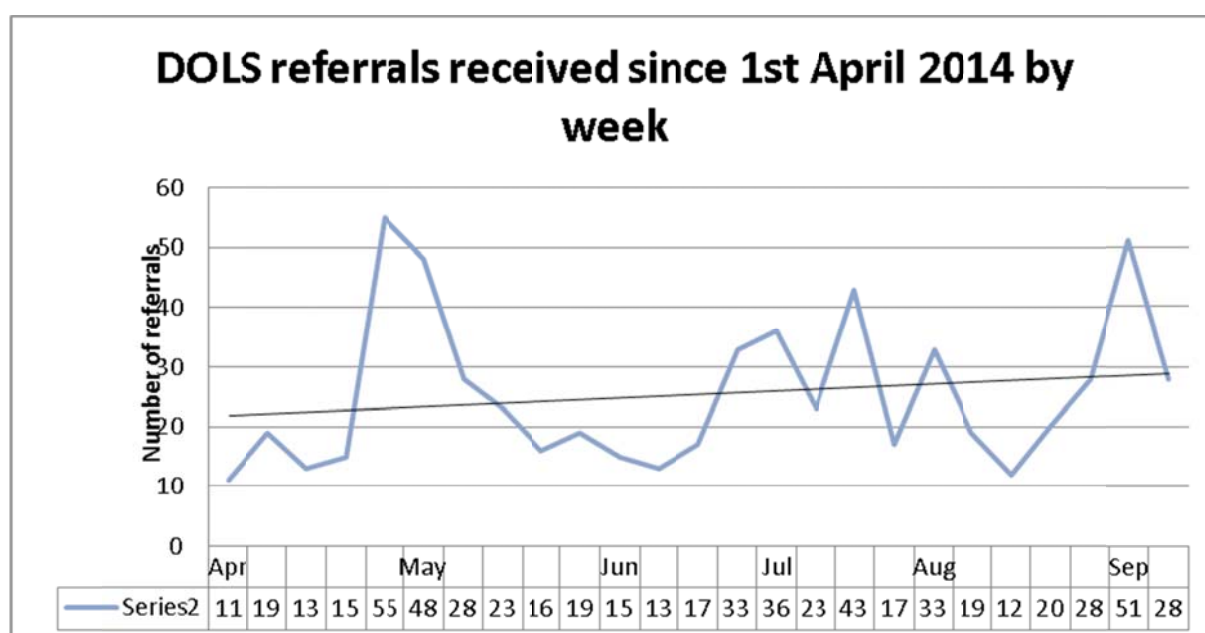
Progress up-date

| Posts agreed | Recruitment up-date |
|---|--|
| 1 FTE Group Manager/Principal Social Worker | Appointed as of 22/09/14. |
| 1 FTE Team Manager | Retained in post. |
| 12.5 FTE BIA's | 6 in post with 1 more to start in November |
| 5 FTE Business Support staff | 2 retained in post, plus 3 temporary contracts |

8. All of the above posts have been appointed to, except for 5.5 FTE BIAs. This has been achieved through permanent staff with the relevant experience being seconded into the temporary arrangements and backfilling their posts on a temporary basis. In order to also maintain sufficient qualified staff in the District teams it is now necessary to wait until the next tranche of BIA training is completed in April 2015, before moving any further staff into these posts.
9. External recruitment and use of agency staff has been explored as means of increasing capacity. However, due to the high national demand for BIAs, current council approved agencies have no ongoing availability of agency BIA's at this time. Only occasional individual assessments can be purchased when their availability allows.

10. The current central Nottinghamshire DoLS team is based at Lawn View House. All referrals come in to this central point. The referrals are then prioritised from one to three, the highest priority given to those in hospital based settings. They are further prioritised on the basis of the extent of the restraint and restrictions evident in the referral. Due to the number of referrals and the waiting list, the current method of prioritising is under constant review.
11. Work is allocated across the central DoLS team and to District based BIA's from adult district teams on the weekly rota. The aim is for two to three assessments a week to be completed by each BIA in the central team. The three Advanced Social Work Practitioners in the central team are also responsible for operating a duty system that prioritises and allocates work, and provides expert oversight for BIA's and importantly care homes and hospital staff who may contact the team for advice and guidance. They undertake fewer assessments due to this and the time that they also need to spend shadowing and supervising trainee and less experienced BIA's.

Deprivation of Liberty Returns (DoLS)



12. The Department monitors numbers of weekly referrals, assessments completed and those waiting. The above graph shows the weekly referrals received by the DoLS team since the 1 April 2014. The volume of work varies, but overall shows a steady upward trend as a result of the March 2014 ruling.
13. Summary of the data since April 2014 shows that-
 - 820 referrals have been received
 - 233 assessments have been completed
 - 108 deprivations have been authorised

- 143 referrals have been started but subsequently ceased e.g. due to the team identifying responsibility rests with another LA.

As of 27 October 2014, there are 420 referrals waiting to be assessed of which 370 exceed statutory timescales.

14. The local authority has a statutory duty to make sure that the DoLS process is followed and that these assessments are undertaken within the legal timescales. It is important to note that the Department of Health is aware and understands that most local authorities at this time are unable to meet their timescales for assessments due to the sudden and unexpected level of increase in referrals and the lead in time it takes to train sufficient staff.
15. There is also, however, a Department of Health expectation that local authorities have robust plans in place to address this within a reasonable timeframe. Nottinghamshire County Council can evidence this through the approval of additional capacity, the creation of a central team and increased BIA training. This is in line with what other local authorities are doing. Work is also underway to fully scope increased demand for assessment of community deprivations of liberty. To do this is not in itself straightforward and cannot be done as a desk top exercise as each case requires initial review to determine whether the individual might be subject to a deprivation of liberty, looking into the capacity, intensity, degree and level of restrictions. A scoping tool has been developed to assist with identifying people subject to DoL and prioritising cases for the courts.

Benchmarking

16. From contact with the East Midlands DoLS forum, it is possible to benchmark the current waiting list with comparator authorities in the East Midlands. County authorities are reporting waiting lists of between 66 to 600. Derbyshire and Lincolnshire are quoting similar numbers awaiting assessment as Nottinghamshire. Again as with Nottinghamshire, all the contacted authorities have developed central teams to cope with demands and are using independent BIAs at times.

STATUTORY AND POLICY IMPLICATIONS

17. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health 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.
18. By not meeting timescales and maintaining a waiting list, those referred may be unlawfully deprived of their liberty. This has risks for the Department in terms of legal challenge which the plans outlined in the report aim to address.
19. The Law Commission is leading a DoLS review. They have indicated, however, that draft legislation will not be available until the summer of 2017.

FINANCIAL IMPLICATIONS

20. In 2013/14 £1m was set aside in a reserve to cover the cost of implementation in 2014/15. The forecast cost of the limited team since June 2014 is £500k in the current financial year. This leaves approximately £500k available towards the cost of employing the team in 2015/16.
21. The full year effect of employing the full team is approximately £1m. On top of this are the Mental Health Assessors costs estimated to be £390k, and training and legal costs, which are difficult to quantify.
22. The total cost to the authority to implement the Supreme Court Judgment was estimated at £2m. Unfortunately the £2m was not put into the MTFS as a financial pressure; therefore the remaining £500k would only cover the cost of the full team till around June 2015. If the remaining £1.5m was met from Contingency funding, there would be sufficient funding available to approve extending the posts in the current central DoLS team to March 2016 in order to meet the ongoing pressures from DoL that will endure at least until new legislation. The funding will also cover the costs of increased BIA training provision over that period.

HUMAN RESOURCES IMPLICATIONS

23. There are organisational redesign implications around the staff in the central team being seconded and on fixed term contracts. This leads to further temporary positions in other operational teams by way of backfilling posts.
24. Prior to the Supreme Court ruling, approximately six places per year were filled on the BIA course. This will now be increased to approx 20 for 2014-15. This has implications for the central teams in terms of supporting and accrediting new BIA's. The majority of candidates will be social workers from operational teams who will support the district rota once approved. The process takes five months to complete so the first nine will not be able to practice as a BIA's until April 2015. Releasing staff from operational teams for training may affect the ability of these teams to meet required performance measures.

HUMAN RIGHTS IMPLICATIONS

25. Deprivation of liberty legislation arises from the "Bournewood" case which was heard by the European Court of Human Rights. The case decided that where a person is deprived of their liberty without any legal authority then it is a breach of Article 5 of the European Convention of Human Rights: "No one should be deprived on their liberty unless it is prescribed by law". Therefore, when a person needs to be deprived of their liberty there must be safeguards in place in order to ensure the department uphold their human rights.

PUBLIC SECTOR EQUALITY DUTY IMPLICATIONS

26. The majority of those referred for assessment and those subject to DoLS are older people with dementia and younger adults with learning disabilities. The safeguards ensure that those who need to be deprived of their liberty are appropriately assessed and have a right of appeal. With the current waiting list, the above group are the most affected group.

27. There are concerns that by prioritising hospital referrals, those in care homes are the least protected.

SAFEGUARDING OF CHILDREN AND VULNERABLE ADULTS IMPLICATIONS

28. Where individuals are unlawfully deprived of their liberty, this is considered to be a Safeguarding Adults issue. The value of the new safeguards would be compromised if the process for DoLS assessment became largely an administrative and bureaucratic process. Practitioners also, however, need to ensure that people who lack capacity in regard to decision making about accommodation issues receive a timely service. A balanced approach will therefore be taken on an individual basis, based on risk. A balanced approach is also being taken to ensuring sufficient experienced practitioners remain in the District teams to undertake safeguarding adults work.

IMPLICATIONS FOR SERVICE USERS

29. See twenty three to twenty four above.

WAYS OF WORKING IMPLICATIONS

30. The central DoLS team are included in the plan for the roll out of tablet devices next year to social work staff. This will mean workers will have direct access to systems via a tablet, which will reduce the time taken to complete the administration associated with the process.

RECOMMENDATION/S

1) It is recommended that Committee:

- i. note the progress made with implementing the recommendations agreed by Committee on 12th May 2014, to manage the increased numbers of Deprivation of Liberty Safeguard (DoLS) Assessment requests
- ii. approve extending the posts in the current central DoLS team to March 2016 in order to meet the ongoing pressures as detailed below:
 - 1 FTE Group Manager/ Principal Social Worker (to be evaluated) the posts will be allocated authorised car user status
 - 1 FTE Team Manager – Band D the posts will be allocated authorised car user status
 - 12.5 FTE BIA Assessors (Band B or Band C) the posts will be allocated authorised car user status
 - 5 FTE Business Support Officer - Grade 3

Sue Batty,
Service Director Mid and North Nottinghamshire

For any enquiries about this report please contact:

Tina Morley-Ramage
Principal Social Worker/Service Manager AMHP and DOLs
Email: tina.morley-ramage@nottsccl.gov.uk

Constitutional Comments (SLB 24/11/14)

28. Adult Social Care and Health Committee is the appropriate body to consider the content of this report. Proposals to change staffing structures must include HR advice and the recognised trade unions must be consulted on all proposed changes to staffing structures; any views given should be fully considered prior to a decision being made.

Financial Comments (KAS 24/11/14)

29. The financial implications are contained within paragraphs 20 to 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.

- ASCH218 – Committee report 12 May 2014.

Electoral Division(s) and Member(s) Affected

- All.

ASCH265

1 December 2014

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR MID & NORTH NOTTINGHAMSHIRE REPORT ON CURRENT PERFORMANCE AND FUTURE PLANS FOR HOSPITAL DISCHARGE PROCESSES ACROSS NOTTINGHAMSHIRE

Purpose of the Report

1. To provide Committee with an up-date on national and local performance monitoring systems for hospital discharge, Nottinghamshire's current position and future plans.
2. To approve the establishment and extension of posts at King's Mill hospital to support this work.

Information and Advice

Legislative background

3. The NHS and Community Care (Delayed Discharges etc.) Act 2003 places statutory duties upon the NHS and Local Authorities in England relating to communication between health and social care systems about the discharge of patients. This aims to avoid people remaining in hospital any longer than their health needs require them to be there.
4. The Act 2003 sets out:
 - a statutory duty on NHS bodies to notify Adult Social Care Departments that a patient receiving acute hospital care is likely to need social care services on discharge, (Section 2 Notification) and to notify Adult Social Care of the proposed discharge date, (Section 5 Notification)
 - a requirement for the NHS body to identify the responsible local authority prior to notification
 - a defined timescale for Adult Social Care to complete assessments and provide services (i.e. 2 days from a section 2 notification and 1 day from a section 5 notification).
5. The Act also introduced a system of reimbursement for delayed hospital discharges of adult patients receiving acute medical care. If a patient remains in hospital because the local authority is unable to assess or put in place the services that the patient or their carer need for a safe discharge within the set time-scales, then this is defined as 'attributable to social care' and the local authority (LA) is liable to pay the acute Trust a charge per day of delay.

6. Although the NHS England updated guidance on delayed transfers of care (DTOC) still refers to financial re-imbursements by social care for delays, this was discontinued within Nottinghamshire County some time ago following the development of local agreements that stipulated the arrangements for dealing with delays, including investment plans and service developments.

What is a “delayed transfer of care?”

7. The NHS Definitions & Guidance version 1.07 for Delayed Transfer of Care defines a delay as:

A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:

- a. a clinical decision has been made that patient is ready for transfer **AND***
- b. a multi-disciplinary team decision has been made that patient is ready for transfer **AND***
- c. the patient is safe to discharge/transfer.*

A multi-disciplinary team in this context includes nursing and other health and social care professionals, caring for that patient in an acute setting.

8. Information about patients who are delayed is collected on a monthly basis and sent to NHS England who then produces a monthly report on delayed transfers called the SitRep return. This provides information on the number of patients, and days delayed across all hospitals and other specific services in the county.
9. From April 2015 the Care Act 2014 and related guidance will introduce some changes to the delayed transfer of care procedures:
- re-imbursement for delays will be discretionary
 - the terms Section 2/5 will be replaced by Assessment Notice and Discharge Notice
 - the NHS Number will be incorporated within the notices to support identification
 - contact details of the person at the hospital who will be responsible for liaising with the relevant local authority will be included
 - mental health patients under the care of a consultant psychiatrist will be included
 - excludes Intermediate Care.

Current situation

10. Nottinghamshire has achieved a sustained and significant decrease in the numbers of patients recorded as delays attributable to social care since 2011-12 and currently sits just below the average when benchmarked with our regional comparators. Although there has been some fluctuation in performance over the summer this indicator is still on target. The main area of concern has been at Sherwood Forest Hospitals NHS Foundation Trust (SFHT) where delayed transfer experienced a small peak in July due to people awaiting care packages in their own home and completion of assessments. This was mainly attributable to it being the main handover period from the old to the new homecare providers and as anticipated this has now improved.

Health and social care working together to reduce delayed transfers of care

11. The value of integrated working between health and social care is well recognised and currently across Nottinghamshire the six Clinical Commissioning Groups (CCGs) are working closely together and with Nottinghamshire County and in some cases District Councils to transform discharge processes, pathways and community services. Reducing reliance on hospital care means supporting more people with complex needs in the community which results in increased demand for social care support, community equipment etc. Ways to sustainably fund this increased demand form part of the discussions with partners. Joint objectives include both reducing admissions to hospital and supporting swift discharge, but also to continue to take an approach that maximises people's independence in order to reduce the size of care packages and admissions to residential care, particularly directly from hospital. This approach supports the new Adult Social Care Strategy and is a strong theme in the Better Care Fund Plans.
12. The six CCGs have formed into three main areas or programmes of activity; Bassetlaw, Mid-Notts 'Better Together Programme' and South Notts. Each area has an integrated health and social care programme which has been integral in delivering robust data on delayed discharges through working in partnership with hospital, community and social care colleagues.
13. Although the three areas are geographically different and the needs of the residents may vary the suggested models for service delivery have common themes. These are, establishment of:
 - proactive GP led care of the over 75s and patients at risk of admission
 - multi-disciplinary working across health and social care boundaries, including multi-professional care planning (GP, nursing, therapies, mental health, voluntary sector)
 - systematic profiling of the local population and targeting of services at people most in risk
 - new models for community services
 - prevention, early intervention, information and advice services that can evidence that they support independence
 - voluntary sector support to encourage people to become more self-reliant by developing skills to manage their own health and care.
14. One example of innovative and integrated working which is accelerating discharges from hospital is a pilot project that is being undertaken with Mansfield District Council. A named Housing Officer is now working alongside health and social care staff at King's Mill Hospital as part of the discharge service and is able to directly pick up work and provide solutions to issues such as inappropriate housing, homelessness etc. Below are some of the benefits of this pilot to date:
 - early assessment and interventions on housing issues for those in most need
 - fast tracked access to appropriate housing alternatives
 - person centred services to address the multiple support needs of individuals and families
 - handyperson services that prioritises hospital discharge
 - fast tracked repairs to facilitate early discharge
 - specialist support for a wide range of people e.g. domestic violence, drugs/ alcohol abuse, mental health money and welfare advice, to promote independence
 - facilitate food parcels.

15. Sherwood Forest Hospital Trust have also provided £150,000 of funding made available to them from the Mid Notts CCGs to support hospital discharge. This will fund two permanent social work posts to undertake assessments and arrange care packages over seven days a week at King's Mill hospital and also extend two current temporary Community Care officer posts over the busy winter period.

16. At Kings Mill hospital it is therefore proposed to:

- establish 2 FTE permanent Social Worker posts, Hay Band (Grade B), scp 34-39, (£28,922-£33,128) with approved car user status
- extend 2 FTE temporary Community Care Officer posts to 31st March 2015, NJE Grade 5, scp 24-28 (£26,534-£30,239) with approved car user status.

Better Care Fund Plans

17. The Council, all the county's CCGs, and local hospital trusts have been working together to agree a plan for delivering integrated care. The Better Care Fund plan was submitted by Nottinghamshire Health and Wellbeing Board in August and has now been approved by Government Ministers.

18. Health and Wellbeing Boards across the country are putting together plans for implementation of the Better Care Fund, but Nottinghamshire's has been 'fast tracked' as an exemplar to other local authority areas. The plan is one of only five in the country, and the first for a two-tier local authority area, to be approved at this stage.

19. The vision in Nottinghamshire is to create a new model of care that will deliver more health and social care services outside of hospitals, with care professionals working seamlessly across organisations. A radical change in the way that health and social care work together in Nottinghamshire will lead to an integrated care and support system focused on the people it serves and delivering better outcomes.

20. This vision combines county-wide transformation with locally tailored services. In five years' time, the shared aspiration is that:

- people will only be in hospital if that is the best place – not because there is nowhere else to go
- services in the community will allow people to be rapidly discharged from hospital
- new technologies will help people to self-care
- specialist workforce teams will be concentrated in one place
- the workforce will be trained to offer more flexible care
- services from the NHS, social care, voluntary sector, care homes, and home care will deliver a continuum of care, working to a single set of processes
- people will understand and access the right services in the right place at the right time
- people will be living longer, more independent and better quality lives, remaining at home for as long as possible.

Other Options Considered

21. The report reflects plans where alternative options have been considered as part of their development. The type of posts requested to be established at King's Mill reflect the volume and complexity of work they will be required to complete.

Statutory and Policy Implications

22. 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.

Human Resource Implications

23. The human resource implications are set out in paragraph 16 of the report.

Financial Implications

24. The establishment of the two new social worker posts at King's Mill hospital and the extension of the Community Care Officer posts will be funded by money made available from the county Clinical Commissioning Groups, via Sherwood Forest Hospital Trust.

Implications for Service Users

25. Greater integration between health and social care will improve service delivery, mean that people only have to share their basic information with professionals once and ensure that the individual receives the right care, at the right time in the right place.

RECOMMENDATION/S

- 1) It is recommended that Committee:
 - i) note the content of this report
 - ii) agree to the following at Kings Mill hospital:
 - establish 2 FTE permanent Social Worker posts, Hay Band (Grade B), scp 34-39, (£28,922-£33,128) with approved car user status.
 - extend 2 FTE temporary Community Care Officer posts to 31st March 2015, NJE Grade 5, scp 24-28 (£26,534-£30,239) with approved car user status.

SUE BATTY
Service Director, Mid and North Notts

For any enquiries about this report please contact:

Jane Cashmore

Commissioning Manager

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Constitutional Comments (SLB 24/11/14)

26. Adult Social Care and Health Committee is the appropriate body to consider the content of this report. Proposals to change staffing structures must include HR advice and the recognised trade unions must be consulted on all proposed changes to staffing structures; any views given should be fully considered prior to a decision being made.

Financial Comments (KAS 24/11/14)

27. The £150k identified is only sufficient to cover the Social Workers for one year and the CCO's until March 15. Further funding will need to be sought to establish the social workers on a permanent basis.

Background Papers and Published Documents

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

- None.

Electoral Division(s) and Member(s) Affected

- All.

ASCH266

1 December 2014

Agenda Item: 6

REPORT OF THE DEPUTY DIRECTOR ADULT SOCIAL CARE HEALTH & PUBLIC PROTECTION

CHANGES TO THE PROVISION OF EMERGENCY ACCOMMODATION WITHIN LEARNING DISABILITY SHORT BREAKS SERVICE

Purpose of the Report

1. To seek permission to change the designation of four beds within the directly provided Short Break service for adults with learning disabilities from emergency accommodation to beds for planned short breaks at the Helmsley Road Short Breaks site near Rainworth. This change would take place on the 1 February 2015.

Information and Advice

2. The Helmsley Road service is based in four bungalows. Three bungalows each provide four beds and the fourth bungalow provides offices, and a catering facility for the site.
3. In September 2012 Committee agreed the number of emergency beds would be reduced overall from 7 beds located across the County to 4 beds centrally located at Helmsley Road Short Break Service near Mansfield.
4. The consultation with carers undertaken at that time agreed that wherever possible, emergencies for carers and service users known to the short breaks service would be provided within the local service attended by the service user. This would wherever possible enable the service user to use the facility that they were most familiar with. The provision within services other than Helmsley Road would utilise under occupancy within those units.
5. The directly provided short breaks service currently provides 41 bed spaces across the county for adults who have a learning disability. From October 2015 there will be 32 spaces across the County including the four emergency spaces at Helmsley Road. In addition to these spaces there are seven short break beds currently provided under contract by Nottinghamshire Healthcare NHS Trust at The Newlands in Balderton Newark. This contract will cease at the end of March 2015.
6. In seeking to accommodate the current and future users of the Short Breaks Service the change of designation of the four emergency beds at Helmsley Road to planned break beds will increase the number of available beds at Helmsley Road from eight to twelve. The resulting impact on the available bookable beds is shown in the table below. In 2015 it has

been agreed that the allocation of short breaks for families will remain at 2014 levels and will then be assessed in line with the new Short Breaks policy. It is anticipated that with the reduction in available beds in 2015 it will be necessary to use the Emergency beds for planned breaks in order to accommodate everyone within the available provision.

Current service provision at November 2013.

Service provision planned from October 2015

| Service | Planned break beds | Emergency beds |
|-----------------|--------------------|----------------|
| Helmsley Road | 8 | 4 |
| Wynhill Lodge | 10 | 0 |
| Kingsbridge Way | 9 | 0 |
| Holles Street | 10 | 0 |
| Newlands | 7 | 0 |
| Total | 44 | 4 |

| Service | Planned break beds | Emergency beds |
|---------------|--------------------|----------------|
| Helmsley Road | 12 | 0 |
| Wynhill Lodge | 10 | 0 |
| Holles Street | 10 | 0 |
| Total | 32 | 0 |

7. During the period June 2013 to May 2014 there were a total of 49 periods of emergency admissions to the Helmsley Road emergency beds, involving 35 different people. Of these admissions 14 cases were not known to the Short Break Service.
8. Over 25% of stays within emergency beds were for more than 28 days this was mainly due to waiting for admission to long term accommodation (see breakdown below). The total number of bed nights available for the 4 emergency beds is $4 \times 365 = 1460$ nights. Of these during the period June 2013 to May 2014, 1140 nights were occupied. This is equivalent to 78% occupancy.
9. The table below shows a breakdown of the length of emergency stays.

| Length of stay | percentage of stays |
|----------------|---------------------|
| <72 hours | 17.4 |
| 3-7days | 27.3 |
| 8-14 days | 12.1 |
| 15-28days | 15.2 |
| >28days | 28 |

10. Across the whole service there were 50 different people who required emergency admission to the four directly provided Short Break establishments on one or more occasion during the period June 2013 to May 2014.
11. Emergency beds are used for a variety of reasons the main ones being:
 - sudden illness of carer
 - change in care and support need - service user unable to return home due to changes in mobility for example, a reduced ability to walk or stand
 - placement breakdown - residential care, supported living or Shared Lives

- safeguarding concerns.

12. The outcomes of these emergency placements include:

- service user able to return home
- residential or nursing home placement
- supported living arrangement
- hospital admission.

13. The Short Break Service will no longer be able to respond consistently to requests for emergency placements for people who are not users of the Short Break Service. It will be necessary for the Community Learning Disability Teams (CLDTs) to commission emergency stays within the independent sector. Information about the planned change of designation of the emergency has been sent to the CLDTs.

14. The service, wherever possible will continue to support carer and service user emergencies for service users known to the Short Break Service but, without designated emergency beds. This will rely on the use of unallocated bed spaces and where unavoidable the possible cancellation of other stays to enable the emergency placement.

15. Should it be necessary to cancel or reduce another persons' stay this will be done through consultation with carers and the relevant social worker. It is recognised that all carers require breaks from their caring responsibilities and the cancellation or reduction in stays will always be done with this mind and through individual discussion with the relevant CLDT.

16. The emergency beds at Helmsley Road at currently staffed according to occupancy. With the proposed change to bookable short breaks beds these beds will require staffing to be provided to meet the booked demand. The Short Breaks service would be able to cover the necessary staffing changes within the existing budget provision.

17. The emergency beds at Helmsley Road would be transferred for use as bookable beds on the 1 February 2015. This will support the transfer of service users from The Newlands service due for closure at the end of March 2015, and for the preparation for the closure of the Kingsbridge Way Service at the end of September 2015.

Other Options Considered

18. Consideration was given to continuing to provide emergency beds at Helmsley Road, but reduce to two beds this would enhance the number of bookable beds by two while maintaining an emergency response. The difficulty with this is the provision at Helmsley Road is in 4 bed bungalows, where two beds would be planned stays and two beds emergency. Staffing levels would be difficult to predict and night staff would always have to be provided whether the occupancy was one or four people.

19. Transfer two emergency beds to Holles Street in Worksop where there is a separate two bedroom facility. The advantage of this would be to give a distinct area over to emergency placements. The disadvantage is the location within the County and the travel time and distance from the centre and south of the County. The service may struggle to provide all the planned breaks at Holles Street if the bookable beds are reduced by two.

20. Enable all beds to be bookable for planned stays with either 2 or 4 beds highlighted as emergency beds where the planned stay would be cancelled if there were to be an emergency. This would lead to some uncertainty for carers, who would know the status of the bed being offered before the bed was booked. The advantage for the service would be in maximising occupancy.

Reason/s for Recommendation/s

21. These recommendations are made to maximise the use of resources given the demand for planned Short Breaks and the agreed reduction of bed accommodation through the closure of Kingsbridge Way Short Break service. With the increase in bookable bed spaces at Helmsley Road it is anticipated that the 3 short breaks services will be able to meet the short breaks needs of carers ensuring that they continue to get breaks from their caring responsibilities.

Statutory and Policy Implications

22. 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.

Implications for Service Users

23. Users of services requiring emergency short breaks may be able to access directly provided accommodation, subject to availability, or they will have to access independent sector accommodation.
24. The number of short breaks beds that can be booked will increase by four at Helmsley Road.

Financial Implications

25. The resources for undertaking this change will be contained within the overall funding for the Short Breaks service.

Human Resources Implications

26. The staffing requirement for these changes will be contained within the overall staffing complement for the Short Breaks service.

RECOMMENDATION/S

- 1) It is recommended that Committee approve the 4 Emergency beds at Helmsley Road Short Break Service be designated as beds for planned short breaks from 1 February 2015.

Jon Wilson

Service Director Adult Social Care Health & Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (24/11/2014)

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

Financial Comments (KAS 24/11/14)

28. The financial implications are contained within paragraph 25 of the report.

Background Papers

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.

- AH/2012/00038
- Equality Impact Assessment: Changes to the provision of emergency beds within the Learning Disability Short Breaks Service May 2012.

Electoral Division(s) and Member(s) Affected

- All.

ASCH267

1 December 2014

Agenda Item: 7

REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

DIRECT SERVICES DELIVERY GROUP UPDATE REPORT

Purpose of the Report

1. This report will:
 - update Committee on progress with the work and savings that fall within the scope of the Direct Services Delivery Group, since the last report given in May 2014.
 - seek approval for a consultation exercise regarding the transformation of the County Horticulture service.

Information and Advice

2. The Direct Services Delivery Group is responsible for ensuring the successful completion of the savings targets that have been agreed for the following areas of Direct Services:

| | |
|-------------------------------|-----------------------|
| • Day Services (C07) | £ 1010K saving |
| • Short breaks (C06 and C011) | £ 960K saving |
| • Transport (C04) | £ 500K cost reduction |
| • Employment (C08) | £ 160K saving |
3. The Transport project aims to achieve a cost reduction rather than a cashable saving, as there is a budget over spend which must be reduced. The savings target given is a conservative minimum and it is hoped that more will be realised during the course of the project.
4. In addition to securing the achievement of the savings and cost reduction outlined above, it has been agreed that the Delivery Group will explore and develop options for alternative delivery models for direct services, which will ensure that they can be sustained as:
 - high quality services
 - affordable services
 - services that meet the needs of the local population
5. **The Day Service project** aims to maximise the use of available resources and achieve savings by implementing two strategic changes; these are to a) close the day service sites

at Retford, Southwell, Beeston, West Bridgford and Ollerton b) cease the weekend day service currently provided to people from nine bases around the county.

6. The Retford day services (formerly known as Grove and Lawn View) closed at the end of July 2014 and out of the 48 older people who were attending those services, 39 people now receive their day service from the Community Resource at Worksop Library. The staff have worked very hard to ensure that the transition period has been as smooth as possible and people are now settling down in the new service. The same activities from Retford have been maintained in the base room (for example, playing bingo) and new activities are also being offered in the other areas. Some of the Retford service users are choosing to mix with younger adults in the day service and participate in the integrated activities, such as arts and crafts, playing pool and boccia.
7. Of the nine people who have not transferred to Worksop, three have increased their Homecare service, one person is due to move into long term care and five have not requested any further service from the Council.
8. Transport and Travel Service colleagues have taken the opportunity of this change to review the transport arrangements for all Retford clients coming into services in Worksop. All service users were consulted about the proposed new pick-up and drop-off times during June, so that there was time for people to raise any concerns and ask for different arrangements before the new transport runs started in August. Two additional taxis have been required, to minimise journey times for people who live in outlying areas, and extra mileage is being incurred for the two fleet vehicles that travel from Retford to Worksop. However, these costs have been offset against the release of a contract coach.
9. The lease on the Grove Methodist Church ended in October. The day service space utilised by the Lawn View service within St Michaels Care and Support Centre is now enjoyed by the residents of that service.
10. The Southwell day service (formerly known as Three Spires) closed on Friday 10 October. Out of the nine people who were attending that service, three people have decided not to transfer to their nearest alternative County day and the other six people are now attending Ollerton day service, where they have a much greater choice of activities and opportunity to socialise with a larger group of people. Various options are being considered by the Department for alternative use of the Southwell site.
11. The 74 people who used to access the Rushcliffe day service were transferred out of this venue in December 2012 on a temporary basis into the Broxtowe, Gedling and Bingham day service buildings, due to the Heyman School works commencing on the Rushcliffe site. We are working with those original Rushcliffe day service users, to find out if they wish to stay where they are now, or make other arrangements for service on a permanent basis.
12. The Rushcliffe day service building on Loughborough Road is due to be handed over to Corporate Property as the end of March 2015.
13. The Council is in discussion with local charitable and user-led groups about the future of the Beeston day service building (formerly known as Middle Street), as these groups wish to develop a community resource. There is no remaining day service operating from this

building as the service users transferred to the main Broxtowe base in Chilwell, during 2013/14.

14. The Ollerton day service (formerly known as Whitewater) is due to close in Spring 2016, so planning for this will commence in the New Year.
15. The weekend day service ceased in July; the service users were all offered equivalent day service sessions during the Monday – Friday week. Service users not wanting provision Monday to Friday have been supported with alternative provision.
16. The total savings target of £ 350,000 for this year has been met.
17. **The short breaks changes** will be delivered by the closure of Kingsbridge Way short break unit on 1 October 2015 and Newlands short breaks unit (which is run by the Nottinghamshire Healthcare NHS Trust) on 1 April 2015. Planning and communication work began in May 2014, involving managers and staff from both the Council and NHS, to implement these closures. This work involved:
 - detailed information gathering about the service users using all short break services run by the Council and the NHS (Newlands)
 - discussions between unit managers, to consider the most appropriate alternative units for people directly affected by the closures
 - meetings with carers from Kingsbridge Way and Newlands, to explain the work that was underway and how recommendations had been reached, about the alternative units being suggested
 - letters sent to carers, to advise them of the recommended alternative short break unit for their relative and the reasons for this recommendation. Carers were advised to contact the unit to arrange a visit, or contact their local Community Learning Disability Team if they want to consider other options available to them for a planned short break. Carers were also informed that their current allocation of planned short break nights would remain in place until September 2015.
18. Visits to the alternative units are now underway. Unit managers are contacting carers proactively to make arrangements if the families have not made contact. The regular carers meeting at Kingsbridge Way has been organised more frequently, to ensure good communication through the transition, and alternative meetings in the evening are being organised to try and reach carers who cannot make a meeting during the day. Suggestions from carers are being sought, about how to make the transition period as smooth as possible. Suggestions so far have included:
 - Changes to pick-up and drop-off times in the other units, in recognition of the fact that some carers will be travelling longer distances to bring their relative to their short break
 - Trial stays, in advance of the original unit closing
 - Organising visits to the new unit for friends to go together, so that people are not in a new environment on their own
 - Staff from the original unit going to the new unit, so that people see familiar faces when they stay in the new unit

19. Discussions with HR have commenced, to ensure that the staff enabling process can happen smoothly and with enough time to give clarity to staff about their options.
20. Alongside these provider changes, officers have drafted the new Planned Short Breaks Policy, which outlines who is eligible to receive a planned short break and how much personal budget will be allocated to any eligible service user or carer for this purpose. Formal consultation about this policy took place between July and September 2014. The policy was reviewed by ASCH & PP Committee on 6 October 2014 and was approved by Policy Committee on 12 November 2014. An implementation date has been agreed for January 2015.
21. The implementation of this policy will affect all people who receive a planned short break, including the people with learning disabilities who use the Council's short break units and Newlands. Between January and September 2015, all these service users and their carers will be assessed by their Community Learning Disability Team against the new policy, so that a personal budget can be allocated to fund planned short breaks for future usage, from September 2015. This allocation will be available for use by the family as creatively as they wish, so this will help them to continue to fund stays at the Council's short break units or develop alternative options, once Kingsbridge Way and Newlands are closed.
22. Committee will be aware that a separate report on the future use of the four emergency beds at the Helmsley Road Short Breaks unit is due for discussion at this meeting.
23. **Changes to transport provision** are being made, agreed by full council in February 2014 as a result of recent work since May.
24. The Transport Charge was increased from £5 to £7 per day, from 31 May 2014, to generate additional income. Results from income invoiced in July and August show that this increase has generated approximately £ 10,000 per month extra, compared to previous months. It is expected that this gain will increase from September, when the summer holiday period is over.
25. Subsidised fleet transport was withdrawn from 20 lunch clubs and voluntary sector day services on 31.7.14. Seven of the transport runs continue to be provided, as the lunch clubs and voluntary sector day services have decided that they will fund the full cost themselves. This has generated £ 51,000 new income for the Transport and Travel Service and enabled ASCH & PP to benefit from a reduction in the cost of transport, due to not being charged for the vehicles and drivers in the middle of the day.
26. In August 2014, significant restructuring of the passenger fleet was implemented by Transport and Travel Service, resulting in nine day service fleet vehicles undertaking public bus work during the middle period of the day. In addition, 21 of the fleet drivers have been moved onto split shift contracts, so that now, ASCH & PP are only being charged for 17 vehicles and drivers during the whole day and the remaining 30 vehicles are being charged at significantly less cost, as they are just bringing people into services and taking them home again at the end of the day.
27. The impact of the nine fleet vehicles doing public bus work in the middle of the day is being reviewed, to assess the implications for the day service, so that any operational issues can be addressed.

28. In addition, the number of spare vehicles retained by the fleet has been reduced by four (enabled by quicker maintenance and servicing) and the number of smaller vehicles driven by day service staff has been reduced by three, resulting in lower vehicle charges to ASCH & PP.
29. Further changes will be implemented during the year as follows:
- An additional two smaller vehicles will be released by day services
 - Costs to ASCH & PP will be reduced further when the Bus Service Operator Grant is applied to the vehicles doing public bus work in the middle of the day
30. The total savings realised by this work will be confirmed once all the new charges have been put through BMS. The original forecast from TTS was that this work would realise a saving of £ 330,000 per annum.
31. **The employment project** aimed to reduce the i-work staff costs by 30% and close the Phoenix Project, affecting 13 service users.
32. HR procedures have been implemented to realise the staff savings from August onwards. Notice was given on the leased base used by the i-work team, who relocated to available space at Linby Farm in July. This has released savings of £160k per annum.
33. All service users affected by the Phoenix Project closure were supported to consider alternative options to meet their assessed Support Plan outcomes. The range of services that people are now using include increased use of internal and external day services, as well as attendance at County Horticulture. The employment savings project is now completed.
34. Work on **alternative delivery models for direct services is underway** and includes:
- development of draft aims, objectives and principles, to guide the assessment of future options
 - gathering of information about the direct services, to confirm baselines (eg activity, quality standards, performance measures), market position and the options available for generating additional income through another model of business
 - learning from the work that other local authorities have carried out, to explore alternative models of delivery, as well as other parts of the County Council
 - planning visits in November, to social care organisations that used to operate as direct services run by their local council
 - briefings to all staff within the service, to explain why the Council is considering alternative options, what those options might be and ask staff to consider how they would like to be involved in exploring the options
35. Options for procuring expert advice on legal, finance and other commercial aspects of this work are being explored, in order to support the work needed to deliver a business case which will enable Members to consider the various options for future delivery of direct services. This expert advice will be funded by underspends within direct services.

36. The future of the County Horticulture service, based at Brooke Farm, is being considered within the alternative models of delivery work stream. Through the Redefining Your Council process, a proposal has been developed to transform the service into a focused, time-limited employment and skills training hub, operated via an innovative partnership; the new service would support people eligible for social care to develop skills in the fields of horticulture, retail and administration work, and then assist them to find paid work or other vocational opportunities. In the longer term, the hub could help a wider range of people to train and find paid employment.
37. The current County Horticulture service comprises of:
- a) 3 horticulture sites at Linby, Skegby and Balderton, where people with learning disabilities and Asperger's are supported by staff to gain horticulture skills and grow seasonal produce and plants, which are then sold in a shop at Linby and at other locations around the County (eg. County Hall, special events). Staff support 64 trainees across the week.
 - b) The Golden Gardens service, which delivers garden maintenance to County facilities (28), private establishments (3) and local residents (118 people). The staff group includes 13 disabled employees.
38. The service has continued to be supported throughout all the recent financial challenges, out of recognition that paid work and meaningful occupation bring many benefits (of a financial and non-financial nature) that enhance well-being, confidence and quality of life.
39. At the moment, very few trainees' progress through the service as there is no dedicated support to help them move out into paid employment. There is no expectation that people should have this as a goal. However, the Adult Social Care and Health Strategy describe guiding principles for the future, which include:
- social care should aim to reduce the demand for institutional care and the need for long term care in the community, by commissioning or providing services that support independence
 - promoting individual health and independence through joint and collaborative working across the public sector.
40. These principles support the view that services should not be provided indefinitely but should aim to promote people's independence, so that they no longer need as much, or any services. Also, we should work in partnership with other public sector agencies, to promote health and independence for people who are eligible for support.
41. The proposed new service would enable people to develop vocational skills in the fields of horticulture, retail and administration, and then support them to gain paid work or other vocational opportunities after completion of the programme. Training would be time-limited but would be provided using a flexible and tailored approach, to suit each individual. Appropriate development targets would be agreed for each person, to ensure progression throughout the training. Towards the end of the training, i-work team staff would provide job matching and job coaching into available paid work opportunities. The service would no longer be limited to people with learning disabilities and Asperger's but would expand to be

able to support eligible people with physical disabilities and people with mental health needs.

42. The current locations and facilities would be upgraded and, if external funding can be secured for capital and revenue costs, could be extended to include a café.
43. People currently attending the County Horticulture service who do not wish to seek paid work would be supported to access alternative activities, using their personal budget eg. day services, volunteering.
44. The Golden Gardens service would continue to operate as now.
45. Initial financial work has suggested that the overall net cost of the employment and skills hub will increase from £ 608k pa to £663k pa. This increased cost of £55k pa on the current subsidy is due to the requirement for two i-work staff, who will support people to find paid work after completion of their training. The cost per day is estimated as £46 per person (over 52 weeks).
46. It is proposed that this increased cost would be met by the Council for an initial period of two years, should the transformation proposal be approved following consultation. During this period, the management team will seek funding from new sources, including grants and new contracts, to improve the sustainability of the service and reduce the subsidy from the Council. For example, European Social Fund may be an option. Success in this is likely to involve the development of new partnership arrangements. New sources of funding will also be sought to fund places for other adults with disabilities, Asperger's and/or mental health needs who are not eligible for support from the Council.
46. If trainees were unable to secure paid work following the training programme and support from i-work, then the Council would continue to provide personal budget funding to people with eligible needs, to ensure that their ongoing needs for support and service could be met from alternative service provision.
47. Committee are asked to approve an 8 week consultation process with stakeholders and service users, about this transformation proposal.

Other Options Considered

48. There are no other options to outline as this report aims to update Committee on progress to date and next steps for the Direct Service Delivery Group's work.

Reason/s for Recommendation/s

49. Committee are asked to accept the contents of the report and approve a recommendation to commence consultation about the transformation of County Horticulture into an employment training hub.

Statutory and Policy Implications

50. 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

50. The report highlights that the Direct Service Delivery Group has achieved the required savings for 2014/15 from the Day Service project and Employment project. Savings for the Transport project are still to be confirmed. Savings for the Short Breaks project are not required until 2015/16.

51. In relation to the transformation proposal for County Horticulture, initial financial work has suggested that the overall net cost of the employment and skills hub will increase from £608k pa to £663k pa. This increased cost of £55k pa on the current subsidy is due to the increased cost of 2 additional i-work staff. The cost per day is estimated as £46 per person (over 52 weeks).

52. If the transformation proposal is approved following consultation, it is recommended that the Council would fund the additional staff required for an initial period of two years. During this time, alternative sources of funding will be sought to enable the subsidy from the Council to be reduced and the sustainability of the service to be improved.

Human Resources Implications

53. The human resource implications of the current savings projects have already been addressed in previous reports approved by Council.

54. There are no redundancy implications for staff in the proposal to transform the County Horticulture service.

Public Sector Equality Duty implications

55. The proposal to transform the County Horticulture service will affect the current service users, who are people with learning disabilities and Asperger's Syndrome. In addition, the proposal aims to widen access to the new service, which will bring benefits to a wider range of young adults with disabilities and mental health needs.

Implications for Service Users

56. The proposal to transform the County Horticulture service would change the service from being a long-term service to an employment and training hub, with a time-limited training programme. Trainees would move out of the service, on completion of their employment support plan.

57. There would be an expectation that people who start the programme wish to secure paid employment, as outcome of the training.

58. If the proposal was accepted following consultation, there would be a review held with all current service users, before they transfer into the new work training hub.

RECOMMENDATION/S

1) It is recommended that Committee:

- notes the contents of the update report
- approves a consultation about the transformation of the County Horticulture service.

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (SLB 24/11/2014)

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

Financial Comments (KAS 24/11/14)

59. The financial implications are contained within paragraphs 50 to 52 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.

- Council Reports as background papers.

Electoral Division(s) and Member(s) Affected

- All.

ASCH270

1 December 2014

Agenda Item: 8

REPORT OF DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

FEEDBACK FROM PEER CHALLENGE PROCESS

Purpose of the Report

1. The report will inform the Committee about the peer challenge process which took place earlier this year and the outcomes of this process. It also recommends that an action plan addressing areas of development identified through the challenge is presented to the Committee in April 2015.

Information and Advice

2. As part of the sector led improvement process the department is required to complete a self-assessment template on an annual basis which challenges the Council to assess and illustrate how well it is performing against 6 key themes:
 - Enabling maximum choice and control
 - Helping people to stay well and independent
 - Enabling accessible information and positive advice and support
 - Keeping people safe
 - Leadership
 - Use of resources
3. The Committee will recall that in 2013, further to completion of the self-assessment, the Council was the first in the East Midlands to be subject to a peer review, involving senior managers from other councils in the region reviewing and assessing our performance and progress in 3 'key lines of enquiry' that the Council had identified. These were: integrated commissioning for older adults, safeguarding and personalisation.
4. The Council received national recognition for the process completed in 2013 and was subsequently asked to present the work undertaken at a conference in London led by Towards Excellence in Adult Social Care. Overall the outcome of the peer review process was positive; some suggestions and recommendations were also made and these were taken forward in an action plan. Progress against these actions has been monitored at the department's regular Performance Board meetings.
5. This year the Council was required to review and update the self-assessment which then formed the basis of a 'local challenge' in July 2014 involving the Deputy Director and an

independent social care consultant, Eddie Clarke, with regard to the Council's current performance in adult social care, its strengths and the areas for development. Further to this the cycle of challenge was completed with a summit in September involving all the Directors of Adult Services in the East Midlands meeting to share and discuss their progress; a regional action plan was developed following the summit. A local action plan to address the areas for development identified in Nottinghamshire will be reported back to Committee in April 2015.

6. The 'local challenge' session highlighted the areas of significant progress or achievement, such as managing the budget with a small overspend by taking action during the year when required; progressing the partnership with the NHS, which has involved substantial work on the Better Care Fund, with 6 Clinical Commissioning Groups (CCGs), 3 Acute Trusts and 7 District Councils; and sustaining and improving performance with good outcomes for people, for example in the area of support for carers.
7. Against the key theme of enabling maximum choice and control, the challenge recognised the progress made with provision of personal budgets and direct payments, in particular the work with the Alzheimer's Society in promoting direct payments for people with dementia and the trailblazer work on provision of direct payments in residential care. Areas for development were identified in relation to the employment of people with mental health problems and the numbers of people with significant mental health problems living independently.
8. Against the theme of helping people to stay independent, it was recognised that the rate of permanent admission of older people to care homes has risen slightly although it compares favourably with the Council's comparator group (651.2 per 100,000 population in 2013/14 as against 700.1 in the comparator group). Work with Health and plans to extend Extra Care and assistive technology allied with a culture change amongst frontline staff and managers was praised. Ongoing work to undertake more integrated commissioning of services with Health was noted, as were plans to progress more integrated service provision with Health, through existing teams (eg. Intensive Recovery Rehabilitation Services (IRIS) and the possibility of co-located services. The challenge highlighted the need for continued work to reduce the number of older people funded in residential and nursing care homes, by focussing on alternatives as well as inappropriate early admissions.
9. In relation to the theme of enabling accessible information and positive advice and support, it was acknowledged that there are successful initiatives on community capacity building, such as co-production in mental health and time banking. It was highlighted that there is more for the Council to do in respect of developing strong and robust communities to cater for people with social care needs. This has been picked up as part of the work under the Redefining your Council programme. One of the options, which is currently part of the budget consultation process, proposes the expansion of community based care and support options to deliver new person centred opportunities for people who require low level support; this will enable them to access local support and activity through improved partnership working across the public, private, voluntary and community sectors.
10. With regard to keeping people safe, the Council's involvement as a pilot for Making Safeguarding Personal was recognised; this work has already been formally launched along with a review of policies and procedures. Gathering the views of those who go through the

safeguarding process is now done routinely and people are asked what outcomes they want at the start of the process and if they have been met after assessment/investigation.

11. It was noted that the Health and Wellbeing Board receives regular reports on safeguarding and that there is a strong relationship between the Council and the independent chair of the Safeguarding Adults Board. One of the areas for development identified was the possible benefits of greater corporate ownership and accountability for adult safeguarding through regular meetings with the Chair of the Board and the lead safeguarding officer, with the involvement of the Chief Executive, Director of Adult Social Care and the Committee Chair.
12. With regard to leadership and the use of resources, the challenge process noted the political leadership and corporate support for adult social care and the challenges it is facing. It acknowledged that the Council has developed a new operating model (Redefining your Council) which will shape the future relationship with its citizens. Also recognised was the strong progress made on the Better Care Fund, especially given the complex local context of 6 CCGs, and the fact that Nottinghamshire has been identified for 'fast-tracking' as a result of its progress.
13. In addition to this, the good progress on the Winterbourne View action plan was noted as well as the discussions being held with Health colleagues on a step up/step down model of care in the future and supporting more people to live independently.

Other Options Considered

14. Not applicable.

Reason/s for Recommendation/s

15. This report is for information only.

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 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.

Implications for Service Users

17. This year's self-assessment and peer challenge process indicates improvements in a number of key areas which focus on maximising independence, choice and control for service users as well as keeping people safe. The areas for improvement will be considered by the Senior Leadership Team and an action plan will be developed to address these.

RECOMMENDATION/S

1) It is recommended that Committee:

- notes the contents of the report.
- receives an action plan addressing the areas for development in April 2015.

Jon Wilson

Deputy Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Jennie Kennington, Senior Executive Officer

Constitutional Comments (SLB 24/11/2014)

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

Financial Comments (KAS 24/11/14)

19. 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.

- Self-assessment template – completed May 2014.

Electoral Division(s) and Member(s) Affected

- All.

ASCH268

3 December 2014

Agenda Item: 9

**REPORT OF THE DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH AND
PUBLIC PROTECTION****PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH****Purpose of the Report**

1. To provide an update on performance management for Adult Social Care and Health Committee for the period up to 30 September 2014.

Information and Advice

2. The report provides the Committee with an overview of performance in Quarter 2 (June to September 2014) against the department's key performance and operational priorities, related to the measures and actions within the Council's Annual Delivery Plan and accompanied by benchmarking data for 2013-14 from the Adult Social Care Outcome Framework (ASCOF). It also gives the opportunity to provide the latest update in respect of Care Quality Commission inspections.

Performance in Quarter 2 2014-15**Key Measures**

3. The performance measures that are reported quarterly to Committee have been updated to reflect changes to the statutory returns and the Council's prioritisation following the adoption of the new Strategic Plan 2014-18 and the associated Annual Delivery Plan. This new suite of quarterly and annual measures was discussed and agreed at the Adult Social Care Committee meeting on 7 July 2014.
4. A summary of these performance measures, including the target and performance data up to and including 30 September 2014, is set out at **Appendix A**. Any measures where the process for collecting is still being developed or data is as yet unavailable will be reported to committee as soon as data becomes available.

Assessments

5. The first two measures in Appendix A relate to assessments. A health and social care assessment is undertaken to help determine what specific help and support people need – and the measures relate to both general assessments and assessments / reviews for Carers. Measuring assessment timescales is useful to track the volume of demand for a given period and the efficiency of our processes. It also helps to monitor the increasing number of Carers who are receiving an assessment / review in relation to their own care needs, separate from the assessment for the person they look after.

6. Overall assessment timescales for Quarter 2 are well below target, therefore further investigative work is underway to identify the causes of any delay or backlog across specific teams or geographical locations. The results of this analysis will help to determine whether any remedial action is required to improve performance towards meeting the annual target. Performance in relation to Carers' assessments is more positive, with an increasing number of Carers being identified and assessed. Performance for Quarter 2 shows that 14% of Carers have received an assessment or review, against an annual target of 38%. Based on previous yearly trends we are predicted to meet this target by the end of the year.

Reablement

7. The next measure concerns Reablement which remains a priority, as this process enables people to return to live back in the community, following a stay in hospital. The START Reablement process involves assisting service users to regain their skills and confidence by benefitting from a period of intensive support in their own home. A key measure of the success of the Reablement process is whether, following intervention by the County Council, service users can live independently and require no further ongoing formal support. Performance for Quarter 2 shows that 64% of people required no ongoing package of support following the Reablement process. We are on track to meet the annual target and we are consistently performing at a level that compares favourably with similar authorities nationally.

Integration with Health

8. Improving the integration between care and health services for the benefit of service users is a key outcome within our new Strategic Plan 2014 – 2018 and a wider national priority. One of the indicators of how this integration is working from a service user perspective, is by measuring the delay in the transfer from hospital, to care provided through the County Council. Information on all delays is reported by health services to the Department of Health and this data is then used to calculate the length of the delay and the source. Performance has improved significantly during Quarter 2 from 2013-14, and is currently better than the annual target. However, work is ongoing with local hospital trusts to support the recording processes and to improve the quality of the information reported.

Admissions

9. Reducing or delaying the need for long-term residential or nursing care is a national priority across adult social care. Two key aspects to managing performance in relation to reducing or delaying the need for long-term care are through providing appropriate alternatives and through the careful and consistent management of admissions to residential or nursing care. Performance for Quarter 2 in relation to numbers of admissions for older adults (65 years and above) is on track to meet the annual target as detailed in appendix A. Performance for younger adults (aged between 18 and 64 years) is currently off target. Admissions in this area will therefore be carefully monitored and there is the potential that some of the people currently placed into long term care could be moved into independent living, when suitable accommodation is found.
10. The number of permanent admissions is partially determined by the nature and complexity of care needs that present during any given period. The number of permanent admissions is therefore partially demand led as sometimes long-term residential or nursing care is the only appropriate option. However, a group of initiatives has been developed and implemented within the department as part of the 'Living at Home' programme which will help reduce the rate of admissions throughout the year.

Self-Directed Support

11. Our strong performance in relation to the personalisation of care as measured through the promotion of self-directed support and direct payments has continued during Quarter 2. The very slight dip in performance in relation to service users receiving self-directed support is more a consequence of changes to the way that performance is measured and the quality of the data used within the calculation for this Quarter, rather than an actual decrease in performance. We still anticipate that performance will be very close to the annual target of 100% by the end of financial year.

Better Care Fund

12. The next three measures form part of the Better Care Fund suite of performance indicators. The Better Care Fund is a Government initiative based on a renewed agreement and strengthened commitment to bring health and care service providers closer together to make joint decisions, ensuring that more people receive joined-up, personalised care and support. As these measures are new for 2014-15, the department has no reported historic data to enable comparison with the previous period.
13. This integration is a complex and ongoing process involving the pooling of budgets between health and care providers and the blending of service provision. To help monitor progress nationally, a number of performance indicators have been prescribed that seek to measure the impact of this improved integration and cooperation from a service user's perspective. The three measures reported in Appendix A form part of the Better Care Fund suite of measures. Performance for Quarter 2 is broadly on track across all measures and we will hopefully see continued progress as the results of this joint working begin to make a more sustained impact.

Adult Care Survey

14. The final four measures relate to the Adult Social Care Survey 2013-14, results of which were reported in more detail at the meeting on 7 July. This annual survey is one of the most significant sources of comment and feedback from those receiving adult social care and support services. The methodology is prescribed nationally and therefore the feedback received allows us to compare with performance against previous years and with other providers of adult social care (benchmarking). The survey results and benchmarking provide a valuable resource to help us plan to improve outcomes for people.
15. The results presented in Appendix A represent only a small selection of the data available. The four measures have been chosen as they are areas where we wish to see improved results in 2014-15 and have therefore also been included as key measures in the Council's Annual Delivery Plan. Performance in relation to people's perceptions of quality, control, satisfaction and feeling safe are influenced by many factors, only some of which are within the Council's ability to influence. We are keen to see a positive reaction in this year's survey results, work on which will commence after Christmas.

Adult Social Care Outcomes Framework Benchmarking

16. ASCOF stands for Adult Social Care Outcomes Framework and is an annual return designed to measure and compare how adult social care is performing and more importantly, what it has achieved. The purpose of the ASCOF is essentially two-fold; nationally, the results give an indication of the strengths of our social care and support

services and demonstrate how we are delivering better outcomes for people. Locally, one of the key uses of the ASCOF is for benchmarking performance between similar local authorities. As all authorities collect the data in approximately the same way, it means that authorities can compare the results with each other to determine respective strengths and areas for improvement.

17. The Council has recently received the provisional data for 2013-14 and has used it to compare performance with the ten local authority adult social care service providers in the East Midlands and against performance levels nationally. ASCOF has 19 interconnected measures overall and it is pleasing to note, that Nottinghamshire's performance is above average for 12 of the 19 measures, when compared against our East Midlands neighbours. A strong adult social care performance network exists within the East Midlands which uses this information to promote the sharing of learning and expertise, which ultimately helps improve outcomes for service users.
18. Another advantage of the ASCOF measures is to enable us to track recent performance against the levels set during previous years. This helps us show trends in performance and demonstrate both the progress we have made and identify the areas where we still need to improve. Our performance has improved against the previous year's levels across 10 of the 19 measures.

Care Quality Commission Inspections

19. Information in relation to inspections undertaken by the Care Quality Commission (CQC) was last reported to committee on 7 July 2014. Members agreed that the outcome of all inspections will be formally reported to committee on an annual basis, next due in March 2015 and that the outcomes of any recent CQC inspection activity be provided through this quarterly performance report.
20. Since the last reporting period **the department has had no recent inspections in our regulated services**. However, a number of regulated services have received and completed the revised Provider Information Return which has been issued by CQC. From October 2014, the CQC is changing the way it regulates and inspects adult social care. The Provider Information Return is an important element of the new inspection process. The information is requested under Regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It is intended to help the CQC to plan their inspections by asking for data, and selected written information using the following questions as a framework:
- Is the service safe?
 - Is it effective?
 - Is it caring?
 - Is it responsive?
 - Is it well-led?
21. This Provider Information Return is being used as a pre-inspection questionnaire. The information will help inspectors decide on the areas they need to focus on during their inspection. Parts of the content may also be used to inform national reporting. The CQC has suggested that care providers use the return as part of their own quality assurance process and as a way of understanding and reviewing how well they are meeting the five 'key questions' above.

Statutory and Policy Implications

22. This report has been compiled after consideration of implications in respect of finance, the 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.

RECOMMENDATION/S

- 1) It is recommended that the Committee consider the content of the report.

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Matthew Garrard, Team Manager, Policy, Performance and Research

Email: matthew.garrard@nottscc.gov.uk

Constitutional Comments (LM 21/11/14)

23. This report is for noting purposes.

Financial Comments (KAS 24/11/14)

24. There are no financial implications arising from the report.

Background Papers

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

- None.

Electoral Division(s) and Member(s) Affected

- All.

ASCH269

| Indicator | Current Value | Annual Target | Previous Period | Good is... |
|--|---------------|---------------|-----------------|------------|
| Assessments | | | | |
| Percentage of assessments carried out within 28 days (Q) | 59% | 80% | 60% | high |
| Carers receiving assessments or reviews (Q) | 21% | 38% | 17% | high |
| Reablement | | | | |
| No on-going package following START Reablement (Q) | 64% | 65% | 66% | High |
| Delayed Transfers of Care | | | | |
| Delayed transfers of care attributable to adult social care per 100,000 population(Q) | 2.3 | 2.8 | 2.5 | low |
| Delayed transfer of care from hospital per 100,000 population (Q) | 11.0 | 11.5 | 10.8 | low |
| Admissions | | | | |
| Permanent admissions to residential or nursing care for older adults (Q) | 417 | 900 | 364 | low |
| Permanent admissions to residential or nursing care for adults aged 18-64 (Q) | 57 | 75 | 40 | low |
| Personalisation | | | | |
| Service users who receive self-directed support and/or a direct payment (Q) | 99.4% | 100% | 99% | high |
| Service users who receive self-directed support all or part as a direct payment (Q) | 51% | 42% | 46% | high |
| Better Care Fund | | | | |
| Permanent admissions of older people to care directly from a hospital setting per 100 admissions of older people to care (Q) | 281700% | 278400% | 280500% | low |
| Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (Q) | 90.1% | 89.8% | 89.6% | high |
| Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population. (Q) | 2636 | 2546 | n/a | low |
| Permanent admissions of older people to care, per 100,000 population (Q) | 0 | 0 | 0 | low |
| Surveys | | | | |
| Social care related quality of life (A) | 88.2 | | 90 | high |
| People who use services who have control over their daily life (A) | 1890% | 0.0% | 1930.0% | high |
| Overall satisfaction of service users with their care and support (A) | 4130.0% | 0% | new | high |
| People who use services who feel safe (A) | na | 0% | na | 0 |

1 December 2014

Agenda Item:10

REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC PROTECTION

MANAGEMENT ARRANGEMENTS FOR MARKET DEVELOPMENT AND QUALITY

Purpose of the Report

1. The purpose of the report is to seek the approval of Adult Social Care & Health (ASCH) Committee to:
 - a. the extension of the secondment to the authority of the Care Quality Commission (CQC) Inspection Manager, from 23 January 2015 to 31 March 2015, at a cost of £11,923
 - b. redefined management arrangements for the two teams responsible for Market Development and Community Partnerships, including care quality and risk
 - c. a changed job description for the Team Manager for the Home Based Services team, resulting in a changed grading from Hay Band D (£35,784-£40,254) to Hay Band E (£40,254-£44,719).

Information and Advice

2. The Quality & Market Management group was created in spring 2014 to reflect the importance that the authority places on monitoring and improving the quality of adult care in Nottinghamshire.
3. In addition to other functions, the group comprises the following resources:
 - a. a CQC Inspection Manager secondee, leading on the strategic review of the care home sector, development of a risk register, and refinement of the risk escalation procedure, quality audit tool and methodology
 - b. The Market Development & Care Standards team, headed by a Team Manager at Hay Band E (£40,254-£44,719)
 - c. a new and currently unpopulated Community Partnerships team (created at ASCH Committee on 7 July 2014), to be headed by a Team Manager at Hay Band D (£35,784-£40,254).

Proposed short-term extension of the CQC Inspection Manager's secondment

4. In January 2013, the secondment of one of the CQC's Compliance Managers (now Inspection Managers) to the County Council for a 12 month period was agreed. The purpose

of the secondment was to complete a strategic review of the care home sector, share knowledge and expertise about care standards, further support the development of the care market, and improve partnership working across the local health and social care landscape. The initiative has been one of a range of measures to improve the quality of care services across Nottinghamshire. One of Nottinghamshire County Council's Market Development Officers was simultaneously seconded to the local CQC office to undertake the role of a Compliance Inspector. The opportunity enabled a better understanding of how the role of the Council's Market Development Team can complement the regulatory responsibilities of the CQC.

5. The Compliance Manager commenced her secondment with the Council on 23 January 2013. Since that time she has been leading or contributing to a number of activities including the following:
 - reviewing and revising the annual audit framework to make the annual audits outcomes based
 - developing a risk tool which collates and holds qualitative intelligence about care providers, and which is used as the basis of information sharing with partner agencies and to focus on service improvements
 - reviewing and updating the multi-agency escalation process to enable the effective oversight of failing providers
 - implementing the Dementia Quality Mark Award scheme
 - co-ordinating the multi-agency 'Strategic Review of the Care Home Sector', to look at the existing mechanisms to inform future ways of working to promote and support a diverse and robust care home sector.
6. The Inspection Manager's secondment was renewed in January 2014 to drive the achievement of the recommendations of the strategic review and take a more targeted approach in relation to the few homes that persistently fail to provide good quality care services. She has periodically reported her work back to ASCH Committee.
7. The secondee and the CQC Head of Adult Social Care Inspections for Central Region have considered learning for CQC resulting from the secondment, and the Strategic Review has been shared with CQC's Chief Inspector and Deputy Chief Inspector for Adult Social Care.
8. The secondee participates in the internal co-production group – this develops adult social methodology in partnership with stakeholder agencies, including report writing, carrying out inspections, the ratings system measurements and preparation for the changing roles of both organisations in relation to the market oversight at national and local level. These opportunities will further enhance the mutual understanding of the remit of each agency and therefore how to work most effectively in the future.
9. Information sharing processes have been refined and are now much more effective and inclusive of relevant agencies including Healthwatch.
10. Through the development of an outcome focussed audit tool, the Council quality monitoring staff now provide more relevant information to CQC to support both inspection and enforcement action.

11. The secondment has enhanced partnership working in relation to accountability to families of people in receipt of care and support.
12. The secondee's work at Nottinghamshire County Council and in being a coordinator for the promotion of better care quality with a range of stakeholder agencies has been invaluable. However, it is felt that an exit strategy would be more effectively executed for all parties if the secondee could remain with the authority until the end of this financial year, i.e. until 31 March 2015. This allows the following benefits to be realised:
- developing a support and mentoring package for providers by 31 March 2015, as proposed to Policy Committee on 12 November 2014 as an 'Option for Change', to improve care quality and outcomes for service users
 - mainstreaming and ensuring the sustainability of partnership working arrangements developed during the secondment
 - establishing a response to quality and risk regarding the authority's new Care Act responsibilities from 1 April 2015
 - developing further and handing over work to make consistent and publicise quality auditing, to increase service users' and relatives' knowledge of care quality, thereby enabling them to make better informed choices about care
 - pursuing to conclusion the recommendations of the multi-agency Strategic Review of the Care Homes sector
 - working with Optimum Workforce Leadership, which is due to cease on 31 March 2015, on their exit strategy
 - refining the external and internal risk escalation procedures.
13. It is therefore proposed that the secondment be extended for 10 weeks from 23 January 2015 to 31 March 2015, at a cost of £11,923 (including on-costs). Tentative exploration of this possibility with CQC indicates that they would be minded to agree to this short-term secondment extension, in view of the shared benefits.

Proposed double-headed team management arrangement

14. The rationale for the creation of a new Community Partnerships team can be viewed in the July 2014 ASCH Committee report entitled 'Internal Staffing Structure for Management of the New Home Based Support Services'. Preparations have been made for the disestablishment of the two current Service Organiser teams (one covering Broxtowe, Rushcliffe and Gedling and the other Ashfield, Mansfield, Newark and Bassetlaw), followed by the population of the new Community Partnerships team structure, which represents a saving in staff costs from the existing model. The current Service Organiser teams are managed within operational groups of the Adult Social Care, Health & Public Protection (ASCH&PP) departmental structure.
15. However, experience from the recent transition from the previous home care contracts to the new 'core provider' model suggests that a less 'siloed' approach to the management of the complementary parts of the group given in paragraph 3 is necessary.
16. The departure of the CQC secondee will leave a significant capacity gap in the group overall, which indicates the need to build capacity in the agreed establishment through alternative ways of deploying existing numbers of staff.

17. It is therefore proposed that Team Managers for both the existing Market Development & Care Standards team, and the new Community Partnerships team, work to the same job description and manage flexibly across the services. This is critical for resilience, with management expertise built up across the services; allowing for personal development for those managers; and the ability to deploy resource across the service to maximise the benefits of new developments and deal with spikes in workload. Both managers would therefore have joint responsibility for the two teams, which would remain otherwise unchanged in structure as a result of this proposal.
18. This flexible Team Manager capacity is crucial to permit development work in the monitoring of contracts and arrangements related to day services, direct payments, care support and enablement services, and supported living, all of which require a robust review of quality monitoring arrangements, and new methodology.
19. The Team Managers would collectively be responsible for the following services, which are in summary:
- Completing approximately 400 yearly quality audits of care and support services delivered through a range of direct contracts with the Council, to ensure services are safe and meet the needs of customers. The audits can lead to advice and action planning improvements with providers, further monitoring, contract suspension and/or termination.
 - Following up quality referrals where concerns have been identified by operational staff, partners and members of the public. Communicating appropriately with a range of stakeholders, including service users and relatives, about progress with investigating concerns.
 - Undertaking partnership working in order to improve quality, using a multi-agency risk tool to pro-actively and collectively identify services that commissioners share concerns about.
 - Coordinating the implementation of the Care Home Strategic Review and Task Force, including co-ordination of support and training available from partners, progressing time limited improvement plans with persistently poor performing providers, if necessary followed by exit strategies.
 - Supporting and facilitating the development of the new home based service providers through the newly established Commissioning/Operational Board; analysing quality audits for all associated home based services and, identifying and managing any areas for improvement. Managing the contracts and oversight and decision-making in relation to contractual sanctions. Supporting recruitment campaigns.
 - Overseeing the requirements of health commissioners in relation to clinical governance.
 - Developing close working arrangements with hospitals to enable timely discharges and prevent patients having to wait for care packages.
 - Involving the Lay group in service development and quality assurance.
 - Developing and testing payments based on outcomes.

- Overseeing the electronic home care monitoring system CM2000.
 - Day to day operational activities, such as resolving customer queries and management of human resources matters.
20. The line management of all staff within the two teams would be split between both Team Managers. Staff would be allocated to a named Team Manager. An indicative structure, showing the number of posts within the team at 1 April 2015, is given in appendix A. Please note that another Community Partnerships Officer post may be established on request from and funded by health bodies to monitor the complex care home based services contracts, which would add a further 1 FTE to the structure.
21. To have a jointly-headed team, it is necessary to have the two posts at the same grade, and therefore to use the Hay Band E (spinal column points 47-52, £40,254-£44,719) job description which is identical to the existing team manager's post, rather than the generic ASCH Team Manager Hay Band D (spinal column points 42-47, £35,784-£40,254) job description. This would result in a maximum additional salary cost of £5,845 including on-costs. The job description used would be subject to job evaluation to confirm the correct salary.
22. It should be noted that the current staffing budget of the Service Organiser teams is £735,500. The cost of the new team, as agreed by ASCH Committee in July, is £349,000. The additional salary cost of £5,845 would still permit a staffing saving of approximately £380,655 based on the existing model of service.
23. There are a range of risks which would arise or fail to be mitigated if this approach is not adopted, which can be summarised as inability to monitor a range of care services effectively due to inflexible arrangements; failure to respond and adapt to changing circumstances in the market due to rigid staffing structures; and inability to engage with partners, either providers, health bodies, or regulators.

Other Options Considered

24. With regard to the proposed joint team management arrangement, the text above outlines how a different model has already been agreed but is felt not to fully reflect the requirements of the teams in the future. A further option would be to disestablish the new and unfilled Community Partnerships team manager post to save staffing budget, but this cannot be considered due to the excessive demands which would be placed on the one team manager. This would be a very inadvisable option which would prevent appropriate evaluation of and action upon risk, and an inability to manage care contracts effectively, particularly in areas where quality development work is planned, such as day services, direct payments, and care support and enablement services.
25. Longer secondment durations have been considered, and although highly desirable from the perspective of service development, longer periods would not have been affordable and were not likely to be acceptable to CQC, who need to integrate the secondees back into their management structure.

Reason/s for Recommendation/s

26. The reasons for the recommendations are given in the paragraphs above.

Statutory and Policy Implications

27. 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

28. The change to the job description used for the new Community Partnerships Team Manager would incur an additional salary cost of £5,845.

29. The 10-week secondment extension would incur an additional cost of £11,923.

30. It is proposed that the cost of the enhanced Community Partnerships Team Manager is funded from the existing budget and the extension of the CQC secondment is funded from the departmental transformation reserve.

Human Resources Implications

31. The Human Resource implications are given in the paragraphs above.

Implications for Service Users

32. The proposals in this report seek to reduce and wherever possible eliminate poor quality care provision whilst at the same time supporting the development of further high quality care services.

Ways of Working Implications

33. The Community Partnerships Team Manager would be accommodated in office space identified at Lawn View House, Sutton-in-Ashfield.

34. As the CQC Inspection Manager is currently on secondment to Nottinghamshire County Council they are already accommodated within existing offices.

RECOMMENDATION/S

1) It is recommended that Committee:

- approves the suggested management arrangements for the two teams responsible for Market Development and Community Partnerships.

- approves the additional salary cost of £5,845 associated with the changed job description for the Team Manager for Community Partnerships.
- approves the additional 10-week secondment to Nottinghamshire County Council of the CQC Inspection Manager, at a cost of £11,923.

Paul McKay
Service Director for Access and Public Protection

For any enquiries about this report please contact:

Kate Revell
 Group Manager, Quality & Market Management
 Adult Social Care, Health & Public Protection

Constitutional Comments (LM 21/12/14)

35. The Adult Social Care and Health Committee has delegated authority within the Constitution to approve the recommendations in the report

Financial Comments (KAS 24/11/14)

36. The financial implications are contained within paragraphs 28 to 30 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.

- None.

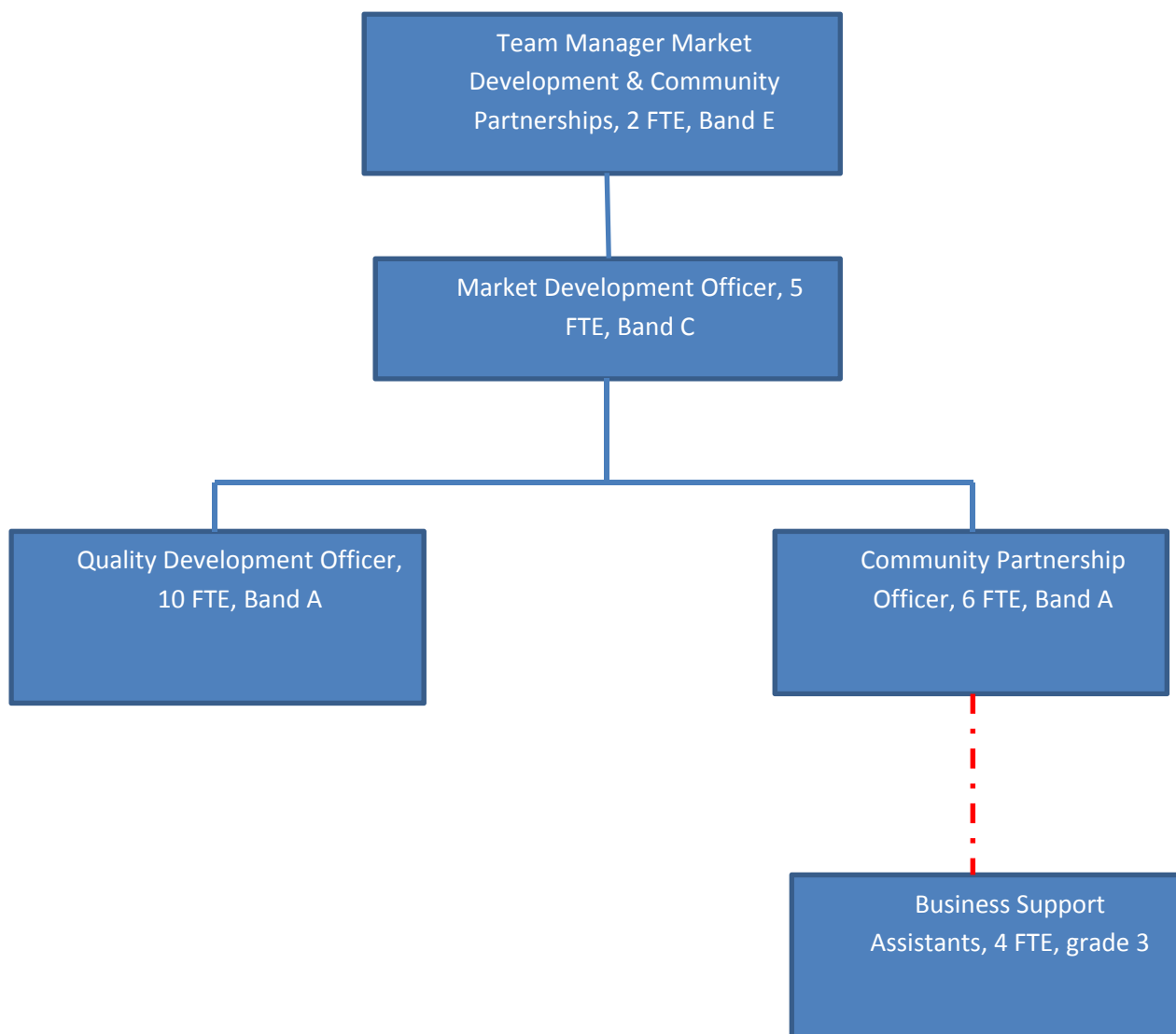
Electoral Division(s) and Member(s) Affected

- All.

ASCH271

APPENDIX A

Proposed new management arrangement for Market Development and Community Partnerships from 1 April 2015



1 December 2014**Agenda Item:11****REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC
PROTECTION****CARE HOME PROVIDER SUSPENSIONS****Purpose of the Report**

1. The purpose of the report is to give an overview of live suspensions of care home provider contracts in Nottinghamshire.

Information and Advice

2. Nottinghamshire County Council places significant emphasis on monitoring the standard of the care which it commissions through independent sector providers, and supporting providers to make improvements. The authority undertakes this monitoring work in partnership with other agencies, including the relevant Clinical Commissioning Groups, Healthwatch, and on occasion, the Care Quality Commission (CQC), and shares information routinely with these organisations to build up a rich picture of risk levels and impact on outcomes for service users.
3. As reported to ASCH Committee in June 2014, as part of the recent restructure of Adult Social Care, Health & Public Protection department, the Quality & Market Management group was created to reflect the importance that the authority places on monitoring and improving the quality of adult care in Nottinghamshire through this partnership approach with other agencies.
4. Quality development staff undertake routine audits for all older people's care homes within Nottinghamshire on an annual basis to inform the allocation of a 'banding' to which a fee level is attributed. The same staff also undertake audits for younger adult's care homes and both work programmes are determined and managed through a risk based approach. Since April 2014, these work programmes have been conducted in partnership, where possible, with quality monitoring staff from the appropriate Clinical Commissioning Group (CCG), which enables both health and social care commissioners to identify and act on shortfalls in outcomes for people in partnership.
5. Concerns expressed by service users, care workers, professionals and other agencies; safeguarding referrals; and inspections by CQC result in additional responsive visits by Nottinghamshire County Council and CCGs. The authority and health partners might at this point issue an improvement notice, which is warranted where a breach of respective contracts has been evidenced. If subsequent improvement is not forthcoming, or is

protracted, and there continue to be significant potential of or actually evidenced poor outcomes for service users, then the authority and health partners jointly may move to a position of suspending the contract with the provider. This means that no further authority and CCG-funded service users can be placed in that facility to enable the provider to focus on making improvements. A voluntary undertaking not to admit people who fund their own care and support to the service might also be sought from the provider. Whilst this is not a legally binding, it does signal a more positive approach to partnership working and commitment to improve from the provider. It does not exclude the formal contract suspension being evoked at a later point.

6. The authority's Care & Support Services Directory, which provides information for people researching services, provides the following information on and explanation of suspensions:

While all care homes/care homes with nursing are required to be registered with the Care Quality Commission, if we are contributing to your care fees, then we will have a separate agreement in place with the care home/care home with nursing. This is done to ensure that the Council and the care home/care home with nursing know exactly what is required from the service.

Occasionally it may be necessary to temporarily suspend placements into a care home/care home with nursing.

This may be done for a variety of reasons:

- *to investigate a concern*
- *to allow time for improvements to be made*
- *to take the pressure off a care home/care home with nursing if they are experiencing a problem.*

Sometimes a care home/care home with nursing itself may request a temporary suspension of placements so that it can make changes.

While a placement suspension is in place no further local authority placements will be made to the care home/care home with nursing and alternative placements should be sought.

If there are serious concerns about a care home/care home with nursing, residents and/or their relatives will be informed of the situation.

7. If, despite the intervention of a suspension and further support, improvements are not forthcoming, are exceptionally slow, or if poor quality care continues to be evidenced, the authority would consider a move to terminate the contract with that provider.
8. Currently the contracts for 12 care homes are suspended by the authority. Further detail is given in the confidential appendix to this report.
9. The authority makes a range of agencies and internal stakeholders, including operational staff, aware of a suspension. Information relating to suspensions is not in the public domain more generally, although a mechanism for providing this information to the public is currently being considered. If a service is suspended then residents and relatives would first need to

be notified, along with the reason for suspension, prior to more general public information release.

10. The lifting of a suspension is undertaken once the authority, and partner agencies, are satisfied that improvements can be sustained, and in discussion with the provider.

Other Options Considered

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

Reason/s for Recommendation/s

12. The report is for noting.

Statutory and Policy Implications

13. 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

14. There are no financial implications.

Human Resources Implications

15. There are no human resources implications.

Implications for Service Users

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

Ways of Working Implications

17. There are no Ways of Working implications.

RECOMMENDATION/S

- 1) It is recommended that Committee notes the content of this report.

Paul McKay
Service Director for Access and Public Protection

For any enquiries about this report please contact:

Kate Revell
Group Manager, Quality & Market Management
Adult Social Care, Health & Public Protection

Constitutional Comments (LM 21/11/14)

18. The report is for noting only.

Financial Comments (KAS 24/11/14)

19. 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.

- None.

Electoral Division(s) and Member(s) Affected

- All.

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1 December 2014

Agenda Item: 12

REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH & PUBLIC PROTECTION

INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE TENDER 2016

Purpose of the Report

1. To seek approval from the Adult Social Care and Health Committee to proceed with the tender for a new provider for the county-wide Integrated Community Equipment Loans Service (ICELS).
2. To highlight changes and improvements to the current ICELS service.
3. To confirm the budget for the new service and contract.

Information and Advice

Background

4. The Integrated Community Equipment Loans Service is the mechanism by which, equipment that is prescribed to keep vulnerable people in their own homes is ordered, delivered and maintained across Nottinghamshire County.
5. The current ICELS provider is the British Red Cross and is jointly commissioned by:
 - Nottinghamshire County Council
 - Nottingham City Council
 - Nottingham City CCG
 - Bassetlaw CCG
 - Mansfield & Ashfield CCG
 - Newark & Sherwood CCG
 - Nottingham North & East CCG
 - Nottingham West CCG
 - Rushcliffe CCG
6. A pooled budget of £7.2 million is in place, which is contributed to by all partners and managed via a partnership arrangement by Nottinghamshire County Council.
7. Equipment can currently be ordered in different ways dependent upon need:
 - Same day orders (orders placed before 3pm)

- Next day orders
 - 3 day orders
 - 5 day orders
 - Premium orders (orders placed after 3pm but are needed for the same day)
 - Specials (orders that are not standard catalogue stock items)
8. The proposal for the 2016 tender is to build upon Nottinghamshire's ICELS model so that the service:
- supports the transformation of NHS and Social Care e.g. 'Transfer to Assess' and 'Choose to Admit'
 - reflects the changes in the needs of the professionals/teams accessing the service
 - meets the needs of the growing population (both the estimated demographic increase and greater levels of dependency)
 - has greater flexibility
 - builds upon aspects of the existing structure to generate savings
 - utilises the Providers IT package to its full capacity.
9. The budget for the new tender will remain at £7.2 million. Through the proposals outlined below savings will be made to offset the increase in the demand for equipment over the lifespan of the new contract, which is proposed as being a 5 year contract + one, + one.

Proposed changes/additions to the 2016 ICELS tender

Extend operating hours

- 10 The hours/ number of days teams work have increased since 2011 with many planning to increase these further over the course of the next five years. Orders for equipment placed after 3 pm requesting equipment for same day delivery are classified as Premium orders and incur a cost of £100 per order in addition to the cost of the equipment /delivery charges.
- 11 Between March 2014 and May 2014 a total of 193 Premium orders were placed at a cost of £19,300¹ this equates to an average of £6,433 spent on premium orders per month with an estimated cost of £77,196 per year. By introducing a change in the hours/ days of the week that ICELS currently operate this would eradicate premium orders and offer greater service flexibility, lower costs and aid timely discharges.

Extend the ICELS catalogue

12. By extending the catalogue to incorporate more items currently classified as specials this would make a saving to partners as they would not only benefit from the recycling rate but it would also eradicate the responsibility for the equipment from those purchasing it.

Hybrid retail model

13. The new contract would make provision for the contractor to expand beyond the current service plan by allowing them the flexibility to set up an Amazon type service, whereby

¹ Price excludes the cost of equipment and additional delivery charges

members of the public could self-purchase the equipment they require from a trusted provider and have it delivered directly to them on a stated time/date. As it would be the contractor trading and not the Local Authority/Health then both bodies would be able to receive any profit income via gain share.²

14. The 2009 report Transforming Community Equipment Services (TCES) by the Centre for Economics and Business research Ltd stated that between 50-60% of people that wish to self-purchase equipment do not currently do so as they do not know where to buy products from. By making provision within the new contract for the contractor to create a hybrid retail model and creating a strong brand it is hoped that the contractor will be able to tap into this market by providing a one stop shop for members of the public wishing to purchase equipment.

Care homes

15. The contract will make provision for the Contractor to closely monitor the equipment purchased by care homes through ICELS to ensure homes are meeting their responsibilities to purchase equipment for the use of their residents. It will also build upon the work already undertaken to recover equipment by setting clear targets so that greater levels of equipment can be recycled/refurbished.

Children's equipment

16. Greater detail on Children's equipment will be included within the contract so that the contractor/partners are clear on their responsibilities and what service they are to provide.

Increase satellite stores

17. Satellite stores currently exist across the County. The stores provide access to equipment for professionals. By creating more satellite stores across the county this would cut down on delivery costs as equipment could be issued there and then.

Timescales

18.

| Stage | Description | Date |
|-------------------------------|---|-------------|
| Tender Information Event | Event to provide information on the Procurement and process for potential Tenderers | March 2015 |
| Finalise all tender documents | | April 2015 |
| ITT issued | Final tender documents issued - invitation to submit Tender with pricing | May 2015 |
| ITT response | Deadline for final tender responses | July 2015 |
| Tender evaluation | Evaluation of submissions in accordance with published award criteria | August 2015 |

² The County Council's legal team have advised that there is no limit to any profit income via gain share

| | | |
|--|---|---------------------------------|
| Selection of Preferred Tenderers and Standstill Period | The date by which Nottinghamshire County Council will aim to select Tenderers to proceed to Preferred Tenderer stage. | September 2015 |
| Preferred Tenderer stage | The period when the Preferred Tenderer(s) and Partnership will work together to finalise the Contract for signature. | September 2015 |
| Contract signature | The signature of the Contract between The Nottinghamshire County Council and the Contractor(s). | 31 st September 2015 |
| Transition period | Period when new operating model is prepared. Include contract management model. | October 2015 - March 2016 |
| New contract operational | Go-Live | 2 nd April 2016 |

Other Options Considered

Keep the existing service specification

19. The current service specification does not make provision for the predicted increase in demand for equipment in future years to come, nor does it have the flexibility built in to make any changes that maybe required to meet the demands of the teams

Reason/s for Recommendation/s

20. The proposals encompasses the recommendations of Nottinghamshire County Council's LEAN+ review of ICELS, which identified savings and efficiencies which could be made within the service

21. By making the proposed changes ICELS will:

- support the transformation of NHS and Social Care e.g. 'Transfer to Assess' and 'Choose to Admit'
- reflect the changes in the needs of the professionals/teams accessing the service
- meet the needs of the growing population (both the estimated demographic increase and greater levels of dependency)
- have greater flexibility
- build upon aspects of the existing structure to generate savings.

Statutory and Policy Implications

22. 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

23. All proposals for change will to be undertaken within the current budget parameters of £7.2 million per annum as ICELS Partners are unable to increase funds for the service. Through the proposals outlined, savings will be made to offset the increase in the demand for equipment over the lifespan of the contract
24. Nottinghamshire County Council's contribution to the pooled budget will be £2,080,904 per annum, with partner contributions being as follows:
- Nottingham City Council £1,200,877
 - City Health £1,189,061
 - County Health £2,370,122
 - Bassetlaw Health £376,685.

RECOMMENDATION/S

1) It is recommended that:

- approval is given to proceeding with the tender process in order to secure a new provider for the ICELS service by April 2016
- the proposed changes and improvements to the ICELS service are agreed.

Jon Wilson

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Sue Batty

Email: Sue.Batty@nottsccl.gov.uk

Constitutional Comments (LM 21/11/14)

25. The Adult Social Care and Health Committee has delegated authority within the Constitution to approve the recommendations in the report.

Financial Comments (KAS 24/11/14)

26. The financial implications are contained within paragraphs 23 to 24 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.

- Nottinghamshire County Council LEAN+ review, recommendations report, October 2013.

Electoral Division(s) and Member(s) Affected

- 'All'.

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1 December 2014**Agenda Item: 13**

REPORT OF THE SERVICE DIRECTOR SOUTH NOTTINGHAMSHIRE UPDATE ON THE INDEPENDENT LIVING FUND

Purpose of the Report

1. To provide members with an update report regarding the current position of the Independent Living Fund (ILF).

Information and Advice

2. Following a consultation period by the Government on the future of the ILF, on the 18 December 2012 the Minister for Disabled People announced the Government's decision that on 31 March 2015 the ILF would close. From that date funding would be devolved to local authorities in England who would have sole responsibility for meeting the eligible care and support needs of ILF users.
3. A Committee report was presented to Adult Social Care and Health on 28 October 2013 recommending approval for a request to be made to the Finance and Property Committee for a contingency fund to be established to ensure the department had sufficient funding at the point of transfer
4. On the 6 November 2013, the Court of Appeal quashed the government's decision to close the ILF. All activity relating to the Transfer Review Programme was cancelled, which included all joint transfer review visits.
5. A Committee report was presented to Adult Social care and Health on 3 February 2013 advising the committee of the Court of Appeals decision. This report advised that the contingency fund would not be required.
6. The Minister for Disabled People announced on 6 March 2014 that the closure of the ILF was re-instated, but scheduled for 30 June 2015 as opposed to the end of March 2015.
7. In Nottinghamshire there are 174 ILF users of which 32 were in receipt of ILF before 1993 and are classified as Group 1 users. Of these 32 Group 1 users 27 have an additional care package funded by NCC. All post 1993 ILF users have to receive Adult Social Care funding.

8. The total current value of ILF funding is £3.14 million per annum. This diminishes as people die or lose their award due to being admitted to long term care.
9. Each person in Nottinghamshire has been reviewed by the ILF and in 80% of cases NCC officers were present and have been a party to the support plan.
10. The ILF will transfer in full its net expenditure and will advise Nottinghamshire County Council as at 31 December 2014, 31 March 2015 and 30 June 2015.
11. This transfer will for the same reasons detailed in Committee paper dated 28 October 2013 create a budget pressure for the Council. The differences in the way that ILF require a personal contribution and the regulations contained in the Council's Fairer Contributions Policy amount to a shortfall of approximately £0.5m in 2015/16 and £0.7m thereafter.
12. This shortfall could be exacerbated by April 2016 when contributions are determined in accordance with Care Act regulations. A significant proportion of recipients of ILF may become "zero" contributors.
13. It is suggested that contingency funding is identified to meet the initial shortfall of £0.5m.
14. Community Care Assessments and Financial Assessment are required in advance of the transfer to provide continuity of care for eligible need.
15. The "spike" of work required to complete social care and financial assessments for 174 people in such a tight timeframe exceeds what can be undertaken by existing resources. It is necessary to deploy some short term staffing to complete this work.
16. It is advised that Adult Care Financial Services will require 12 weeks of a scale 5 worker to visit all the ILF recipients in January to March 2015. Financial Assessments will be undertaken; staff will check benefits, explore Direct Payment options and advise on options.
17. It is further advised that an additional two Scale 5 Community care Officers will be needed for 16 weeks, January – April to undertake social care assessments. These staff will be deployed according to pressure points, as the distribution of ILF recipients is not level across younger and older adult teams.
18. The Social Care Assessments and support plans will ensure that ILF recipients are provided care in an equitable manner compared to non-ILF service users.

Other Options Considered

19. No other options have been considered.

Reason/s for Recommendation/s

20. This is an update for the Adult Social Care and Health Committee

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 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.

Implications for service users

22. Service users will be reviewed by the Council to ensure their eligible needs are met after the ILF closure.

Financial Implications

23. In order to ensure that the department has sufficient funding to meet the needs of ILF recipients, a contingency fund of £0.5 million will be required from 2015. This is in addition to the ILF funding which will be transferred from central government to the Authority.

24. 12 weeks Scale 5 based on spinal column point 28 costing £7,600 plus £1,000 travel expenses to be funded from the forecast underspend in 2014/15

25. 16 weeks x2 CCOs Scale 5 based on spinal column point 28 costing £20,159 plus £1,000 travel expenses to be funded from the forecast underspend in 2014/15.

RECOMMENDATION/S

It is recommended that the Adult Social care and Health Committee:

- 1) approve the request to the Finance and Property Committee for a contingency fund to be established to cover the anticipated shortfall in funding following the transfer in June 2015
- 2) approve the request for temporary funding for additional assessment capacity
- 3) approve the undertaking of Community care and Financial assessments of all current ILF recipients.

Caroline Baria
Service Director for Personal Care and Support
South Nottinghamshire

For any enquiries about this report please contact:

Paul Johnson
Group Manager, Disability North
Paul.johnson@nottscc.gov.uk

Constitutional Comments (LM 21/11/14)

26. The Adult Social Care and Health Committee has delegated authority within the Constitution to approve the recommendations in the report.

Financial Comments (KAS 24/11/14)

27. The financial implications are contained within paragraphs 23 to 25 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.

- ASCH161 Closure of the Independent Living Fund, dated 28th October 2013
- ASCH 184 Update on ILF dated 6 January 2014.

Electoral Division(s) and Member(s) Affected

- All.

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1 December 2014

Agenda Item: 14

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2015.

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.

Visit to County Enterprise Foods

5. A visit for committee members to County Enterprise Foods in Rainworth and Workshop has been arranged for Wednesday, 28 January 2015.

Visit to the Multi-Agency Safeguarding Hub

6. It is also proposed to arrange a visit for committee members to the Multi-Agency Safeguarding Hub (MASH) in Annesley, on a date to be arranged.

Other Options Considered

7. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

9. 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/S

- 1) That the committee's work programme be noted, and consideration be given to any changes which the committee wishes to make.
- 2) That the proposed visit to County Enterprise be supported, and arrangements be made for a visit to the Multi-Agency Safeguarding Hub.

Jayne Francis-Ward
Corporate Director, Policy, Planning and Corporate Services

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 & HEALTH COMMITTEE - WORK PROGRAMME

| <u>Report Title</u> | <u>Brief summary of agenda item</u> | <u>Lead Officer</u> | <u>Report Author</u> |
|---|--|---|-----------------------------|
| 5th January 2015 | | | |
| Request to consult on Care Act Charging Provisions | | Service Director, South Nottinghamshire | Kate Revell |
| Permanent extension of the Data Input Team | | Service Director, Access and Public Protection | Kate Revell |
| Direct Payments Policy approval | Report to request approval of a policy on Direct Payments for submission to Policy Committee. | Service Director, Mid and North Nottinghamshire | Malcolm Potter |
| Interim Senior Leadership Structure in the Adult Social Care, Health and Public Protection Department | Review of the department's interim Senior Leadership Team Structure | Deputy Director, Adult Social Care, Health and Public Protection | Jon Wilson |
| Commissioning and Efficiencies savings proposals | Update on Resource Requirements to Support Delivery of the ASCH&PP 2014/15 to 2016/17 savings projects | Deputy Director, Adult Social Care, Health and Public Protection | Ellie Davies |
| Health and Wellbeing Board update | Report on work and priorities of Health and Wellbeing Board within last 6 months. | Deputy Director, Adult Social Care, Health and Public Protection | Jennie Kennington |
| Care Act Update | Progress report on the implementation of the Care Bill in Nottinghamshire | Service Director for South Nottinghamshire | Jane North |
| Quality and Marketing Management Delivery Group Update | Update report on the savings projects for 2014/15-2016/17 which fall in the remit of Quality Market Management | Service Director Access and Public Protection | Kate Revell |
| Feedback from NCAS Conference Oct 2014 | Feedback and learning from National Children and Adult Services Conference October 2014 | Deputy Director, Adult Social Care, Health and Public Protection. | Jon Wilson/Cllr Weisz |

| <u>Report Title</u> | <u>Brief summary of agenda item</u> | <u>Lead Officer</u> | <u>Report Author</u> |
|---|--|--|---|
| Members' visits to Council and Independent Sector Care Services | Report to review the current system and make recommendations for changes which will include visits to independent sector care providers. | Service Director Access and Public Protection | Jennie Kennington/Rosamunde Willis-Read |
| Central Reviewing Team | Decision regarding the business case to extend the Central Reviewing Team beyond March 2015. | Service Director for South Nottinghamshire/Service Director, Mid and North Nottinghamshire | Jennifer Allen/Ellie Davies |
| 2nd February 2015 | | | |
| Young Carers and Disabled Parents | 12 month update on the work regarding Young Carers and Disabled Parents | Service Director, South Nottinghamshire | Wendy Adcock |
| Development of employment and skills training hub | Report on the proposal to transform the County Horticulture service into a focused, time-limited employment and skills training hub to support people to develop skills in the fields of horticulture, retail and administration work. | Deputy Director, Adult Social Care, Health and Public Protection. | Jane McKay |
| Just Checking pilot project | | Deputy Director, Adult Social Care, Health and Public Protection. | Mark Douglas |
| Vulnerable Persons Panel | Report on the work of the multi-agency panels that discuss community issues regarding people who are seen as vulnerable to others within their neighbourhoods. | Service Director Access and Public Protection | Sarah Houlton |
| 2nd March 2015 | | | |
| Care Act – New Policy | | Service Director, South Nottinghamshire | Jane North |
| Winterbourne Report | 6 monthly progress report. | Deputy Director for Adult Social Care, Health and Public Protection | Cath Cameron-Jones |
| Direct Payment Support Service | Update after 12 months of the changes to Direct Payment Support Services | Deputy Director for Adult Social Care, Health and Public Protection | GM, Strategic Commissioning |
| Performance Update for | Quarterly update report on the performance of | Deputy Director for Adult Social | Anne Morgan |

| <u>Report Title</u> | <u>Brief summary of agenda item</u> | <u>Lead Officer</u> | <u>Report Author</u> |
|---|--|--|-----------------------------|
| Adult Social Care and Health | Adult Social Care, including update on latest CQC inspections. | Care, Health and Public Protection | |
| 30th March 2015 | | | |
| Carers Information, Advice and Engagement Hub | Recommendation report regarding Carers Hub Tender. | Service Director for South Nottinghamshire/Service Director, Mid and North Nottinghamshire | Penny Spice |
| 27th April 2015 | | | |
| Overview of departmental savings and efficiencies programme | Progress summary on all departmental savings proposals. | Deputy Director for Adult Social Care, Health and Public Protection | Ellie Davies |
| 1st June 2015 | | | |
| 29th June 2015 | | | |
| Update on progress with personal budgets for people with dementia | Progress report to review situation one year on from project with Alzheimer's Society to increase no. of people with dementia who have personal budgets and direct payments. | Service Director, Mid and North Nottinghamshire | Jane Cashmore |
| Performance Update for Adult Social Care and Health | Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections. | Deputy Director for Adult Social Care, Health and Public Protection | Anne Morgan |
| July (date TBC) | | | |
| | | | |
| August (date TBC) | | | |
| | | | |
| September (date TBC) | | | |
| Services to Carers | Progress report regarding work commissioned by the department for carers | Deputy Director for Adult Social Care, Health and Public Protection | Penny Spice |

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Updated 24/11/2014 – HJW

