

Adult Social Care and Health Committee

Monday, 30 March 2015 at 10:30

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

AGENDA

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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 2 March 2015 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

John Allin
Alan Bell
John Cottee
Mike Pringle
Andy Sissons

Pam Skelding
Stuart Wallace
Jacky Williams
Liz Yates

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, ASCH&PP
Sue Batty, Service Director, ASCH&PP
Paul Davies, Advanced Democratic Services Officer, PPCS
Ian Haines, Commissioning Officer, ASCH&PP
Jennie Kennington, Senior Executive Officer, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Rosamunde Willis-Reade, Group Manager, Contracts and Marketing, ASCH&PP
Jon Wilson, Temporary Deputy Director, ASCH&PP

ALSO IN ATTENDANCE

Allan Breeton, Chair, Nottinghamshire Safeguarding Adults Board
Karon Glynn, Assistant Director Mental Health and Learning Disabilities, Newark and Sherwood CCG
Phil Mettam, Chief Executive, Bassetlaw CCG

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 2 February 2015 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillors John Allin and Mike Pringle had been appointed in place of Councillors Sybil Fielding and Michael Payne, for this meeting only.

DECLARATION OF INTEREST

There were no declarations of interest.

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

Allan Breeton introduced the report on the work of the Board in 2013/14, and responded to questions and comments.

RESOLVED 2015/017

That the work of the Nottinghamshire Safeguarding Adults Board in 2013/14 be noted.

INTEGRATION OF HEALTH AND SOCIAL CARE SERVICES IN BASSETLAW

Phil Mettam gave a presentation on the integration of health and social care services in Bassetlaw, and responded to questions and comments.

RESOLVED 2015/018

- (1) That the progress in delivering the five strategic programmes to transform services and deliver integrated health and social care in Bassetlaw be noted;
- (2) That the following four temporary posts be established for between a minimum of six and a maximum of 12 months (dependent on final confirmation of CCG funds available):

4 fte Social Worker Posts, Hay Band B, scp 34-39, £37,811 - £43,397 (which includes on-costs) plus approved car user status

- (3) That further work be undertaken to determine the future configuration of services in the context of integrated health and social care commissioning and provision in Bassetlaw.

TRANSFORMING CARE: A NATIONAL RESPONSE TO WINTERBOURNE VIEW HOSPITAL

Karon Glynn and Ian Haines gave a presentation on progress in Nottinghamshire to commission suitable care and accommodation for people who were currently placed in hospital settings. They responded to questions and comments.

RESOLVED 2015/019

- (1) That the report on progress to commission suitable care and accommodation for people currently placed in hospital settings be noted.
- (2) That subject to Finance and Property Committee approval, approval be given to the spending of the Department of Health capital funding as set out in the bid attached as Appendix 1 to the report and outlined in paragraph 15.2 of the report.

BRIEFING NOTE ON THE CARE ACT 2014 – KEY CHANGES TO THE DUTIES AND RESPONSIBILITIES OF THE LOCAL AUTHORITY

RESOLVED 2015/020

- (1) That the progress on implementation of the Care Act be noted;
- (2) That the Corporate Director, Adult Social Care, Health and Public Protection in consultation with the Chairman of the Adult Social Care and Health Committee, be authorised to complete the Council's response to the draft regulations and guidance on the implementation of the cap on care costs and proposals for a new appeals system for care and support.

MEMBERS' VISITS TO COUNCIL AND INDEPENDENT SECTOR CARE HOMES

RESOLVED 2015/021

- (1) That the methodology for Member visits to care homes be approved, as stated in paragraph 18 of the report;
- (2) That a further report be presented in June 2015 giving an overview of the refreshed arrangements and proposing Member involvement in quality audit of other types of adult social care.

EXTENSION OF CONTRACT FOR SUPPORT TO THE EAST MIDLANDS IMPROVEMENT PROGRAMME IN ADULT SOCIAL CARE

RESOLVED 2015/022

That the posts of temporary East Midlands Joint Improvement Programme Manager (Grade F, 22 hours per week) and Business Support Administrator (Grade 4, 30 hours per week) be extended until 31 March 2016.

PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH

RESOLVED 2015/023

That the performance update for adult social care and health be noted.

WORK PROGRAMME

RESOLVED 2015/024

That the Work Programme be noted, subject to a further report in June 2015 about members' visits to care homes and their involvement in the quality audit of other types of adult social care.

The meeting closed at 1.00 pm.

CHAIR

30 March 2015**Agenda Item: 4**

REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE

HEALTH AND SOCIAL CARE INTEGRATION IN SOUTH NOTTINGHAMSHIRE

Purpose of the Report

1. The report provides details of the work being undertaken to deliver integrated health and social care services across South Nottinghamshire.

Information and Advice

2. This report is one of a series of three which sets out the work currently underway on health and social care integration across Nottinghamshire. On 2 February 2015, Committee received a report on the Better Together Programme in Mid Nottinghamshire and on 2 March Committee received a report on Integration of Health and Social Care Services in Bassetlaw. The report to be considered today is on the work being undertaken across South Nottinghamshire.
3. In South Nottinghamshire, 12 statutory health and social care organisations have come together to consider and work towards the delivery of integrated services. The partners consist of 7 commissioning organisations and 5 provider organisations, as follows:

Commissioners:

- Nottinghamshire County Council
- Nottingham City Council
- NHS England
- Nottingham City Clinical Commissioning Group
- Nottingham North and East Clinical Commissioning Group
- Nottingham West Clinical Commissioning Group
- Rushcliffe Clinical Commissioning Group.

Providers:

- Nottingham University Hospitals NHS Trust
- Circle Partners
- Nottinghamshire Healthcare NHS Trust
- Nottingham CityCare Partners
- East Midlands Ambulance Service.

4. The four Clinical Commissioning Groups (CCGs) make up the South Nottinghamshire Unit of Planning Unit, based around the major acute provider, Nottingham University Hospitals NHS Trust (NUHT).
5. There are a number of complexities in relation to the governance and reporting arrangements across the partnership because, whilst the four CCGs operate as a single Unit of Planning, they have their own governance arrangements through their respective governing bodies. Also, service development is in part determined through two Better Care Funds; one of which is between Nottingham City CCG and the City Council, and one of which is part of the Nottinghamshire BCF. The governance of the BCFs is overseen by the two respective Health and Wellbeing Boards.
6. The South Nottinghamshire partners have identified a number of key challenges which need to be addressed through the integration of health and social care services and through the development of future models of care. These are:
 - increasing demand for health and social care services
 - demographic pressures
 - reductions in funding for social care
 - the ambition to deliver a shift in care from reactive bed-based care to preventative and proactive care close to or in people's homes
 - services that are not always equitable or joined-up
 - divisions in clinical and professional responsibilities leading to a lack of accountability across the whole pathway of care
 - activity-based short-term payment systems that do not incentivise system-wide working and workforce shortages
7. Partners from the 12 statutory health and social care organisations have established the South Nottinghamshire Transformation Partnership (SNTP) to develop and oversee the implementation of transformation across health and social care services. During 2014, the CCGs established the post of Transformation Director and appointed Rebecca Larder who commenced the post in June 2014. Subsequently a programme office has been established to enable delivery of the change programme.
8. The SNTP has set out its commitment to partnership working to create a sustainable, high quality health and social care system to promote the health and wellbeing of the citizens of South Nottinghamshire. To support this, a Partnership Compact has been developed and subsequently presented to the boards of the various organisations, including the County's Health and Wellbeing Board on 4 February 2015. The purpose of the Partnership Compact is to enable and support the work of South Nottinghamshire Transformation Partnership with a particular focus on:
 - support for the overall strategic direction
 - agreement to the principles of collaborative working
 - agreement to the shared work plan, including commitment to provide leadership and participation to secure success
 - agreement to employ high level system measures and to report them quarterly to public Boards or equivalent using a shared single report.
9. As the SNTP is a non-statutory partnership, it has been agreed that representatives on each of the Programme's governing groups will be of sufficient seniority to engage in

developing robust recommendations and ensuring that they align with decision making at statutory body level including Local Authority political approval processes.

10. The South Nottinghamshire Citizen's Advisory Group supports the Partnership by advising on methods and channels of communications and engagement in relation to the Partnership's strategic objectives and its activities.
11. The South Nottinghamshire Transformation Partnership's vision is to:

"Create a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better."
12. Partner agencies have been involved in the development of the South Nottinghamshire 5-year strategy for quality and sustainable care. In September 2014 the 5-year strategy was resubmitted to NHS England, which stated the intention to develop a new improved system of care for local citizens. It is recognised that the transformation needed would require cultural, operational as well as potentially financial and contractual change. In delivering the transformation the intention is to use existing mechanisms where appropriate together with new mechanisms such as outcomes based commissioning to enable delivery of the change.
13. The partnership has developed a 'Case for Change' which proposes the move to an outcomes-based model of commissioning of health and social care services for all adults. The Case for Change was presented to health and social care commissioners at the South Nottinghamshire Commissioner Group on 10 December 2014 and endorsed by this group and subsequently by the Chairs of both County and City Health and Wellbeing Boards in January 2015. The Case for Change statement of intent is as follows:
 - the strategic aim is to adopt outcomes-based commissioning for the population of South Nottinghamshire
 - the process of achieving this strategic aim will be a journey in which the proportion of activity commissioned via current contracting mechanisms declines as the proportion commissioned by outcomes-based contracts increases
 - in the short-term commissioners will actively seek opportunities to introduce outcomes into current contracts and frame all contract discussions within the wider strategic aim
 - in the medium-term further consideration will be given to the scope of the first iteration of outcomes-based contracts for the adult population, building on the analysis in the South Nottinghamshire Case for Change
 - from January to March 2015 local authorities, commissioners, citizens, clinicians and other stakeholders will work together towards commissioning and contracting for outcomes.
14. The SNTP has agreed that the process of transformation, which is expected to span cultural, operational, financial and contractual change, will be centred on a new philosophy, which is being termed an 'accountable care philosophy'.

15. The components of South Nottinghamshire's accountable care philosophy include:
- **Outcomes-based care:** moving from a system focused on process measures and targets to a system that measures and improves the outcomes that matter to citizens
 - **Population-focused care:** moving from a system focused on institutional based care to a system delivering evidence based whole pathways of care for defined population groups
 - **Value-based care:** moving from a system focused on quality to a system that focuses on the outcomes achieved for citizens over the cost of achieving those outcomes
 - **Integrated care:** moving from a fragmented system organised around professionals and organisational boundaries to a joined-up system, centred around the needs of citizens
 - **Accountable care:** moving from a system where the divisions of responsibility are apparent to a system where everyone working within it is accountable to citizens, each other and the success of the system as a whole.

Outcomes based commissioning

16. The key components of outcomes based commissioning include providing the means of paying for health and care services based on rewarding the outcomes that are important to the people who use them. It involves the use of a fixed budget for the care of a particular population group, with aligned incentives for care providers to work together to deliver services which meet outcomes. The approach aims to achieve better outcomes through more integrated, person centred services.
17. Outcomes-based contracts differ from the current approach to contracting in that they typically span a number of years so as to promote strategic and longer term delivery, planning, innovation and investment. The contracts may include incentive payments which are linked to specific desired outcomes. The contracts should ultimately provide better value for every pound spent on health and care.
18. The work currently being undertaken by the Transformation Director and the programme office is to scope the potential options for the delivery of an accountable care system and to consider the implications for the relevant health and social care organisations. It is anticipated that this work will be completed within the next 12 – 18 months and will then be brought to Members for further discussion and consideration.
19. An approach to developing outcomes based commissioning for the adult population has been agreed by South Nottinghamshire commissioners with plans to develop an initial business case by July 2015. Work is now underway to plan how to engage with citizens and develop a potential set of outcomes that could be included in an outcomes based contract. In addition, a review of current contracts and spend on the adult population across South Nottinghamshire will be completed by the end of March.

This will enable health and social care commissioners to form an initial view on the potential scope of an outcomes based contract.

Urgent care

20. At the same time as developing a new model for health and social care services, the 12 partner agencies are undertaking various streams of work centred around urgent care and the pressures within NUHT in relation to A&E and supported discharge processes and arrangements. This includes:
 - reviewing and revising care navigation and care co-ordination to help prevent avoidable hospital admissions and improve flow of patients through hospital and in to community services
 - the deployment of System Resilience Funding to ease pressures within NUHT including the provision of additional bed-based and at home intermediate care services commissioned from the community health providers, Health Partnerships and City Care; and interim home care services commissioned from Crossroads
 - the development of a model of care delivery groups centred around GP practices
 - support to care homes.
21. The majority of the intermediate care services delivered across South Nottinghamshire are currently provided by Health Partnerships in the County and by CityCare across Nottingham City. The majority of this funding comes from the CCGs but the County Council is also funding some intermediate care services delivered by health partnerships. The Council has assessment staff who are part of the intermediate care service. As part of the savings and efficiencies proposals that were approved by Council in February 2013, the Council has reduced its funding for intermediate care and further reductions are planned between 2016 and 2018 as approved by Council in February 2015.
22. The three south County CCGs and the Council have undertaken a review of existing intermediate care services to inform the future commissioning intentions and requirements for intermediate care beyond 2016. This review has looked at the range of bed based and at home intermediate care services that will be required in the community in order to help reduce avoidable hospital admissions and to enable people to move out of hospital at the earliest opportunity once they are deemed medically fit and safe for transfer. The service specification for the new service has been developed by the CCGs in partnership with the Council and the service is due to be procured shortly with a commencement date of April 2016.
23. The Urgent Care work stream includes consideration and development of 'Transfer to Assess' provision which will enable patients to be discharged to community facilities for a multi-disciplinary team assessment to determine their on-going health and social support needs. Members will recall that at Full Council on 26 February 2015 the decision was made to retain three of the Council's Care and Support Centres for a three year period and to use these facilities for assessment and reablement purposes with a view to preventing the need for admissions in to long term care. In the South of the County, Leivers Court will be used for this purpose.

24. The above work is aligned to the schemes contained in the two BCFs, again aimed at developing integrated health and social care services which seek to deliver services in or closer to people's own homes.
25. In recognition of the difficulties in securing sufficient high quality home care services across the South of Nottinghamshire and in Nottingham City, the System Resilience Board has sponsored a leadership development programme, Leading Across Boundaries, to consider a system-wide approach to supporting the development of flexible, responsive and sustainable home based care services. The programme is run by the East Midlands Leadership Academy spanning over an eight month period and is being attended by officers representing the two local authorities, the CCGs and the community health providers.

Other Options Considered

26. The Council and the CCGs could continue to arrange and commission services as they do currently, however services remain fragmented, with overlap and duplication, and care pathways are not always easy to navigate for people who use the services. The statutory health and social care organisations are not consistently delivering joined-up, quality and sustainable systems of care for the South Nottinghamshire population.
27. There is a very clear mandate to develop integrated health and social care services which achieve improved outcomes for service users and carers and which deliver more efficient and effective services which can be contained within reduced funding allocations.

Reason/s for Recommendation/s

28. Across the South Nottinghamshire health and social care system a £140 million financial gap is forecast by 2018/19, based on current models of health and social care service provision. As such, there is a financial imperative for the statutory agencies to work closely together to develop new models of care. There is also the need to ensure that services are effective in improving health and wellbeing of the population of South Nottinghamshire.

Statutory and Policy Implications

29. 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

30. There are ongoing financial pressures across health and social care services given the significant funding reductions at a time when demand for services continue to increase. As such, there is a financial imperative to improve commissioning arrangements in order to deliver cost efficiencies.

31. The work currently being undertaken across the South Nottinghamshire partnership to develop a model of care should deliver cost efficiencies across health and social care services.

Implications for Service Users

32. It is recognised that the current configuration of health and social care services are disjointed and care pathways are not clearly defined or easy to navigate. The purpose of an accountable care system is to have a transformed system of care which delivers services that will improve outcomes for people. This will be achieved through the development of new integrated care pathways and services that are centred around individual needs. The model of care will focus on integrated health and social care services which help people to remain independent, which prevent needs from escalating and which are delivered at or closer to people's homes.

RECOMMENDATION/S

- 1) That the progress in developing the transformation programme across South Nottinghamshire for integrated health and social care services be noted.

Caroline Baria

Service Director, Personal Care and Support, South Nottinghamshire

For any enquiries about this report please contact:

Caroline Baria
Service Director, South Nottinghamshire
T: 0115 9774417
E: caroline.baria@nottscc.gov.uk

Constitutional Comments

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

Financial Comments (KAS 09/03/15)

34. The financial implications are contained within paragraphs 30 and 31 of the report.

Background Papers and Published Documents

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

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

Integration of Health and Social Care Services in Bassetlaw - report to Adult Social Care & Health Committee on 2 March 2015

South Nottinghamshire Transformation Programme Partnership Compact – report to Health and Wellbeing Board on 4 February 2015

Revenue Budget 2013/14 – report to Full Council on 28 February 2013

Annual Budget Report 2015/16 – report to Full Council on 26 February 2015

Electoral Division(s) and Member(s) Affected

Hucknall	Cllr Alice Grice, Cllr John Wilkinson, Cllr John Wilmott
All Electoral Divisions in Broxtowe:	Cllr John Handley, Cllr Steve Carr, Cllr Kate Foale, Cllr Stan Heptinstall MBE, Cllr Jacky Williams, Cllr Dr John Doddy, Cllr Richard Jackson, Cllr Keith Longdon, Cllr Ken Rigby, Cllr Philip Owen
All Electoral Divisions in Gedling:	Cllr Pauline Allan, Cllr Michael Payne, Cllr Roy Allan, Cllr Muriel Weisz, Cllr Boyd Elliott, Cllr Nicki Brooks, Cllr John Clarke, Cllr Jim Creamer, Cllr Darrell Pulk, Cllr Chris Barnfather
All Electoral Divisions in Rushcliffe:	Cllr Martin Suthers OBE, Cllr Richard Butler, Cllr John Cottee, Cllr Mrs Kay Cutts, Cllr Reg Adair, Cllr Andrew Brown, Cllr Steve Calvert, Cllr Liz Plant, Cllr Gordon Wheeler

30 March 2015**Agenda Item: 5****REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****TRANSFORMATION RESOURCE – OVERVIEW OF DEPARTMENTAL
REQUIREMENTS****Purpose of the Report**

1. To seek Committee approval for the establishment of new temporary posts, the extension of existing temporary posts, and amendments to existing temporary posts, to support delivery of both existing and new savings projects within the Adult Social Care, Health and Public Protection (ASCH&PP) Department over the period 2015/16 to 2018/19, and enable the department to undertake the necessary transformation to adult social care services in the County.
2. To seek Committee approval for one-off revenue expenditure to develop a single integrated meals production and delivery service.
3. To seek Committee approval for the extension of an existing temporary post, the creation of a new permanent post and to make permanent some existing temporary posts in the Occupational Therapy Service, to support Business as Usual Activity.
4. To seek Committee approval for the amendment of an existing permanent post within the Adult Deaf and Visual Impairment Service, which is delivering Business as Usual Activity.
5. To seek Committee approval for the temporary creation of a Commissioning Officer post for one year to support delivery of the Care Act Programme.

Information and Advice

6. The budget approved by the County Council on 26 February 2015 requires the ASCH&PP department to make further savings and efficiencies totalling £12.007 million for the period 2015/16 to 2018/19, through delivery of 11 new projects (Category B and C).
7. This is in addition to:
 - a) The 7 new Category A savings projects approved by Policy Committee on 12 November 2014, which total £2.398 million across the period 2015/16 to 2017/18.
 - b) the 36 savings and efficiency projects approved by the County Council on 27 February 2014, which total £32.641 million across the period 2014/15 to 2016/17

- c) the savings that the Department is still required to achieve in the final year of delivery of the 2011/12 to 2014/15 savings programme. These total £3.479m million, relating to 5 projects. Three of these have been merged into some of the 36 projects referenced above.
8. Resource requirements identified to date to support delivery of the Department's savings programme, particularly its highly complex projects, include:
- a) additional temporary ASCH&PP staff
 - b) Transformation Team resource support
 - c) corporate enabling services such as: HR and the Customer Services Centre; Finance and Procurement; ICT; Property; Legal; and Communications and Marketing
 - d) capital investment, for example to support ICT developments
 - e) revenue investment, for example to support development of a single integrated meals production and delivery service.
9. ASCH Committee is now being asked to approve the following:
- temporary creation of an additional 3.5 FTE Occupational Therapists, equating to 0.5 FTE in each of the seven Older Adult districts, for one year to support delivery of the Double to Single care approach as part of the Younger Adults and Older Adults Community Care projects. The engagement in a Double to Single care approach involves a risk assessed reduction in care support from two to one carer or to reduce the number of visits by two carers and/or reduce the time taken during those visits. This will bring an additional cost of **£151,000** over 2015/16
 - change of funding source for a Project Manager post approved at the Community Safety Committee meeting on 6 January 2015 to support delivery of the existing Trading Standards savings project. The three year post, at a total cost of **£158,000** over the period 2015/16 to 2017/18, is to be funded from departmental reserves rather than departmental budgetary provision
 - creation of new additional temporary posts, as outlined in **Appendix 1**, which will support delivery of the new savings projects approved at the February 15 budget meeting. The total cost over the period 2015/16 to 2017/18 will be **£1,321,000**
 - additional one-off revenue expenditure required to develop a single integrated meals production and delivery service. This is currently estimated as **£140,000** for 2015/16 and **£54,000** for 2016/17. However, this may be subject to change as more detailed plans and costs are developed.
10. In addition, ASCH Committee approval is sought for the following additional temporary or permanent resource requirements to support either Business as Usual or additional Care Act requirements:
- extension of an existing temporary Project Manager post for one year in order to continue to provide support to the Occupational Therapy (OT) Service with streamlining OT pathways, OT mobilisation, development of OT clinics and work with District Councils. This will bring an additional cost of **£53,000** over 2015/16

- creation of an additional temporary Commissioning Officer post for one year to support delivery of the Care Act Programme. In particular, providing support to Carers of seldom heard groups and other partners to improve services for them and develop the market to enable carers and cared-for people to access appropriate and reliable services. This will bring an additional cost of **£49,000** over 2015/16. NB: This post is in addition to the resource requirements approved in the report taken to the ASCH Committee meeting on 2 February 2015 on Organisational Redesign and Resources Required for Care Act Implementation
 - permanent establishment of the existing 4.92 FTE temporary Community Care Officers in the OT Intake Team in the Adult Access Service, at an annual cost of **£153,000**. This is required to enable the consistent provision of efficient, front door resolution for Nottinghamshire residents' OT assessments, in line with the principles of the Adult Social Care Strategy, the Care Act and the aim of continuing to further reduce the number of assessments needed to be carried out by district teams. Permission is required to permanently transfer the existing District Teams' staffing budgets for the temporary posts to the OT Intake Team's staffing budget
 - creation of a new permanent Service Advisor Hub post in the OT Intake Team, at an annual cost of **£24,000**. The post is currently filled on a secondment basis until the end of March 2015. The permanent establishment of the post will help to increase the number of assessments undertaken by the OT Intake Team by completing non-assessment related tasks, e.g. ordering equipment, arranging home visits, signposting non-eligible service users to other sources of support
 - merge an existing permanent 0.4 FTE vacant Social Worker post within the ADVIS team (Adult Deaf and Visual Impairment Service) with a 1.0 FTE vacant Community Care Officer post, to create a 1.0 FTE Social Worker post at an annual cost of **£43,000** pa. NB: this cost will be covered by the existing ADVIS staffing budget.
11. A breakdown of the cost profile for the above posts over the three years 2015/16 to 2016/17 is provided at **Appendix 1**.

Other Options Considered

12. The use of existing departmental and corporate resources has been considered. However there is no available capacity to undertake this work without impacting on existing savings programmes or reducing essential service management resources. The implementation of this transformation programme is considered to be fundamental to ensure the Council continues to meet its statutory responsibilities and delivers a sustainable social care service in the future.
13. Similarly, given the increase to workloads that the new responsibilities arising from the Care Act will result in, the ability to achieve this without additional resources is not considered an option.

Reason/s for Recommendation/s

14. All of the requests for post creations, extensions or amendments can be funded by departmental reserves or other budgets already approved.

Statutory and Policy Implications

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

Financial Implications

16. All of the requests for post creations, extensions or amendments listed in **Appendix 1** can be funded by departmental reserves or other budgets already approved.

Human Resources Implications

17. Posts that require an evaluation to determine the grade will need to be submitted for job evaluation prior to being advertised. All other implications are reflected in the report.

Public Sector Equality Duty implications

18. The equality implications of the projects were considered in Equality Impact Assessments undertaken, published and considered as part of the 2014/15 and 2015/16 budget consultation process.

Implications for Service Users

19. The implications of the projects on service users were considered in the Outline Business Cases and Options for Change undertaken during their development that were published and considered as part of the 2014/15 and 2015/16 budget consultation process.

Ways of Working Implications

20. The report and the work undertaken to compile the report accounts for the new ways of working being rolled out across the Department.

RECOMMENDATION/S

That the Committee:

- 1) approves the creation of an additional 3.5 FTE Occupational Therapy posts for one year to support delivery of the Double to Single care approach as part of the existing Younger and Older Adults' Community Care projects at a total cost of £151,000.
- 2) approves the change of funding source for the Trading Standards Project Management post to departmental reserves.
- 3) approves the creation or extension of additional temporary posts, as outlined in **Appendix 1**, which will support delivery of the new savings projects (2015/16 to 2018/19) as approved at the February 2015 Full Council Budget meeting. Total cost of £1,465,000.
- 4) approves one-off revenue expenditure of £194,000 to help develop a single integrated meals production and delivery service.

- 5) approves the extension of an existing temporary Project Manager post in the OT Service for one year at a total cost of £53,000.
- 6) approves the creation of an additional temporary Commissioning Officer post for one year to support delivery of the Care Act Programme at a total cost of £49,000.
- 7) approves the permanent establishment of 4.92 FTE Community Care Officers in the OT Intake Team, at a total cost of £153,000 pa, and the permanent transfer of the existing District Teams' staffing budgets to the OT Intake Team's staffing budget.
- 8) approves the permanent creation of a Service Advisor Hub post in the OT Intake Team, at a total cost of £24,000 pa.
- 9) approves the merging of an existing part-time permanent Social Worker post within the ADVIS team with a full-time vacant Community Care Officer post, to create a 1.0 FTE Social Worker post at a cost of £43,000 pa.

Jon Wilson

Deputy Director for Adult Social Care, Health, and Public Protection

For any enquiries about this report please contact:

Ellie Davies

Project Manager, Transformation Team

T: 0115 9773211

E: ellie.davies@nottsc.gov.uk

Constitutional Comments (CEH 06/03/15)

21. The recommendations in the report fall within the remit of the Adult Social Care and Health Committee by virtue of its terms of reference. Any changes to staffing structures require advice and assistance from HR and trade unions will need to be consulted.

Financial Comments (KAS 09/03/15)

22. The financial implications are contained within paragraph 16 of the report.

Background Papers and Published Documents

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

Report to Full Council, 27 February 2014: *Annual Budget 2014/15* and associated published Outline Business Cases and Equality Impact Assessments.

Report to Full Council, 27 March 2014: *Approval of the Adult Social Care Strategy*.

Report to the Adult Social Care and Health Committee, 3 November 2014: *Overview of Departmental Savings and Efficiencies Programme*.

Report to the Policy Committee, 12 November 2014: *Redefining Your Council: Transformation and Spending Proposals 2015/16 – 2017/18 (Appendix A)*.

Report to the Adult Social Care and Health Committee, 2 February 2015: *Organisational Redesign & Resources Required for Care Act Implementation*.

Report to Full Council, 26 February 2015: *Annual Budget Report 2015/16* and associated published Options for Change and Equality Impact Assessments.

Electoral Division(s) and Member(s) Affected

All.

APPENDIX I - Additional Temporary and Permanent Staffing Requirements and Revenue Expenditure to Support Delivery of ASCH&PP 2015/16 to 2017/18 Savings Programme, Business as Usual Activity and Additional Temporary Care Act Requirements

Existing Projects	Resource Required	FTEs	Band/Grade	Post Extension or Creation	Timescale	Cost 2015/16 (£,000)	Cost 2016/17 (£,000)	Cost 2017/18 (£,000)	Total (£,000)	Source of funding
Trading Standards	Project Manager	1.00	D	Amendment	Three years from date of appointment	53	53	53	158	Post approved at 06.01.15 Community Safety Committee meeting. Initial source of funding identified as departmental budgetary provision. Instead, post to be funded from departmental reserve.
Younger Adults and Older Adults Community Care Projects (Double to Single Element)	Occupational Therapist (0.5 FTE in each of 7 Districts)	3.50	B	Creation	One year from date of appointment	151	0	0	151	Additional savings achieved from the Double to Single Approach
Totals						204	53	53	310	
New Projects	Resource Required	FTEs	Band/Grade	Post Extension or Creation	Timescale	Cost 2015/16 (£,000)	Cost 2016/17 (£,000)	Cost 2017/18 (£,000)	Total (£,000)	Source of funding
Gain Alternative Paid Employment for Remaining Sherwood Industries Staff	iWork Officer	1.00	5	Creation	Two years from date of appointment	36	36	0	72	Departmental reserves.
Development of a Single Integrated Meals Production and Delivery Service	Revenue Investment	N/A	N/A	N/A	Two years from April 2015	140	54	0	194	Departmental reserves.
Review of Intermediate Care Services	Project Manager	1.00	D	Extension	Existing post already funded up until March 15. Extension required until end March 16.	53	0	0	53	Cost of post for 14/15 is already covered by Departmental Reserves. Post extension over 15/16 to also be funded by Departmental Reserve.
Expansion of Community Based Care and Support Options	Community Care Officer	2.00	5	Creation	Two years from date of appointment	62	62	0	124	Departmental reserves.
Development of Extra Care Housing & Promotion of Independent Living in Place of the Current Provision of 6 Care and Support Centres	Strategic Development Manager	1.00	E	Extension	April 16 to March 17	0	59	0	59	Post currently funded from Departmental Reserve (14/15) and Strategic Development Funding (15/16) and is supporting the existing Reablement and Intermediate Care projects. Post extension over 15/16 to also be funded by Departmental Reserve.
	Social Worker	1.00	B	Creation	Two years from date of appointment	43	43	0	87	Departmental reserves.
	Community Care Officer	1.00	5	Creation	Two years from date of appointment	31	31	0	62	Departmental reserves.
Promoting Independence Through the use of Assistive Technology	AT Assistant	1.00	4	Creation	Three years from date of appointment	26	26	26	79	Departmental reserves.
Direct Payments	ACFS Officer	1.00	5	Creation	One year from date of appointment	31	0	0	31	Departmental reserves.
	Community Care Officer	3.00	5	Creation	One year from date of appointment	93	0	0	93	Departmental reserves.
Older Adult Care Home Fees	Commissioning Officer/Market Development Officer	1.00	C	Creation	One year from date of appointment	49	0	0	49	Departmental reserves.
	Finance Business Partner / Data Analyst	0.50	C	Creation	One year from date of appointment	25	0	0	25	Departmental reserves.

Existing Projects	Resource Required	FTEs	Band/Grade	Post Extension or Creation	Timescale	Cost 2015/16 (£,000)	Cost 2016/17 (£,000)	Cost 2017/18 (£,000)	Total (£,000)	Source of funding
Reducing the Average Cost of Younger Adults' Residential Placements	Commissioning Officer	1.00	C	Creation	Three years from date of appointment	49	49	49	148	Departmental reserves. NB: a financial contribution of 50% towards project implementation costs has been requested from Health partners. If approved, this will reduce the cost to the authority pa to £77,500.
	Occupational Therapist	1.00	B	Creation		43	43	43	130	
	Community Care Officer	2.00	5	Creation		62	62	62	187	
	Finance Business Partner	0.50	C	Creation	One year from date of appointment	25	0	0	25	Departmental reserves.
Financial Support Across All New Savings Projects	Finance Business Partner	2.00	C	Creation	One year from date of appointment	98	0	0	98	Departmental reserves.
Totals						868	466	181	1,515	
Temporary Business as Usual Activity	Resource Required	FTEs	Band/Grade	Post Extension or Creation	Timescale	Cost 2015/16 (£,000)	Cost 2016/17 (£,000)	Cost 2017/18 (£,000)	Total (£,000)	Source of funding
Occupational Therapy Support in the Adult Access Service	OT Countywide Project Manager	1.00	D	Extension	April 15 to March 16	53	0	0	53	Post currently funded from Intake Team's staffing budget. Post extension over 15/16 to be funded by Departmental Reserves.
Totals						53	0	0	53	
Additional Care Act Requirements	Resource Required	FTEs	Band/Grade	Post Extension or Creation	Timescale	Cost 2015/16 (£,000)	Cost 2016/17 (£,000)	Cost 2017/18 (£,000)	Total (£,000)	Source of funding
Support to Carers of seldom heard groups and other partners	Commissioning Officer	1.00	C	Creation	One year from date of appointment	49	0	0	49	Departmental reserves.
Totals						49	0	0	49	
TOTAL ASCHPP Temporary Resource Requirements						1,174	519	234	1,927	

30 March 2015**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC
PROTECTION****ADVOCACY SERVICES****Purpose of the Report**

1. The report provides a summary of the current advocacy services alongside an explanation of new demands on the services to deliver statutory advocacy. Committee is asked to consider these and agree to consultation being undertaken on the future of advocacy services with a further report on consultation outcomes to be considered at a future meeting of the Committee.

Information and Advice**Current Service Contract**

2. The current advocacy service is jointly commissioned by Nottinghamshire County Council, Nottingham City Local Authority, and the Clinical Commissioning Groups (CCGs). In April 2012 a City and County advocacy service, 'Your Voice, Your Choice', commenced. The three year contract with POhWER has the option to extend for up to three years in annual increments. In April 2013, an Independent NHS Complaints Advocacy Service (ICAS) was incorporated into this contract; the service contract runs for two years with an option to extend for up to three years in annual increments. This provides commissioners with the option to change advocacy services if required in 2015/16. This County Council are the lead commissioners on behalf of all the partners, managing the contract with POhWER. The service is delivered with Age UK Notts as an associate provider.

Current advocacy model and services

3. 'Your Voice Your Choice' provides a clear brand and single point of access for all advocacy services, delivered through a service triage approach known as 'Access to Advocacy' (A2A). It provides a single telephone number and web site to ensure contact with the service is as accessible as possible. Service users, agencies and organisations contact the service directly or via the Council's Customer Service Centre. A triage process is undertaken remotely at a centre in Birmingham which links to all their staff and services across the UK in a very effective way, offering advice, information and a supported signposting service.

4. The main aim of this service is to deliver a timely and effective intervention which will meet the needs of the majority of people who make contact and thereby prevent escalation of issues. However, where individuals do require a more intensive advocacy intervention, they will be referred to *Specialist Advocacy Services* delivered by a local team.
5. POhWER also provides statutory advocacy services, these are delivered by Independent Mental Health Advocates (IMHAs), Independent Mental Capacity Advocates (IMCAs) and Paid Representatives in local teams.
6. When a Statutory Advocacy Service is required, practitioners can contact the local statutory advocacy teams directly and not via the A2A triage point. These services are delivered to a specification set out by primary legislation (Mental Health Act, Mental Capacity Act). An out of hours number is available for the IMCA service and strong working links have been established with the Council's safeguarding team.
7. Age UK are training volunteers to develop a peer advocacy network as part of this advocacy model. It is anticipated that this will improve both individual and wider community resilience by empowering people and promoting self-help and self-advocacy. This aims to improve linkages between networks offering information and advice and therefore increases collaborative working to help connect a wide range of organisations in the community and voluntary sector including Healthwatch.

Performance information

8. The 2012/13 annual review of the service indicated that the service had received a total of 815 referrals over the first 12 month period. This exceeded the target in the contract of 800 referrals per year. The Your Voice, Your Choice team randomly select 25% of clients to look at satisfaction with the service and on a sliding scale of 1-10 (with 1 being low and 10 being high) 96% of clients rated the service provided by the advocate a 7 or above.

9. Below is some feedback from service users:

"Found the service very good. I had tried to access some services but had been unable on my own. The advocate helped me with that. Using the service has made a lot of difference to me."

"Having an advocate gave me confidence – I felt my complaint would be taken serious and that I had knowledgeable support. I was not complaining to the council for the sake of it and having an advocate involved has made a big difference and I thank you greatly for the help given to me."

Context

Implications of Cheshire West Judgement

10. On 9 March 2014 a Supreme Court Judgement (case of P v Cheshire West and Cheshire Council and P and Q v Surrey Council ["Cheshire West"]) increased the number of services users who now fall within the scope of what constitutes a deprivation of liberty and where this occurs Deprivation of Liberty authorisation is required.

11. Due to the Cheshire West ruling, there has been a five-fold increase in the requirements for Deprivation of Liberty approvals with a corresponding impact on the requirement for IMCAs and Paid Representatives in Nottinghamshire and Nottingham City. POhWER has estimated that this will equate to a corresponding increase to approximately four full-time equivalent advocates as well as other on-costs. This will equate to additional funding of £100,000 split between County and City using a new demand-led formula.

Care Act Advocacy

12. The Care Act 2014 identifies a significant increase in advocacy requirements. This includes opening up the provision for individuals experiencing 'substantial difficulties' as well as widening the range of activities for which advocacy should be provided, including assessment, care and support planning and review.
13. It is likely that the level of demand will increase year on year over a five year period, but in order to meet immediate demands, it is proposed that POWhER is given £50,000 to meet the initial impact with a further £50,000 awarded on a cost and volume basis across the year. This will again be split between City and County using the demand-led formula.
14. Central government guidance on Care Act implementation suggests demand for this new service will continue to increase over a five year period; during the first year it is expected that the take-up of this new service will provide a better guide to predict future demand. POhWER will provide commissioners with detailed monitoring information, including the impact of overlapping statutory advocacy. Understanding and managing overlapping areas of advocacy will assist the delivery of a more efficient and seamless advocacy experience for service users and their families.
15. The single contract with the Council's current providers, POhWER, delivers all advocacy services as described above. This model has already provided some benefits and efficiencies by allowing the Council to use the scale and scope of this contract to manage the Cheshire West pressures and prepare a model to deliver Care Act advocacy. All commissioning partners agreed that the current contract should be extended for another year from 1 April 2015 to 31 March 2016.
16. The commissioners also agree that there is a need to consider a new advocacy model from 2016 that reflects the considerable additional demands for statutory advocacy already described and to consider other factors that may affect the delivery of advocacy services such as service transformation and integration in social care and the NHS.
17. To meet the immediate pressures outlined above, the Council intends to fund a one year pilot service alongside the current contract from 2015 to 2016. This option will ensure that the immediate demand for additional advocacy linked to the Care Act and Cheshire West judgement is met. This has been submitted for approval via the financial waiver process. The delayed Care Act implementation guidance and changing levels of demand ruled out a period of consultation and tender prior to 1 April 2015.
18. The provider has been working closely with the Council to shape a pilot that will meet the changing demand for advocacy services and provide performance monitoring data that is needed to shape future advocacy services. The contract with POhWER has been

reviewed over the last three months and all commissioners are very satisfied with the services delivered; performance has consistently exceeded the targets set in the contract and there is clear evidence that outcomes have met statutory standards and those set out in the service specification.

19. The Adult Social Care and Health Committee was informed in a Care Act update report at its meeting on 5 January 2015 that the Council is working with its partners and current provider POhWER to ensure that the Council will be able to undertake the new responsibilities set out in the Care Act 2014.

Other Options Considered

20. To continue with the current service contract; however this would fail to consider future service scope and efficiencies for three more years during a period of considerable service transformation. It would also lead to the current contract exceeding the value permitted by European Union procurement regulations determined by the original value of the original advocacy service tender and be open to legal challenge.

Reason/s for Recommendation/s

21. The Council will need to undertake a period of consultation to consider the most appropriate service and contract model with partners and stakeholders.
22. The NHS commissioning partners currently fund only non-statutory or 'specialist advocacy' and this will enable the mapping of new services commissioned since this contract commenced which provide information, advice and advocacy.
23. The impact of the Care Act and increased demand for independent Mental Capacity Advocacy and the provision of Paid Representatives advocates in NHS units suggests there is a need to discuss service funding with health commissioners as plans to integrate NHS and social care services emerge.
24. A period of consultation will need to commence as soon as approval is given to start the process and will be undertaken with other key services, groups and service users. PoHwer have worked in partnership with Healthwatch and it is expected that the Council will undertake this consultation with their support.
25. A tender timetable has been agreed with Council procurement colleagues to achieve a new service by April 2016 and County Council will lead the process for all other partner agencies.

Statutory and Policy Implications

26. 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

27. There are no financial implications.

RECOMMENDATION/S

That the Committee:

- 1) agrees to consultation being undertaken on the future of Advocacy Services
- 2) receives a further report on consultation outcomes with recommendations for action.

Paul McKay

Service Director, Access and Public Protection

For any enquiries about this report please contact:

Gill Vasilevskis

Commissioning Manager, Joint Commissioning – Younger Adults

T: 0115 9773008

E: gill.vasilevskis@nottsc.gov.uk

Constitutional Comments (CEH 06/03/15)

28. Adult Social Care and Health Committee has the delegated authority to consider the recommendations in the report.

Financial Comments (KAS 09/03/15)

29. There are no financial implications contained within this report.

Background Papers and Published Documents

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

Care Act 2014 – update on local implementation: report to Adult Social Care and Health Committee on 5 January 2015

Electoral Division(s) and Member(s) Affected

All.

30 March 2015**Agenda Item: 7****REPORT OF THE DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****IMPLEMENTATION OF THE ADULT SOCIAL CARE STRATEGY 2014/2015****Purpose of the Report**

1. To report on the progress made in implementing the Adult Social Care Strategy and to invite the Committee to comment on the revised Adult Social Care Strategy, which has been updated to reflect the Care Act 2014, and recommend it to Policy Committee for approval.

Information and Advice

2. The Adult Social Care Strategy was approved by Full Council on 27 March 2014. Its aim is to set the future direction of adult social care in Nottinghamshire and enable the Council to meet its statutory duties within the funding available. The strategy is in line with priority four of the Council's Strategic Plan, and with the Council's Health and Wellbeing Strategy 2014-2017.
3. The emphasis of the strategy is on promoting independence and wellbeing, ensuring value for money and promoting choice and control. It also aims to ensure that pathways and processes are as streamlined and efficient as possible, so that people get the right amount of support, at the right time, with the aim of promoting their independence for as long as possible. It also reflects the requirements of the Care Act 2014, which will be implemented from April 2015. Information and training for staff has been designed to explain the new responsibilities introduced by the Care Act within the context of the strategy.
4. Work has also been undertaken with the Institute of Public Care (IPC) to look at how to measure the successful implementation of the strategy. This work has identified where performance measures currently in place can be used to identify whether the strategy is having an impact in the required areas (e.g. Adult Social Care User Survey, Better Care Fund performance indicators, departmental performance indicators) and where there are gaps that the Council will need to address through new and/or different reporting and review mechanisms.
5. Major pieces of work to implement the strategy have started over the past year. Many of these are linked with work that is required to implement the requirements of the Care Act and to support the integration of social care with health, and will be familiar to the Committee from previous reports outlining progress in these areas.

6. The report aims to highlight progress and developments in relation to some of the key areas identified in the strategy that have not already been covered in detail in previous Committee reports.
7. **Information, advice and early intervention:** the Council is undertaking a complete revision of the Council's website through the Digital First project and this will be completed by September 2015. This work will improve the full range of both corporate and partners information available to the public and staff, and will make it easier to keep up to date. The Council is in the process of developing the new Help Yourself online solution for advice and information to enable people, carers and families to take control and make well-informed choices about their care and support and how to promote well-being. This will include information on services covering social care, NHS and the voluntary sector, and will mean that Nottinghamshire residents, service users, carers and partners will be able to access personalised information which relates to their specific situation. People will be able to find the information themselves or ask for a printed copy. It will be operational by March 2015 and will be developed as an e-market place by April 2016.
8. **Prevention:** the Council has revised its prevention and early intervention offer in line with the Care Act, based on the evidence of what best avoids or reduces the need for social care. Work is now underway with the three planning groups to align the Council's approach to targeting, pathways and services with that of the Clinical Commissioning Groups (CCGs) preventative approaches, for example with Bassetlaw's Social Prescribing scheme and Mid Nottinghamshire's PRISM approach and Self Care Hub.
9. The Council already provides a good range of services to support carers which helps them to keep people at home and in their community wherever possible. The Carers' Support Service based within the Adult Access Team has been very well-received. A recent report, Carers in Nottinghamshire, completed by Public Health in December 2014, reviewed carer experience and expectations, and a number of carers provided positive feedback on the service with appreciation for the accessibility and having a central contact point to obtain information and possible avenues for support.
10. In partnership with Nottinghamshire Healthcare Trust, the Council has commissioned 6.5 fte Compass Workers who support carers of people with moderate to severe dementia. There is a worker located in each Clinical Commissioning Group area to support carers at times of crisis, by offering psychological support, help to navigate around services, practical assistance and by providing expertise on dementia care.
11. **Assessment and care management:** tools are being developed to help with the pre-determination of people's care and support needs and estimating the possible associated costs. The initial tool is an online contact that automates the provision of information and advice to those people where information and advice can meet their needs. For those people who are likely to need further support, work on a financial 'ready reckoner' is in its early stage of development to help inform people whether they will need to contribute towards the cost of their care and support and if they are likely to have to pay the full cost. Work is also progressing on the development of an online assessment to allow people and their families to undertake an initial self-assessment of their needs. This could also be completed with the assistance and support of other professionals. Assessments will always be verified by a social care professional before any Council service is provided.

12. In relation to ensuring care is provided closer to home wherever possible, the Council has been working hard to meet government targets set in response to the Winterbourne View report, and had moved 18 people out of hospital by June 2014. In total 28 people have been supported to move out of hospital by the Council working in partnership with local Clinical Commissioning Groups (CCGs) and also Derbyshire, Nottingham City and South Yorkshire CCGs. 18 people have moved into supported living and nine into residential care with one person staying in a step down unit until his supported living placement is ready. Four more people are due to leave by the end of March.
13. **Review:** The strategy refers to the Council's commitment to undertake regular reviews to ensure personal budgets are appropriate to meet need. The Central Reviewing Teams have undertaken 2,174 review interventions across older and younger adults between the end of March 2014 and mid-January 2015 to ensure people are receiving a proportionate level of support; these have resulted in savings in the region of £1.73m. These reviews are in addition to activity taking place within locality assessment and care management teams.
14. **Commissioning services:** Nottinghamshire is one of 10 local authorities piloting the 'Just Right' project to manage demand while promoting personalised services. This is based within learning disability supported living services and promotes partnership working with key providers. The outcomes help to enable service users to achieve a level of support that is just right for them as individuals based on their specific needs, and which promotes independence and reduces need for and reliance on care which may impede independence.
15. In relation to monitoring and improving quality, a Risk Register has been developed within the Market Development and Care Standards Team and is now being used to prioritise the programming of audit visits to care homes. The Risk Register is also used during the regular information sharing meetings between the Council and the Care Quality Commission to identify and agree any required actions where poor quality care has been identified.
16. **Structures and processes:** the Council is undertaking a great deal of work in order to make systems and processes as efficient as possible. It is anticipated that the Care Act will mean an increase in the number of assessments that the Council is required to undertake. To this end there has been a successful introduction of mobile devices (Thinkpads) for social care workers undertaking assessments and reviews from January 2015. By March 2015 it is expected these will be rolled out to the relevant staff across the County. The device allows workers to complete assessment documents and case notes remotely in the community through software called Total Mobile. There is also a project now underway which is looking at auto-scheduling appointments in social care workers' diaries, in order to make the best use of their time and to inform people as quickly as possible of when the Council will visit to assess their needs.
17. In addition a project is being developed to pilot the use of clinics for appropriate Occupational Therapy and Social Work assessments and reviews. These will be geographically based where analysis indicates the highest volume of cases, and a range of options will be considered within Council and Health services. Performance metrics are being devised for the work to increase capacity to undertake assessment and care

management activity, in order to be able to evidence that the initiatives work, as well as establish a baseline from which to monitor improvement and work with teams to agree what are both aspirational and reasonable activity levels.

18. A report on Occupational Therapy services is also scheduled for consideration at this meeting of the Committee.
19. Work has also been undertaken to communicate the strategy and its key messages to the public, staff and partner organisations. In September and October 2014 there were a number of road shows undertaken with frontline staff where the strategy was discussed with the Senior Leadership Team. Earlier in 2014, there were some sessions available to Team Managers to help them understand their role in supporting and embedding the strategy with staff. Further sessions for all Team Managers, following on from the recently finished corporate Leadership Development Programme, are being planned for April/May. These will focus on the cultural change and the leadership required to support staff to work in a different way.
20. A communications plan has been developed and this includes publication of a leaflet for the public, as well as information available on the public website explaining what the Council's offer will be in relation to adult social care. Information targeted at different audiences (e.g. Health staff, care providers) has also been developed. The public information includes a charter for adult social care, which aims to show in clear language what the Council will do and provide, and is shown below:

❖ We will promote individual health, well-being and independence
❖ We will share responsibility for maintaining the health and well-being of people in our communities with families, carers, friends and other organisations
❖ We will work to prevent or delay the development of needs for care and support by providing advice, information and services that support independence
❖ We will promote choice and control so people can receive support in ways that are meaningful to them, but will balance this against the effective and efficient use of our resources
❖ We will work to ensure people are protected from significant harm whilst allowing people to take risks
❖ We will always seek the most cost effective way to provide support, in order to ensure we can continue to meet the needs of all people who are eligible for care and support

Further work is required to fully embed the key messages of the Strategy and to ensure that the capacity required to implement the Strategy is available.

21. Late last year, Committee approved some new temporary posts to support the transformation work required within the department, including the implementation of the adult social care strategy. Recruitment to these posts is well underway; two Lead Transformation Managers have already been recruited and an appointment has been made to the Transformation Programme Director post. It is hoped that the post dedicated to managing the Strategy implementation will be filled imminently. The Transformation Team has developed a Project Initiation Document that identifies the work streams that this post will be required to progress on starting work.
22. The wording of the current Adult Social Strategy has been revised to ensure it is aligned with the Care Act. This is attached as **Appendix 1**. The Committee is asked to review the revised document and recommend that it is submitted to Policy Committee for approval.

Other Options Considered

23. The strategy was approved by Full Council in April 2014. Implementation of the strategy is essential to enable the Council to fulfil its aims in relation to transforming adult social care and achieving value for money; therefore other options to this have not been considered.

Reason/s for Recommendation/s

24. The progress on implementation of the strategy is for noting. The strategy requires slight revision in wording to ensure it is up to date and compliant with the Care Act.

Statutory and Policy Implications

25. 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

26. There are no specific financial implications identified in this report. It is intended that implementation of the strategy will help the Council to deliver savings and efficiencies within adult social care services.

Human Resources Implications/ Ways of Working Implications

27. Council staff will be required to work differently as a result of the implementation of the strategy and are being supported to understand the implications of the strategy, as well as the implications of the Care Act. As identified in the report, staff are already being provided with IT equipment to enable more mobile working.

Implications for Service Users

28. The Council is committed to providing good quality social care services for those adults who are most in need of care and support, and appropriate advice and information to prevent and delay the need for formal care and support wherever possible.

RECOMMENDATION/S

That the Committee:

- 1) notes the progress made to date with implementation of the Adult Social Care Strategy
- 2) agrees to receive a further update on progress in November 2015
- 3) comments on the revised Adult Social Care Strategy, updated in line with the Care Act 2014, and recommends it to Policy Committee for approval.

Jon Wilson

Deputy Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Jennie Kennington

Senior Executive Officer

T: 0115 9774141

E: jennie.kennington@nottsccl.gov.uk

Sarah Hampton

Commissioning Officer

T: 0115 9774969

E: sarah.hampton@nottsccl.gov.uk

Constitutional Comments (LM 05/03/15)

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

Financial Comments (KAS 04/03/15)

30. The financial implications are contained within paragraph 26 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.

Approval of the Adult Social Care Strategy – report to Full Council on 27 March 2014

Electoral Division(s) and Member(s) Affected

All.



Policy Library Pro Forma

This information will be used to add a policy, procedure, guidance or strategy to the Policy Library.

Title: Adult Social Care Strategy

Aim / Summary: The aim of this strategy is to set out the Council's proposals for the efficient use of resources for adult social care in Nottinghamshire.

Document type (please choose one)

Policy		Guidance	
Strategy	x	Procedure	

Approved by: Full Council

Version number: 2

Date approved: 27.3.2014

Proposed review date:
March 2015

Subject Areas (choose all relevant)

About the Council		Older people	x
Births, Deaths, Marriages		Parking	
Business		Recycling and Waste	
Children and Families		Roads	
Countryside & Environment		Schools	
History and Heritage		Social Care	x
Jobs		Staff	
Leisure		Travel and Transport	
libraries			

Author: Commissioning Officer

Responsible team: Joint Commissioning Unit

Contact number:

Contact email:

Please include any supporting documents

1.

2.

3.

Review date

Amendments

1.4.2015

Strategy revised to take account of the implementation of the Care Act 2014



Adult Social Care Strategy

Foreword

This strategy sets out the Council's proposals for the future of adult social care in Nottinghamshire. The proposals are in line with the Council's Strategic Plan 2014 – 2018 and the Care Act 2014. The proposals are being made at a time of an unprecedented reduction in the Council's income, accompanied by rising demand for our services from older people and people with complex needs.

The provision of good social care support has always been a priority for the Council. In responding to the changes ahead of us, we will always try to consider the needs and preferences of the individual, but we will also have to balance this against the effective and efficient use of resources. We must ensure that we have sufficient resources to meet the needs of all people who are assessed as eligible for social care support and we must focus resources on support that prevents delays and reduces the need for care and support.

1. Context

Priority Four of the Council's Strategic Plan deals with providing care and promoting health. It sets out the Council's intentions to develop individual and community resources to prevent, delay and reduce the need for care and support. In addition the Care Act changes the way in which social care support is arranged and provided. For example it:

- provides a national eligibility threshold, which applies to all councils
- focuses care and support on promoting wellbeing and preventing or delaying the need for social care support
- requires the Council to provide people with information and advice relating to care and support for adults and support for carers

Our guiding principles for the future are as follows:

Good quality information and advice will be available to all to help people plan for the future, reduce the need for care services and where possible maintain independence.

We will expect to share responsibility with individuals, families and communities to maintain their health and independence

We will enable people to live with the risks inherent in living independently whilst ensuring they are safeguarded from significant harm.

We will reduce the demand for institutional care and the need for long term care in the community by commissioning or providing services that support independence.

Where people are assessed as eligible for social care support and need funding from the Council towards the cost of meeting their needs, we will provide funding only for as long as it is necessary to do so.

We will promote individual health and independence through joint and collaborative working across the public sector.

We will encourage and stimulate an efficient, diverse, affordable and high quality social care market.

We will commission support from external organisations that is focused on helping people to remain independent for as long as possible and is efficient and affordable

We will always consider the eligible needs and preferences of the individual but the Council has a responsibility to balance this against the effective and efficient use of its resources, which take account of the needs of all adults eligible for social care and support.

2. Our strategy for achieving these aims

INFORMATION, ADVICE AND EARLY INTERVENTION

- We will provide good quality information and advice to ensure that people know what support is available to them and to help them to plan for the future.
- We will aim to meet people's needs quickly when they first contact us. This might be through the Customer Service Centre, at a clinic or at a health centre.

PREVENTION

- We will target all prevention and early intervention services at people who are at risk of losing or reducing their independence.
- We will maximise independence by loaning equipment and assistive technology to people, where appropriate
- We will ensure that social care support is available to carers, if they are assessed as eligible to receive it.
- We will intervene to keep people safe when we have reasonable cause to believe there is a risk of harm or neglect by others, or an individual is unable to protect him or herself.

SHORT TERM SUPPORT (re-ablement)

- We will work to prevent or delay the development of needs for care and support by providing advice, information and services that support independence
- We will target short term support (re-ablement) where initial indications suggest that the service will prevent or delay the person's need for longer term support.

ASSESSMENT AND CARE MANAGEMENT

- We will provide a proportionate assessment to people following short term support (re-ablement) where it appears that they have eligible social care needs.
- We will make more use of phone, online and clinic appointments to undertake assessments. Assessment visits to a person's home will be made in situations where it is clear that a person could not cope with a phone or online assessment, is unable to travel to a clinic, or requests a face to face assessment.
- We will arrange services at the time they are required for as long as they are required to meet the specific outcomes identified in the assessment
- We will ensure that an assessment, under the Mental Capacity Act 2005, is carried out where people lack the capacity to make a decision about how their care needs should be met.
- We will provide care closer to home where this meets a person's needs and is cost effective. For those people currently placed outside of the county, we will aim to commission services in Nottinghamshire, where possible.
- We will ensure that people have access to independent advocacy support so that they can understand the choices available to them, where necessary.

PERSONAL BUDGETS

- We will ensure that other sources of funding and support are always explored before the allocation of a personal budget.
- We will decide how much a person's support would reasonably cost, based on their eligible needs.
- We will provide personal budgets that meet the essential outcomes identified through assessment in the most cost effective way
- We will expect people assessed as eligible for social care support to contribute towards their personal budget in line with the national charging arrangements for adult social care.
- We will offer a choice to individuals of taking their personal budget through a direct payment, a managed budget (arranged by the Council) or a mixture of the two.

REVIEW

- We will ensure that a person's entitlement to a personal budget is reviewed regularly to ensure that he/she is still eligible and that his/her outcomes are being met in the most cost effective way.

COMMISSIONING SERVICES

- When commissioning services for people, we will place greater emphasis on the achievement of outcomes and value for money over the level of choice available. We will always aim to maximise people's independence and take their preferences into account, but the funding made available to support an individual will be determined by the most cost effective care package, based on the local care market, the availability of local care providers and the cost of community based and residential care. All situations will have to be assessed and considered on an individual basis.

- We will reduce the demand for institutional care and the need for long term care in the community by commissioning or providing services that support independence, for example extra care housing and/or housing with support. This will involve working with Health, housing providers and other agencies.
- We will expect organisations that provide services on our behalf to deliver good quality support that keeps people safe. Where they fail to do so in a timely manner, we will commission alternative support for people
- We will expect organisations that provide services on our behalf to pay for our support in situations where they are not meeting their contractual requirements and require support for improvement.
- We will fund non-statutory/discretionary services where there is evidence that they prevent, delay or reduce the need for care and support

FINANCE AND CHARGING

- We will charge a fee which reflects the cost of the service to people and organisations, where we are able to do so.
- We will ask people to pay the difference where they choose care and support which is more expensive than care that can be procured by the Council.
- We will provide advice and guidance to people on other funding that might be available if their preferred service is more expensive than similar care and support that can be procured by the Council
- We will make sure that people understand the different ways in which they can get independent financial advice in relation to their social care support.

STRUCTURES AND PROCESSES

- We will continue to adapt adult social care structures and processes in line with the changes outlined in the Care Act.
- We will make our systems and processes as efficient as possible to save money.
- We will ask the most appropriate agencies and care providers to undertake support planning and arrange services on our behalf
- We will integrate our structures with Health and other agencies where doing so will provide better outcomes and more cost effective services

30 March 2015**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC
PROTECTION****NEW RATES FOR INDEPENDENT SECTOR CARE AND SUPPORT
SERVICES****Purpose of the Report**

1. To seek approval of annual inflationary awards for care and support services commissioned by Nottinghamshire County Council from independent sector providers, including voluntary organisations. The report also seeks approval to undertake an in-depth analysis of provider costs to determine accurately the cost to the authority of external providers paying their staff the living wage, with the results of this study and recommendations to be brought to Adult Social Care & Health Committee late in 2015.

Information and Advice

2. In accordance with the National Health Service and Community Care Act 1990 the Council has contractual arrangements in place with independent sector care providers to govern the provision of care and support services.
3. The Department funds 3,320 people in long term residential and nursing care home placements¹. This includes those individuals who are residents of the County but who have chosen to live in a care home in another part of the country.
4. The Department commissions a range of care and support services such as home care and day care services from independent sector providers to help people to remain living independently in their own homes. Currently, there are approximately 6,370 people who meet the Fair Access to Care Services (FACS) eligibility criteria who are receiving community based care and support services across all service user groups².
5. People who receive these services are required to contribute to the cost of these services in accordance with their financial circumstances and based on a financial assessment. Some service users will be meeting the full cost of their care.

¹ As at the end of the last quarter (December 2014)

² As at the end of the last quarter (December 2014); service users considered 'Long Term' (ongoing package based on a community care assessment), so excludes those who only receive lower level services such as meals, equipment, and one off direct payments

6. Nationally and locally, care providers report difficulty in recruiting and retaining staff, as a result of demographic and industry change. Nottinghamshire County Council is working closely with providers to address these challenges and encourage a strategic and partnership approach to recruitment and retention. The level of carers' pay is regarded as one element of such a plan, and staffing costs are a large proportion of care businesses' outgoings.

Fees for Independent Sector Residential and Nursing Care Homes

Care Homes for Older People

7. During 2012, the authority completed a comprehensive review of its Fair Price for Care framework and banded fee levels for independent sector older persons' care homes, resulting in the approval of a new fee structure and fee levels in February 2013, including the application of an index related inflation formula, to be applied annually to independent sector older persons' care home fees with effect from April 2014.
8. Calculations based on the agreed index show that the inflation increase for older people's banded care homes for 2015/16 would be 0.9898%, i.e. 1%. It is proposed that this is applied to older persons' care home fees with effect from April 2015.

Care Homes for Younger Adults

9. Specialist care home placements, for example, for adults with physical and/or learning disabilities, head injuries, or challenging behaviour, have entailed individual negotiations through the application of the 'Care Funding Calculator' (CFC) for high cost placements. This tool is used by many local authorities and health commissioners when determining and reviewing fees in order to ensure value for money and to enable benchmarking across the region for the cost of complex care. The tool also provides a robust framework for agreeing a fair and transparent price for each placement based on the needs of the individual service user.
10. Alongside the implementation of the CFC, the Department has completed an accreditation process and has in place a contract for specialist services with those providers that are able to meet defined quality indicators and which meet the Council's specific commissioning objectives.
11. However, the CFC has not been applied to all care packages and all providers. All high cost residential packages not previously costed using the care funding calculator will be subject to review over the coming 12-24 months as part of an options for change proposal. Any new fee agreed using the CFC would be at 2015/16 rates, as the CFC does get updated nationally each year. Applying inflationary increase only to those providers who have already been subject to the CFC or are providing lower cost services anyway would be more likely to encourage all providers to adopt the funding calculator, however further work is required to detail the financial and commissioning implications of this. Therefore it is recommended that further work be undertaken to understand the consequences of applying inflationary increase in this area.
12. The authority will continue to work with providers to support them to make further efficiencies in their operating costs wherever possible.

Fees for Community-Based Care and Support Services

13. The Council continues to extend and expand its range of community-based support services such as home care and extra care for older people, and supported living for adults with learning disabilities in accordance with the key strategic objective of helping people to live independently in their own home for as long as possible.

Home Care and Extra Care Services

14. Home Care and Extra Care contracts with core providers were awarded in March 2014 and were implemented from April 2014, with fees set in accordance with tendered prices.
15. Issues taken account of by providers during the tender process, and which influenced the rates ultimately payable, were:
 - introduction of fixed hour contracts of employment with care staff where appropriate
 - payment for travel and for travel time
 - recruitment and retention
 - choice and involvement of service users and carers in support planning and in delivery of flexible services
 - quality assurance
 - providers' role in facilitating avoidable hospital admissions and prompt discharges
16. The contract with the core providers states that from 1 April 2015 and each subsequent April, and with due regard to its financial capability, the authority will consider a reasonable change to the hourly rate to recognise the impact of changes in cost of living standards and law. Providers are expected to hold such increases to the minimum possible, and the authority is to consider limiting the direct costs to be no greater than the annual percentage increase agreed for the authority's staff annual pay uplift, which was 1% in 2015.
17. Recent announcements by Government have indicated a substantial rise in the national minimum wage and the Council will need to understand the impact this may have on the domiciliary care sector. It is therefore recommended that further consideration be undertaken to determine what level of inflationary increase should be applied to this sector.

Supported Living

18. During March 2014, the authority completed a tender for care, support and enablement services, with contracts being awarded for learning disability, physical disability and mental health services.
19. Existing providers have been asked to sign up to similar terms and conditions as the new core providers in order to ensure that all supported living is working towards promoting independence and reducing the requirement for paid for support.

20. As detailed above it is recommended that the Council undertake further work to determine the level of inflationary increase if any should be applied to this sector in 2015/16.

Day Care Services

21. During 2012/13, the Department completed an accreditation of independent sector day care providers. One element of the accreditation considered the providers' compliance with the day service rates set by the Council and which are aligned to the Council's own day services.
22. Members will be aware that the Council's own day service provision was reviewed and reconfigured during 2011/12-2012/13. Further reductions in spend on internal services have been undertaken in 2014/15 and there are plans for further reductions in 2015/16. The actual cost of these services is being calculated based on these further reductions in spend aligned to current activity
23. It is proposed therefore that further work be undertaken prior to the Council agreeing any inflationary uplift to these services.

Shared Lives Services

24. As the Department developed and expanded its Shared Lives scheme, the fee rates payable to Shared Lives carers were reviewed during 2013/14. The new fee structure implemented in 2013/14 involved aligning fee levels with individual needs. Therefore it is recommended that no inflationary uplift is paid to these services

Direct Payments

25. As detailed in paragraph 17 above, the Council will need to understand the impact of national policy in relation to these payments prior to determining whether an inflationary uplift is required for 2015/16.

Costs of applying inflation awards

26. A summary impact of adding 1% inflation to banded older persons' care homes is given in the table below. The headline figures are as follows:

	£m
Expected cost of Care Packages 2015/16 (no inflation)	212.278
Inflationary uplift required	0.738
<i>Expected cost of Care Packages 2015/16 (with inflation)</i>	<i>213.016</i>

27. £1m is budgeted for within the Council's medium term financial plan for the contractual inflation increase agreed as part of the Fair Price for Care for older adults' care homes.

Other Options Considered

28. Given the authority's current financial constraints, and the obligation only to award an inflationary uplift for older adults' care homes, there is no contractual requirement to pay inflation in other areas of services. However consideration is being given to not restricting an increase for inflation to older adults' care homes only. It is recognised that providers have faced increasing costs, and to demonstrate equity with the approach to award inflation to older adults' care homes, consideration is being undertaken to also apply an increase to other care types. This may enable providers to increase wage levels for their staff and in turn promote recruitment and retention of their workforce. Further work is required to understand the financial and other consequences of such a decision.
29. All of the authority's contracted adult social care providers pay their staff at least the minimum wage, as they are required to do by legislation. A significant cost faced by care providers is that of staffing; the living wage is 21% higher than the minimum wage. The cost of applying the living wage across all of the authority's adult social care contracts is anticipated to be a very significant commitment given the current national funding constraints faced by the authority.
30. It is therefore proposed that a more in-depth analysis of costs is undertaken during the financial year 2015/16, with inflationary increases and the application of increased minimum wage and potential for living wage by providers to be considered by Committee in the summer of 2015.

Reason/s for Recommendation/s

31. The proposed fee increase of 1% for banded older people's care home services is in accordance with a previous decision made by Policy Committee.

Statutory and Policy Implications

32. 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

33. During this time of significant financial constraints and the requirement on independent sector care providers to deliver further efficiencies, the Council continues to work with them to ensure that the services they provide are of good quality and meet outcomes for service users whilst at the same time delivering value for money. The Council undertakes annual quality audits with contracted providers which consider how providers are meeting outcomes for service users.
34. The Council undertakes annual reviews in relation to those people who require care and support services and who meet the Fair Access to Care Services (FACS) eligibility criteria. These reviews ensure that the services are meeting people's identified

outcomes. Unscheduled reviews are also undertaken as and where the needs of individuals change in order to ensure that the services they receive continue to meet their needs.

Financial Implications

35. The cost implications of applying a fee increase of 1% for banded older persons' care homes will be £0.738m p.a. based on the current numbers of Council funded residents across Nottinghamshire. This cost is included within the approved budget for 2015/16.
36. The additional cost of applying inflation to the other services specified in this report is not within the budget for 2015/16, so would represent an additional pressure in 2015/16 should the Council determine to meet this pressure.

Public Sector Equality Duty Implications

37. There are no anticipated disproportionate impacts on those with protected characteristics.

RECOMMENDATION/S

That Committee approves:

- 1) the application of an index linked inflationary increase of 1% for the adult social care services to older peoples care home placements payable from the start of the financial year 2015/16
- 2) an in-depth analysis of provider costs be undertaken to determine the cost to the authority of paying an inflationary uplift and the impact on external providers of paying their staff the new minimum wage with recommendations to be brought to Adult Social Care & Health Committee in 2015.

Paul McKay
Service Director for Access and Public Protection

For any enquiries about this report please contact:

Paul McKay
Service Director for Access and Public Protection
T: 0115 9774116
E: paul.mckay@nottsccl.gov.uk

Constitutional Comments (SLB 17/03/15)

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

Financial Comments (KAS 17/03/15)

39. The financial implications are contained within paragraphs 35 and 36 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

30 March 2015**Agenda Item: 9**

REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE

YOUNG CARERS

Purpose of the Report

1. The report updates Committee regarding the work with and support to young carers in Nottinghamshire.
2. The report also seeks approval to establish 3.5 fte temporary Community Care Officers for Young Carers.

Information and Advice

3. The aims identified in the Young Carers Strategy for Nottinghamshire were to: minimise the extent to which children and young people take on caring roles that are inappropriate or detrimental to them; ensure there was adequate support for those children and young people who are adversely affected by the illness or disability of their parents/carers/siblings; and ensure disabled adults were adequately supported in their parenting role.
4. During 2014 staff in Targeted Support, which is part of Children, Families and Cultural Services, have worked with young carers who are caring for siblings aged up to 18 years. 198 assessments and reviews have been completed of young carers during 2014. This compares to 373 assessments and reviews in 2013/14 when there were also specific staff in adult services to focus on young carers.
5. Young Carer Workers and staff in assessment teams use the young carer's assessments. Questionnaires are also completed to identify the positive and negative impacts of caring (PAN OC – Positive & Negative Outcomes of Caring) and the MACA (Multi-dimensional Assessment of Caring Activities) which provides an index of the amount of caring activity and tasks undertaken alongside the assessment lead to the allocation of a personal budget. Personal budgets are being offered to meet the needs of young people in the form of Direct Payments. In the south of the County there is also a service to support young carers operating across Nottingham City, Broxtowe, Gedling and Rushcliffe provided by The Carers Federation.
6. The Care Act 2014 brings additional responsibilities in relation to carers. The Carers work stream of the Care Act is in Nottinghamshire considering support to carers and to young carers. The majority of young carer assessments have been completed by young carer assessment workers and by Targeted Support. Whilst mainstream workers in all teams

will continue to assess and offer support to young carers, it is recognised that the pressures of other work is impacting on the time available to spend with young carers. The number of young carer assessments completed in 2014 in relation to those caring for an adult has decreased, whilst the assessment of those caring for siblings (under 18 years) has increased. In order to ensure that there is ongoing support once the Care Act comes into force in April 2015 and that reviews of young carer needs can be completed, a 0.5 fte Community Care Officer per district is identified as being required.

7. Training will be provided to staff in relation to the Care Act. E-learning is also available to staff in relation to undertaking carer assessments.

Other Options Considered

8. Support to Young Carers through Targeted Support for those caring for a person under 18 years have been developed and strengthened. However, this is focused on those caring for siblings up to the age of 18 years and does not have the resources to undertake assessments of all young carers who are caring for adult family members. Within Adult Services mainstream staff working with younger adults are now more aware of young carers and have undertaken some assessments and reviews, particularly where the adult being cared for is also receiving a service (for example, a parent with disabilities). However, whenever there are no specifically designated staff to work with young carers the number of assessments and reviews decreases and the impact of the Care Act may further reduce time of existing mainstream staff to spend time with young carers who are often in full time education and can therefore only be seen in the evenings or during school holidays.

Reason/s for Recommendation/s

9. Young carers become vulnerable when the level of care giving and responsibility is excessive. The evidence from the last 3 years supports the need for some specific staff time in each district to focus on young carers' needs. It takes on average between 4 to 6 hours and 10 to 12 hours in more complex cases to complete assessments. There is a concern that adult social care staff will not have sufficient capacity to conduct the volume of young carers' assessments when the Care Act is implemented. Current research suggests that the majority of young carers support adults with physical disabilities; with adults with Mental Health needs being the second largest group which is spread across all districts of the County.

Statutory and Policy Implications

10. 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

11. The total cost of the proposal is £109,204 per year including on-costs and mileage to be met from the disabled parents and young carers budget:

3.5 fte Community Care Officer posts at grade 5 spc 28.

Human Resources Implications

12. The 3.5 fte Community Care Officer posts will provide opportunities for existing NCC employees to focus on young carers.

Safeguarding of Children and Vulnerable Adults Implications

13. A joint protocol is in place across Children's & Adult Social Care giving clear guidance on respective responsibilities. Adult teams will co-ordinate assessments where there is no indication of child protection or child safeguarding concerns. Where there is a risk of significant harm to a child, Children's Services will co-ordinate the assessment.

Ways of Working Implications

14. The proposed posts will be based as follows:

- 1 fte Community Care Officer - at Sherwood Energy Village
- 1 fte Community Care Officer - at Lawn View House
- 1.5 fte Community Care Officer at Sir John Robinson Way.

RECOMMENDATION/S

That:

- 1) the update on the work with and support to young carers in Nottinghamshire be noted
- 2) the establishment of 3.5 fte Community Care Officers (Grade 5, scp 24-28) with approved carer status be approved as detailed in the report.

Caroline Baria

Service Director, South Nottinghamshire

For any enquiries about this report please contact:

Wendy Adcock

Group Manager, Younger Adults South

T: 0115 8546216/ 07739 823573

E: wendy.adcock@nottsc.gov.uk

Constitutional Comments (LM 18/03/15)

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

Financial Comments (KAS 20/03/15)

16. The financial implications are contained within paragraph 11 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.

Young Carers Strategy for Nottinghamshire
Support for disabled parents and young carers protocol

Electoral Division(s) and Member(s) Affected

All.

30 March 2015**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR, MID AND NORTH
NOTTINGHAMSHIRE****OCCUPATIONAL THERAPY****Purpose of the Report**

1. To provide an update on progress with projects being undertaken in relation to the work completed by Occupational Therapists (OTs) to both improve and streamline services from a customer perspective. The report also seeks approval to establish a 1 fte (full-time equivalent) temporary Hub Service Advisor post to undertake the rising number of assessments coming through to the services and receive a further progress report including the outcomes of the hub evaluation in October 2015.

Information and Advice

2. Nottinghamshire County Council (NCC) Occupational Therapists (OTs) undertake assessments and provide practical support to enable people to recover their independence, health and mobility after a period of ill-health. The service supports people of all ages to overcome the effects of disability caused by illness, ageing or accident so that they can carry out everyday tasks or occupations. This may include, for example, advice on approaching a task differently, using equipment or assistive technology, adapting living or working environment and finding strategies to help people reach their chosen goals.
3. The aim of the NCC OT service in providing adaptations, equipment, signposting, advice and guidance to eligible disabled people living at home is to maintain and improve their independence, increase self-esteem and general well-being. These goals assist to reduce hospital admissions, residential and nursing care placements and the incidence of re-referral to both health and social care. With emphasis on promoting health, wellbeing and independence, Occupational Therapy contributes to delivering key outcomes of the following policies:
 - Health and Wellbeing Strategy 2014-2017
 - The Strategic Plan 2014-2017
 - Adult Social Care Strategy - March 2014

4. The Council currently employs 59 Occupational Therapy staff (37 qualified and 22 unqualified). The staff work with both older and younger adults and are based in a variety of teams including the Adult Access Service, District, Intermediate Care and Re-ablement Teams.

Work with Health and District Councils

5. The Health Trusts also employ Occupational Therapists (OTs) and in hospital settings staff have a key role in enabling patients to regain as much independence as possible prior to leaving hospital. Joint working between health based OTs and community based NCC OTs at the point of hospital discharge is invaluable in order to facilitate and promote longer term independence so to reduce the incidence of re-hospitalisation or re-referral to social care.
6. Nottinghamshire County Council OTs also work with the district/borough councils on the adaptation needs of disabled people, to determine whether Disabled Facility Grant (DFG) works are necessary and appropriate. They provide a statement of needs with recommendations for a DFG for a major adaptation and also for major adaptations to the councils' own housing stock. It is then the district and borough councils' responsibility to decide whether it is reasonable and practicable to carry out the recommended adaptation works.
7. The DFG funding currently goes from central government direct to the district councils, but from April 2015 it is a ring fenced part of the Better Care Fund (BCF) and although the DFG funding will initially come to the Council as the host for the pooled budget, it will be passed directly to the district and borough councils to operate as they currently do. Development work is being undertaken between the Council's OT service and the district and borough councils to develop a more consistent operational approach to the DFG pathway, streamline the process and make it more efficient and easier for service users.

OT Assessment Performance

8. The target timescale for district teams from receipt of a contact assessment to completion is 28 days. From 1 January to 31 December 2014, 5,728 Contact Assessments were received by the Adult Social Care and Public Protection department requesting an OT Assessment. Following a successful pilot, the OT Intake team has now been made permanent. The aim of this team is to complete as many less complex assessments as possible early on in the customer journey, mainly by telephone assessment. The Intake team received 1,274 (22%) of the 5,728 Contact Assessments requesting an OT assessment, resolving them at the earliest point of contact. The remaining work is more complex and passed to the District Teams.
9. Demand for OT assessments is steadily rising, due to demographic increases in numbers of older people, more of whom are supported with complex needs for longer in the community. In August 2014 this increased demand led to a waiting list high of 704 cases across the County, with 328 of those cases being out of the 28 day timescale.
10. In order to address this both short and long term actions have been implemented. As a short term measure, an independent agency, Access Independent, has been commissioned to undertake OT assessments and assist in clearing the backlog of cases.

Initial work has focused on Ashfield and Mansfield. Alongside this, new ways of working are being introduced in order to manage the demand and avoid waiting lists rising in the future. This approach has had a positive impact and reduced the waiting list down to 355 cases in February 2015, of which 73 cases are out of the 28 day timescale.

11. The strategy and new ways of working include:

- a more streamlined, shorter assessment tool has been developed for dual purpose use for either a telephone or face to face assessment
- the electronic recording process has been reviewed and reduced by 50% thus reducing the amount of time spent inputting data onto electronic records system
- more assessments are now completed over the telephone where appropriate. This has reduced travel time and enabled faster decisions to be made which is of benefit to service users
- a project is being piloted to use equipment and training to safely reduce the number of homecare staff from two to one on appropriate calls. Initial evaluation shows that this provides greater dignity for the individual, increases the availability of home care and also delivers savings
- a number of departmental new ways of working are due to be rolled out and tested in OT services, including scheduling visits for staff, online referral and assessment tools and use of tablets to enable mobile working by staff
- OT appointments are due to be made available to people at local clinics. Venues are to be identified and could include Council day services, Care and Support Centres or health venues such as GP practices, or community hospitals
- improved information is due to be available to promote self-help, for example, online video clips to help people understand which items may be best for them to purchase to meet their needs and demonstrate safe use of equipment
- a 'hub' support system is also now being piloted in Newark and Bassetlaw. A Community Care Officer works across a team and co-ordinates and completes as much as possible of the non-assessment tasks. Since January 2015, this approach has enabled the number of cases waiting to reduce by more than half from 97 to 36 and all cases are now within the 28 day time-scale. A further 'hub' pilot is planned for Ashfield and Mansfield, to see if a Service Advisor role can undertake this work, rather than a community care OT post. If successful this would then be rolled out across the County. Approval is therefore sought to establish:

1 FTE temporary, one year, Hub Service Advisor post, NJE Grade 4 Scp 19-23 at a cost of £23,279 – £26,493, including on-costs.

Other Options Considered

12. In order to develop this strategy, the OT service has been through a Lean+ review. The lean+ recommendations that were selected have been those with the best evidence base

with the greatest impact to achieve the objectives relevant to the resource investment. The strategy has also been informed by OT staff and people who use the service.

Reason/s for Recommendation/s

13. To modernise the OT practice and pathways to define and implement new ways of working and to increase capacity and reduce waiting times for assessment.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health 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.

New Ways of Working Implications

15. Office space will be required for the Hub Service Advisor post to enable them to be based with the team that they support.

Financial Implications

16. The establishment of a 1 FTE Hub Service Advisor post, NJE Grade 4 Scp 19-23, at a cost of £23,279 – £26,493, including on-costs, which will be funded from departmental reserves.

Implications for Service Users

17. The initiatives outlined deliver an improved service for individuals that is faster to access and more streamlined.

RECOMMENDATION/S

That Committee:

- 1) notes the progress with projects being undertaken within Occupational Therapy and improvements made to date to improve and streamline services.
- 2) receives a further progress report including the outcomes of the hub evaluation in October 2015
- 3) approves the establishment of 1 fte temporary Hub Service Advisor post for one year, as described in the report.

Sue Batty
Service Director, Mid and North Nottinghamshire

For any enquiries about this report please contact:

Steve Jennings-Hough
Occupational Therapy Project lead
T: 07904 692668
E: steve.jennings-hough@nottsccl.gov.uk

Constitutional Comments (LM 16/03/15)

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

Financial Comments (initials 17/03/15)

19. The financial implications are contained within paragraph 16 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.

Health and Wellbeing Strategy 2014-2017
The Strategic Plan 2014-2017
Adult Social Care Strategy - March 2014

Electoral Division(s) and Member(s) Affected

All.

30 March 2015**Agenda Item: 11****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.

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, 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>
30th March 2015			
Health and social care integration in south Nottinghamshire	Update on current plans and priorities regarding the integration of health and social care in the south of the county.	Service Director, South Nottinghamshire	Caroline Baria/Jane Laughton
Young Carers	12 month update on the work regarding Young Carers and Disabled Parents	Service Director, South Nottinghamshire	Wendy Adcock
Transformation Resource Requirements	Update on resource requirements to support delivery of transformation within the ASCH&PP Department.	Deputy Director for Adult Social Care, Health and Public Protection	Ellie Davies
Advocacy Services	Report on the current advocacy services and new pressures on the services and to seek approval to consult on the future of advocacy services	Service Director, Access and Public Protection	Gill Vasilevskis
Progress on projects in Occupational Therapy		Service Director, Mid and North Nottinghamshire	Steve Jennings-Hough
Update on Adult Social Care Strategy	Progress report to Committee on implementation of the Strategy and communications related to the Strategy.	Deputy Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Fees for Care and Support Services for 2015/16		Service Director, Access and Public Protection	Kate Revell/Rosamunde Willis-Read
27th April 2015			
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals.	Service Director, South Nottinghamshire	Ellie Davies
Organisational redesign update report	Progress report on Organisational Redesign within Assessment and Care Management	Service Director, Mid and North Nottinghamshire	Stacey Roe
Direct Payment Support Service	Outcome of the consultation on direct payments and Direct Payment Support Services	Service Director, Mid and North Nottinghamshire	Gill Vasilevskis

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Care provider contract suspensions update report	Overview of live suspensions of care provider contracts in Nottinghamshire.	Service Director Access and Public Protection	Rosamunde Willis-Read
Universal Credit	Impact of implementation in Bassetlaw and whether any other areas of the county will be affected in tranche 2.	Service Director, Access and Public Protection	Paul Stafford
Consultation about the future of County Horticultural Service	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
Outcome of consultation on Deferred Payment Scheme, and response to consultation on funding reforms.	Report on outcome of the consultation on administering a charge for arrangement of a Deferred Payment Agreement, and confirmation of the Council's response to the DoH consultation on funding reform in part 2 of the Care Act.	Service Director, Access and Public Protection	Jackie Brown/Jane North
Development of a community resource centre in Beeston	Outcome of the transfer of the management of Middle Street Resource Centre to a community group in Beeston	Service Director, South Nottinghamshire	Wendy Lippmann
Action Plan from Sector Led Improvement Peer Challenge	Update on the action plan to address areas for development arising from the peer challenge	Service Director, South Nottinghamshire	Jennie Kennington
1st June 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
Progress report on the delivery of Short Breaks services	Progress report on the provision of short breaks services across the county.	Deputy Director for Adult Social Care, Health and Public Protection	Ian Masson
Independent Living Fund update	Progress report on transfer of funding and fund users to the Council.	Service Director, South Nottinghamshire	Paul Johnson

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Future Advocacy Services – outcome of consultation	Report on outcomes of the consultation with recommendations for action	Deputy Director for Adult Social Care, Health and Public Protection	Gill Vasilevskis
Older adults residential and community care delivery group update	Report on progress with savings programmes within this delivery group.	Service Director, Mid and North Nottinghamshire	Cherry Dunk
Update on the development of Members' visits to care homes	Update on the development of the process for involving Members in audit visits to residential and nursing care homes.	Service Director, Access and Public Protection	Rosamunde Willis-Read
Outcome of Peer Challenge – Commissioning for Better Outcomes	Report on the outcome of the Peer Challenge in March 2015 and draft action plan to respond to identified areas of improvement.	Corporate Director, Adult Social Care, Health and Public Protection	Cherry Dunk
Social Care Clinics	Report to inform and update the Committee on the progress of developing social work clinics for social work and Occupational Therapy assessments.	Service Director, Mid and North Nottinghamshire	Ashleigh Quinn
National Children and Adult Services Conference: 14-16 October 2015	Report seeking approval for Members to attend the NCAS Conference	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
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
Younger adults residential and community care delivery group update	Report on progress with savings programmes within this delivery group	Service Director, South Nottinghamshire	Ellie Davies
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

Updated 18/03/2015 – JK

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Update on progress for the ICELS tender and review team	Progress report regarding the ICELS review team work on improving returns.	Service Director, Mid and North Nottinghamshire	Jessica Chapman
Health and Social Care Integration in Nottinghamshire	Summary and agreement on plans regarding progression with integration across the county.	Corporate Director, Adult Social Care, Health and Public Protection	Caroline Baria/Sue Batty
Progress report on development of alternative models of delivery within Direct Services		Corporate Director, Adult Social Care, Health and Public Protection	Jennifer Allen
SCOPES and Pre-Elective Surgery		Service Director, Access and Public Protection	Yasmin Raza/ Steve Jennings-Hough
Proposed changes to the First Contact Scheme	Report proposes some changes to the scheme in order to improve efficiency.	Service Director, Access and Public Protection	Lyn Farrow
7th September			
Update on work of Health and Wellbeing Board	Summary report on work of HWB over last 6 months.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Market management delivery group update	Report on progress with savings programmes within this delivery group.	Service Director, Access and Public Protection	
Transforming Care-Response to Winterbourne View Report	6 monthly update to include Finance information as detailed in 2 March report.	Service Director South Nottinghamshire	Cath Cameron-Jones
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
Just Checking pilot project		Deputy Director, Adult Social Care, Health and Public Protection.	Mark Douglas

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
5th October			
Direct Services delivery group update	Report on progress with savings programmes within this delivery group.		
Organisational redesign board update	Progress report on Organisational Redesign within Assessment and Care Management		Stacey Roe
2nd November			
Savings and efficiencies delivery group update	Report on progress with savings programmes within this delivery group.		Ellie Davies
30th November			

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