

## **Adult Social Care and Health Committee**

**Monday, 25 November 2013 at 10:30**

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

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### **AGENDA**

1	Minutes of the last meeting held on 28 October 2013	5 - 8
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Implementation of the Care Bill 2013	9 - 16
5	Annual National Children and Adults Services Conference 2013 - Rewiring Public Services	17 - 22
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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.

Members 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) Members are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

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Meeting      ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date          28 October 2013 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Yvonne Woodhead (Vice-Chair)(in the chair)

Alan Bell	Andy Sissons
John Cottee	Pam Skelding
Sybil Fielding	Stuart Wallace
Michael Payne	Jacky Williams
Alan Rhodes	Liz Yates

**OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, Joint Commissioning, Quality and Business Change  
Paul Davies, Democratic Services Officer  
Sarah Gyles, Committee Support Officer  
David Hamilton, Service Director, Personal Care and Support for Younger Adults  
Jennie Kennington, Senior Executive Officer  
Paul McKay, Service Director, Promoting Independence and Public Protection  
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection  
Michelle Welsh, Labour Group Research Officer  
Jon Wilson, Service Director, Personal Care and Support for Younger Adults

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 9 September 2013 were confirmed and signed by the Chair.

**COMMITTEE MEMBERSHIP**

It was reported that Councillors Alan Rhodes and Liz Yates had been appointed in place of Councillors Muriel Weisz and John Doddy, for this meeting only.

**DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **OVERVIEW OF JOINT COMMISSIONING, QUALITY AND BUSINESS CHANGE**

Caroline Baria gave a presentation on Joint Commissioning, Quality and Business Change. She referred to the work being undertaken in the department in relation to care homes, and proposed that a working party of committee members be established to consider the work being undertaken and to look in to any other opportunities to develop this further.

### **RESOLVED: 2013/073**

That the report be noted, and a working party of committee members be established to consider the work being undertaken in relation to care homes.

## **OCCUPATIONAL THERAPY SERVICE POLICY**

### **RESOLVED: 2013/074**

- (1) That the Occupational Therapy Service Policy be recommended for approval by Policy Committee;
- (2) That the associated staff guidance be approved, subject to Policy Committee's approval of the policy.

## **PROPOSED CHANGES TO THE OCCUPATIONAL THERAPY ESTABLISHMENT**

### **RESOLVED: 2013/075**

- (1) That 1fte (37 hours) post of Senior Practitioner, Band C scp 39-44 be established in the Intake Team, Adult Access Service, the post to be allocated approved car user status;
- (2) That the service be redesigned, with one vacant 24 hour Occupational Therapy post and one vacant 18.5 hours Social Worker post being disestablished to meet the cost of the Senior Practitioner post within the existing resources of the Adult Access Service.

## **TENDER FOR DIRECT PAYMENT SUPPORT SERVICES**

In response to comments, it was agreed to report back to committee after six months operation of the new contract.

### **RESOLVED: 2013/076**

- (1) That the work undertaken to review existing Direct Payment Support Services and to plan for the re-tender of these services be noted.
- (2) That approval be given to the tender for Direct Payment Support Services and for a new contract to be awarded for commencement in May 2014.
- (3) That there be a progress report to committee after six months operation of the new contract.

## **POST TO UNDERTAKE PERSONAL BUDGET STATEMENTS IN ADULT SOCIAL CARE FINANCIAL SERVICES**

### **RESOLVED: 2013/077**

That approval be given to the use of the current staffing budget underspend to fund 1 fte Finance Assistant post, NJE Grade 3, scp 14-18 on a temporary basis for six months, to be recruited through Key Personnel recruitment agency as this will allow the current trained agency temp to continue the statements work until an electronic solution is implemented.

## **CLOSURE OF THE INDEPENDENT LIVING FUND**

### **RESOLVED: 2013/078**

- (1) That the review of all Independent Living Fund users in Nottinghamshire, adopting the County Council's Personal Budgets Reviewing Guidance, be noted.
- (2) That the undertaking of financial assessments of all current Independent Living Fund recipients be approved.
- (3) That Finance and Property Committee be requested to establish a contingency fund to cover the anticipated shortfall in funding following the transfer in April.

## **URGENT ITEM**

The Chair had agreed to consideration of the following item as a matter of urgency to enable joint plans to be completed for the development of an extra care housing scheme in Ashfield District.

## **POTENTIAL EXTRA CARE HOUSING SCHEME IN ASHFIELD DISTRICT**

### **RESOLVED: 2013/079**

- (1) That approval in principle be given to the proposed extra care housing scheme at Darlison Court, Ogle Street, Hucknall.
- (2) That officers from the County Council be given authority to develop the scheme in partnership with Ashfield District Council and that detailed proposals be brought back to committee for final decision.
- (3) That an update report be presented to committee in January 2014.

## **WORK PROGRAMME**

### **RESOLVED: 2013/080**

That the work programme be noted, subject to the establishment of the working party about care homes, and reports back on the extra care housing scheme in Ashfield in January 2014 and on Direct Payment Support Services in late 2014.

The meeting closed at 11.50 am.

**CHAIR**



**25<sup>th</sup> November 2013****Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING,  
QUALITY AND BUSINESS CHANGE****IMPLEMENTATION OF THE CARE BILL 2013****Purpose of the Report**

1. To inform Committee of the key elements of the Care Bill 2013 and to highlight the new and extended duties and responsibilities on local authorities in relation to care and support for adults including people who fund their own care.
2. To seek approval to establish a temporary 1 FTE Programme Manager post, (Hay Band F, subject to job evaluation) and temporary 1 FTE Business Support Administrator post (NJE Grade 3) until 31 March 2016 and business support capacity to:
  - scope the implications for the Council arising from the new duties and responsibilities, including financial and wider resource implications
  - to plan and commence implementation of the changes

**Information and Advice**

3. The Care Bill is a very significant piece of legislation relating to social care and aims to transform the social care system and its funding. As a result of this, there is a considerable amount of work to be done to prepare for its implementation, and to understand the impact it will have on the Council. The Bill introduces wide ranging changes in the ways in which adult social care services are arranged. The Department of Health is working together with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to develop and shape the regulations which will come under the primary legislation, and to inform the statutory guidance on how local authorities will meet the legal obligations.
4. The legislation will have a major impact on local authorities in relation to their adult social care responsibilities. The Care Bill places new duties and responsibilities on local authorities as well as extending existing responsibilities. The Bill also seeks to introduce new regulations in relation to people's eligibility for care and support services, and in changing the existing charging regimes. Additionally, the Bill seeks to introduce funding reforms based on the recommendations of an independent commission led by Sir Andrew Dilnot in 2011.

5. The Care Bill places a duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS and other health related services including housing, to be in place by 2018.

### **New and extended duties and responsibilities**

6. The Care Bill places a series of new duties and responsibilities about care and support for adults, the majority of which fall to local authorities. The key changes or extensions to local authority duties and responsibilities are:
- people have a legal entitlement to a Personal Budget
  - carers have a legal entitlement to an assessment and also to information, advice and support
  - young people and their carers have a legal entitlement to an assessment before they turn 18 and local authorities should ensure there is continuity of provision, that services promote independence and reduce the need for long term care and support
  - to ensure people are able to access comprehensive information and advice about services in their local area, which is not only available on-line, to enable them to make decisions about their care and support, including independent financial advice
  - to identify people in the local area who might have care and support needs that are not being met
  - to arrange and make available services that prevent, delay or reduce the need for higher levels of care and support
  - to support a market that delivers a wide range of high quality services so that people have choice of care and support services
  - continuity of care and support for people who move geographical locations to different local authority areas
  - local authorities have a temporary duty to ensure continuity of service in the event of provider failure – this includes care home provision and community based care and support services and this includes all people receiving care including self-funders
  - a legal framework for adult safeguarding, including establishing multi-agency Safeguarding Adults Boards and a requirement for an annual safeguarding plan

### **Eligibility and Charging**

7. The Care Bill creates the requirement for a single, consistent route to determining people's entitlement to care and support and extends the same entitlement to carers. The Bill places

a new legal duty for local authorities to meet an individual's 'eligible needs' based on a social care assessment. The key emphasis is that services are arranged in a flexible way to meet needs rather than being determined on what services are available. Local authorities are required to ensure that their processes for determining people's entitlement to care and support are fair and transparent.

8. Currently there are different means for determining different types of care and support. Also, local authorities set their own eligibility thresholds based on Fair Access to Care Services (FACS) guidance. The Bill requires the need for new regulations which will set the national minimum threshold for eligibility to be applied consistently by all local authorities.
9. The Bill also requires a change in the way in which service users' contributions are determined. Currently there are different systems for determining charges to service users, depending on the type of care that is being provided, including CRAG (Charging for Residential Accommodation Guide) for care homes, and Fairer Charging for community based care and support. There is limited information available on what will replace the current charging regime however it is clear that people will still need to be offered a financial assessment to determine the level of charge to be applied.
10. The funding reforms outlined below will mean that local authorities will be required to ensure that self-funders are provided with a financial assessment and will be required to put in place mechanisms to enable them to monitor their costs towards eligible services.

## **Funding Reforms**

11. The Care Bill introduces funding reforms which will require local authorities to assume financial responsibility for people who have eligible needs where they fund their own social care and support, once they reach a cap. The reforms also increase the upper threshold for means tested services. The changes include:
  - introducing a cap on the costs that people will have to pay for their care (set at £72,000 in April 2016 and adjusted annually thereafter)
  - a lower cap for adults of a working age who have eligible care and support needs
  - free care for adults who have eligible care and support needs before the age of 18
  - a universal Deferred Payment Scheme (to be implemented from April 2015) which means that people will not have to sell their home during their lifetime to pay for their care – local authorities will be able to charge interest on these payment arrangements
  - an increase in the upper capital threshold for state support from £23,250 to £118,000 and an increase in the lower capital threshold for phased state support from £14,250 to £17,500 for adults in care homes
  - a requirement for people in care homes to contribute to general living expenses at £12,000 per year
  - people with an eligible need will have a 'care account' which shows the care costs that they have accrued and which tracks their progress towards the costs cap - this

will enable local authorities to identify the point at which they will need to assume funding responsibilities for the individuals' eligible needs.

## **Integration**

12. The Care Bill requires local authorities and the NHS organisations to integrate further in the commissioning and delivery of health and social care services. The government has identified funding known as the Integration Transformation Fund (ITF) which will be allocated to local authorities and agreed by their Health and Wellbeing Boards.
13. The total allocation of the ITF is expected to be £3.8 billion nationally, and this amount was agreed between the Department of Health and the Department of Communities and Local Government as part of the summer spending review. This money is being viewed by central government as a significant step towards integrated services and the head of the NHS, Sir David Nicholson, has described the ITF as a 'game changer' in terms of the potential to reduce pressures on acute and primary care provision.
14. There is already a national allocation of £1.8 billion of NHS funds devolved to local authorities, and this will form part of the total £3.8 billion that will be devolved from 2015/16; the additional £2 billion will be funded from a top-slicing of Clinical Commissioning Group budgets. It is important to stress that not all of the additional resource will be available to meet health and social care costs pressures.
15. Whilst some of the new money will be allocated directly to local authorities, an anticipated £1 billion will be paid on a 'Payment By Results' basis. The money will be paid based on the preparation of a plan to be agreed by the Health and Wellbeing Boards and government, as to how the new money will be used, and the balance on the actual delivery of the plan itself. Further elements of the ITF will be to fund capital expenditure in the form of Disabled Facilities Grants and there will also be an element of the fund that will effectively be to support the 'set-up costs' of the Care Bill. It is understood that any additional set-up costs, over and above the specified allocation, will fall on the Department of Health and not on local government.
16. The local government finance settlement is expected in December, and it is also expected that the specific allocations of the ITF to individual authorities, along with the performance criteria on which the 'Payment By Results' will be assessed. This could have significant implications for the County Council's Medium Term Financial Strategy and finance will be undertaking an assessment of the impact and incorporating that into the budget report in February 2014.

## **Timetable for implementation**

17. Given the extensive and wide ranging changes, there will be a phased introduction to the new duties and requirements of the Care Bill, as follows:
  - From April 2015
    - Duties on prevention and wellbeing
    - Duties on information and advice – including advice on paying for care
    - Duty on market shaping
    - National minimum threshold for eligibility

- Assessments - including carers' assessments
  - Personal Budgets and care and support plans
  - Safeguarding
  - Universal deferred payment agreements
- From April 2016
    - Extended financial support
    - Cap on care costs
    - Care accounts

## **Implications for the Council**

18. It is anticipated that additional funding will be made available to local authorities in relation to these new duties but at this stage it is not clear what the level of funding will be and whether this will cover the actual costs that local authorities will have to meet. Also, it is not clear whether the funding will include temporary allocations for implementation of the changes.

19. Local authorities are now considering the implications of the changes arising from the new legislation. It is critical that this work is commenced at the earliest opportunity in order to assess the impact and also to plan for the implementation of the new responsibilities. Some of the issues that the Council will need to address are:

- understanding the implications for the Council of a national eligibility framework
- local information about self-funders, not just in care homes but also those with eligible needs who are purchasing community based support services
- gaining an understanding of the new processes that will need to be put in place for the provision of 'care accounts' including;
  - financial assessments of self-funders
  - the monitoring of self-funders' eligible care costs, based on what the local authority would pay for the care i.e. 'reasonable cost', not on the amount the self-funder is paying
  - production and provision of 'care account' statements for self-funders
- assessing the financial implications of the cap on care costs and of an increase in the upper threshold for financial support from the local authority
- awareness of those people, including carers, who have unmet needs who would be eligible for social care services
- an understanding of the numbers of carers who will be entitled to an assessment, to support planning where relevant
- some assessment of the numbers of self-funders and carers that will be entitled to an assessment of need, support planning and annual reviews
- the financial implications of extended carers' support services – which will be non-chargeable

- the implications arising from the responsibility of ensuring there are sufficient preventative services which delay people's need for long term care and support
- the development of processes to recover costs for meeting a person's eligible needs where funding responsibility lies with another local authority
- the resource implications of extended responsibilities in relation to transitions from children's to adults' services
- the implications for assessment and care management staff with a move to proportionate assessments with an 'asset based' approach i.e. enabling people to determine the best way in which their needs can be met utilising their own resources, with any additional support being provided via the local authority
- the implication of extended responsibilities to provide written information and advice to people with non-eligible needs on what can be done to prevent or delay the need for care and support

20. In order to gain early understanding of the changes and the implications for the Council, it is proposed that a programme of work is commenced to consider in detail the implications of the Bill and to scope and plan the implementation of the required changes. This work will also enable the Council to identify future resource requirements arising from implementation of the new responsibilities.

21. It is proposed that a temporary post of Programme Manager is established to lead the programme of work. Discussions are being held with the Service Director, Finance and Procurement, to consider the staff resources required from the Finance Division. It is anticipated that, during the course of the early planning phase some dedicated project management and further business support capacity will be required to enable the full programme of work to be scoped, the resource implications identified, and then for the planning and implementation of the required changes. It is anticipated that funding will be allocated via the Department of Health for implementation of the changes. Given the very tight timeframes for implementation, it is proposed that the Programme Manager and Business Support posts are established at the earliest opportunity and funded from departmental reserves pending implementation costs being allocated by the Department of Health.

### **Other Options Considered**

22. Consideration has been given to whether the programme of work can be contained within the Adult Social Care, Health and Public Protection Department's existing resources. However, given the wide ranging changes and the financial implications for the Council, and given the tight timeframes for full implementation of the new statutory responsibilities, it is not considered feasible to complete this work without dedicated resources.

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

23. The majority of the new duties and responsibilities will need to be implemented with effect from April 2016 although some of the changes will have to be implemented in April 2015 and detailed work in relation to these needs to commence.

24. There are potentially considerable financial implications for the Council arising from the extended responsibilities and it is imperative that the Council gains a detailed understanding of the implications and is able to fully plan and prepare for the implementation of the new duties and responsibilities.

## **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 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**

26. The Care Bill has considerable implications for service users and carers. The Bill also places statutory duties on local authorities to provide information, advice and some support services to people who fund their own care. In the main, the emphasis in the Care Bill is to promote people's wellbeing by ensuring that services help them to stay well and remain independent.

27. Detailed consideration will be given to the full implications for service users and carers as part of the programme of work to plan for and implement the changes. One of the strands of work under the implementation programme will be activities relating to service user and carer engagement in relation to key aspects of the Care Bill.

## **Financial Implications**

28. Funding of £70,767 per annum will be required to fund the two posts through to March 2016. This funding will be met from departmental reserves.

## **Equalities Implications**

29. The changes arising from the Care Bill will impact on all groups across Nottinghamshire's communities. As and where the new regulations and guidance are issued detailed Equality Impact Assessments will be completed to inform the changes that will be required to local policies and procedures.

## **Human Resources Implications**

30. This report proposes to establish the following posts on a temporary basis until 31 March 2016:

- 1 FTE Programme Manager post, Hay Band F (Subject to job evaluation), scp 56-61 (£62,042.02-£69,038.62). The post is to carry approved car user status.
- 1 FTE Business Support Administrator post, NJE Grade 3, scp 14-18 (£19,861.80-£21,728.41)



## **Ways of Working Implications**

31. Accommodation will be made available for the two posts within County Hall.

## **RECOMMENDATION/S**

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

- 1) Notes the new and extended responsibilities for local authorities arising from the Care Bill
- 2) Approves the establishment of 1 FTE Programme Manager post (Hay Band F, subject to job evaluation, scp 56-61, with approved car user status) and 1 FTE Business Support Administrator post (NJE Grade 3 scp 14-18) on a temporary basis until 31 March 2016 to commence the programme of work.

## **CAROLINE BARIA**

**Service Director for Joint Commissioning Quality and Business Change**

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

Caroline Baria

Service Director, Joint Commissioning, Quality and Business Change

Email: caroline.baria@nottscg.gov.uk

## **Constitutional Comments (LM 8/11/13)**

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

## **Financial Comments (CLK 15/11/13)**

33. As detailed in paragraph 16, the Care Bill and funding allocations could have significant implications for the County Council's Medium Term Financial Strategy and finance will be undertaking an assessment of the impact and incorporating that into the budget report in February 2014.

34. The additional posts that are sought to be established, which are detailed in paragraph 2 are funded from reserves and have no financial implications.

## **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.

- Job Descriptions for the Posts

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

All



**25<sup>th</sup> November 2013****Agenda Item: 5****REPORT OF THE CHAIRMAN OF THE ADULT SOCIAL CARE AND HEALTH  
COMMITTEE****THE ANNUAL NATIONAL CHILDREN AND ADULT SERVICES  
CONFERENCE 2013 – REWIRING PUBLIC SERVICES****Purpose of the Report**

1. This report gives an overview of the conference which was held in Harrogate from 16-18 October 2013, with a focus on adult services. The conference also covered key issues in relation to children's services, which were included in a separate report to the Children and Young People's Committee on 11 November 2013.

**Information and Advice**

2. Councillor Muriel Weisz the Chairman of the Adult Social Care and Health Committee and David Pearson, the Corporate Director for Adult Social Care, Health and Public Protection attended the conference representing adult services on behalf of the authority. David Pearson also had some responsibilities at the conference in his role as Vice President of the Association of Directors of Adult Social Services (ADASS).
3. Councillor John Peck, Chairman of the Children and Young People's Committee and Anthony May, Corporate Director of Children, Families and Cultural Services also attended on behalf of the authority, to represent children's services.
4. The National Children and Adult Services Conference is the major annual national conference for adult and children's services. It is designed to provide an opportunity to understand further and get up to date information on proposals to deal with issues in adult and children's services.
5. The key themes of the conference were:
  - the integration of health and social care as central to delivering a twenty-first century model of adult social care
  - a whole person approach based on the assets not deficits of individuals, families and their communities
  - the pace, scale and cost of the challenges facing adult social care

6. The conference formally opened with keynote addresses from Sir Merrick Cockell, the Chairman of the Local Government Association (LGA), Andrew Webb, President of the Association of Directors of Children's Services (ADCS) and Sandie Keene, President of ADASS. Sir Merrick stated that integration was the key to the solution of meeting the adult social care challenge of increasing demand together with reducing resources. He referred to the 'Rewiring Public Services' LGA publication which is a cross party response to these challenges and sets out a vision based around individuals, families and their communities. He also emphasised the centrality of local government in determining the success of this approach with Health and Wellbeing Boards being the mechanism for delivery.
7. Following this, the Integrating Care and Support Parallel Plenary attracted well over 300 delegates including an impromptu appearance by Norman Lamb, Minister of State for Care and Support. The session itself started with a patient-focused presentation by Don Redding from National Voices, followed by clear national commitments from Bill McCarthy (NHS England) and Geoff Alltimes (LGA) to support integrated care locally. This was followed by a real-life example of the ingredients, barriers and national lessons from Leeds by Sandie Keene (ADASS and Leeds) and Sam Prince (Leeds NHS Community Healthcare Trust). Several local case studies of health and social care integration which included an estimate of the costs involved were showcased.
8. Norman Lamb also attended the innovation session on the progress on the report about the National Commission on Schizophrenia which was published in November 2012. The main areas that need to be addressed are that services continue to be fragmented and are focused on a crisis response rather than prevention and recovery. Service users and their families are not at the centre of provision and this is reflected in the low take up of personal budgets across the Country.
9. Information was shared on the Time to Change campaign, led by MIND and Rethink Mental Illness, which is a national programme to challenge mental health stigma and discrimination. There are a number of ways for local authorities to get involved in the campaign, including signing up to the Time for Change pledge as an organisation; identifying an elected Member as a Mental Health Champion; agreeing to undertake a Time for Change organisational 'healthcheck', and identifying a lead officer for Mental Health. The website address for further information is [www.time-to-change.org.uk/](http://www.time-to-change.org.uk/)
10. Meanwhile, the afternoon saw Andy Burnham, Shadow Secretary of State for Health, remind the conference that the roots of local government dating back to the early 1800s are in health and that, if we are to create a future for local government, it is in his vision of a social, not a medical model, of whole-person model of health and care services. He also suggested that this will mean difficult decisions for politicians about the closure of local hospitals in order to move resources into community care.
11. Before that, the Guardian's Public Services Editor, David Brindle, was joined by Norman Lamb; Councillor Kate Hall, Chair of the LGA's Community Wellbeing Board; David Pearson, Vice President of ADASS and Tony Hunter, Chief Executive, North East Lincolnshire Council to bring together the range of current agendas across health and social care to consider the 'new world' we are moving towards and whether all the required pieces of the jigsaw are in place to achieve the vision. Key themes included the integration agenda as the 'only game in town', the need for a fundamental focus on prevention (instead of crisis response), the

need to base all work around the individual, and the importance of taking an asset approach to care and support.

12. The second day of the conference covered Integration, the Integration Transformation Fund (ITF), the Care Bill and Quality and Efficiency.
13. The Department of Health ran a session on integration which saw Jon Rouse (Director General for Social Care, Local Government and Care Partnerships at the Department of Health) and Andrew Webster (Associate Director of Integrated Care at the LGA) asking some fundamental and probing questions of the integration agenda. For Jon, integration is about relationships and trust and, given that every extant example of good integration is built from the bottom up, it is essential that this is considered. While Andrew explored the challenges that local government and health and care partners need to overcome to make integration work. By building trust, the ability to share money, resources and risk across the local health and care system becomes easier and much more likely to move integration into a business as usual state.
14. Councillor Kate Hall chaired the packed session on the ITF. Jon Rouse made it clear that the ITF has the full support of Danny Alexander (Chief Secretary to the Treasury), Eric Pickles (Secretary of State for Communities and Local Government) and Jeremy Hunt (Secretary of State for Health) and is backed by all government departments as a means of better co-ordinating care around the individual. Ivan Ellul (Director of Partnerships, NHS England) said the success of the ITF would rest on resisting protectionist tendencies, being ambitious and taking the agenda forward at pace. Andrew Webster suggested we needed to use the ITF to share information, money, staff and risk; and Simon Williams (ADASS National Lead on Dementia) said we are unlikely to get everything right first time with the ITF and that the trick is learning from the experience and staying with the agenda.
15. A large audience gathered for the sub-plenary session on the Care Bill which was chaired by LGA Chief Executive Carolyn Downs, who asked up front about the cost implications of reform. Speakers included Jon Rouse, Sandie Keene and Alex Fox (Chief Executive, Shared Lives Plus). There was general agreement from all speakers that the vision behind the Bill is right and a similar shared recognition of the challenges ahead. In particular, speakers noted the pace and scale of developments, as well as the costs involved, as particularly pressing. Of several reflections on how to make the reforms a success, perhaps the most significant was the need to build on the collaborative approach that has helped shape the Bill, and extend that into implementation. Speakers agreed that this needed to be about central government involving not just local government, but providers and the third and private sectors more generally.
16. In his plenary address, Norman Lamb paid tribute to local authorities in driving forward the integration agenda that puts people at the heart of services. But he said good care goes beyond providing services: we need to ask people what makes their life worthwhile and work with them and providers to deliver this. He emphasised that this will underpin the £3.8 billion ITF, with Health and Wellbeing Boards leading the development of local integration plans. The integration pioneers will lead the way in innovative person-centred models to improve independence and enable people to “live a good life”. He announced that from October 2014 people will have a right to a personal health budget if in receipt of Continuing Health Care. This will build on and strengthen the right to request a personal budget from April 2014. Personal budgets could be a mechanism for integration.

17. The joining quality and efficiency session used new technology to gauge the audience's views of the challenge to improve quality and efficiency in adult social care. The surprising result was that by the end of the session there had been a marked reduction in those saying that they were "fully confident" and an increase in those saying that they were "not at all confident" that local government could meet the challenge. A lively panel discussion raised both opportunities and challenges for adult social care. However, all panel members agreed that personalisation and empowerment of individuals to determine their own needs was crucial.
18. At the same time the Winterbourne View Joint Improvement Programme team used its session to unveil its 'Stocktake of Progress' report and new improvement offer.
19. The third and final day of the conference covered Funding Reform, Sector Led Improvement and the Minister for Health's closing address.
20. The Department for Health ran a session on reforming how and what people pay for their care and support as part of their consultation on the Care Bill.
21. One of the policy sessions 'Managing the Challenges of Sector Led Improvement' saw Caroline Tapster (Director of the Health and Wellbeing System Improvement Programme) launch 'Change Gear', the rapid evaluation report on the health and wellbeing pilot peer challenges. As Caroline described, the report concludes, among other things, that Health and Wellbeing Boards have made a solid and enthusiastic start with good local leadership, collaborative relationships and the active engagement of Clinical Commissioning Groups. This is all in the context of very high expectations nationally, a complex partnership landscape and different cultures. Now is the time for Health and Wellbeing Boards to increase the pace and concentrate on tighter prioritisation, driving changes on the big issues, and more purposeful and effective engagement. Health and Wellbeing Boards need on-going support to help them create the space to think and have those difficult conversations.
22. Jeremy Hunt's closing address to the conference focused on the need for society, community and individual action to end loneliness, echoing some of the LGA's 'Rewiring Public Services' messages. He stressed that social isolation has as big an impact on physical health as smoking so it is both a social and a health issue. His speech lacked any big announcements but did give some new detail on the £3.8 billion ITF, which will be in place from April 2015. Audience questions and comments were wide ranging, covering funding, how we address loneliness, the role of housing in integrating support, and the need to promote mental resilience for children and young people.
23. All the presentations from the conference are available on the National Children and Adult Services Conference website: <http://www.local.gov.uk/web/national-children-and-adults-conference-2013/presentations>

## **Other Options Considered**

24. There were no other options considered.

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

25. This report is for noting and seeks to give members an overview of 2013 National Children and Adult Services Conference.

## **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 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.

## **RECOMMENDATION/S**

- 1) It is recommended that the Adult Social Care and Health Committee note the overview in relation to adult services given in this report of the 2013 National Children and Adult Services Conference.

## **COUNCILLOR MURIEL WEISZ**

**Chairman of the Adult Social Care and Health Committee**

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

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## **Constitutional Comments**

27. As the report is for noting only, no Constitutional comments are required.

## **Financial Comments (CLK 31/10/13)**

28. 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.

- [Report to the Adult Social Care and Health Committee seeking approval to attend the conference – 22 July 2013](#)

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

All.

ASCH168

25<sup>th</sup> November 2013

Agenda Item: 6

## **REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION**

### **ESTABLISHMENT OF AN INTERIM SENIOR LEADERSHIP STRUCTURE IN THE ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION DEPARTMENT**

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

1. To propose an alteration to the existing senior structure of the department and to ask members to agree to the establishment of a new interim senior management structure.

#### **Information and Advice**

2. Within the substantive establishment of the department, there are currently four Service Director Posts reporting to the Corporate Director. These posts cover the areas of:
  - a) Older Adults Personal Care and Support
  - b) Younger Adults Personal Care and Support
  - c) Promoting Independence and Public Protection
  - d) Joint Commissioning, Quality and Business Change
3. The current structure was established three years ago following the Corporate Organisational redesign process following the merger of the Public Protection functions with Adult Social Care and Health.
4. During the last twelve months it has become increasingly apparent that the Local Authority needs to work toward the development of a joint health and social care model in order to ensure that there is a sustainable health and social care offer to the people of Nottinghamshire.
5. National policy is aimed at delivering an integrated service delivery model across health and social care which prevents delays and defers the need for hospital based treatment and long term social care. Transforming local health and social care services to deliver increased community based care to people is now both a national priority and a local necessity.
6. This policy direction is being underpinned by a financial commitment in the form of the Integrated Transformation Fund (ITF) which commits £3.8 billion of current funding across local government and the NHS to the delivery of an integrated plan to manage demand. The



ITF amounts to £30-£40 million of funding in Nottinghamshire, therefore it is essential that we have a coherent plan across health and social care services, and also service delivery models which support the delivery of the plan in partnership with colleagues in the NHS and District / Borough Councils. The planning and utilisation of the ITF will be overseen by the Health and Wellbeing Board and the fund itself will take the form of a pooled budget.

7. For this reason, we are proposing to realign the senior management structure of the department to reflect the health communities across the County in order that we can further develop the partnership approach and deliver an integrated service to the public. Within Nottinghamshire there are six Clinical Commissioning Groups who have formed three local health communities reflecting the local health economies of Bassetlaw, Mid Nottinghamshire and South Nottinghamshire. The department is therefore proposing to create two Service Director Posts which will have responsibility for all assessment and care management services on the geographical basis of Bassetlaw and mid Nottinghamshire; and South Nottinghamshire respectively. A third Service Director Post will continue to provide leadership and management of the Access and Reablement functions on a countywide basis, together with Public Protection services and some countywide strategic functions such as safeguarding and quality development.
8. In light of the successful election of the Corporate Director to the Vice Presidency of the national Association of Directors of Adult Social Services, and the subsequent position of President from April 2014, an interim role of Deputy Director has been appointed to for a period of 17 months. This post will provide day to day leadership and management of the department with support from the Corporate Director.
9. As part of the County Council Budget Challenge process, a separate business case is currently being consulted upon which proposes a reduction in the numbers of Group Managers from 16.8 FTEs to 13.8 FTEs and redistributes the management responsibilities of these third tier posts within the department. It is proposed that these posts are aligned with the proposed senior management structure as outlined in this report. A summary organisational structure chart is appended to the report.
10. The interim structure recognises both the need to integrate more fully with local health services and the requirement to meet the authority's budget challenge over the next two to three years.
11. In addition to the service challenges which are presented by the County Council's financial position and the changes required in developing integrated services with the NHS, the department is also preparing for the implementation of the Care Act in 2016. Therefore the proposed structure is only being proposed on an interim basis in the full knowledge that the landscape within which adult social care is currently delivered will need to change significantly over the next two years.

## **Other Options Considered**

12. Other options considered were:

- i. The continuation of the current structure will not provide for the required level of partnership development and co-ordination with local health services in order to take forward the integration agenda.



- ii. The establishment of a new permanent structure at this time is not considered advisable due to the uncertainty presented by the integration agenda together with the implementation of the Care Act over the next two years.

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

13. The establishment of the proposed new interim structure allows for the development of adult social care services in line with the national policy direction and fits with the local health and social care landscape.

### **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 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**

15. The additional costs of establishing the temporary Deputy Director role will amount to £16,308 over the next 18 months. This cost is fully contained within the funding received from the Association of Directors of Adult Social Services to provide back fill for the release of the Corporate Director to undertake national duties on behalf of the Association.

### **Human Resources Implications**

16. This report proposes to establish an interim senior management structure which realigns responsibilities of the current Service director posts. The report seeks to change the remit of the current Service Director posts of Personal Care and Support Older Adults; Joint Commissioning, Quality and Business Change; and Promoting Independence and Public Protection to provide for posts which are responsible for Bassetlaw and Mid Nottinghamshire; South Nottinghamshire and Promoting Independence and Community Safety respectively.

### **RECOMMENDATION/S**

- 1) It is recommended that the Adult Social Care and Health Committee approves the establishment of an interim senior management structure which aligns service responsibilities within a locality model.

**DAVID PEARSON**

**Corporate Director for Adult Social Care, Health and Public Protection**

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

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Temporary Deputy Director  
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### **Constitutional Comments (KK 13/11/13)**

17. The proposal in this report is within the remit of the Adult Social Care and Health Committee.

### **Financial Comments (KAS 14/11/13)**

18. The financial implications are contained within paragraph 15.

### **Background Papers and Published Documents**

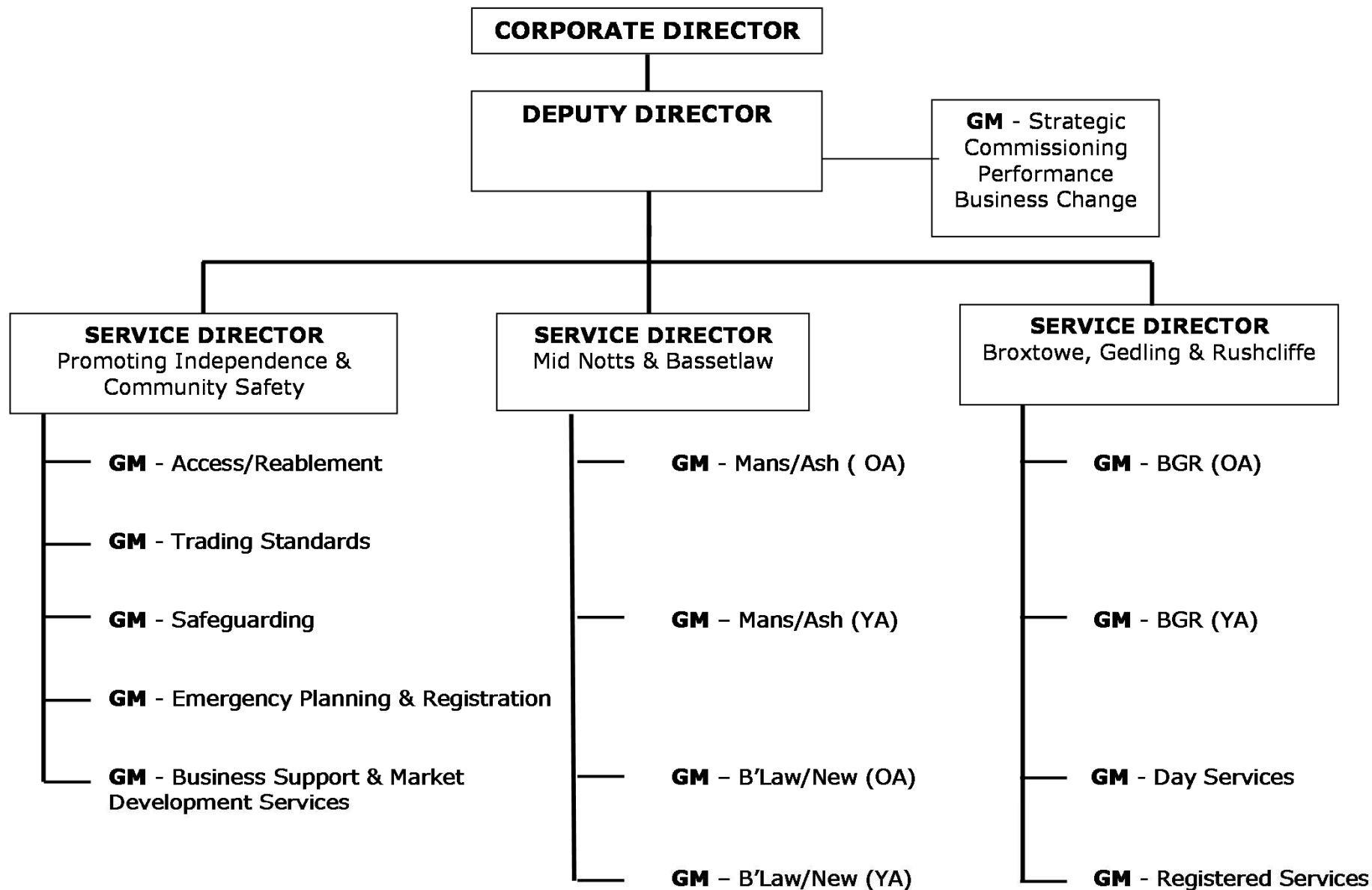
Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None

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

All

ASCH176





25<sup>th</sup> November 2013

Agenda Item: 7

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

### **PROCUREMENT OF CARE, SUPPORT AND ENABLEMENT SERVICES FOR YOUNGER ADULTS**

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

1. To inform the Committee of the work undertaken, in preparation for re-tendering the Care, Support and Enablement (CSE) services and to seek permission to move toward the new hourly rates ahead of the contract award in April 2014.
2. To seek approval for the tender of CSE services (supported living and outreach services) for people with a learning disability, mental health needs, substance misuse, physical disability and autistic spectrum disorders as of April 2014.

#### **Information and Advice**

3. The CSE contract provides for support to people who are eligible for social care funded services, which is to say people who have been assessed as having substantial and critical risks to their independence. The level of support which each individual receives is dependent on their assessed level of need, and may range from a few hours of outreach support (support to people living in their own / parental home), to high levels of support round the clock to enable people to live independently with their own tenancy in the community.
4. There are around 550 younger adults who receive supported living and outreach support to help them maintain an independent life in the community. The majority of these people are learning disabled (with smaller numbers who are mentally ill or physically disabled) and these services have been well established over a number of years.
5. The County Council currently has two framework agreements in place for CSE services in younger adults. The standard CSE framework has five different approved provider lists where providers offer a community based support service to younger adults in different service user groups. Overall there are 23 providers across all client groups. The agreement commenced in April 2011, following a competitive tender process. This was a joint tender involving Nottinghamshire County Council's Adult Social Care and Health department and Nottinghamshire Supporting People. The existing framework agreement is due to expire on 31 March 2014.

6. The second framework was commissioned jointly with other authorities across the East Midlands (East Midlands Commissioning for Excellence) in 2008 for providers working with very complex and challenging needs for people with a learning disability and Autism. This was originally commissioned to support people coming out of hospital campus accommodation and is currently being used to support people coming out of secure hospitals, or helping to prevent admission. The framework is due to expire on 31 December 2013 and there is no proposal for another East Midlands contract.
7. The majority of the learning disability service providers also receive funding from the Supporting People Grant (SPG) for housing related support alongside funding from the Council's community care budget. It is proposed that from the award of the new CSE contract the SPG will be transferred completely to Adult Social Care, Health and Public Protection to continue to fund these packages. As this is merely an administrative change to how packages are paid for, it is not anticipated this will impact on the delivery of the service to the service user. However, this funding is included in the scope of this tender.
8. The current community care budget for these services is £22 million for 2013/14. This includes the social care element of packages which are jointly funded with health. The current allocation of SPG for the housing related support services is an additional £3.2 million (2013/14).
9. Some of the key policy drivers include:
  - Promoting Independence – to ensure service users live as independent lives as possible.
  - Delivering outcomes – one of the key components of personalisation is that services are delivered in a way which meets the identified outcomes for each service user. Currently, supported living services are commissioned on the basis of the tasks that need to be completed to meet the service users' assessed needs. Providers are paid for the service they deliver based on the time the care workers spend each week delivering the care to the individual. In future we wish to commission services that are more closely aligned to the outcomes they achieve for service users and carers.
  - Improving workforce development – there is wide recognition that good quality care services require investment in a skilled and trained workforce which is motivated and well supported.
  - Provision of high quality care services – The Care Bill requires councils to ensure that there are high quality social care services available within the local market to meet people's care needs.
  - Implementation of personalisation – local authorities are required to ensure that service users and carers have more control over the services they are able to access and the way in which the services are provided.
  - Budget pressures – The Council needs to find savings and efficiencies in the commissioning and delivery of supported living and outreach services.

10. The current method of commissioning within the existing contractual arrangements are no longer enabling the Council to commission services in the most efficient and cost effective ways. The main issues include:

- Providers are not guaranteed any level of volume, having to bid for individual or small groups of packages. This makes it more difficult for providers without a large amount of existing work to compete on price as they do not know if they will get further work in the future. This lack of certainty over future work also has an impact on delivery of services. For example, it is difficult to put services in place at short notice (i.e. to aid hospital discharge) because providers cannot employ staff ready to pick up work as they do not know when they will next be successful in winning new support packages.
- As the providers operate over large geographical areas, there are additional travel costs to take into account and also issues about recruitment. This is focused on people very local to the service or on people that are car drivers and who have access to a car, thereby limiting their pool of potential care workers, again impacting on their ability to employ sufficient levels of staff.
- Providers are paid by the number of hours they deliver; therefore there is little incentive for them to assist people to regain and maintain their independence and in the longer term to reduce the need for the services. Rather than promoting independence, this has the potential to perpetuate a culture of dependency.
- Providers are not able to consider more effective innovative and creative working arrangements as they are tied to payment per hour of service delivered rather than the focusing on the outcomes they achieve.
- Because there are a large number of providers, it is difficult for the Council to develop productive and effective working relationships with providers.
- Currently the Council is responsible for assessment, support planning, brokerage, monitoring and review of each individual care package. It is an intensive process for the Council in arranging the care packages, overseeing the contracts and monitoring the quality of services and the Council is not always best placed to respond flexibly to changes in service delivery.
- Providers are working in competition with each other rather than developing a collaborative and coherent response to meeting service user outcomes with reduced resources and increasing demands.

### **Future Commissioning of CSE services**

11. In consultation with providers the Council has developed a new model of contracting which will enable it to address some of the key issues with the existing model while still ensuring a good quality service is available to service users.

12. Work undertaken to reach this position includes:

- a workshop with providers about their experiences of working to promote better outcomes for service users

- a workshop with providers to consult on plans for the new contract
- individual meetings with providers to discuss the development of a new contract and seek their views
- an analysis of the strengths and weaknesses of the current service model
- consideration of alternative new models
- forecasting future demand for services
- analysing current spend and consideration of future saving requirements
- benchmarking existing spend against other authorities
- the development of a new hourly rate of £13 per hour as a basis for the new tender and as a rate applicable to all new work commissioned between now and the commencement of the new contracts in April 2014

13. The development of a new framework should meet the following three essential principles:

- a) All services should promote the independence of individual service users;
- b) All services should demonstrate the best value for money; and
- c) Having satisfied the first two principles above, all services should promote service user choice and control

14. In meeting the above principles the commissioning framework should:

- Ensure a procurement saving equivalent to a minimum reduction in the cost of supply of £1 million by 2017. This cost reduction should be achieved without reference to package size or the number of hours delivery and should be viewed as a reduction in provider costs.
- Provide for a reduction in the support agreed through individual support plans. This may be achieved through delivery of outcomes which promote peoples' independence and therefore achieve reductions in support, through incentivising providers to deliver more efficient services or through innovations in practice or service delivery. It is anticipated that this will save £2.4 million over the lifetime of the contract.
- Ensure that services are only commissioned at the level of support required at the time of assessment/support planning and only for as long as those services are required.
- Provide for improved management of the market and supplier relationships.
- Ensure high quality – commissioning and procurement arrangements must provide for a robust process of quality assurance and quality audit to mitigate issues of significant harm and or abuse to vulnerable people.
- Be sufficiently flexible to allocate responsibility for assessment, review and support planning to the most appropriate agency and or individual to ensure that independence and choice can be promoted and business process is streamlined.
- Be responsive to the current and future market requirements which may include; emergency and crisis support, long term support to individuals, the decommissioning



of other forms of care and support, a range of providers to meet the complexity of needs across disability services

**A new agent / associate model to promote better outcomes, independence and value for money**

15. Contracting with fewer providers and offering them increased volumes opens up the potential for greater efficiencies for both providers and for the Council. The new model will deliver more robust relationships between the Council and providers because it enables:

- better use of Council resources;
- greater and more proactive involvement with the main providers;
- earlier awareness of any difficulties or quality issues and quicker resolution;
- greater sense of working in partnership, with opportunities for providers to have genuine involvement in service development and being more willing to share ideas as they do not need to compete with one another;
- increased stability for providers with the guarantee of all services arranged on behalf of service users within their area;
- providers are able to offer fixed hours contracts for staff (or part fixed/part variable), improving staff recruitment and retention; and
- they would be able to concentrate their service delivery in specific areas and recruit local staff, including care workers who do not drive or do not have access to a car. Also, through economies of scale, providers would be better able to offer more efficient and cost effective services.

16. All five younger adult areas of work (learning disability, mental health, physical disability, autistic spectrum disorders and substance misuse) would be commissioned from one agent provider per locality who would be responsible for ensuring all new work is undertaken across all younger adults' service areas. The localities are to be determined, however one three locality model would be as follows:

- North – Bassetlaw, Newark and Sherwood
- Central – Ashfield and Mansfield
- South – Broxtowe, Gedling and Rushcliffe

An alternative model may provide for four localities based upon

- North - Bassetlaw
- East - Newark and Sherwood and Rushcliffe
- South – Gedling and Broxtowe
- West – Mansfield and Ashfield

17. An agent provider would be able to deliver between 60-80% of all new work commissioned and they would be expected to sub-contract work to associate providers who would deliver at least 20-40% of the work. For example, an agent may decide to deliver support to certain service user groups but find partners for areas it is less experienced in, or to cover specific locations. The Council has set these parameters based on the amount of work the agent will require to deliver a quality, value for money service and also on the amount that the

associates will require to ensure there remains a vibrant and diverse market in care in Nottinghamshire.

18. An essential part of the tender process will be ensuring the agent and its associates will be able to meet the needs of people within the five younger adult areas of work in the locality. The agent/associates would not have to bid for any work, as all packages of supported living or outreach delivered through a managed budget within their locality will be commissioned with them. They must take all new work and either deliver it directly or through an associate.
19. Initially, support packages would be commissioned by the Council following an assessment of need and the production of a support plan with the high level outcomes agreed with the service user. The cost of the support will not exceed the agent's standard hourly rate based on an assumed number of hours per individual. The agent would then be expected to work with the service user to create a care plan which sets out how the high level outcomes and further individual outcomes will be met. This will not necessarily be based on the number of hours identified in the original support plan but on the most appropriate and cost effective way to deliver the support plan. The Council will in this way work with agents to meet service user's needs in creative and innovative ways that promote independence and reduce the need for paid support.
20. A percentage saving (equivalent to 10% over the first three years with future savings targets to be decided) would be applied at the end of each 12 month period on the total funding given to the provider, as opposed to on each individual package. Any in year savings, or savings over and above the agreed percentage, would be retained by the provider. Individual support packages would be rebased annually to reflect any change in need (in some cases this may be an increased need). It is expected that this annual savings target will be achieved by more imaginative service delivery and the promotion of independence.
21. New work within a financial year would be commissioned at the provider's standard hourly rate set at the start of the financial year.
22. A Contract Implementation Board will be established between the Council and the three agents. The aim will be to develop better partnership working between the Council and the agents. This will ensure the delivery of good quality services that focus on individual outcomes. It will also ensure that efficiencies in the cost of CSE services are delivered.
23. The agent would be expected to ensure the quality of any associate providers and take a lead role in overall quality development of the sector and, market sustainability and relationships with Nottinghamshire County Council.
24. As well as the agent and associate model proposed in this tender, work will continue to support the direct payment sector in the following ways:
  - continuing with the progress made to date to support the development of micro providers – over the past 3 years a total of 57 micro providers have been supported to become established and they are providing care and support to over 860 people
  - further support to the accreditation of Personal Assistants
  - helping people to use a Direct Payment to commission services directly from providers at an hourly rate which offers value for money

- development of 'Choose My Support', a web-based directory providing information to people about the range of services and service providers operating across the County

## **Transition**

25. The Council will work with existing providers to reduce costs and therefore prices to no more than £13 per hour and £35 for a sleep-in (apart from specific circumstances e.g. where TUPE applies) post contract award. The Council recognises that stability is important in the delivery of support so where such an approach is successful a provider will be given the opportunity to continue to provide support to its present service users.
26. The hourly rate of £13 per hour has been calculated on the basis of discussion with local providers. The national Care Funding calculator model of determining costs in the sector provides for a range of hourly rates from £12 per hour to £13 per hour. Within the region other authorities are applying rates of around £13 per hour for example Leicestershire County Council and Nottingham City Council both have rates of £13.20. Officers have met with current providers through the provider forum and have had individual discussions with larger providers who indicate that £13 per hour is an achievable rate. Discussions indicate that a number would be able to reduce to this level and that economies of scale associated with more business would help other providers to achieve these rates.
27. Where an existing provider is unable to commit to working with the Council to improve value for money any existing work will be re-commissioned to the successful agent as part of the tender. Where service users do not wish to transfer to the new agent or an agreed associate, they will be given the option of a Direct Payment at no more than the agent's tendered hourly rate for new work.
28. Where providers are willing to reduce their existing rates before the start of the new contract, they will be preferred providers for new work until the point the new contract is let.
29. Existing providers retaining existing work will be expected to reduce support packages in line with the expectation placed on the agent providers. They will, however, not be offered any new work by way of a managed budget unless they become an associate of the main agent.

## **Other Options Considered**

30. The option to continue the approach the Council has used in the last two tenders. The process will involve the re-tendering of a new framework agreement, through which successful organisations will be given approved provider status. Once approved, providers will be able to bid for call-off contracts for individual packages of support. Each provider will be invited to bid for work by submitting an hourly rate for the activity in an open auction process. Such a process would ensure providers bid a competitive rate to be the successful bidder for each package.
31. This option is however, not being recommended. A call-off framework contract of this nature cannot deliver the required savings and promotion of better outcomes. Providers are not guaranteed any new work which means they cannot plan ahead, do not have the economies of scale that a large volume can bring and does not allow the Council to develop strong partnership arrangements given the continued large number of providers. For example it will be very difficult to work with providers to promote the independence of service users, so

reducing the need for paid support, when there are multiple providers who are in competition with each other.

32. A further option is to have just one agent to cover the whole of the County, rather than three based in localities. This would deliver additional volume that would give the agent considerable opportunity to plan good services and competitive prices. However it would be a more risky option because the Council only has a relationship with one agent. If the agent provided poor quality, went bankrupt or was a bad partner the Council would not have many options to replace the agent with another provider. By adopting the preferred agent model described above the Council is managing better, the risks of a sole agent. If one of the three agents proposed in the model above need to be replaced there would be two other agents with whom the Council could divert business.

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

33. The Council needs to make a significant level of savings required against the CSE contract (to be achieved by a combination of price and package size reductions). The agent/associate model will facilitate the promotion of independence of service users, deliver price reductions and ensure that quality will be maintained to a high standard. By offering significant volume to providers this will ensure that economies of scale will enable lower prices whilst ensuring the provider is able to afford to employ a good quality workforce, paid above minimum wage and with sufficient support around training, management etc. to deliver a good service. By having a small number of agents the Council should benefit from strong working partnerships to deliver its objectives in a challenging medium term financial environment. These strong relationships will help the Council in working in new ways with providers to promote better outcomes and more independence, in more innovative and creative ways.

### **Statutory and Policy Implications**

34. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, 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.

### **Crime and Disorder Implications**

35. The safeguarding of vulnerable adults and the prevention of crime to disabled people will be a feature of the tender specification, and will form a central element of the on-going contract monitoring process.

### **Financial Implications**

36. A tender process is required as the projected expenditure is above the threshold as per the Public Contracts Regulations 2006. This is a Part B service and will be tendered in accordance with E.U Regulations for Part B services. This process will ensure that best value is achieved, and that overall costs for the services commissioned fall within the

appropriate budgetary constraints. Using a different model will make an already challenging savings target even more difficult.

37. These amounts are included within the Adult Social Care, Health and Public Protection budget setting process and where relevant, are noted within budget pressures estimates for the period.
38. Over the lifetime of the contract, the Council is seeking to save around £3.4 million of gross expenditure. This consists of £1 million from price reductions, and £2.4 million from reviewing packages of support over the three years of the contract (10% of current expenditure as per the outline business case presented to policy committee in November 2013).

### **Human Resources Implications**

39. The tender process will be managed by the appropriate personnel in the Joint Commissioning Unit and Corporate Procurement. There are therefore no personnel implications outside current existing arrangements.

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

40. This procurement process will be aimed at developing services for, and reflecting the needs of learning disabled people, people with mental health needs and people with Asperger's Syndrome, from all sections of the community. Where appropriate, services will be developed to meet the needs of individuals from specific ethnic or other minority groups.

### **Implications for Service Users**

41. The procurement of supported living will promote independence and better outcomes for people who use services and their carers.
42. Where existing providers are unable to meet required cost reductions, some service users will need to change provider or move to a Direct Payment and accept less service or 'top up' to the cost of the existing provider.

## **RECOMMENDATION/S**

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

- 1) Approves the continued work with Care Support and Enablement providers to reduce hourly rates to £13 per hour in line with the anticipated tender price in April 2014.
- 2) Approves the tender of Care Support and Enablement services from 1 April 2014, based upon the procurement of the locality based agent and associate model.

**JON WILSON**

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

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**Constitutional Comments (NAB 7/11/13)**

43. The Adult Social Care and Health Committee has authority to approve the recommendations set out in this report by virtue of its terms of reference.

**Financial Comments (KAS 13/11/13)**

44. The financial implications are contained within paragraphs 36-38 of the report.

**Background Papers and Published Documents**

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

None

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

All

ASCH169

**25<sup>th</sup> November 2013****Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND  
SUPPORT – OLDER ADULTS****CARERS' SURVEY 2012****Purpose of the Report**

1. To notify the Adult Social Care and Health Committee of the Carers' Survey 2012 and to seek agreement to the implementation of the plan contained in the report.

**Information and Advice**

2. Many people, mainly women, are now balancing work, childcare and caring for an ageing parent. Increasing numbers of older people often care for their partner while providing childcare for grandchildren and parents of children with complex health needs, knowing that they will be 'lifetime' carers. Furthermore, the positive shift to independent living and care at home, away from institutional care, will continue to require a greater contribution from carers.
3. The economic value of the contribution made by carers in the UK is estimated to be £119 billion per year. Based on population data, the value in Nottinghamshire would be around £1,656 million. In other words, carers in the County are saving the public sector an enormous sum of money; it is therefore both economically and ethically sound to support carers to continue in their caring role.
4. The 2011 Census report identified that there has been an increase in the number of carers in the last decade by 7,517 across Nottinghamshire (excluding Nottingham City). There are now 90,698 carers in the County; 57,426 carers are providing between 1-19 hours of care per week, and the number of carers now providing over 50 hours of care per week has reached 21,680.
5. Currently, Nottinghamshire County Council spends approximately £5 million on carers. In addition, £1.7 million is transferring this financial year to Nottinghamshire County Council under a Section 256 arrangement for carers' services. This is a joint budget which has been agreed by all Clinical Commissioning Groups in partnership with the Authority, and is overseen by the Carers' Implementation Group. From April to September 2013, the Authority has assessed and reviewed 1,393 carers.



6. A paper outlining the proposed expenditure on the Section 256 carers' monies was approved by the Adult Social Care and Health Committee on 4 March 2013, entitled 'Expenditure of Carers' Funding Allocation – Proposed Plans'.
7. The Carers' Survey is a national tool which aims to find out whether or not services received by carers are helping them in their caring role, their life outside of caring and also their perception of services provided to the cared for person.
8. 2012/13 is the second time a survey of this nature has been run. In 2009/10, a pilot survey was run in which councils were asked to volunteer to take part; 90 councils including Nottinghamshire agreed to do this.
9. Information from the survey is used to produce Adult Social Care Outcomes Framework Indicators (see appendix A for more information):
  - 1D – Carer reported quality of life
  - 3B – Overall satisfaction of carers with social services
  - 3C – The proportion of carers who report that they have been included or consulted in discussion about the person they care for.
  - 3D\* – The proportion of people who use services and carers who find it easy to find information about services.

(\*This indicator includes results for carers and service users combined)

10. The key findings from the Carers' Survey are as shown below. In most cases, the level of positive results has dropped since the 2009/10 survey.
  - + Nottinghamshire remains slightly above the average for overall satisfaction with support or services.
  - + The percentage of carers who feel they are neglecting themselves has fallen in Nottinghamshire since 2009/10.
  - + More carers in Nottinghamshire have no worries about their personal safety since 2009/10. Results for the East Midlands dropped and England remained the same.
  - + Nottinghamshire have scored higher than the East Midlands and England average for carers saying they felt involved or consulted to some level.
  - Carers in Nottinghamshire feel they spend less time doing things they want or enjoy than in the East Midlands or England.
  - Nottinghamshire score for carers having enough control over their lives is below the East Midlands and England average.
  - Results for social contact remain fairly consistent between years however Nottinghamshire scored below the East Midlands and England average in this area.
  - There has been a drop in the percentage of carers who feel they have encouragement and support in their role and Nottinghamshire are below the East Midlands and England average.
11. It is extremely difficult to ascertain whether these negative findings are a result of the recession and related consequences, or are connected to interventions and policies undertaken by the County Council. There are sections within the attached survey which relate to the benchmarking of Nottinghamshire's performance with other authorities which



may help to further understand and evaluate this Authority's performance (See pages 3-12 of Appendix A).

12. A full copy of the Carers' Survey 2012 is attached to the report.

## Response to Results

13. Learning the lessons from the Carers' Survey is essential in order to support carers in their own right and to assist them in their invaluable role in supporting vulnerable and disabled people. There are a number of actions in the Integrated Commissioning Carers' Strategy 2013/14 which address some of the concerns raised by this survey.

Concerns from Carers' Survey	Plan
<ul style="list-style-type: none"> <li>25% of carers said information and advice were difficult to find</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment of 3 (2 fte) Carers' Triage workers in the Adult Access Team, based at the Customer Services Centre, whose main purpose is to provide accurate and comprehensive information promptly to carers</li> <li>Commissioning of Carers' Universal Services (current provider is Carers Federation) to provide information and advice to carers in Nottinghamshire</li> <li>Encouraging carers to access 'Choose My Support' to find accurate, updated information about community resources, social care services, etc.</li> <li>Updating of information on the Council's website</li> <li>Development of Carers' Factsheet (translated into several languages by Clinical Commissioning Groups)</li> <li>Sharing of information and good practice by Adult Social Care staff and NHS colleagues through the Carers' Implementation Group</li> </ul>
<ul style="list-style-type: none"> <li>87% of carers said they do not spend enough time as they want on what they enjoy</li> </ul>	<ul style="list-style-type: none"> <li>Promoting use of Personal Budgets for carers to facilitate a life outside caring</li> <li>Promoting availability of NHS breaks</li> <li>Investigating flexible use of Carers' Personal Budgets to access NHS breaks for people looking after people with dementia or complex needs</li> </ul>
<ul style="list-style-type: none"> <li>45% of carers said they do not look after themselves well enough</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning of 6.5 fte Band 5 qualified 'Compass' workers to provide practical and emotional support to carers of people with dementia</li> <li>Commissioning of 'End of Life Carers Support Service' to provide practical and emotional support for 'end of life' carers</li> <li>Promoting awareness and uptake of Carers' Crisis Prevention Service – free service accessed, for example, when carer needs to attend hospital or GP appointment for themselves, or when they are taken ill</li> <li>Improving access for carers to 'Let's Talk Wellbeing' (Improving Access to Psychological Therapies)</li> <li>Offering training courses ('Caring with Confidence' by Carers Federation)</li> </ul>

<ul style="list-style-type: none"> <li>68% of carers said they did not have enough social contact</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning of Carers' Universal Services (currently Carers Federation) to provide support to carers through 1 to 1 and group work</li> <li>Encouraging carers to access 'Choose My Support' for information about community activities in their locality</li> </ul>
<ul style="list-style-type: none"> <li>65% of carers said they did not get enough encouragement and support in their role</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning of 6.5 fte Band 5 qualified 'Compass' workers to provide practical and emotional support to carers of people with dementia</li> <li>Commissioning of 'End of Life Carers Support Service' to provide practical and emotional support for 'end of life' carers</li> </ul>

### **Other Options Considered**

14. There were no other options to be considered.

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

15. The Carers' Survey is the key way in which the Authority is able to measure the impact of caring and the experience of services received by carers.

### **Statutory and Policy Implications**

16. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the 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**

17. There are no financial implications contained in this report.

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

18. The survey applies to all carers across the County.

### **Implications for Service Users**

19. Learning the lessons from the Carers' Survey and translating these into concrete action will have a positive impact on both carers, and by implication on the service users they are looking after, as carers will be receiving more support, advice and information to assist them in their role as a carer.

## **RECOMMENDATION/S**

- 1) It is recommended that the Adult Social Care and Health Committee notes the Carers' Survey 2012 and agrees to the implementation of the plan contained in the report.

**DAVID HAMILTON**

**Service Director for Personal Care and Support – Older Adults**

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**Constitutional Comments (LM 7/11/13)**

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

**Financial Comments (CLK 31/10/13)**

21. There are no financial implications contained in this report, as detailed in paragraph 17.

**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.

- Expenditure of Carers' Funding Allocation – Proposed Plans (approved by the Adult Social Care and Health Committee on 4 March 2013)
- The Integrated Commissioning Carers' Strategy 2013/14 (approved by the Adult Social Care and Health Committee on 22 July 2013).

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

All.

ASCH166



## **2012/13 Carers Survey Benchmarking Report**

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## Introduction

**Information collected on the Carers Survey is split into 6 sections:**

- Section 1: About the person you care for
- Section 2: About your needs and experiences of support
- Section 3: The impact of caring and your quality of life
- Section 4: Information and advice quality
- Section 5: Arrangement of support and services in the last 12 months
- Section 6: About yourself

2012/13 is the second time a survey of this nature has been run. In 2009-10 a pilot survey was run in which councils were asked to volunteer to take part; 90 councils including Nottinghamshire agreed to do this. Further consideration of the findings from the voluntary survey has taken place and the number of questions has been reduced from 58 to 27.

Information from the survey is used to produce **Adult Social Care Outcomes Framework Indicators:**

- **1D** Carer-reported quality of life
- **3B** Overall satisfaction of carers with social services
- **3C** The proportion of carers who report that they have been included or consulted in discussion about the person they care for
- **3D\*** The proportion of people who use services and carers who find it easy to find information about services

\*This indicator includes results for carers and service users combined

## Overview

In most cases the level of positive results has dropped since the 2009/10 survey.

- + Nottinghamshire remain slightly above average for overall satisfaction with support or services
- + The percentage of carers who feel they are neglecting themselves has fallen in Nottinghamshire since 2009/10
- + More carers in Nottinghamshire have no worries about their personal safety since 2009/10. Results for the East Midlands dropped and England remained the same
- + Nottinghamshire have scored higher than the East Midlands and England average for carers saying they felt involved or consulted to some level
- Carers in Nottinghamshire feel they spend less time doing things they want or enjoy than in the East Midlands or England
- Nottinghamshire score for carers having enough control over their lives is below the East Midlands and England average
- Results for social contact remain fairly consistent between years however Nottinghamshire scored below the East Midlands and England average in this area
- There has been a drop in the percentage of carers who feel they have encouragement and support in their role and Nottinghamshire are below the East Midlands and England average

## Some comments from carers

We had some fantastic support as a family, working out strategies of how to cope. This came at a good time as the family was at breaking point and we needed to pull together.

If you have a problem you have to explain the problem too many times to too many different people, in different departments then it takes too long to put the remedy into practice...

Although most of the operational procedures that I have read say that the carer will be fully involved in discussions and decisions, this rarely happens. It is frustrating to me as a carer and generally is counterproductive to my wife's care.

Support for the person I am caring for very good, but felt I could do with someone to talk to.

If you are allocated a good social worker it can make all the difference to the help you receive..

My mother recently had a period of respite which she thoroughly enjoyed and benefitted both her but also me, my Husband and Mother in Law who I also care for.

I get fed up with life and having to organise my time around when people can be with my husband.



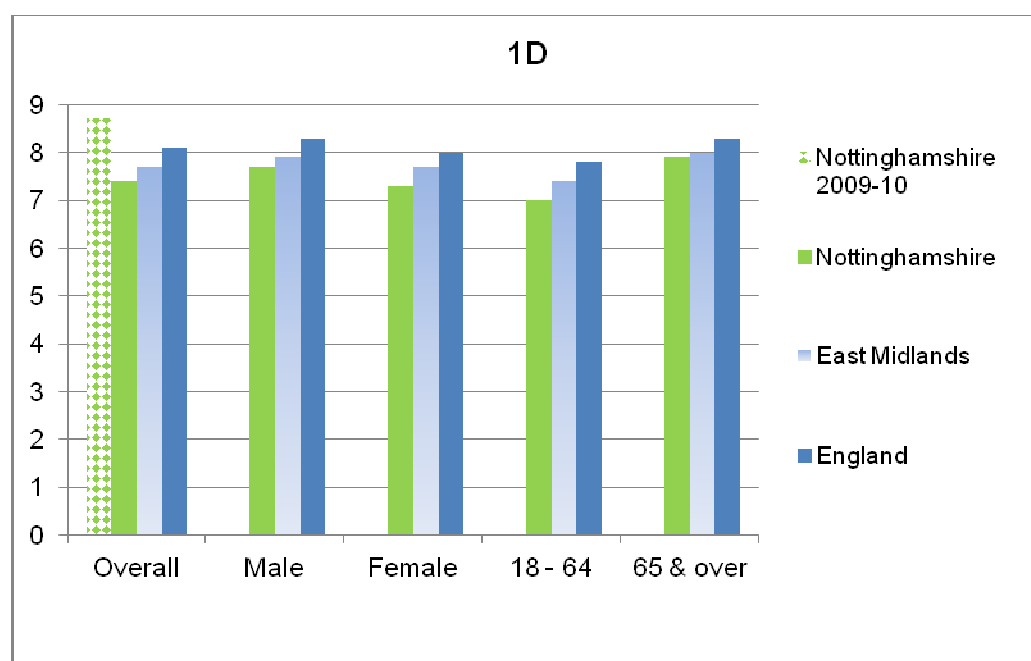
## ASCOF Indicator results

The charts below compare Nottinghamshire's results to the East Midlands and England for 2012/13. Nottinghamshire's results for 2009/10 have also been added although it is not possible to recreate these results for the East Midlands or England using the information available.

In all cases the results have dropped since the 2009/10 survey.

### 1D Carer-reported quality of life

This is a composite measure which combines individual responses to seven questions measuring different outcomes related to overall quality of life which are mapped to 7 domains (occupation, time and space, control, personal care, safety, social participation and encouragement and support).

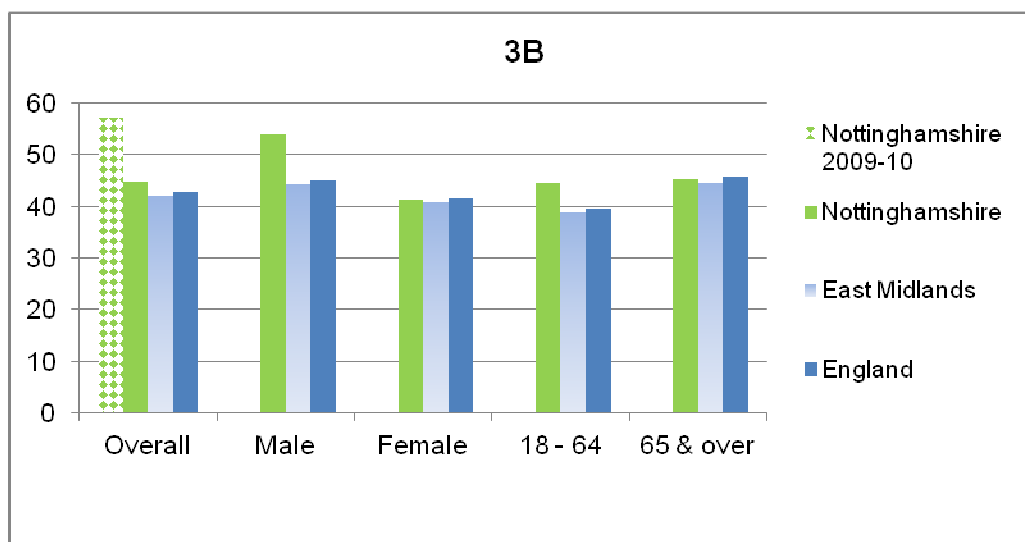


Overall for Nottinghamshire 7.4, East Midlands 7.7, England 8.1

Our overall score in this area is slightly below the average for the East Midlands and England. Males and those in the 65 and over age group report a slightly higher quality of life on average.

### 3B Overall satisfaction of carers with social services

The measure is defined by determining the percentage of all those responding who identify strong satisfaction – i.e. by choosing the answer “I am extremely satisfied” or the answer “I am very satisfied”.



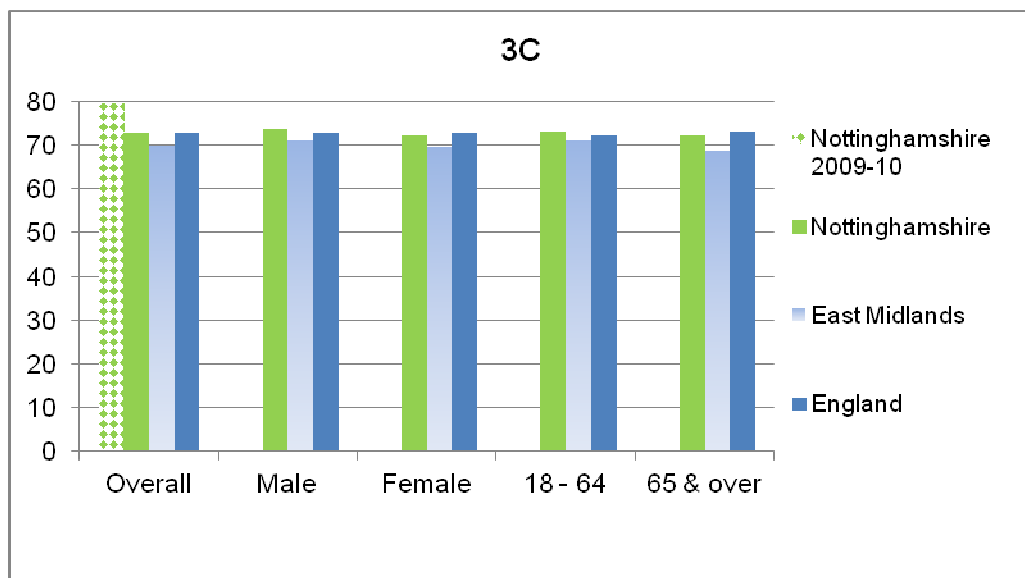
Overall for Nottinghamshire 44.8, East Midlands 42, England 42.7

Nottinghamshire have scored above average for overall satisfaction.

Males and those aged 18 – 64 show particularly high satisfaction levels. These spikes do not follow the pattern shown for these groups for the East Midlands or England.

### **3C The proportion of carers who report that they have been included or consulted in discussion about the person they care for**

The measure is defined by determining the percentage of all those responding who choose the answer "I always felt involved or consulted" and "I usually felt involved or consulted".

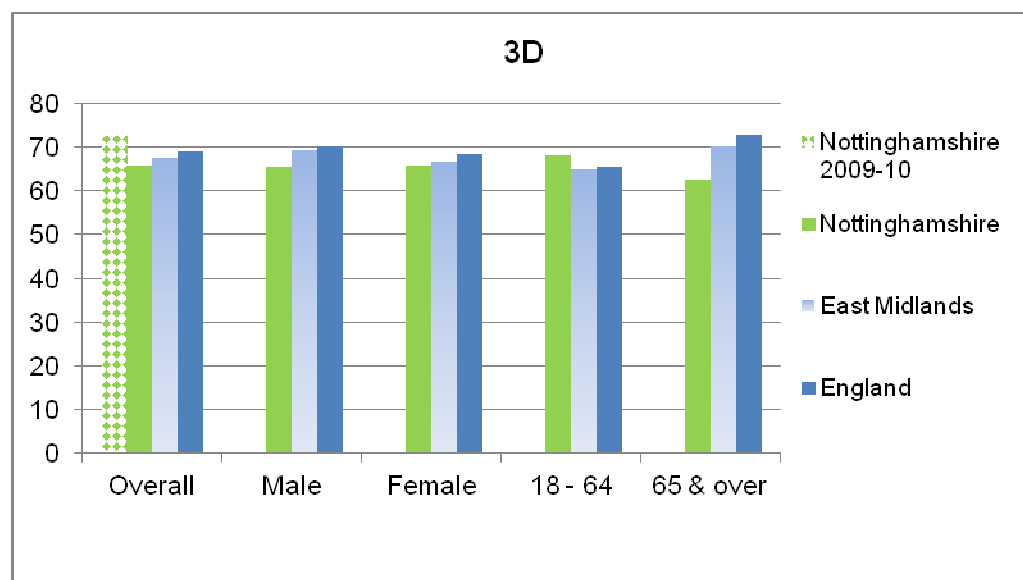


Overall for Nottinghamshire 72.7, East Midlands 70, England 72.8

Nottinghamshire have scored slightly above the East Midlands average and our scores are in line with the England average.

### 3D The proportion of people who use services and carers who find it easy to find information about services (Carers responses only)

This portion of the measure is defined by determining the average percentage across the two surveys of all those responding who select the response “Very easy to find” and “fairly easy to find”.



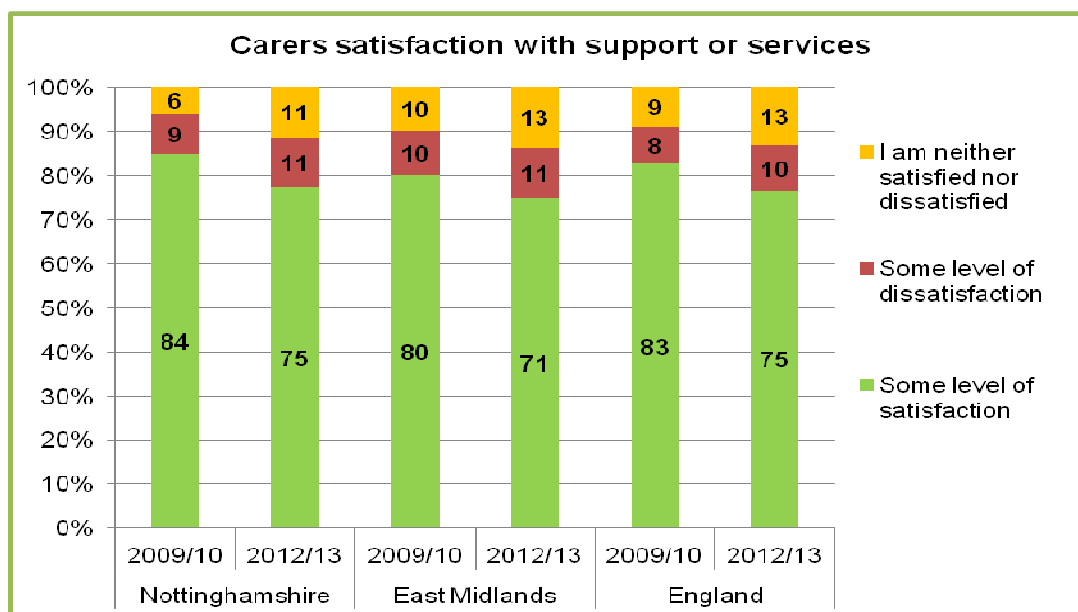
Overall for Nottinghamshire 65.8, East Midlands 67.6, England 69

Our overall score in this area is slightly below the average for the East Midlands and England. In Nottinghamshire the 18 – 64 age group found it easier to find information whilst the 65 and over age group found it more difficult. This does not follow the pattern shown for these age groups for the East Midlands or England.

### Survey questions results

**Overall how satisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?**

	2009/10			2012/13		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>Some level of satisfaction</b>	84	80	83	75	71	75
<b>Some level of dissatisfaction</b>	9	10	8	11	11	10
<b>Neither satisfied nor dissatisfied</b>	6	10	9	11	13	13



The results of 2012/13 survey have been adjusted to allow comparison with the 2009/10 survey. This is because in the more recent survey an additional option was added for the carer to indicate they hadn't received any services.

The adjustment allows us to see that positive results have dropped since 2009/10 however Nottinghamshire's score has remained slightly above the average for the East Midlands.

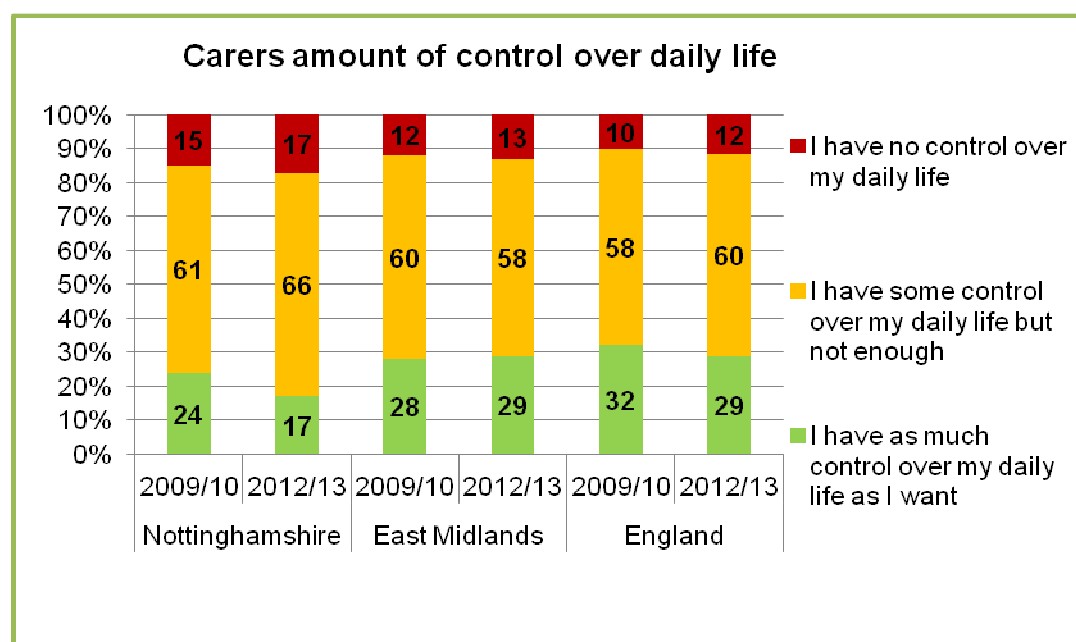
#### Which of the following statements best describes how you spend your time?

	2009/10			2012/13		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>I spend my time as I want</b>	19	21	23	14	18	22
<b>I spend some time but not enough</b>	68	65	64	69	67	64
<b>I don't do anything I value or enjoy with my time</b>	13	13	13	18	15	14

Positive results for Nottinghamshire and the East Midlands have dropped since the 2009/10 survey. The England average has remained consistent.

**Which of the following statements best describes how much control you have over your daily life?**

	<b>2009/10</b>			<b>2012/13</b>		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>As much control as I want</b>	24	28	32	17	29	29
<b>Some control but not enough</b>	61	60	58	66	58	60
<b>No control over my daily life</b>	15	12	10	17	13	12



The percentage of people saying they have as much control over their daily lives as possible had dropped since the 2009/10 survey in both Nottinghamshire and England. The East Midlands remains consistent.

**Thinking about how much time you have to look after yourself - in terms of getting enough sleep or eating well - which statement best describes your current situation?**

	<b>2009/10</b>			<b>2012/13</b>		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>I look after myself</b>	52	58	62	55	52	60
<b>Sometimes can't look after myself well enough</b>	27	26	25	28	32	26
<b>I feel I am neglecting myself</b>	21	16	13	17	17	14

Nottinghamshire's results have improved slightly since the 2009/10 survey, with 17% of people saying they feel they are neglecting themselves compared to 21%.

**Thinking about your personal safety, which of the statements best describes your present situation?**

	2009/10			2012/13		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>No worries</b>	78	83	85	84	77	85
<b>Some worries</b>	21	16	14	15	19	14
<b>Extremely worried</b>	1	2	2	2	3	2



The percentage of people who have no worries about their personal safety has increased for Nottinghamshire and the East Midlands since the 2009/10 survey. The England average has remained consistent.

**Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?**

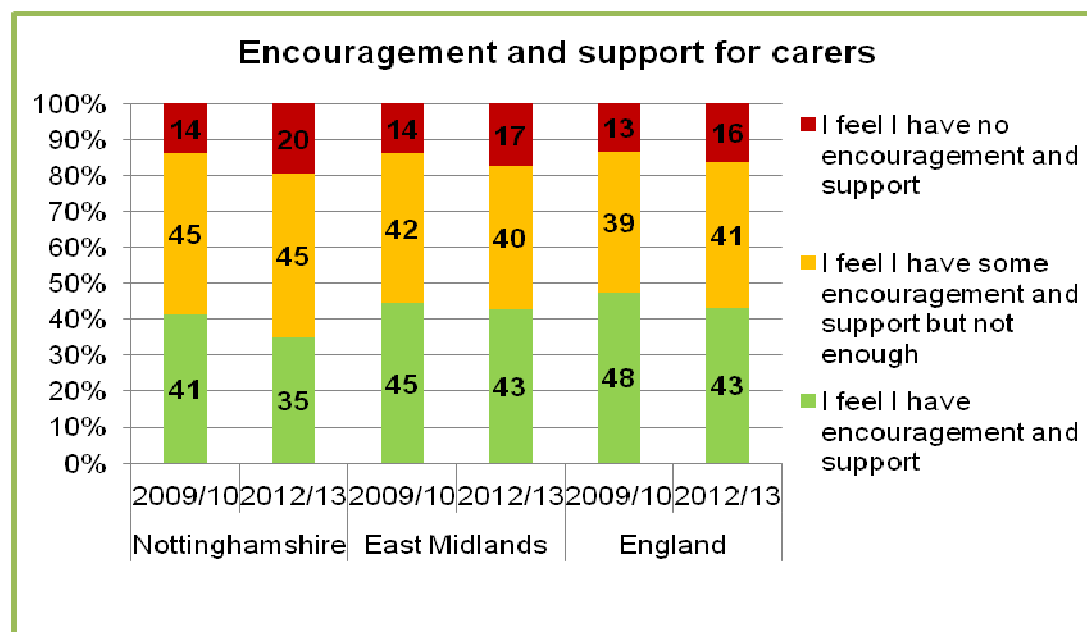
	2009/10			2012/13		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>As much social contact as I want</b>	33	39	45	32	38	42
<b>Some social contact but not enough</b>	49	46	43	48	46	45

<b>Little social contact and feel socially isolated</b>	18	15	13	20	17	14
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These results remain fairly consistent between years however Nottinghamshire is still below average for carers having as much social contact as they want.

**Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?**

	2009/10			2012/13		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>I have encouragement and support</b>	41	45	48	35	43	43
<b>I have some but not enough</b>	45	42	39	45	40	41
<b>No encouragement &amp; support</b>	14	14	13	20	17	16



There has been a drop in the percentage of people who feel they have encouragement and support in their role. Nottinghamshire has the biggest drop at 6% and our results are below the average for the East Midlands and England.

**In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits?**

	2009/10			2012/13		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>I have not tried to find information or advice in the last 12 months</b>				27	27	28
<b>Easy to find</b>	72	68	74	48	50	50
<b>Difficult to find</b>	28	30	26	25	24	22

The results of the 2009/10 and the 2012/13 survey are not directly comparable as in the more recent survey an additional option was added for the carer to indicate they hadn't tried to find any information or advice.

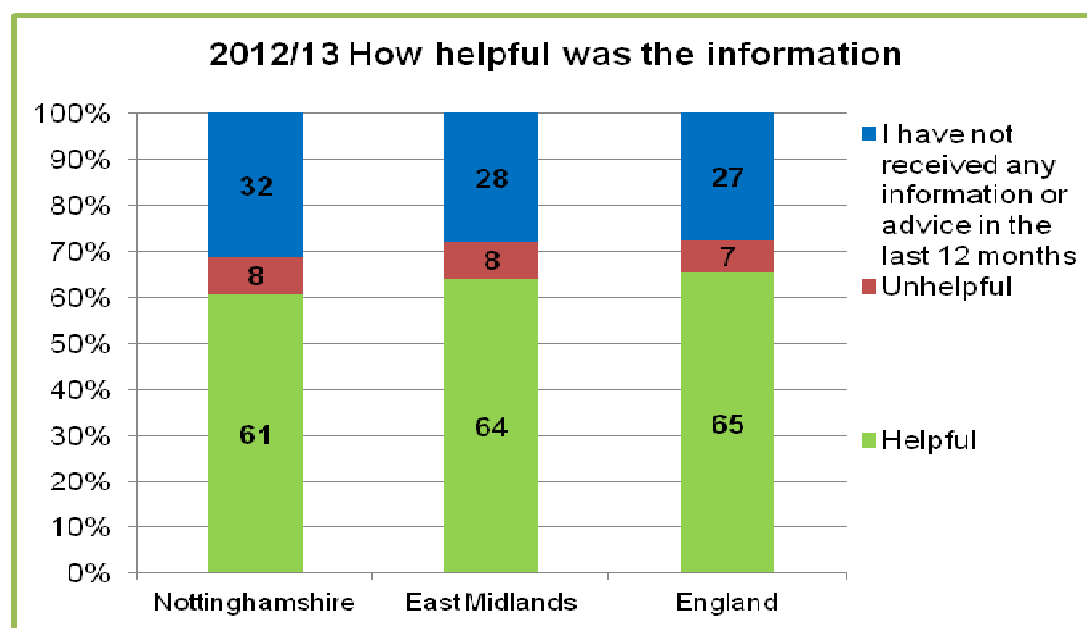
Our results are now slightly below the average for the East Midlands and England.

I have struggled in the past because it wasn't clear which source to contact but have found it easier after being given the "Golden Number".

All info easy to find when someone tells you where to look for it!! Hard to determine if you are entitled to the help and support or not.

**In the last 12 months, how helpful has the information and advice you have received been?**

	2009/10			2012/13		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>Not received any info or advice</b>				32	28	27
<b>Helpful</b>	93	93	92	61	64	65
<b>Unhelpful</b>	7	7	8	8	8	7





The results of the 2009/10 and the 2012/13 survey are not directly comparable as in the more recent survey an additional option was added for the carer to indicate they hadn't received any information or advice.

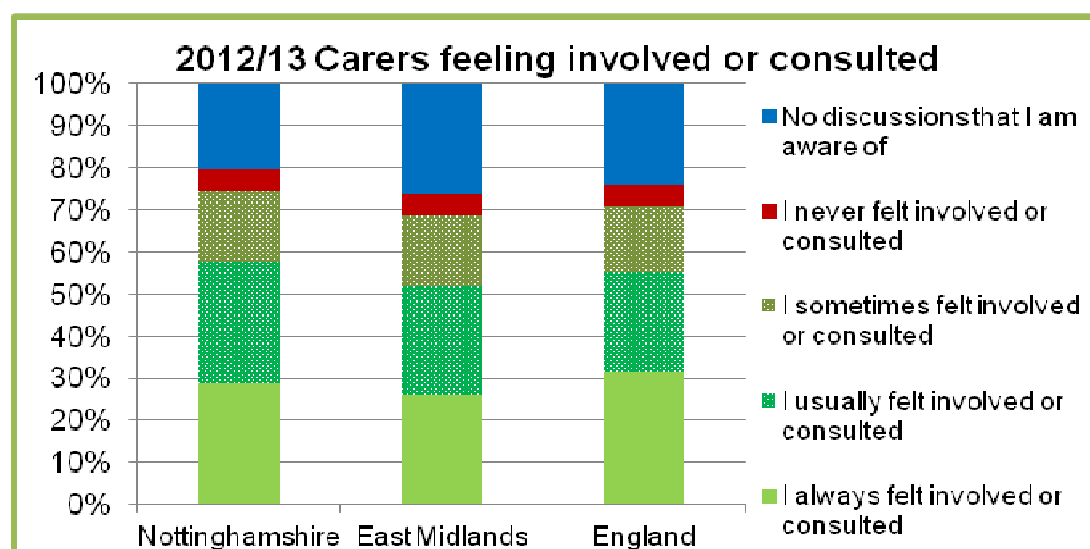
Our results are below the average for the East Midlands and England and we show a higher percentage of people saying they have not received any information or advice in the last 12 months.

Our G.P. Consultant, plus Social Services, have been very friendly, understanding and helpful.

Lack of awareness of local resources: time needs to be allowed within working hours, to allow workers to gather information which can be then passed on to carers about 'what's out there'.

**In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?**

	2009/10			2012/13		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>No discussions I am aware of</b>				20	26	24
<b>Always</b>	45	50	50	29	26	32
<b>Usually</b>	34	28	28	29	26	24
<b>Sometimes</b>	15	16	15	17	17	16
<b>Never</b>	5	6	6	5	5	5

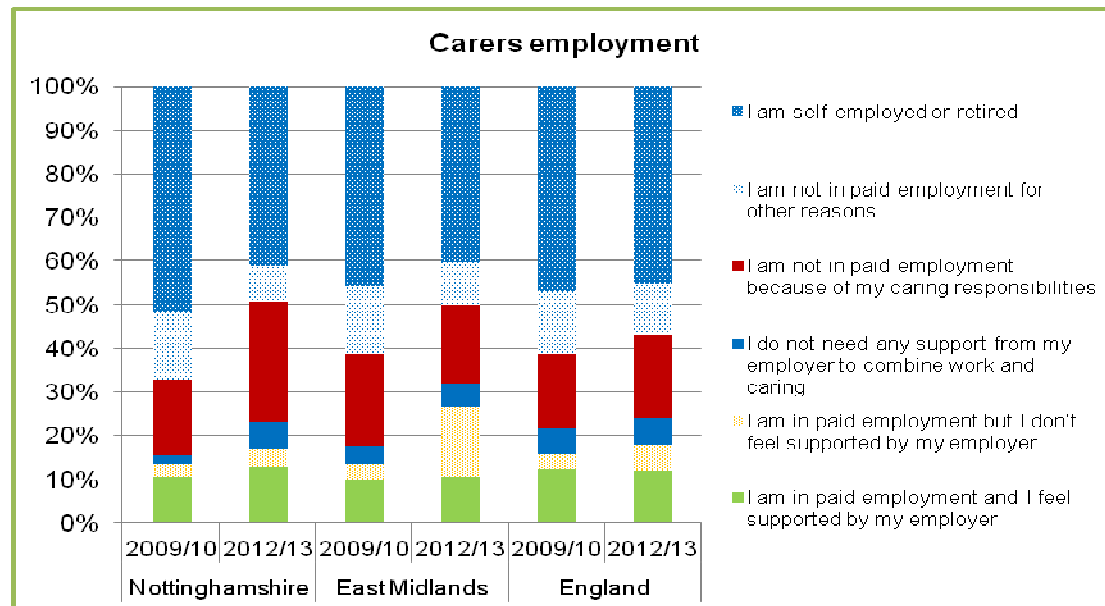


The results of the 2009/10 and the 2012/13 survey are not directly comparable as in the more recent survey an additional option was added for the carer to indicate there hadn't been any discussions.

Nottinghamshire have scored higher than the East Midlands and England average for carers saying they felt involved or consulted to some level (75% compared to 68% and 71%). We also show a lower percentage of people saying that there had not been any discussions in the last 12 months (20% compared to 26% and 24%).

**Thinking about combining paid work and caring, which of the following statements best describes your current situation?**

	2009/10			2012/13		
	Nottinghamshire %	East Midlands %	England %	Nottinghamshire %	East Midlands %	England %
<b>In paid employment and feel supported by employer</b>	11	10	12	13	11	12
<b>In paid employment but don't feel supported by employer</b>	3	3	4	4	16	6
<b>Do not need any support to combine work and caring</b>	2	4	6	6	5	6
<b>Not in paid employment because of caring responsibilities</b>	17	21	17	27	18	19
<b>Not in paid employment for other reasons</b>	16	16	14	8	10	12
<b>Self-employed or retired</b>	52	46	47	41	40	45



The percentage of people that said they were retired or self employed has fallen across the board since 2009/10, with Nottinghamshire seeing the biggest reduction (52% down to 41%).

The percentage of people saying they do not work due to caring responsibilities has increased in Nottinghamshire by nearly the same percentage (17% to 27%).

Carers in employment regardless of the level of support they receive has increased across the board with Nottinghamshire showing a slight increase since 2009/10 in carers saying they felt supported by their employer.

The East Midlands average of carers in employment but not feeling supported has increased from 3% to 16% however Nottinghamshire do not follow this pattern, with an increase of only 1%.

If you have any comments or further questions about the information contained in this report please use the contact details below to get in touch.

Performance Improvement Team  
Adult Social Care, Health and Public Protection  
Nottinghamshire County Council  
County Hall, West Bridgford, Nottingham NG2 7QP

Email: [performance.improvement-team@nottscc.gov.uk](mailto:performance.improvement-team@nottscc.gov.uk)

## Appendix 1: Comments Analysis by Laura Chambers

## Carers Questionnaire Analysis

June 2013

**Q13** In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits?

Of the 77 respondents, 10 did not answer the question and so have not been used in the summary. So the data below is based on 67 responses.

87% (58) of the respondents felt that information and advice has been difficult to get hold of and on 13% (9) considered it to have been easy to access information or had never tried to. The table below breaks down the main reasons cited for considering information and advice gathering easy or difficult. The themes are ranked according to how often they were cited.

hard to access right people to speak to/ fragmented system	22	33%	given good support by professionals	4	6%
poor sign posting- to and by staff/websites/general info	10	15%	not ever asked for any info	2	3%
Suitable support (from professionals and services) unavailable	10	15%	easy as work for the council	1	1%
poor information sharing with carers e.g. about the person they care for or services they are eligible for	8	12%	Situation is improving - more diverse sources of advertising info available e.g. GP surgery electronic notice boards	1	1%
Financial problems are hard to get information on	3	4%	The 'golden number' is good	1	1%
no support given proactively to carers by NCC	2	3%			
poor communication between agencies	2	3%			
frail so cant source information and is hard to be a carer	2	3%			
System too bureaucratic	1	1%			
NCC policy messages are not clear	1	1%			

## APPENDIX 1

**Q14** Helpfulness of information and advice received in last 12 months (39 respondents inc. 3 voids):

Helpful	11	31%
Not helpful	22	61%
Moderately helpful	4	11%

Of the 31% (11) of respondents that found the information and advice they received helpful, 45% (5) was from statutory agencies and 55% (6) was from voluntary agencies.

The supplementary comments given to support why the information and advice given was helpful tended to relate to *how* it was presented in addition to the content. Satisfied respondents received a good all round service.

Staff were “very **friendly, understanding and helpful**”, “...the one person who has always helped us with problems is...she is one fantastic lady” while also presenting a competent and **comprehensive service** as shown in the quotes “all the help given by the Carers Federation has proved most valuable” and “I can’t praise Framework enough for this help, information and advice. Absolutely invaluable and took the need to use other services away”.

Of those that said the service was unhelpful, the main themes for dissatisfaction were:

- Not being able to get information or advice =23% (5)
- Insufficient communication from/ access to professionals = 23% (5)
- The services offered were poorly matched to the individual =18% (4)
- Professionals don’t know about services = 14% (3)
- Inaccurate or misleading information or services were offered =9% (2)
- Poor quality work delivered = 5% (1)
- Inflexible system that doesn’t accommodate individual’s desire for choice and control = 9% (2)

Of the 22 respondents who were dissatisfied only 5% (1) comment related to a voluntary sector agency. A further 2 (9%) comments related to both statutory public services and the voluntary sector and 19 (86%) related directly to public sector agencies within both ASCH and Health.

## APPENDIX 1

### Q23 Any other comments or experiences you would like to tell us about?

Of the 160 responses to this question only 115 included comments or feedback that could be thematically clustered. Therefore 45 anecdotes have not been included in this summary data as these simply described respondents situations.

The themes identified have been ranked in order of their frequency of citation and are supplemented with some quotes to illustrate the theme more completely.

Reduced service provision –the needs of the carer and cared for	36	31%
<p>"'Day' centre isn't for a day as he can be home by 3pm."</p> <p>"The services over the years have certainly depreciated."</p> <p>"(the day centre)...due to the amalgamation with learning disabilities is really crowded, and not very enjoyable".</p> <p>"Nottinghamshire does not have a Care Home suitable for my daughter complex syndrome".</p> <p>"support on offer - unreasonably time limited".</p> <p>"With supported living tendered out to agencies standards are not reliable and care levels not guaranteed."</p> <p>"Multiple services with their own financial challenges do not work together - they merely pass the patient off to someone else".</p> <p>"...but (it) would cost too much to have someone come in on my bad days".</p> <p>"I really thought may be useful but they were all between Mon and Fri and 9-5 so I was unable to attend any of them".</p> <p>"(Alzheimers) has completely destroyed our lives it is gradually ruining me financially and physically and will certainly kill me before it kills my wife."</p> <p>"Who helps the carer?"</p> <p>"Money allocated does not cover fees for respite places meaning I don't get a break"</p>		
Good support from professionals	23	20%
<p>"We had some fantastic support as a family, working out strategies of how to cope."</p> <p>"My family and myself have been very happy with the support/advice we have been given".</p> <p>"The quality of the service has been very good".</p> <p>"The care services offered have been efficiently organised by an excellent social worker and appropriately selected always with consultation".</p> <p>"I get good support twice a day from a Caring Agency. I do not resent my situation in any way."</p> <p>"...she has attended since September for two days per week, she absolutely loves it, the staff are amazing, the facilities second to none. The staff are very professional, very caring..."</p> <p>"SW are very good - regular contact and support. As well as clinical PH".</p> <p>"Thank Social Services for the support they give us .... Long may it last!!".</p> <p>"Our case worker at Social Services (xx) has been very helpful when needed."</p> <p>"they were both very helpful, and a credit to Social Services".</p> <p>"We are extremely satisfied with the help and support we have received, every one we have been dealing with have been exceptional".</p> <p>"With regards to the help I have received it is second to none".</p>		
There are insufficient services available offering emotional support	22	19%
<p>"caring...can be a very lonely and isolating experience. You get very little emotional support"</p> <p>"Worst thing is everything being about them and 'the illness' and any time away leads to feelings of guilt."</p> <p>"Overall I feel very isolated".</p>		

## APPENDIX 1

" It would be better if occasionally services staff rang me to offer encouragement." "I was given no advice or support at any point in time." "I just feel that I do not get the support I need". "this situation is giving me constant cause for concern." "I could do with someone to talk to".		
Services are not joined up	11	10%
I've not able to spend the £150 awarded to me because I have no-one to look after him." "you have to explain the problem too many times to too many different people." "Uncoordinated services". "I would advocate more joined up working". "continuity is sometimes good !". " I rely on no one but it gets more and more difficult. More should be done."		
Bad service recommendations by inexperienced workers/poor service delivery	9	8%
"On occasion start and finish times are not fully consulted. Medication is sometimes found on the floor and probably not observed taking. I am here every day and on certain days sandwiches are used from the day before if not been eaten previously". "I still don't know if it has all been sorted out as no one has come back to me. This has woken me up to how our money is spent as rates and tax payer". "I am especially concerned about how long it can sometimes take to get problems sorted out through the local authority". "I am very dissapointed with the Start Team early on, they do not give support to the patient." "We feel we don't get enough support from his doctor". "I have never had any support. They have always worked against me. My worker is a waste of time."		
Carers are not involved in decisions relating to those they care for	4	3%
"It is frustrating to me as a carer and generally is counter-productive to my wife's care." "Please get people to listen to the carer our life is hard enough". " I have had to stamp my feet and get cross to make people hear".		
MH services fall short of required standards	4	3%
"We feel massive changes need to be made in Mental Health and the caring side to be highlighted in Graduated Post Graduate studies rather than evasion tactics used currently. (So as to avoid responsibility)." "Experience of personal care when my husband was at home was terrible". "Surely needs for Dementia sufferers should be classed by stage, not age." "The normal husband / wife care person is not trained to deal with mental health problems and some doctors"		
NCC not responding to attempts at contact to access support	3	3%
"...the main problem we as a family find is not being able to get any information on respite care or even a day centre". "I'm sure it would help if we had a named Social Worker but at the moment we get an anonymous voice on the end of the phone. THAT IS IF THEY RETURN YOUR CALL!!"		
Respondents succeeded in coping due to family support and contacts in the system, not from going through the official route	2	2%
"Better access needed for people who don't have the family 'back up'". "Without my friend (whose husband had Alzheimers & has died) I would have been quite lost"		



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Carers breaks have been helpful	1	1%
"could these breaks be continued as they have been very helpful to me"		

The table above suggests that while many respondents (20%) feel they are receiving a service that they are very happy with from dedicated professionals, an additional 31% felt that for a range of reasons, the services on offer are not meeting the needs of the service user and/or carer, or were not joined up sufficiently well (10%). In addition to this there was a strong sense in the comments provided (22%) that there was a stark omission in terms services that are designed to meet the psychological or emotional needs of the carers and that this gap was aggravating carers' sense of isolation and of being trapped.



**25<sup>th</sup> November 2013****Agenda Item: 9****REPORT OF SERVICE DIRECTOR PERSONAL CARE AND SUPPORT –  
OLDER ADULTS****DEMENTIA STRATEGY UPDATE****Purpose of the Report**

1. To provide information and advice to members on the progress of the “Nottinghamshire Dementia Strategy” 2010-15 and to seek approval for its continued implementation.

**Information and Advice**

2. In 2009 the government launched a national strategy on dementia entitled “Living well with Dementia: A National Dementia Strategy”. This laid out the strategy for dementia care across England for the next 5 years and highlighted 3 main priorities:
  - Improved public and professional awareness and understanding of dementia
  - Earlier diagnosis and intervention
  - A higher quality of care for people living with dementia and their carers
3. A fourth priority was added later which was; appropriate use of anti-psychotics.
4. All local authorities and primary care trusts were required to develop a local plan in response to the national strategy. So in Nottinghamshire carers, people with dementia and a range of representatives from across dementia services came together for a series of commissioning workshops which took place between August 2009 and March 2010. During these workshops current service provision and the gaps in the system were mapped and local priorities for dementia services were developed; these priorities reflected the views of local people who are affected by dementia.
5. It was agreed that the vision should be for people in Nottinghamshire to live well with dementia. To promote a better public and professional knowledge about dementia to remove the stigma that is currently associated with it, offer early diagnosis and intervention, and ensure quality accessible services effectively meet the needs of people with dementia and their carers.
6. In 2012 the “Prime Minister’s challenge on dementia: Delivering major improvements in dementia care and research by 2015” was launched. This focused on 3 main areas:

- Driving improvements in health and care
  - Creating dementia friendly communities that understand how to help
  - Better research
7. All health and social care agencies have worked very closely across the City and County to improve the quality and quantity of services for people with dementia and their families. The following has been achieved:
- a) Improved public and professional awareness and understanding of dementia
    - Run awareness raising and publicity events
    - Provided e-learning for all social care staff
    - Provided training for appropriate health and social care staff
    - Revised GP referral guidelines
    - Held learning events for GPs and primary care staff
  - b) Earlier diagnosis and intervention
    - Implemented a new localised Memory Assessment Service
    - Commissioned additional social support services to people who are newly diagnosed
    - Provided specialist intermediate care teams across the County
    - Supported the use of Assistive Technology and specifically 'Just Checking'
  - c) A higher quality of care for people living with dementia and their carers
    - In hospitals – identified lead clinicians and developed staff training programmes; developed acute liaison teams; provided specialist mental health and medical crises ward (QMC); created a specialist ward for people with dementia who have difficult to manage behaviour
    - In Care Homes – developed and provided staff training, including awareness, person centred care and end of life care; commissioned a specialist dementia outreach service Countywide; introduced a dementia quality mark to establish good quality dementia care
  - d) Appropriate use of anti-psychotic medications
    - GPs have reviewed, and will continue to review, people with dementia on anti-psychotic medication
8. Although significant improvements have been made dementia care remains one of the priorities identified in the Health and Wellbeing Strategy. The key objectives are to:
- Increase diagnosis rates through full implementation of the Countywide Memory Assessment Service
  - Improve and increase the support available to carers through the development of specialist 'Compass' workers across the County who will provide practical and emotional support to carers and the availability of a wider range of carers information programmes
  - Continue implementation of enhanced community services and services that support people to remain in their own home i.e. the mental health intermediate care services,

specialist assistive technology and the introduction of an assessment bed service for people with dementia and/or mental health problems in the South of the County

- Improve the quality of care in care homes through an extended programme of specialist training and the implementation of the dementia quality mark
- Promote healthy ageing and tackle preventable ill-health through healthy lifestyles e.g. via NHS health checks
- Encouraging health and social care organisations to sign up to the Dementia Action Alliance and promote 'Dementia Friends' training within the County Council including senior management and Councillors
- Providing easily accessible information through the Council's website and the 'Reading about Dementia' service available through local libraries
- Improve choice and control for people with dementia and carers through greater use of personal budgets and the personalisation project
- Promoting integration across health and social care services to avoid people needing hospital or residential care where possible and enhance timely discharge from hospital

### **Other Options Considered**

9. Local authorities are required to act upon the main objectives of the National Dementia Strategy and to put in place plans to deliver local priorities. The local strategy was designed in collaboration with health partners, representatives from the voluntary sector, service users and carers; detailed needs analysis was undertaken and different service models were considered. The resulting ranges of services are designed to meet the needs of people at all stages of dementia and are based on current best practice.

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

10. This report is to inform members of progress to date and seek approval for continued implementation of the Nottinghamshire Dementia Strategy and the priorities identified in the Health and Wellbeing Strategy.

### **Statutory and Policy Implications**

11. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the 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**

12. Funding for the Dementia Quality Mark in care homes can be met from within existing budgets.

## **RECOMMENDATION/S**

- 1) It is recommended that the Adult Social Care and Health Committee continue to support the implementation of the joint Nottinghamshire Dementia Strategy 2010-2015.

**DAVID HAMILTON**

**Service Director for Personal Care and Support – Older Adults**

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

Jane Cashmore

Commissioning Manager

Email: jane.cashmore@nottscc.gov.uk

## **Constitutional Comments (LM 7/11/13)**

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

## **Financial Comments (CLK 15/11/13)**

14. The financial implications are contained within paragraph 12 of the report.

## **Background Papers and Published Documents**

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

- Nottinghamshire Dementia Strategy 2010-2015

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

All.

ASCH167

# **Nottinghamshire Dementia Strategy 2010-2015**



Image from NHS pictures  
Updated September 2012

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## **Foreword**

Dementia is one of the biggest challenges facing our health and social care economy. Dementia affects people of all ages, however the greatest prevalence is in older people. In Nottinghamshire we face the future challenges of an aging population and in turn a greater number of people living with dementia. As dementia has an impact on more and more families across the county our health and social care system will be under greater pressure, so it is important that we plan for increased demand and better support for people living with dementia and their carers.

Our vision is for people in Nottinghamshire to live well with dementia. We will promote a better public and professional knowledge about dementia to remove the stigma that is currently associated with it, offer early diagnosis and intervention, and ensure quality accessible services effectively meet the needs of people with dementia and their carers.

To achieve the good quality services that people with dementia and their carers need and deserve we will have to work together with a wide range of health and social care partners across private, public and voluntary sectors. Despite the challenges of financial pressures in today's health and social care economy, we remain committed to delivering this strategy and giving people with dementia the care and support they need to enable them to live life to the full.

David Hamilton, Service Director – Older People and Strategic Partnerships,  
Nottinghamshire County Council

Mary Corcoran, Consultant in Public Health, NHS Nottinghamshire County

## 1. Introduction

### 1.1 What is dementia?

‘Dementia’ is a term used to describe a number of illnesses where there is a progressive decline in multiple areas of function including loss of memory, mood changes, communication problems and losing ability to reason. People with dementia may also experience depression, psychosis, aggression and wandering. Dementia can have a devastating effect on those with the disorder and their families who are often carers.

### 1.2 Who is affected by dementia?

In Nottinghamshire there are **9,700 people predicted to have dementia**, however only 1/3<sup>rd</sup> of people with dementia have a formal diagnosis. By 2025 the over 65 population will go up by 50% and numbers of people with dementia in Nottinghamshire are predicted to grow to nearly 15,000.

Dementia mainly affects older people however, it can affect younger people and in Nottinghamshire there are **over 200 under the age of 65 with dementia**. It is important that our services are appropriate to the needs of people of all ages with dementia.

### 1.3 What is the purpose of this strategy?

This strategy sets out Nottinghamshire's response to Living well with Dementia: A national Dementia Strategy (DH, 2009). Its purpose is to outline the **priorities for how services for people with dementia will be improved** in Nottinghamshire and to share some of the good practice that is already taking place.

This document has been produced in the context of the National Dementia Strategy (NDS) which outlines the need for improvement in dementia services across three key areas;

1	Improved public and professional awareness and understanding of dementia
2	Earlier diagnosis and intervention
3	A higher quality of care for people living with dementia and their carers

The NDS also identifies 17 objectives (Appendix 1) to be implemented locally to make a difference to dementia services and Nottinghamshire's plans have been produced in line with these objectives.

## **1.4 Were people with dementia and their carers involved in developing these plans?**

Nottinghamshire County's priorities also reflect the views of local people who are impacted by dementia. Carers, people with dementia and a range of representatives from across dementia services came together for a series of commissioning workshops which took place between August 2009 and March 2010. During these workshops current service provision and the gaps in the system were mapped and local priorities for dementia services were developed.

## **1.5 Nottinghamshire Health and Well-being Strategy**

More information about dementia in Nottinghamshire can also be found in the Joint Strategic Needs Assessment and the Health and Well-being strategy, link below

<http://www.nottinghamshire.gov.uk/caring/yourhealth/health-and-wellbeing-board/strategy/>

## 2. Current Services and gap analysis

Workshops held across Nottinghamshire with professionals and the public enabled us to map current provision of services for people with dementia and identify the gaps. Diagram 2.1 shows current health and social care services under four headings;

Level 1: Raising awareness and early diagnosis

Level 2: Moderate support at home

Level 3: intensive support at home

Level 4: Care home or hospital care

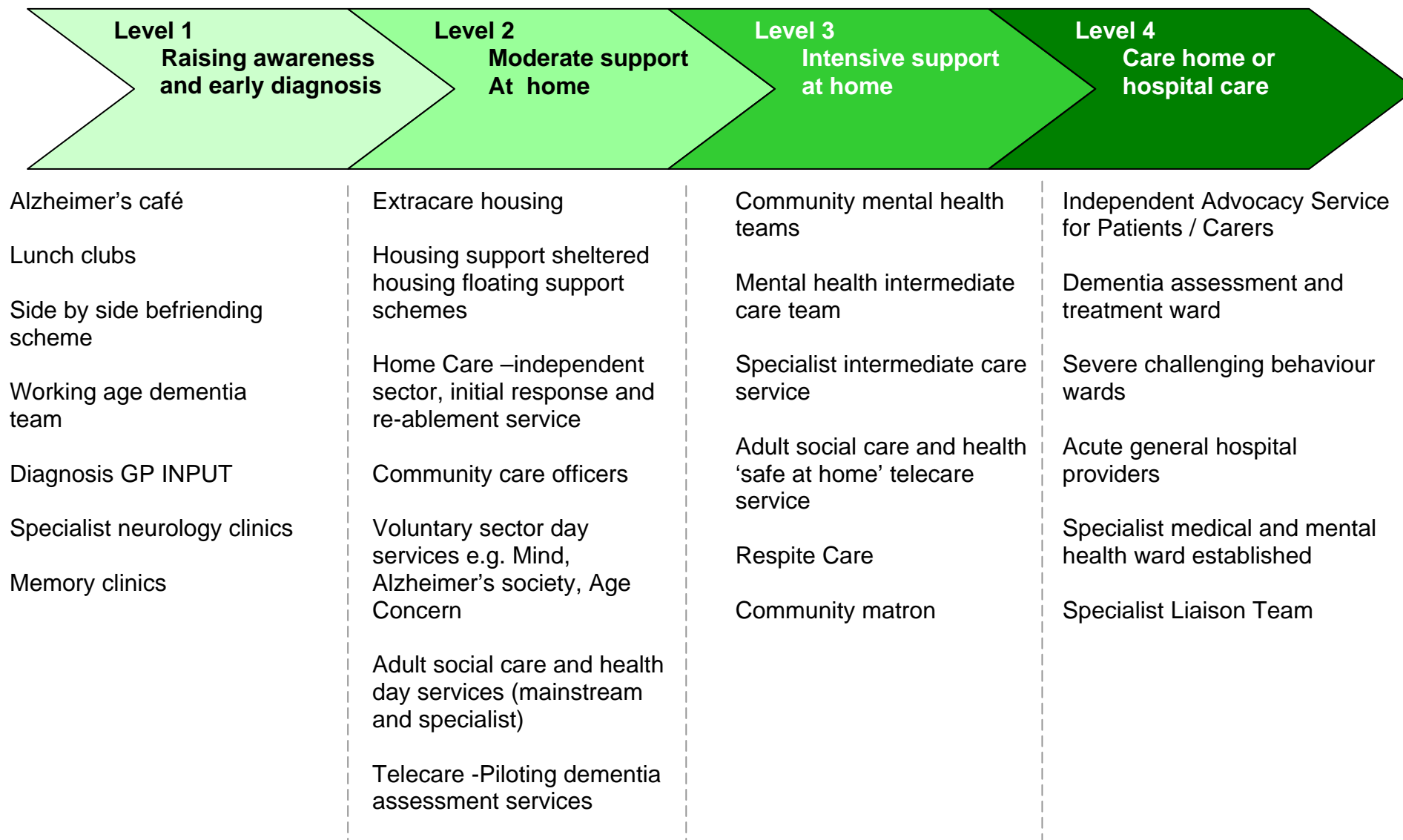
Diagram 2.2 shows the gaps in dementia services in Nottinghamshire and areas that need improvement. These have been mapped under the same four headings.



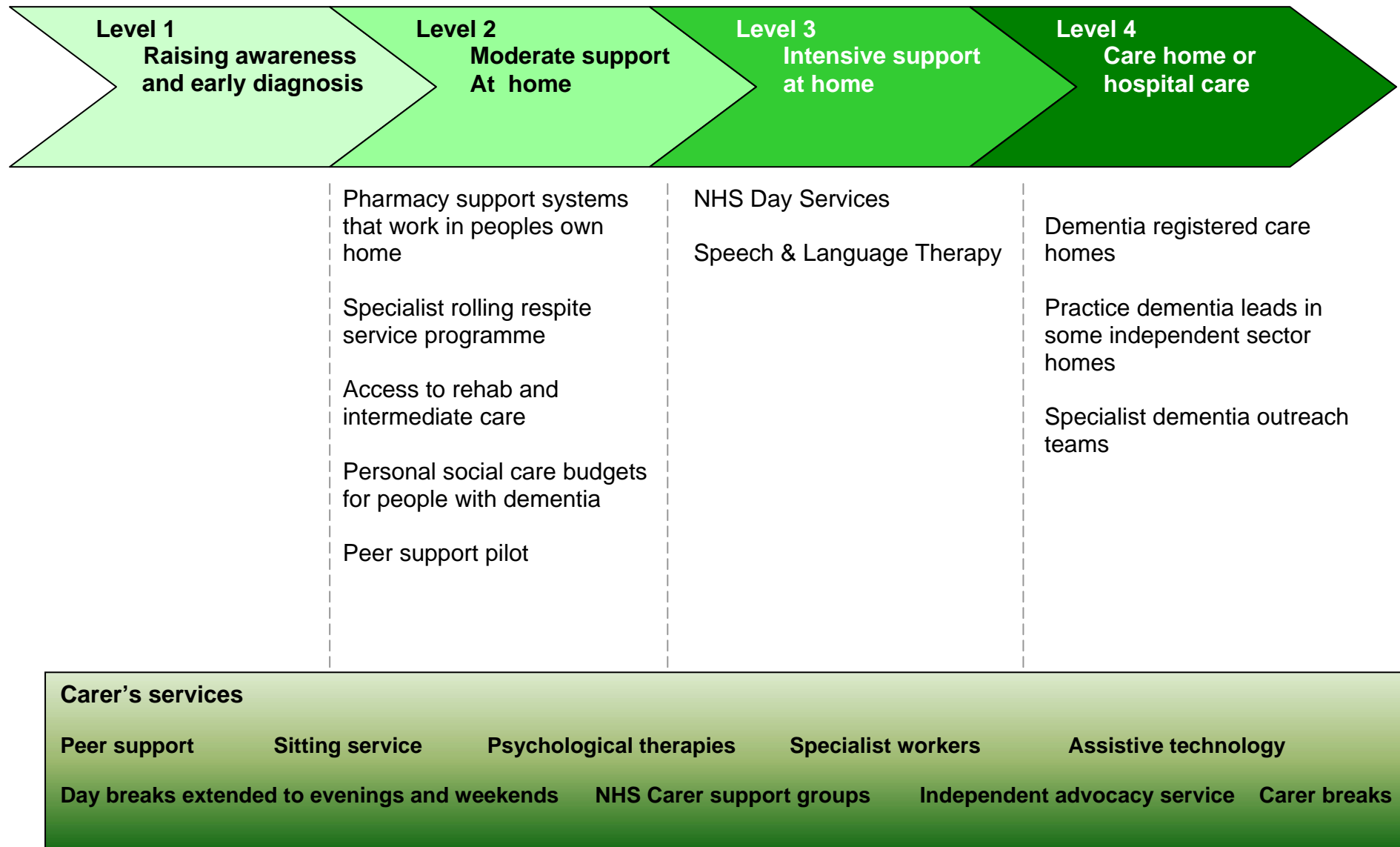
**Image from dementia commissioning workshop in Nottinghamshire**

**Diagram 2 1**

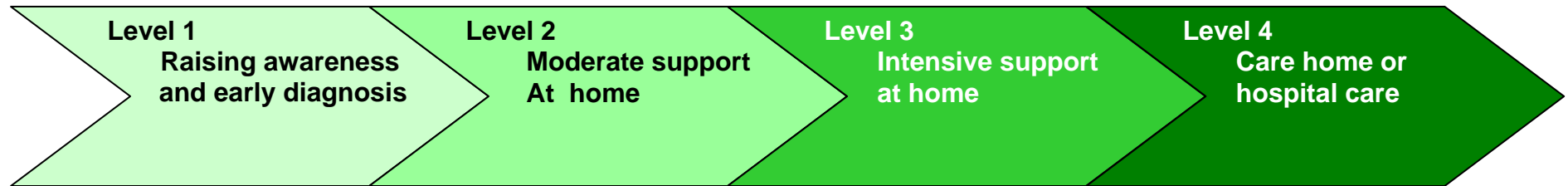
**Current service provision**



## Current service provision continued



**Diagram 2.2 Opportunities to improve dementia care in Nottinghamshire**



Better support to plan for the future

Provide support after diagnosis

Enhance general GP awareness

Early intervention opportunities targeted at BMI communities

High quality memory assessment services

Support after diagnosis

Improve continuity of care workers

Improve access to housing

Improve access to re-ablement

Train staff in universal services

More mental health intermediate care

Sufficient and appropriate range of day care provision

Improved support for carers

Respite services need to be able to support people with high needs

Improve quality & consistency of intensive home support services / staff

Dementia specific training for staff in care homes and hospitals

Utilise carers' skills / knowledge as input into staff training

Mental health Liaison services

More person centred care in care homes for people with dementia



### 3. Commissioning plans 2012-13

What do we want to achieve?	How we will do this?	What will this mean for people affected by dementia?
1. Raise public and professional awareness of dementia	<ul style="list-style-type: none"> <li>- Workforce awareness training events</li> <li>-Dementia training as a requirement of provider contracts via a CQUIN<sup>1</sup></li> <li>- National Dementia awareness campaign</li> </ul>	People with dementia living in Nottinghamshire will know the key signs and symptoms of dementia. This will lead to earlier diagnosis allowing people with dementia to live a better life for longer.
2. Good quality early diagnosis, support and treatment for people with dementia and their carers	<ul style="list-style-type: none"> <li>- memory services have been assessed and new investment is being made in 2012-13 to develop best practice model.</li> <li>- guidelines on dementia for GPs will be reviewed again taking into account changes to prescribing of anti-dementia drugs</li> </ul>	<p>All people in Nottinghamshire with dementia will have access to care that gives them</p> <ul style="list-style-type: none"> <li>• A high quality specialist assessment</li> <li>• An accurate diagnosis delivered sensitively to the person with dementia and their carer</li> <li>• Access to appropriate care, support and treatment after diagnosis.</li> </ul>
3. Effective support for people with dementia	<ul style="list-style-type: none"> <li>- the dementia advice and support service has been reviewed and is being extended</li> <li>- Dementia information prescriptions.</li> <li>- mental health intermediate care is being developed across the whole County</li> </ul>	<p>People with dementia and their carers will be able to access support.</p> <p>More people with dementia will be able to stay in their own homes.</p>
4. Easy access to care, support and advice after diagnosis	<ul style="list-style-type: none"> <li>- the dementia advice and support service has been reviewed and is being extended</li> </ul>	People with dementia and their carers will have help to access the right information, care and support.
5. Develop structured peer support and learning networks	<ul style="list-style-type: none"> <li>- the peer support pilot has concluded. From this Carer Information Programmes have been developed</li> </ul>	<p>People with dementia will Get support from local people with experience of dementia.</p> <ul style="list-style-type: none"> <li>• Take an active role in developing services</li> </ul>
6. Improve community personal support services for people living at home	<ul style="list-style-type: none"> <li>- Work to promote telecare for people with dementia – use of Just Checking</li> <li>- Improve homecare for people with dementia</li> <li>-Personal budgets</li> </ul>	<p>There will be a range of flexible effective services to support people with dementia and their carers at home. Services include;</p> <ul style="list-style-type: none"> <li>• Early intervention</li> <li>• Reablement</li> <li>• Assistive technology</li> </ul>

7. Implement the carers strategy for dementia carers	<ul style="list-style-type: none"> <li>- Increase number of people having carers assessments</li> <li>- Individual support plans for all carers who want them</li> <li>- the new psychological therapies services will specify working with carers</li> <li>- Greater variety of carers breaks available</li> </ul>	<p>Carers will;</p> <ul style="list-style-type: none"> <li>• Have an assessment of their needs</li> <li>• Get better support</li> <li>• Be able to have good quality short breaks</li> </ul>
8. Improve the quality of care for people with dementia in hospitals	<ul style="list-style-type: none"> <li>- the national CQUIN<sup>1</sup> requires acute hospitals to screen, assess and refer people who may have dementia</li> <li>- Nottingham University Hospitals and Sherwood Forest Hospitals will pilot a Rapid Access and Integrated Discharge service (RAID) including people with dementia</li> </ul>	<p>Care for people with dementia in general hospitals will get better. Hospitals will work closely with older people's mental health teams to ensure appropriate care is given. People with dementia will be discharged sooner.</p>
9. Improve intermediate care for people with dementia	<ul style="list-style-type: none"> <li>- Mental Health intermediate care will be extended to cover the whole County</li> </ul>	<p>There will be more care to support people with dementia to stay at home.</p>
10. Improve the quality of care for people with dementia in care homes	<ul style="list-style-type: none"> <li>- Ensure registered dementia care homes have a lead for dementia care.</li> <li>- Improve quality through care home contracts</li> <li>- Introduce specialist dementia outreach into care homes</li> </ul>	<ul style="list-style-type: none"> <li>• Better care for people with dementia in care homes</li> <li>• Clear responsibility for good quality dementia care</li> <li>• Clear requirements for how people will be cared for which homes will be checked against regularly.</li> <li>• Visits from specialist mental health teams</li> </ul>
11. Improve end of life care for people with dementia	<ul style="list-style-type: none"> <li>- Develop an end of life pathway that initiates end of life planning early in the dementia progression.</li> </ul>	<p>People with dementia and their carers will be involved in planning end of life care. People with dementia will have access to end of life care</p>
12. Reduce the use of antipsychotic medication	<ul style="list-style-type: none"> <li>- guidelines for challenging behaviour have been revised</li> <li>- Local CQUIN<sup>1</sup> to audit prescribing in mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce inappropriate use of antipsychotic drugs.</li> <li>• More person centred care</li> <li>• National audit shows reduction in prescribing</li> </ul>

1. CQUIN – commissioning for quality and innovation in contracts

## **4. What have we achieved already?**

Significant work has already taken place across the county in response to the National Dementia Strategy. Some examples of good practice have been included below to demonstrate local determination to improve services for people with dementia.

### **Example 1: Improving Dementia Awareness Nottinghamshire County Council**

#### **What are we doing?**

We are developing and testing a dementia training programme for care homes and home care providers.

We are starting by testing the programme on 13 care providers, 800 staff.

Training has two parts

- E-learning to help staff develop knowledge of all aspects of dementia including Person-centred care
- Knowledge is built on with face to face learning events where staff learns about the experience of dementia and how to achieve better outcomes for people with dementia.

#### **What are the benefits?**

- Staff in care homes and home care services will increase their knowledge and understanding of dementia.
- Staff will learn how to use simple activity to build positive connections.
- Staff will value each individual and ensure person-centred care is provided.
- Quality of care for people with dementia in care homes and day care will improve.

## **Example 2: Acute Care Liaison Team at Kings Mill Hospital**

### **What does the acute care liaison team do?**

They are a group of mental health professionals who

- Assess patients at Kings Mill Hospital who are over the age of 65 and believed to have mental health problems including dementia, depression, delirium or anxiety.
- Provide education and training about mental health problems to other hospital staff through informal advice and lectures.

### **What are the benefits?**

- Quality of care for people with dementia in hospital will improve.
- Hospital staff have a better understanding of dementia.
- Careful planning for when patients leave hospital will ensure appropriate support is in place and are less likely to be readmitted to hospital or a nursing home.
- The team will work with patients, carers and ward teams to ensure the best care interventions are planned.

## Example 3: Improving GP awareness and understanding



### Dementia in Primary Care:

Guidelines for Prevention, Early Identification & Management

We have written new guidelines for GP's on prevention, early diagnosis and management of dementia in primary care.

These guidelines were shared with all GP's across Nottingham City, Nottinghamshire County and Bassetlaw.

A dementia academy was held for GP's to launch the new guidelines and educate them about dementia.

We are continuing to ensure GP's are aware of how best to work with people with dementia through a series of education sessions.

**“Dementia is on the increase, I attended to learn more about dementia, to provide proper diagnosis, referral & treatment in primary care as a GP” Nottinghamshire GP**

With a better understanding and knowledge of dementia, people are likely to receive earlier diagnosis and access to support services.

## **Example 4: Nottinghamshire County Dementia Outreach Service**



Image from NHS pictures

### **What does the Dementia Outreach Service do?**

Improve quality of care of people with dementia by providing specialist input into care homes.

- a) Support to find appropriate management for behaviours.
- b) Working with care homes staff to develop their knowledge, skills and confidence in working with residents with dementia.
- c) Information and advice.

### **What are the benefits of these services?**

- Reduction in the use of anti-psychotic medications.
- Improved activity opportunities.
- Improve quality of care in care homes.
- Reduce admissions to hospital.
- Improved care for people with difficult behaviours.

## ***Appendix***

### ***Summary of Living well with dementia: A National Dementia Strategy (DH, 2009)***

#### **The aim of the Strategy**

1. The aim of the Strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. The Strategy identifies 17 key objectives which, when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with dementia. This Strategy should be a catalyst for a change in the way that people with dementia are viewed and cared for in England.

#### **The issue**

2. Recent reports and research have highlighted the shortcomings in the current provision of dementia services in the UK. Dementia presents a huge challenge to society, both now and increasingly in the future. There are currently 700,000 people in the UK with dementia, of whom approximately 570,000 live in England. Dementia costs the UK economy £17 billion a year and, in the next 30 years, the number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year.
3. While the numbers and the costs are daunting, the impact on those with the illness and on their families is also profound. Dementia results in a progressive decline in multiple areas of function, including memory, reasoning, communication skills and the skills needed to carry out daily activities. Alongside



this, decline individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which complicate care and can occur at any stage of the illness. Family carers of people with dementia are often old and frail themselves, with high levels of depression and physical illness, and a diminished quality of life. Dementia is a terminal condition but people can live with it for 7 – 12 years after diagnosis.

### **The context**

4. The size of the population affected by dementia and the pervasiveness of the condition mean that the development of policy and services for people with dementia and their families is also affected by the wider policy context. This currently includes initiatives, guidance and policy statements such as Our NHS, Our Future, *Putting People First: A shared vision and commitment to the transformation of adult social care*, the current public debate on the future of the care and support system, the National Institute for Health and Clinical Excellence (NICE) commissioning guide on memory assessment services, the Carers' Strategy (Carers at the heart of 21<sup>st</sup> century families and communities) and the National End of Life Care Strategy. Getting services right for people with dementia will make a positive contribution to all of these.

### **The Strategy objectives**

The key objectives of the Strategy, addressed in more detail in the full document, are as follows:



- **Objective 1: Improving public and professional awareness and understanding of dementia.** Public and professional awareness and understanding of dementia to be improved and the stigma associated with it addressed. This should inform individuals of the benefits of timely diagnosis and care, promote the prevention of dementia, and reduce social exclusion and discrimination. It should encourage behaviour change in terms of appropriate help-seeking and help provision.
- **Objective 2: Good-quality early diagnosis and intervention for all.** All people with dementia to have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis, sensitively communicated to the person with dementia and their carers; and treatment, care and support provided as needed following diagnosis. The system needs to have the capacity to see all new cases of dementia in the area.
- **Objective 3: Good-quality information for those with diagnosed dementia and their carers.** Providing people with dementia and their carers with good-quality information on the illness and on the services available, both at diagnosis and throughout the course of their care.
- **Objective 4: Enabling easy access to care, support and advice following diagnosis.** A dementia adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers.
- **Objective 5: Development of structured peer support and learning networks.** The establishment and maintenance of

such networks will provide direct local peer support for people with dementia and their carers. It will also enable people with dementia and their carers to take an active role in the development and prioritisation of local services.

- **Objective 6: Improved community personal support services.** Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, and people who pay for their care privately, through personal budgets or through local authority arranged services.
- **Objective 7: Implementing the Carers' Strategy.** Family carers are the most important resource available for people with dementia, active work is needed to ensure that the provisions of the Carers' Strategy are available for carers of people with dementia. Carers have a right to an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia. This will include good-quality, personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected.
- **Objective 8: Improved quality of care for people with dementia in general hospitals.** Identifying leadership for

dementia in general hospitals, defining the care pathway for dementia there and the commissioning of specialist liaison older people's mental health teams to work in general hospitals.

- **Objective 9: Improved intermediate care for people with dementia.** Intermediate care which is accessible to people with dementia and which meets their needs.
- **Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.** The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.
- **Objective 11: Living well with dementia in care homes.** Improved quality of care for people with dementia in care homes by the development of explicit leadership for dementia within care homes, defining the care pathway there, the commissioning of specialist in-reach services from community mental health teams, and through inspection regimes.
- **Objective 12: Improved end of life care for people with dementia.** People with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the Department of Health End of Life Care Strategy. Local work on the End of Life Care Strategy to consider dementia.

- **Objective 13: An informed and effective workforce for people with dementia.** Health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.
- **Objective 14: A joint commissioning strategy for dementia.** Local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet these needs. These commissioning plans should be informed by the World Class Commissioning guidance for dementia developed to support this Strategy and set out in Annex 1.
- **Objective 15: Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.** Inspection regimes for care homes and other services that better assure the quality of dementia care provided.
- **Objective 16: A clear picture of research evidence and needs.** Evidence to be available on the existing research base on dementia in the UK and gaps that need to be filled.
- **Objective 17: Effective national and regional support for implementation of the Strategy.** Appropriate national and regional support to be available to advise and assist local implementation of the Strategy. Good-quality information to be

available on the development of dementia services, including information from evaluations and demonstrator sites.

### **What will the National Dementia Strategy mean for people with dementia and their carers?**

Full implementation of the Strategy will mean that all people with dementia and those who care for them would have the best possible healthcare and support. We know that early diagnosis, effective intervention and support from diagnosis through the course of the illness can enable people to live well with dementia. We also know that improving health and social care outcomes in dementia in the short and medium term can have significant benefits for society both now and in the future.

Our vision is for the positive transformation of dementia services. It would be a system where all people with dementia have access to the care and support they need. It would be a system where the public and professionals alike are well informed; where the fear and stigma associated with dementia have been allayed; and where the false beliefs that dementia is a normal part of ageing and nothing can be done have been corrected. It would be a system where families affected by dementia know where to go for help, what services to expect, and where the quality of care is high and equal wherever they might live.

#### **Your comments**

If you want any further information about the work we are doing or have comments about existing services please let us know by writing to [communications.team@nottspct.nhs.uk](mailto:communications.team@nottspct.nhs.uk)



**25<sup>th</sup> November 2013****Agenda Item: 10****REPORT OF THE TEMPORARY DEPUTY DIRECTOR FOR ADULT SOCIAL  
CARE, HEALTH AND PUBLIC PROTECTION****TRANSPORT SERVICE POLICY****Purpose of the Report**

1. The report provides Committee Members with information in respect of proposed policy changes concerning the provision of Transport Services and seeks Members' approval to consult on the proposals with people who use services, their carers and the public.
2. The review of the Transport Policy is highlighted within the Outline Business Case which was approved for consultation by Policy Committee on 13 November 2013. This report provides for the Committee to gain a fuller understanding of the policy proposals.

**Information and Advice**

3. The Council currently provides transport, or funding for transport, to approximately 1,370 people per week, using a variety of transport options including; internal fleet, contract coaches, taxis, and mileage payments for people using community transport or private vehicles. People are travelling to day services, short break/respite services or community based activities that meet assessed outcomes in their Community Care Assessment. Included in the 1,370 people are 222 older people who have not had a Community Care Assessment to determine their eligibility for services and transport and who are travelling to lunch clubs. Most people have transport arranged by the Council but a small proportion take a Direct Payment to fund their transport costs.
4. The transport charge of £5 per day is levied on each person towards their travel costs, except for lunch club attendees who pay £2 per day. The charge is the same whether the person has a single or return journey and whatever the distance or actual cost of the travel. In 2012/13, this charge generated £565,000 per annum of income for the Council. Some people are exempt from the charge and these exception criteria are described in the Transport Policy.
5. The Transport Policy was last reviewed in 2010. Eligibility criteria were clarified and the assessment process to determine eligibility was introduced.
6. The departmental transport budget for 2013/14 is forecast to overspend by £1 million by the end of the year. Reasons for this overspend are being explored. Action is required urgently

to address the situation so that the budget is brought back into balance. The Outline Business Case concerning transport sets out proposals to achieve this goal as follows:

- Review of the Transport Policy to focus available resources on those in most need of support with transport costs;
- Increasing income from individuals towards the cost of transport services and thereby reducing the County Council subsidy;
- Removing the provision of subsidised transport to lunch clubs for people who are not assessed as having critical and substantial needs; and
- Reducing the cost of transport provision

7. The aims of these changes are to:

- Ensure that transport services are only provided to individuals who cannot source alternative, independent travel
- Reduce the proportion of community care costs expended on transport services and the overall level of subsidy provided by the authority.
- Enable improved budget monitoring and financial management of transport expenditure

8. The review of the Transport Policy is a key aspect of this because the policy determines the volume of transport that should be funded by the Council. The revised Transport Policy is attached at Appendix A. The main changes are:

- That the Council will not assess eligibility for transport if people are already receiving Disability Living Allowance Mobility Component (at the High or Low rate). The Council believes it is reasonable to assume that people can meet their own travel needs through the funding provided by this benefit. However, there will be a new appeals process so that a client can explain why this assumption is unreasonable, in her/his individual situation, and ask for transport costs to be provided.
- Transport will not be provided to people who are attending residential respite care services. This transport is a discretionary provision and the Council does not have a statutory duty to provide this. However, the appeals process could be used to explain why transport to respite care should be provided in any individual circumstance.
- Clarification of what level of payment should be made to someone who takes a Direct Payment for transport and how the transport charge is applied in this situation.
- Removal of transport eligibility for people attending lunch clubs, unless the person is eligible for social care funded services, and attending that club is an agreed outcome within the person's support plan.

9. This report asks the Committee to approve this policy draft, for consultation as part of the Outline Business Case which is being consulted upon as per the Policy Committee report of 13 November 2013.



## **Other Options Considered**

10. No other options.

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

11. The redrafted Transport Policy is needed to support the Outline Business Case for Transport being consulted upon as part of the Council's budget challenge between November 2013 and January 2014, so it is appropriate that this policy should be consulted upon at the same time.

## **Statutory and Policy Implications**

12. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, 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**

13. The changes to the Transport Policy are expected to reduce the Council's cost by £0.6-£1 million per annum.

## **Public Sector Equality Duty implications**

14. The equality implications are all covered by the Equality Impact Assessment that has been developed for the Transport Outline Business Case.

## **Implications for Service Users**

15. The implications of the proposed Transport Policy are that the following groups of people will have to fund their own transport and make their own arrangements in future:

- People who receive Disability Living Allowance Mobility Component will have any current transport funding and/or provision withdrawn, unless they appeal successfully to have it continued based on their individual circumstance. There are 613 people who have transport funded at the moment who are known to receive a Mobility Component.
- People who receive transport to residential respite services will have that transport withdrawn unless they appeal successfully to have it continued based on their individual circumstance. There are 313 people with learning disabilities attending residential respite at the moment but information is still being gathered about how many of them have transport provided.
- There are 222 people who attend lunch clubs with transport provided by the Council, who will have that transport withdrawn.

## **RECOMMENDATION/S**

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

- 1) Approve the redrafted Transport Policy as the basis for consultation alongside the Outline Business Case for Transport Services.
- 2) Agree to receive a further report once the consultation has been completed.

**JON WILSON**

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

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

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### **Constitutional Comments (SHB 7/11/13)**

16. The Committee has the power to decide the recommendations in the report.

### **Financial Comments (KAS 13/11/13)**

17. The financial implications are contained within paragraph 13 of the report.

### **Background Papers and Published Documents**

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

- Equality Impact Assessment

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

All

ASCH174

### Policy Library Pro Forma

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

**Title:** Transport Policy

### Aim / Summary:

To set out the criteria and charge for the provision of transport funded by the County Council

### Document type (please choose one)

Policy	<input checked="" type="checkbox"/>	Guidance	<input type="checkbox"/>
Strategy	<input type="checkbox"/>	Procedure	<input type="checkbox"/>

**Approved by:**

**Version number:** 8

**Date approved:**

**Proposed review date:**

### Subject Areas (choose all relevant)

About the Council	<input type="checkbox"/>	Older people	<input checked="" type="checkbox"/>
Births, Deaths, Marriages	<input type="checkbox"/>	Parking	<input type="checkbox"/>
Business	<input type="checkbox"/>	Recycling and Waste	<input type="checkbox"/>
Children and Families	<input type="checkbox"/>	Roads	<input type="checkbox"/>
Countryside & Environment	<input type="checkbox"/>	Schools	<input type="checkbox"/>
History and Heritage	<input type="checkbox"/>	Social Care	<input checked="" type="checkbox"/>
Jobs	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Leisure	<input type="checkbox"/>	Travel and Transport	<input checked="" type="checkbox"/>
libraries	<input type="checkbox"/>		<input type="checkbox"/>

**Author:** Strategic Review Manager – Day Services

**Responsible team:** Business Change Team

**Contact number:**

**Contact email:**

### Please include any supporting documents

1. [ACM/25/TRAN.CHARGE](#)

2. [ACM25A/TRAN.CHARGE\(preventative services\)](#)

**Review date**

**Amendments**

November 2013

Inclusion of criteria to be met before a transport assessment is carried out. Clarification of criteria to be met for transport assistance to be provided. New clause on failure to use the service and loss of transport place. New policy

	re use of a direct payment to fund transport. New clause on collection of the charge. New Appeals process. Amendment to complaints section.
September 2011	Changes to charges for some preventative services and inclusion of an additional Transport Charge Agreement Form for these service user – see section 5.1. Inclusion of how to contact Transport Section - see section 4.2. Inclusion of additional exception criteria for the Transport Charge – See section 5.4. Change to how funding for transport is to be allocated to a person within their Personal Budget – see Section 3.1. Amendment to recording requirements – see Section 4.1 and 4.3.
3/5/2011	Change to 5.2 – Notice to avoid charge.
2/3/2011	Introduction of transport assessment episode in Framework, see section 4.2
October 2010	Updated to reflect context of personal budgets. See new information about charges in 5.1 and changes to exemption criteria in 5.4.
April 2010	Transport charges updated.
31/1/2008	Clarification given of charges for transport and additional trips. See section 3.1
26/8/2008	Increase in flat rate charge for transport. Approved by DD dated 29 <sup>th</sup> July 2008.



# Transport Policy

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## 1 Purpose of this policy

This policy should be used to determine if a person, who is eligible under the [national eligibility framework](#) to receive services or support funded by the County Council, is also eligible to use County Council transport or to receive funding to assist with transport costs to access services.

## 2 Criteria to determine if the person is eligible to be assessed for assistance with transport

Three basic requirements must all be met, before a transport eligibility assessment is carried out:

a) The service user must be eligible for services or support from the Council.

**AND**

b) The service user must have a need for services or support defined within:

- the National Assistance Act 1948
- the Chronically Sick and Disabled Act 1970
- the NHS and Community Care Act 1990
- the Local Authority Circular LAC(93) 10

For the purposes of this policy, services include:

- People in urgent need of residential accommodation
- Facilities for social rehabilitation and adjustment to disability
- Facilities for occupational, social, cultural and recreational activities
- Workshops for engaging in work
- The provision for that person of lectures, games, outings or other recreational facilities outside his/her home or assistance to that person in taking advantage of educational facilities available to him/her.

With the exception of “people in urgent need of residential accommodation”, the outcomes where transport is relevant should be identified in the following sections of the community care assessment or review:

- Being part of the community (Section 9)
- Work, formal education or training (Section 11)

Activities to enable people to be part of the community could include meeting up with friends, attending a day service, or using community facilities, for example, a leisure centre.

**AND**

**c)** The service user must **not** be in receipt of the Mobility Component of Disability Living Allowance (DLA) or Promoting Independence Payment (PIP), since this component provides funding towards transport costs.

### **3 Eligibility for transport assistance**

If the service user meets all three basic requirements listed in section 2, then the Transport Eligibility Assessment should be carried out to ask:

- Has the service user got access to any form of transport which the Council could reasonably expect to be used to meet their transport needs?
- Is there is any other Agency who is responsible for funding the transport need, for example, another Local Authority or the NHS for people with 100% Continuing Care Agreements Section 256?
- Are the transport costs being incurred due to voluntary or paid work?

The answers to all of the above questions should be negative for the service user to be eligible to receive transport assistance from the Council. A service user will not be provided with transport assistance if he/she does not have a decision of “eligible” following this assessment.

The Council believes it is reasonable to expect that a person could travel to the services he or she needs, in the following circumstances:

- A Mobility Car is funded by the service user’s DLA/PIP Mobility Component.
- An appropriate vehicle is owned by the service user, their main carer or care provider
- Public transport is available, for example, a bus or train. The person might need training to develop the skills to travel independently. The public transport would need to be available so that the person has a reasonable amount of time at the service. Part of the support planning process will involve encouraging people to develop their skills around travelling independently.
- A taxi or community transport scheme can be used. Any cost up to and including £7 per day would be seen as reasonable.
- Walking or cycling to services (possibly only relevant to some younger adults who live close to services)

#### **3.1 People doing voluntary work**

The Council believes that if someone is undertaking voluntary work, then the voluntary organisation should refund their transport costs. Also, if someone has paid work, then the employee should cover their own transport costs or ask for a contribution from Access to Work funding. Training for work is a valid activity where the Council can be asked to meet transport costs.

## 4 The provision of assistance with transport

Transport will always be provided in the most cost-effective way, for example, using shared transport if this is appropriate. The form of transport could be:

- Transport operated by the County Council, including specialist transport such as a wheelchair accessible vehicle
- Transport arranged by the County Council, but provided by the voluntary or independent sector, funded by the Community Care Support Budget
- Transport arranged by the service user but funded by the County Council, for example, as a direct payment made towards mileage costs

### 4.1 Transport to the nearest appropriate service

The Council will only provide transport assistance to the nearest appropriate location that meets a service user's needs. Where the service user chooses to access a different service or activity / support which is further away, the level of transport assistance will be equal to that which would be provided for access to their nearest appropriate provision.

### 4.2 Failure to use the service

If a service user fails to use the service for 28 working days, without providing prior notice or explanation, then the allocated provision will be cancelled and offered to other service users on the waiting list.

## 5 Direct payments for transport costs

A direct payment can be given to fund transport costs, if there are no other transport options available to the person and no "reasonable" option as outlined in section 3. For example, for a direct payment could be given for a community transport scheme or mileage costs of a friend or neighbour. The mileage rate will be 45p per mile for petrol costs and 50p per mile for community transport scheme costs. The mileage rate will **not** be payable to someone living at the same address as the service user. It might be reasonable to fund the return journey for a neighbour or friend who is claiming mileage costs, but if a taxi or community transport would be cheaper option then this method will be used

## 6 Charging for transport

All service users, who are provided with transport or who receive funding to meet transport costs, must pay the flat rate transport charge to the Council. This rate of charge is agreed by annually by the Council and set out in the Fairer Contributions Policy. The charge is applied for a single or return journey, per day, and does not vary depending on the mileage travelled or cost of the transport provision.

The Council will ensure that the level of charge made to any individual does not bring their total level of income below the minimum level set by national government guidance.



## 6.1 Exemptions from the charge

The charge will be incurred unless the service user gives 48 hours notice of cancellation, except in the following circumstances:

- emergency hospital admission
- death of the person

Some people are exempt from the transport charge. These are people who:

- have services as defined under section 2.3 which are part of aftercare under part of Section 117 of the Mental Health Act.
- are already contributing to a means-tested Independent Living Fund care package.
- have Creutzfeldt Jacob Disease (CJD)
- have transport funded 100% by the NHS or another public body
- have been granted exemption from the charge as a result of becoming a new user of County Council transport when transferring day service locations, caused by the Day Service Modernisation Programme (2011-2013).

## 6.2 Collecting the charge

The charge is collected by invoice, issued by Adult Care Financial Services, for all service users who have their transport arranged by the Council.

If a service user takes a direct payment for transport, then the value of the transport charge per day must be deducted from the total amount of the direct payment so that the service user receives the net amount. This will be actioned by the assessor or broker at the support planning stage.

## 6.3 Refusal to pay the charge

Transport will not be provided if a service user, or their appointee, refuses to pay the charge. In this situation the assessor will consider if the service user's outcomes can be met in a different way:

- which does not involve the provision of any transport assistance.
- with minimal provision of transport.

If neither of the above options are possible, a risk assessment must be completed by the assessor to establish what risks the service user would be exposed to, if the transport to that particular service was not provided and the service user did not attend the service. The risks to the individual should be assessed alongside a best interests assessment. The appropriate manager will then determine the best course of action.

## 7 Reviewing eligibility for assistance with transport

The provision of transport or funding for transport, any charges and discretionary decisions will be reviewed at least annually. The review will include the offer for the person to have his or her mobility benefit status checked.



If a decision has been made to withdraw provision of transport assistance following a review, notice of this decision will be given in writing, at least 28 working days in advance of the withdrawal.

## **8 Complaints**

If any service user is not satisfied with the process that has been followed or the way that his/her case has been handled, he or she can make a complaint under the Council's [complaints procedure](#).

Staff must ensure that service users and their representatives are informed of their rights. See the Publications Directory for the fact sheet "[Have your say about our services](#)". There is also an [easy read version](#).

## **9 Appealing for support with transport in exceptional circumstances**

If a service user or their appointee is not satisfied with any of the decisions reached under this policy, then they may appeal for the decision to be reviewed because of exceptional circumstances.

The Transport Appeals Form should be completed by the service user or their appointee, with the support of Council staff if necessary, clearly setting out the reason why exceptional circumstances should apply.

The appeal should be submitted to the Customer Service Centre. The case will be considered by a senior officer within 20 working days of receipt. The outcome will be communicated to the service user within 5 working days of the decision being made.



**25<sup>th</sup> November 2013****Agenda Item: 11****REPORT OF THE TEMPORARY DEPUTY DIRECTOR FOR ADULT SOCIAL  
CARE, HEALTH AND PUBLIC PROTECTION****DRAFT SHORT BREAKS (RESPITE) SERVICE POLICY****Purpose of the Report**

1. The report provides Committee Members with information in respect of proposed policy changes concerning the provision of Short Breaks and Respite Care Services, and seeks members approval to consult on the proposals with people who use services, their carers' and the public.
2. The review of the Respite Care Policy is highlighted within the Outline Business Case which was approved for consultation by Policy Committee on 13 November 2013. This report provides for the Committee to gain a fuller understanding of the policy proposals.

**Information and Advice**

3. The Short Breaks Outline Business Case, as approved for consultation by Policy Committee, sets out a proposal to reduce the four residential Short Breaks units operated by the Council to three units during 2014/15, creating an efficiency saving of £500,000 per annum. In addition a separate Outline Business Case proposes decommissioning the Newlands Short Breaks Service operated by the Nottinghamshire Healthcare NHS Trust, which will save a further £350,000 per annum.
4. These proposed changes can be made whilst still providing for people to have respite care and short breaks within the Council's remaining Short Breaks Services, Shared Lives Services and within the independent sector. However, for some people with learning disabilities and their carers who use these services now there will be less choice of date and location.
5. The Short Breaks Outline Business Case refers to the need to review the Council's policy in relation to eligibility for, and allocation of, Short Breaks/Respite Services. This is necessary to enable the remaining residential provision to be allocated fairly to the people who are eligible to use it.
6. Currently there is no overarching policy in place which considers service user and carer eligibility and access to respite services, other than a policy agreed ten years ago in relation to Learning Disability Services. Therefore, the following broad principles are proposed for a new policy (see Appendix A).

- a) Respite Services, are those services which provide substitute care for a person who is eligible for Council funded support, when the person's carer or carers are not able to meet needs that are normally met by the carer(s). The Respite Service is primarily delivered to meet the carer's need for a break from caring.
- b) Respite Services are an essential part of the overall support provided to unpaid carers and to those with eligible care needs to help people to stay at home, whilst sustaining the carer's role and preventing crises and breakdowns in care.
- c) The majority of Respite Service will be planned, although emergency respite care will also be available.
- d) The Carers' Assessment will be used as the tool to assess and define additional carer's needs, including the need for respite, after the service user has been assessed using the Community Care Assessment.
- e) There will be a range of Respite Service options, including Residential Respite, Sitting Services, Shared Lives Respite, support provided in the home or to take the service user out and about to give the carer a break from caring. The Council will also consider paying for some or all of the support needs of a service user, if the person goes away on holiday with their carer, in this situation the holiday must be clearly linked to an outcome in the service user's support plan.
- f) The most cost effective form of respite will be offered to the carer, to meet the substitute care needs of the service user during the period of the respite care.
- g) A standard offer of nights per year for Residential Respite will be offered to all carers who are assessed as needing this form of respite in a Carers' Assessment. However, individual circumstances will be taken into account and the following factors will influence the overall volume and nature of the respite service package provided to any carer:
  - level of complexity of the service user's needs
  - the context of the family situation
  - the carer's individual needs
  - availability of service provision at the time (e.g. residential respite)

7. Members are asked to approve the attached draft policy to be used as part of the consultation on Short Breaks Services as outlined in the Short Breaks Outline Business Case approved for consultation by Policy Committee on 13 November 2013.

### **Other Options Considered**

8. No other options considered.

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

9. The new Respite Service Policy is needed to ensure an equitable and consistent allocation of Short Breaks and Respite Care Services across the County. The Outline Business Case

out for consultation as part of the budget challenge between November 2013 and January 2014, highlights the need for a new Respite Care Policy, so it is appropriate that this policy draft should be tested via consultation at the same time.

## **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 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 development of a new Short Breaks Policy will support the delivery of the savings expected as a result of the Short Breaks and Newlands Outline Business Cases, which totals £850,000 per annum.

## **Public Sector Equality Duty Implications**

12. The equality implications are all covered by the Equality Impact Assessment that has been developed for the Short Breaks Outline Business Case.

## **Implications for Service Users**

13. The implications for service users of the Short Breaks and Newlands proposals are described in the related Outline Business Case and Equality Impact Assessment.

## **RECOMMENDATION/S**

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

- 1) Approve the draft Respite Care Policy for consultation alongside the consultation on the Short Breaks Outline Business Case.
- 2) Agrees to receive a further report once the consultation has been completed.

**JON WILSON**

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

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

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### **Constitutional Comments (NAB 7/11/13)**

14. The Adult Social Care and Health Committee has authority to approve the recommendations set out in this report by virtue of its terms of reference.

### **Financial Comments (KAS 13/11/13)**

15. 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.

- Equality Impact Assessment

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

All

ASCH173

### Policy Library Pro Forma

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

**Title:** Providing Respite Services for Adult Service Users and their Carers

#### Aim / Summary:

The aim of this policy is to explain what services are defined as respite care, how eligibility for those services is determined and what level of provision will be provided or funded by the Council.

#### Document type (please choose one)

Policy	x	Guidance	
Strategy		Procedure	

**Approved by:**

**Version number: 1**

**Date approved:**

**Proposed review date:**

#### 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:** Strategic Review Manager – Day Services

**Responsible team:** Business Change Team

**Contact number:**

**Contact email:**

#### Please include any supporting documents

1.

2.

3.

**Review date**

**Amendments**



# Providing Respite Services for Adults and their Carers Policy

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## 1 Background information

Unpaid carers play a vital role in supporting people to continue to live at home. The 2011 Census Report identified 57,426 carers in Nottinghamshire who were providing between 1 and 19 hours a week of unpaid care for a friend or relative, and 21,680 who were providing over 50 hours a week.

Respite services are an essential part of the overall support provided to unpaid carers and to people with care needs to help to sustain the caring situation at home and to prevent crises.

### 1.1 Definitions used in this policy

**A Carer** is defined as any person who provides unpaid care and support to a person who is frail, or has a long-term physical illness or disability, or who has a learning disability or who experiences mental health or substance misuse problems. The carer could be a relative, friend or neighbour. The carer may or may not live with the person. The term does not include people who are paid to provide care, for example care workers. It also excludes volunteers and foster carers. For the purpose of this policy, the term “carer” is used but it is recognised that someone may have more than one unpaid carer supporting him or her, for example, a mother and father.



**Respite services** are those services which provide substitute care for a person when the person's carer is not able to meet needs that are normally met by the carer. Respite services are therefore provided over and above the normal level of service provided to the eligible person. There are three kinds of respite service, as outlined below.

- **Short term respite service** is a form of planned respite care which is provided primarily to the person with care needs, to give that person some time away from his/her carer and the family situation.
- **Respite breaks** are a form of planned respite care which are provided primarily to the carer, to give the carer time off from caring and also to offer the carer a chance to do something that he or she wants to do - for example, an activity to promote health and wellbeing or to access leisure activities.
- **Emergency respite service** is any service provided at short notice to offer substitute care to the person with care needs, because of circumstances which may be unplanned for, untoward or unavoidable. They are one-off occurrences – for example, significant illness or hospitalisation of the carer.

## 1.2 Context of this policy

Carers' rights in community care law are mainly contained in four statutes and one set of directions:

- **Disabled Persons Act 1986** – section 8 states that consideration must be given to whether a carer is able to continue to care when assessing the needs of a disabled person.
- **Carers (Recognition and Services) Act 1995** – this gives the carer a right to request an assessment.
- **Carers and Disabled Children's Act 2000** – includes a duty to inform carers of their right to request an assessment and the power to provide services directly to the carer.
- **Carers (Equal Opportunities) Act 2004** states that carers assessments should always consider a carer's outside interests when carrying out an assessment, for example work, study or leisure.
- **Community Care Assessment Directions 2004** – includes a duty to involve and consult carers in social care assessments.

Eligibility for carers is contained in the Carers and Disabled Children's Act 2000 and gives a power, rather than a duty, to Local Authorities to meet eligible needs.

However, the new **Care and Support Bill**, which is currently going through Parliament, will give carers their first ever legal entitlement to public support, putting them on an equal footing with the person they care for.

## 2 Principles and Commitments

- a) Both planned and emergency respite services will be:

- focussed on prevention; they will be designed to help people to stay at home, sustaining caring relationships and preventing crises.
  - designed to avoid social isolation for carers, so that they are not housebound by their caring role.
  - designed to give carers peace of mind that should an emergency or crisis situation arise for the carer, the person being cared for would have access to alternative care.
- b) The majority of respite service will be planned, although emergency respite care will also be available, subject to availability.
- c) No limit will be set on the amount of emergency or crisis care that a person can access. All emergency and crisis care will be reviewed after 72 hours.
- d) The most cost-effective form of respite will be offered to the carer, to meet the substitute care needs of the service user during the period of the respite care.
- e) There will be a range of respite service options, including residential respite, sitting services, Shared Lives respite, support provided in the home or to take the service user out and about. The Council will also consider funding some or all of the support needs of a service user, if the person goes away on holiday with or without their carer; in this situation, the holiday must be clearly linked to an outcome in the service user's support plan. Note – the Council will not pay towards any other costs of the holiday itself, for example, accommodation, travel or food.
- f) Service users and carers assessed as eligible for planned respite services will be offered a personal budget. The budget will be determined as part of the support planning. This can be taken as a managed service or direct payment.
- g) At the point when the cost of the service user's personal budget (including respite care during the year) exceeds the expected cost of supporting that person in another form of service package (e.g. residential care or supported living), then discussions will be held with the family to consider the options i.e. moving the service user out of the family home, or the family contributing more towards the overall cost or changing the respite service package.

### **3 Determination of eligibility for the provision of respite services**

#### **3.1 Short term respite**

For a service user to be eligible to receive and use personal budget funding from the Council towards short term respite services, the following conditions will apply:

- The person being cared for is eligible for support and services from the Council under the national eligibility criteria
- The community care assessment identifies that the person needs to have a break from the caring situation and this is specified as an outcome to be met by the support plan, from the person's personal budget allocation

### **3.2 Respite breaks**

For a carer to be eligible to receive and use a carers' budget from the Council towards respite breaks, the following conditions will apply:

- The person being cared for is eligible for support and services from the Council under national eligibility criteria
- The carer has requested a carers assessment and this assessment identifies the need for the carer to receive respite breaks

### **3.3 Emergency respite service**

For a service user or carer to be eligible for emergency respite service, the following conditions will apply:

- The person being cared for is eligible for support and services from the Council under national eligibility criteria
- The caring situation is under such great strain due to unplanned, untoward or unavoidable circumstances, that the Council must fund or provide alternative short-term support and service to avoid critical harm to the service user and/or carer.

## **4 Allocation of planned respite service after a decision of eligibility is made**

### **4.1 Short term respite**

The level of the service user's personal budget (as set by the Resource Allocation System) will determine how much short term respite can be funded, in addition to other regular support services.

If a service user wishes to fund additional short term respite service, then he or she will be able to do this in accordance with the Resource Allocation Policy.

### **4.2 Respite Breaks**

The person being cared for will be assessed against a matrix band system, to determine the level of support needs that that person has, relative to other people.

The decision about the band of need determines the number of sessions of respite breaks that are allocated to the carer, per month.

Sessions are defined as follows :

Morning	1 session
Afternoon	1 session
Evening	1 session
Night time	4 sessions

The number of sessions is as follows :

Low needs	7 sessions per month	e.g. 12 days and nights per year
Medium needs	14 sessions per month	e.g. 24 days and nights per year
High needs	21 sessions per month	e.g. 36 days and nights per year
Complex needs	28 sessions per month	e.g. 42 days and nights per year

Individual circumstances will also be considered during the carers' assessment and the following factors may lead to additional sessions being allocated to any carer:

- the context of the family situation e.g. intensity of the caring situation and number of people being cared for by the carer
- the carer's individual needs e.g. related to age, or any ill health or disabilities
- The sessions can be used in a flexible way to meet the needs of the carer, in the most appropriate way for him/her. In practice, service availability may be a determining factor of what respite breaks can be accessed and when; the Council will support the carer to understand the range of options and choices available.

Each session will attract an agreed level of funding, which will be allocated as a personal budget.

## **5 Charging for respite services**

Service users and carers will be asked to make a contribution towards their personal budget, in line with the Council's Fairer Contributions Policy.

Any emergency respite care will be categorised as Carer's Crisis Prevention and Unplanned Break Service, which is free to carers.

## **6 Reviewing eligibility for respite services and allocation of respite sessions**

The provision of respite services and allocation of sessions will be reviewed at least annually.

If a decision has been made to change the provision of respite following a review, notice of this decision will be given in writing, at least 28 days in advance of the withdrawal.

## **7 Complaints**

If any service user is not satisfied with the process that has been followed or the way that his/her case has been handled, he or she can make a complaint under the Council's [complaints procedure](#).

Staff must ensure that service users and their representatives are informed of their rights. See the Publications Directory for the fact sheet "[Have your say about our services](#)". There is also an [easy read version](#).

## **8 Key actions to meet the commitments set out in the policy**

The Council will:

- Enhance carer support as part of the 'Living at Home' programme through increased provision for carer breaks at the Care and Support Centres and provision of assistive technology e.g. Lifelines and sensors, by March 2014.
- Maintain emergency breaks for carers who need help through the Carer's Crisis Prevention and Unplanned Break Service, which is free to carers.
- Develop a matrix banding system to determine the level of support needs of a person for whom respite care will be provided.
- Develop a costing methodology so that a carer can be allocated with a personal budget equivalent to the value of the allocated respite breaks sessions.

DRAFT



**25<sup>th</sup> November 2013****Agenda Item: 12****REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING,  
QUALITY AND BUSINESS CHANGE****TEAM MANAGER POST IN ADULT CARE FINANCIAL SERVICES****Purpose of the Report**

1. The purpose of the report is to seek approval for the extension of a temporary Team Manager post in Adult Care Financial Services for sixteen months from 1 December 2013 until 31 March 2015.

**Information and Advice**

2. Adult Care Financial Services (ACFS) undertakes a number of key functions relating to payments. These include undertaking financial assessments to determine the amount of contributions service users are required to make; collating income from service users and third parties; making payments to care providers and to people who have a Direct Payment. In addition, ACFS takes on appointeeship and deputyship roles for approximately 800 service users who lack mental capacity and are unable to manage their own finances.
3. The additional Team Manager post was originally established for a three month period with approval from the Corporate Director, Adult Social Care, Health and Public Protection. The Adult Social Care and Health Committee then approved an extension of this post on 3 September 2012 for a further nine months, until 30 June 2013. Due to the time taken to recruit to the post however the additional Team Manager was not appointed until December 2012, therefore the 12 months approval expires at the end of November 2013.
4. This additional post was needed as the workload within ACFS had increased following the introduction of the Fairer Contribution to Care policy and Personal Budgets. This necessitated the dual running of two charging policies as some service users had not been transferred on to a Personal Budget. This transition process and the changes in the charging policy had resulted in increased queries and comments from service users and carers. This in turn had generated more complaints. It had been acknowledged by the Team Manager that the information and advice sent out from ACFS needed to be reviewed to provide greater clarity for service users.
5. The additional Team Manager post was established to improve advice and information on charging and it enabled the substantive Team Manager to focus on the development of IT systems to provide electronic solutions to reduce manual processes and duplication.



6. Since this time a range of initiatives have taken place to improve information to the customer, this has included:
- drop in sessions in libraries
  - service users and volunteers have had training to increase their understanding of the social care charging systems and cascaded their knowledge to other service users
  - an advisory group made up of service users and carers meet regularly to suggest better ways for ACFS to communicate
  - links with front line teams have improved, with workers being invited to visit ACFS to learn how to improve their practice to aid the commissioning process
7. The additional Team Manager has also focused on the following:
- electronic file storage
  - more effective work processes in the Direct Payments Team
  - addressing complaints, with assistance from staff and Team Leaders, to ensure a rapid and considered response leading to improved interactions with service users and carers. This has helped to prevent escalation of complaints to such bodies as the Local Government Ombudsman
8. As part of the organisational review of services within the County Council, ACFS delivered £100,000 savings in 2010/11 and in 2011/12 delivered a further £150,000 of savings. In the current structure there are 41 FTE posts and four teams; the Residential Assessments Team, Community Assessments Team, Visiting Team and Customer Finance Team.
9. During the last 12 months ACFS has undergone a Lean + review to support the streamlining of systems and the reduction of manual processes. This will enable further savings and efficiencies of £93,000 in 2014/15 and £121,000 in 2015/16. By March 2015 there will be a new structure reducing down to two teams with a reduction in posts from 41 FTEs to 34 FTEs, subject to the consultation process to commence following approval of Policy Committee on 13 November 2013.
10. There will also be a need for new information and advice to be made available to the public, in relation to the changes proposed for charging and funding in the Care Bill and Welfare Reform Bill. This will require IT and business process developments and training and support for staff responsible for implementing the changes.
11. It is imperative that all these improvements and changes are embedded, whilst at the same time achieving the required savings and efficiencies. In order to facilitate new ways of working, whilst at the same time reducing the number of staff, it is recommended that this additional post is extended until 31 March 2015.

### **Other Options Considered**

12. Consideration has been given to whether the substantive Team Manager could implement the new structure with reduced capacity as well as implementing new ways of working and changes proposed in the Care Bill and Welfare Reform Bill. However, there is considerable risk that the level of work required would not be achieved without the support of an additional Team Manager post.



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

13. Retention of the temporary Team Manager post for a further 16 months until March 2015 would enable improved customer care to be embedded in ACFS whilst at the same time implementing a new structure and achieving savings and efficiencies of £214,000.

## **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 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**

15. The additional cost of the Team Manager post is £68,313 for 16 months at Pay Band D, scp 42-47 (£45,476-£51,235). The extension would be funded from existing ICT reserves.

## **Human Resources Implications**

16. This report proposes to extend the following post on a temporary basis until 31 March 2015:
- 1 FTE (37 hours) Team Manager post, Pay Band D, scp 42-47 (£45,476-£51,235). The post is to carry approved car user status.

## **Implications for Service Users**

17. ACFS staff provide information, advice and support to service users and carers on a daily basis. Much of the communication relates to the articulation of complex financial information. There have been significant improvements in the information provided to service users and it is imperative that this continues during a time of significant change in relation to welfare benefits. The extension of the temporary Team Manager post will enable the required changes to be made whilst ensuring that there is minimal disruption to service users and carers.

## **Ways of Working Implications**

18. The ACFS team will be moving to Trent Bridge House in early 2014 and the streamlining of systems will support flexible working.

## **RECOMMENDATION/S**

- 1) It is recommended that the Adult Social Care and Health Committee approve the extension of the temporary Team Manager post, Pay Band D, scp 42-47 (£45,476-£51,235) in Adult Care Financial Services for a period of 16 months from 1 December 2013 until 31 March 2015. The post is to carry approved car user status.

**CAROLINE BARIA****Service Director for Joint Commissioning, Quality and Business Change****For any enquiries about this report please contact:**

Judith Horsfall

Group Manager, Operational Policy and Performance

Email: Judith.horsfall@nottsc.gov.uk

**Constitutional Comments (KK 7/11/13)**

19. The proposal in this report is within the remit of the Adult Social Care and Health Committee.

**Financial Comments (CLK 13/11/13)**

20. The financial implications are contained within paragraph 15 of 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.

- Report to the Adult Social Care and Health Committee on 3 September 2012
- Job Description for the post

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

All

ASCH170

25<sup>th</sup> November 2013

Agenda Item: 13

## **REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION**

### **ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION LOCAL ACCOUNT 2012-13**

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

1. To request that the Adult Social Care and Health Committee approve the attached 'Local Account 2012-13' for publication.

#### **Information and Advice**

2. The Association of Directors of Adult Social Services (ADASS) has recommended that all councils with social care responsibilities produce a 'local account' as a means of reporting back to people on the quality of services and performance in adult social care. Local accounts were described in the Department of Health's 'Transparency in outcomes: a framework for adult social care' consultation paper (November 2010, section 4) as a way of being more open and transparent about the care and support that is provided locally by the Council.
3. The department has previously produced Local Accounts for 2010-11 and 2011-12. Although this is not a statutory requirement, it is a document which is viewed as a key means of communicating with a variety of key stakeholders.
4. The purpose of the Local Account is to make the people of Nottinghamshire aware of the work undertaken by the Department during 2012-13, in relation to both social care and public protection. It uses a combination of performance information, survey results and case studies to demonstrate how Nottinghamshire County Council has enhanced the quality of life for people using care and support services. It is built around the Department of Health Adult Social Care Outcomes Framework, the outcomes of which are:
  - enhancing the quality of life for people with care and support needs
  - delaying and reducing the need for care and support
  - ensuring that people have a positive experience of care and support
  - safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

5. The Local Account also looks forward, and informs the public of the Department's priorities and future service developments
6. The Local Account will be published as a council wide document and made available to the public through the Nottinghamshire County Council website.

## **Statutory and Policy Implications**

7. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, 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**

8. The Local Account provides information to people who use or require social care and support services about the types of services that are available.

## **RECOMMENDATION/S**

- 1) It is recommended that the Adult Social Care and Health Committee notes the purpose and the content of this report and approves the publication of the 'Local Account 2012-13'.

**DAVID PEARSON**

**Corporate Director, Adult Social Care, Health and Public Protection**

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

Judith Horsfall

Group Manager, Operational Policy and Performance

Email: [Judith.horsfall@nottscc.gov.uk](mailto:Judith.horsfall@nottscc.gov.uk)

## **Constitutional Comments (LM 7/11/13)**

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

## **Financial Comments (CLK 31/10/13)**

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

## **Background Papers and Published Documents**

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

- [Previous versions of the Local Account](#)

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

All.

ASCH171





# Adult Social Care, Health and Public Protection

## Local Account 2012-13

## How well do we deliver local services?

The Council's four year plan (2010-14) contains the following priorities:

- To foster aspiration, independence and personal responsibility
- To promote the economic prosperity of Nottinghamshire and safeguard our environment
- To make Nottinghamshire a safe place to live
- To secure good quality, affordable services
- To be financially robust and sustainable

Following a change of administration in 2013 we will align future work with the following priorities:

- Supporting safe and thriving communities
- Protecting the environment
- Supporting economic growth and employment
- Providing care and promoting health
- Helping you reach your potential

The work of the Council's Adult Social Care, Health and Public Protection Department (ASCH&PP) is guided by these priorities



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# Forewords

## **Cllr Weisz - Cabinet Member for Adult Social Care and Health**

This is our third Local Account and presents successes and good results together with areas where we have consolidated on good performance and also areas where we still face challenges and have work to do.

Nottinghamshire County Council together with other Local Authorities continues to face financial challenges from the reductions in Government funding and income through grant changes, the rising cost of social care and also inflation as costs increase. Although we will all continue to work together to achieve the transformation of the Council it is important to celebrate the many great achievements being delivered on a daily basis and the work done on behalf of the 785,000 residents we serve. This Local Account for 2012-13 highlights many achievements and importantly, what we aim to deliver in 2013-14.

## **David Pearson - Corporate Director for Adult Social Care, Health and Public Protection**

The Local Account identifies how services have performed over the past year. It is one of the means we use for reporting improvement and performance assessment, in accordance with the government guidance ('Taking the Lead: Self Regulation and Improvement in Local Government'). It provides the opportunity to publish our achievements, areas for development and the challenges we face. Our objective is to continue to work to maintain this level of performance and meet the needs of the most vulnerable people within our community whilst at the same time operating within the current financial constraints.

During 2012-13 we conducted our annual Adult Social Care survey which showed that 9 out of 10 people are satisfied with the care and support services they receive, and 9 out of 10 people say that care and support services have helped improve their quality of life. Overall satisfaction with care and support services has increased from 88% in 2011-12 to 92% in 2012-13. This is especially noteworthy because it has come at a time of increased pressure on local authorities' budgets and financial pressures in society as a whole.

We are committed to keeping people living at home for longer - and in autumn 2012 launched the 'Living at Home' initiative which supports new ways of working to enable older people to live at home safely for longer. In 2012-13 we increased the number of people living independently through our 'START' Reablement service. This is a major focus for the department. This work involves assisting service users to regain and retain the skills and confidence to help them live as independently as possible. Reablement support workers provide up to six weeks of intensive support to services users in their own home, enabling them to do as much as they can for themselves. The percentage of successful Reablement has increased significantly in 2012-13, with almost half of people needing no further service and a quarter needing a reduced service after the six week period.

We work in partnership with other agencies and providers to ensure a full range of support services for people in Nottinghamshire. Our Micro Enterprise Project supports local people in providing local support to others - over 600 Nottinghamshire people now receive care and support services from small local enterprises established under the project. We also work hard to protect the public - with the often unseen work carried out by the Emergency Planning Team, and our Trading Standards team.

Through the work of the Nottinghamshire Safeguarding Adults Board we will continue to ensure vulnerable people are protected in the community. In December 2012, working in partnership with colleagues in Children & Families we launched the MASH (Multi Agency Safeguarding Hub) which acts as the first point of contact for safeguarding concerns about both children and adults. Police, Probation and Health partners are also located and working together in the new hub. We are committed to supporting families and communities to care for family members or vulnerable people and we provided further financial support for carers.

We are also committed to assessing the quality of the work we do, we undertook a Peer Challenge which involves outside assessment of our processes and ways of working and will continue to work with other councils to ensure we are in the best shape to meet the challenges ahead.

# 1

## What is a 'Local Account'?

A 'Local Account' is a way of telling you about the services we provide to the people of Nottinghamshire. The Local Account tells you about some of the work that Adult Social Care has been doing in the last year. It tells you some of our plans to develop and improve our services on a continuous basis. Prior to being published, this account has been shared with a range of organisations and experts including communication teams, key stakeholders, local groups and other Nottinghamshire healthcare providers who have provided feedback which we have acted on.

Our services are working well but we are always looking for ways to get better at supporting local people. In particular, services are working to get better at supporting carers, and to improve our offer to people who pay for their own care and support.

# 2

## How do we know if we are delivering good quality services?

We monitor and report on our performance through:

- Self assessment of performance targets
- Reviews by other organisations
- Seeking the views of people who use our services
- Involving service users and carers in the development of new services
- Consulting the wider community on specific issues
- Using user experience survey information collected by the Department of Health (DoH) from people receiving our services
- Receiving people's views and comments through the complaints and compliments process

We are currently working together with other Local Authorities and partners such as Health to develop a 'Sector Led' Improvement Programme. The programme will ensure that improvements and resources are targeted appropriately and will have four key components:

- Local Accounts
- Self Assessment and Performance – data analysis and benchmarking

- An Improvement Programme
- Leadership and Development

We are required by the government to work to a framework called the Adult Social Care Outcomes Framework, which contains a set of measures and outcomes (see Appendix A for details of these measures) to help the department to show how it is meeting the needs of service users and carers.

The outcomes are contained in the four categories identified below and in this Local Account we will report on our performance against these

- **Enhance the quality of life for people with care and support needs**
  - Enhancing quality of life for service users and carers
  - Giving people choice and control over their care and support
  - Supporting people to contribute to community life
- **Delay and reduce the need for care and support**
  - Opportunities for health and wellbeing
  - Reducing dependency on services using prevention, intervention and reablement
  - Providing support in an appropriate setting to enable people to regain their independence
- **Ensure that people have a positive experience of care and support**
  - People are satisfied with care and support services
  - Carers feel respected
  - People know what choices are available locally
  - Maintaining personal dignity
- **Safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm**
  - People feel safe and secure
  - People are free from abuse, harassment, neglect and self-harm
  - People are protected from avoidable harm
  - Supporting people to plan for the future

# 3

## What does the ASCH&PP department do?

The department ensures that people who have social care needs are able to access the services they require.

The County Council ensures services are provided to more than **57,000** people each year including **older people**, adults with a **disability or developmental disorder**, people with a **sensory impairment**, people with **mental ill health**, people **in hospital**, **substance misusers** and people **caring for others**.

Following an assessment the department can provide you with a personal budget which will enable you to purchase services to meet your specific needs. Support can also be provided to help you to arrange these services. We can also offer advice and information about services that are available to everyone in their local community and signposting to other organisations that offer support.

The department can also offer a range of early intervention and prevention and reablement services.

In this Local Account you will be able to read more about these services, and also read case studies that describe people's experiences of adult social care.

### Our services also include:

- **Public Protection**

This includes Trading Standards, ensuring a fair and safe trading environment for consumers and reputable traders. An example of this is the 'Scambusters Team' who have concluded a number of investigations into rogue traders that have resulted in successful legal prosecutions.

- **Emergency Planning**

Co-ordinates the activities of County Council departments that may have a part to play in the response to an emergency. The types of emergencies that are considered include all those that call for a response that goes beyond the ability of the regular emergency services to deal with unaided. Such incidents may include industrial incidents, transport accidents or events of natural causes, such as severe weather. The team also leads on the safety of sports grounds, including Trent Bridge Cricket Ground and Nottingham Forest Football Club for example.

- **Registration service**

Registration of births and deaths, including delivery of the 'Tell Us Once' service, conducting marriage, civil partnership and citizenship ceremonies as well as naming ceremonies, renewal of vows and civil funerals.

Information about these services is available by phoning 0300 500 80 80 or go to;  
<http://www.nottinghamshire.gov.uk/>

In delivering these services we focussed on the following **key priorities** for 2012-13

- achieving the annual savings and efficiencies target
- supporting carers and young carers
- continuing to deliver good quality affordable day services
- ensuring effective intelligence-led enforcement action to tackle rogue traders
- increasing the number of people benefiting from integrated reablement services and avoiding unnecessary hospital admissions and delays in hospital discharges
- promoting the life chances of younger adults (18-64)
- developing alternatives to residential care to promote independence and to reduce the number of people in long-term care for older adults (65+)
- continuing to safeguard adults whose circumstances make them vulnerable and protecting from avoidable harm
- planning effectively to maximise the safety of the citizens of Nottinghamshire in the event of an emergency
- delivering good quality registration services with improved income generation

### **How do we decide if people are eligible for social care services?**

Where an individual requires help and support to continue to live at home, either following an illness or a stay in hospital or because of a disability, our staff will undertake an assessment of need to determine whether they are eligible for our services. This assessment will also include completing a financial assessment which will help identify whether the individual is able to make a financial contribution to the cost of their care.

Where an individual does not meet the Council's eligibility criteria then they will be provided with information and advice and will be signposted to alternative services within their local community.

If the individual is eligible for social care services, they will be advised of the type and range of services available. Where the individual has a carer / family member who provides ongoing support to them, then they will also be offered an assessment in their own right to see if they are also eligible to receive services to enable them to continue in their caring role.

## Some examples of things we did in 2012-13

### Adult Social Care:

- We dealt with 33,140 referrals.
- Provided services to 11,066 older adults, and 4,817 younger adults.
- Supported 11,812 people to live independently in their own home.
- Reviewed 11,935 people to ensure their service is still correct.
- Provided 2,496 people with Meals at Home (this also provides valuable daily contact with some of our most vulnerable service users).
- All Service Users receiving an appropriate community service have been given their own personal budget.

### Trading Standards:

- £236,000 compensation secured for victims of rogue traders thanks to the Trading Standards Team.
- Supported the Food Standards Agency to tackle the Horse Meat DNA in Meat Product scare.
- November 'Month of Action' to train other agencies on illegal money lending.
- Continuing to safeguard vulnerable people –including a vulnerable resident who, as a result of work by the trading standards team received a full refund of £17,000 for items which were never received.

### Registration services:

- Welcomed 636 new British Citizens.
- Registered 8459 births and 5452 deaths.
- Held 2500 weddings at register offices and approved premises, such as hotels.
- Conducted 67 civil partnership ceremonies.

### Emergency Planning:

- Responded to severe flooding events during November and December.
- Revised and updated County Council emergency plans, including those for 'Winter Weather' and 'Emergency Accommodation'.
- Training events in support of key plans, including Water Awareness, Flood Wardens and 4X4 drivers.
- Exercises to validate plans for emergency mortuaries, Major Accident Hazard Pipelines, and two industrial sites.
- Led the Safety Advisory Group for the Olympic Torch in Nottinghamshire.



# 4

## What do we know about the health and social care needs of people in Nottinghamshire?

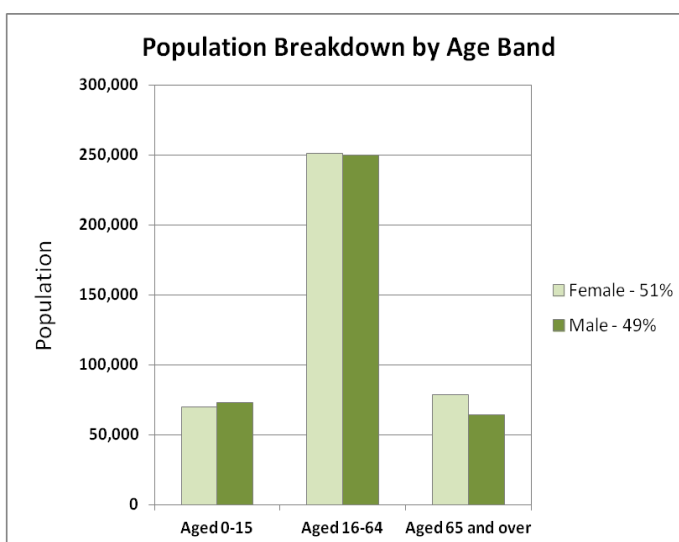
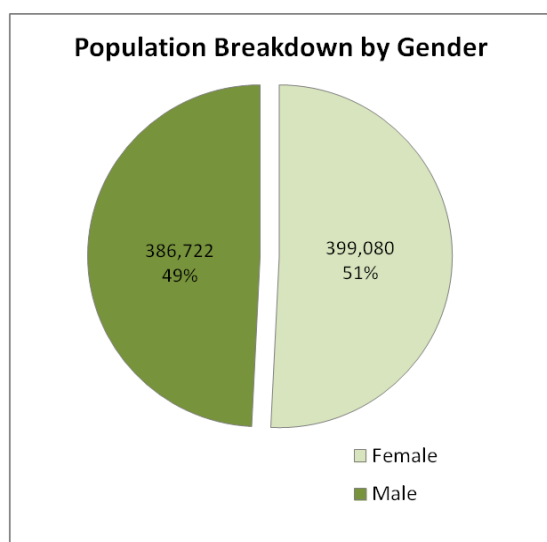
There is a Health and Wellbeing Strategy for Nottinghamshire which aims to make real improvements to the health and wellbeing of the people of Nottinghamshire.

The Joint Strategic Needs Assessment (JSNA) studies the health needs of the local population to inform and guide planning of health, wellbeing and social care services. This information is then used to help develop the health and wellbeing strategy based on local needs. The Health and Wellbeing Board promotes close co-operation between the health service, local government and providers of services. It ensures we provide the right level of support to the people who need it, within their local area.

We know that Nottinghamshire has an ethnically and culturally diverse population with areas of affluence and deprivation. There are three distinct areas:

- The relatively affluent suburbs surrounding the City of Nottingham.
- The towns and villages in the north west which grew out of the textile and coal industries.
- Rural areas to the east and south characterised by prosperous market towns and villages in the Trent Valley.

Overall, slightly more women (51%) than men (49%) live in Nottinghamshire (source table PP02UK 2011 census). For people aged 65 and over this increases to 55% women and 45% men.



Since the publication of the government policy paper 'Think Local Act Personal' in 2011, we have continued to work on making personalisation key to everything we do, transforming your services to create a system which will respond to the needs of an ageing society and the changing expectations of those who depend on social care.

You can find more information about the Health and Wellbeing strategy and the JSNA at <http://www3.nottinghamshire.gov.uk/caring/yourhealth/health-and-wellbeing-board/strategy/>

# 5

## Our achievements in 2012-13

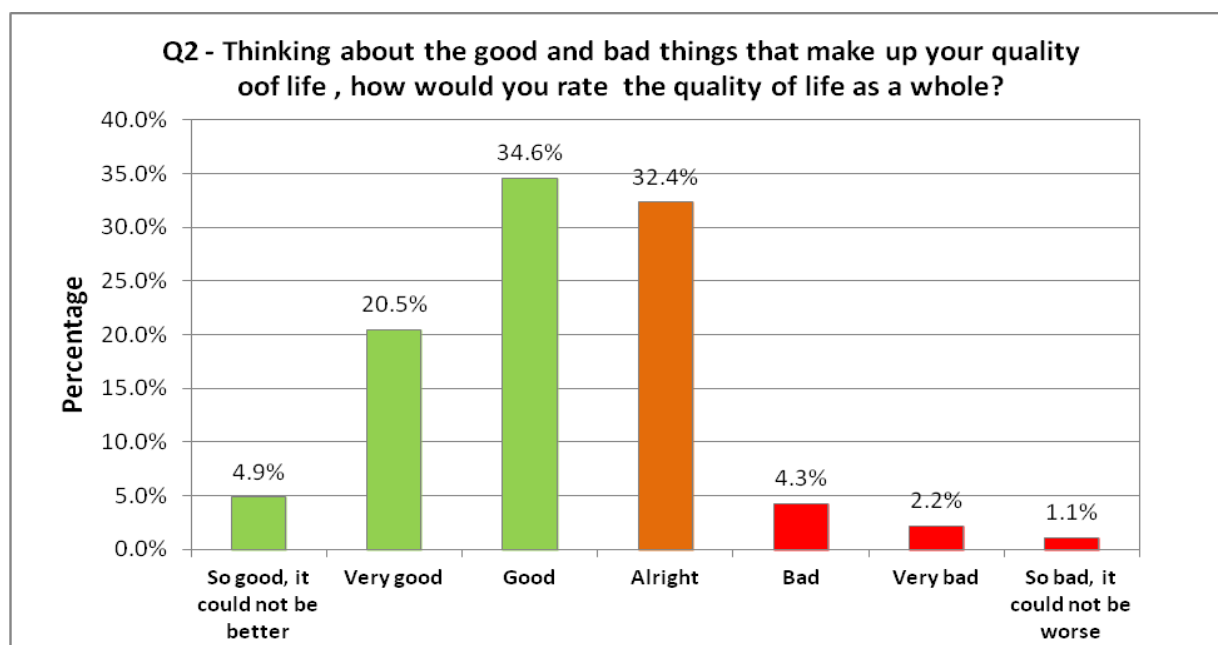
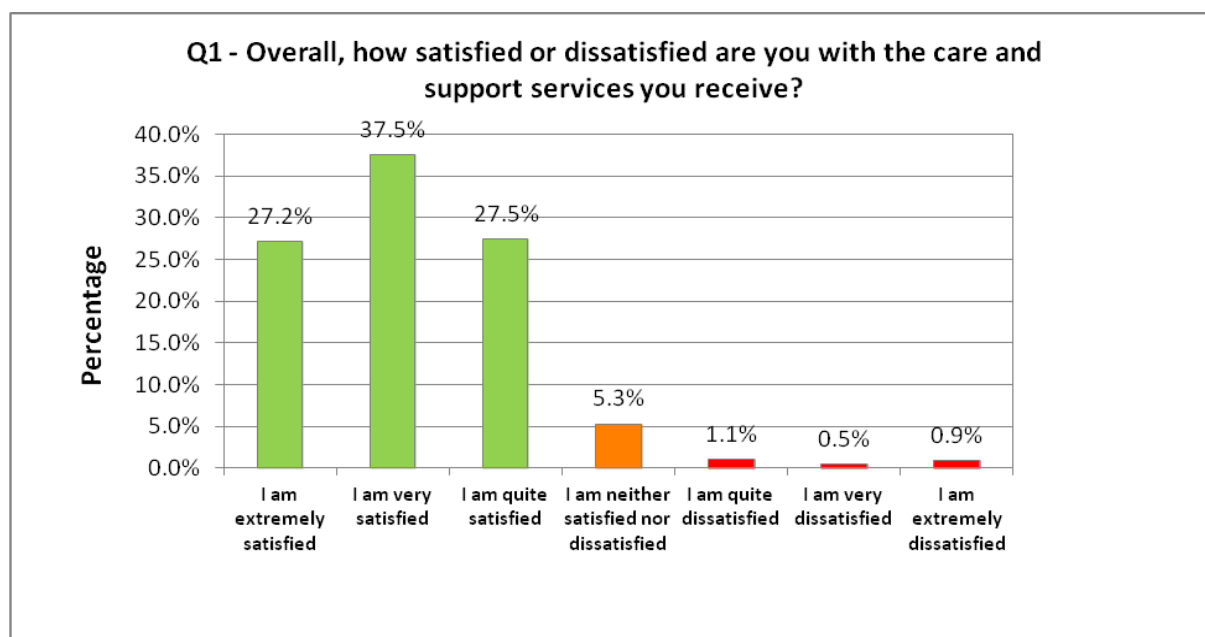
The Adult Social Care Survey (ASCS) is a national survey that councils undertake every year. It helps us to understand more about how services are affecting people's lives, and plan how we can improve the services we provide for the people of Nottinghamshire.

Questionnaires are sent to people who receive services and live at home and to people living in residential care. The survey looks at service users overall satisfaction with their social care and support, their quality of life, the impact of social care and support services on their quality of life, their health and surroundings and access to information.

We have compared our results to those of other East Midlands Local Authorities and to the survey results for the previous year (2011-12).

<b>Adult Social Care Outcomes Framework indicators provided by the Adult Social Care Survey (see section 2 for information about the outcomes framework)</b>		<b>2012-13 score</b>	<b>East Mids</b>	<b>2011-12 score</b>
1A – Social care related quality of life	This measure uses responses to survey questions covering 8 areas (control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation).	<b>19.3</b>	18.8	19.2
1B - % of people who use services who have control over their daily life	This measure is the number of service users who responded they either have 'as much' or 'adequate' control over their daily lives in response to the question: "Which of the following statements best describes how much control you have over your daily life?"	<b>79.5%</b>	75.9%	78.0%
3A – Overall satisfaction of people who use services with their care and support	This measure is the number of service users who responded that they are either 'extremely' or 'very' satisfied with the care and support services that they receive.	<b>64.7%</b>	63.7%	64.4%
3D – % people who use services and carers who find it easy to find information about services.	This measure is the number of service users who said they found it 'very' or 'fairly' easy to find information and advice.  The proportion of people who have 'never tried to find information or advice' has risen by 3% (from 29% - 31%).	<b>74.5%</b>	71.5%	75.3%
4A – % of people who use services who feel safe	This measure is the number of service users who responded they felt as safe as they wanted.	<b>69.8%</b>	65.0%	68.2%
4B – % of people who use services who say that those services have made them feel safe and secure.	This measure is the number of service users who said that care and support services helped them in feeling safe.	<b>90.2%</b>	77.9%	75.6%

Adult Social Care Survey	2012-13 score	2011-12 score
Q1: Service users who said they were extremely or very satisfied with the care and support services they receive (see graph )	65%	64%
Q2: Service users said they had a 'good quality of life' (see graph below )	60%	88%



The percentage of people who feel they have a good quality of life has reduced from 88% in 2011/12 to 60% in 2012/13. This reflects the difficult times that the nation as a whole is experiencing, rather than just the impact of Social Care, because our survey also finds that 9 out of 10 people are satisfied with the care and support services they receive (92%), and 9 out of 10 people say that care and support services have helped improve their quality of life (90%).

## **Efficiency savings**

Adult services achieved business improvement efficiency savings of £22.6 million over the 2012-13 financial year. This is part of the wider County Council Business Improvement Programme implemented to achieve greater value for money, significant savings and review priorities across the council. The emphasis has been to ensure that resources are directed to those services that support the most vulnerable people.

At the same time as delivering efficiencies savings the Council invested an extra £10.5million to meet the increasing demand for social care services.

The department will continue to deliver high quality services to the people of Nottinghamshire whilst at the same time ensuring that it meets its objectives in the most efficient and effective way.

# 6

## How we enhance quality of life for people with care and support needs

We said that in 2012-13 we would work to build on the achievements of personalisation, which includes the use of Direct Payments and Personal Budgets. We also said that we would support carers and young carers, and work to promote the life chances of other younger adults (18yrs -64yrs).

In our 2011-12 Local Account we said we would ...	In 2012-13 we have ....
To support carers and young carers.	<p>2012-13 was the first full year within which the 'personal budget' for carers was available. This funding is paid directly to carers and supports them in taking a break from caring.</p> <p>The 'Carers' Emergency Card' was re-launched in 2012-13.</p> <p>A total of 226 young carers (under 18) and young adult carers (18-24) were offered personal budgets during 2012/13.</p>
To refine and embed personalisation.	<p>We joined a national pilot to test the extension of the use of direct payments to those people living in residential care. The Government wants to test whether people will have more control over their support if they use a direct payment from the council to pay the care home themselves. This is a two year project until end of March 2015.</p> <p>We have made the process of being assessed for a personal budget quicker and simpler</p>
To promote the life chances of younger adults (18-64).	<p>The Physical Disability teams were joined with the Occupational Therapy service so that assessment and provision of services is more sensitive to needs.</p> <p>The Council has invested in re-furbished day service buildings.</p> <p>60 people previously living in residential care have been moved to supported living where their life chances are increased.</p>

## What you told us

Results from the Adult Social Care Survey 2012-13 show that overall satisfaction with care and support services has increased from 88% in 2011-12 to 92%. We are very proud of this as it comes at a time of increased pressure on Local Authorities' budgets, and financial pressures in society as a whole.

## Personal Budgets and Direct Payments

A Personal Budget is an amount of money that will meet your long term social care needs. We will offer you a Personal Budget if your community care assessment says you are eligible for support. The preferred way is through a Direct Payment which gives people more choice and control. People can manage their own support as much as they wish, so that they are in control of what, how and when support is delivered.

*Mrs N is an 81 year old woman who lives alone and only has one son who lives locally. Mrs N has received services from NCC for some time, during this period she has used the meals service, been provided with equipment and a homecare service at various times. During this time her needs have steadily increased. She is physically frail, an insulin dependent diabetic and requires 22.5 hours of support per week to continue to live independently.*

*Following review in early 2012 Mrs N decided to change her support from a managed homecare service to a direct payment. She felt that she wanted more choice and control over who provides her support at home and acknowledged that she had become increasingly socially isolated. She now employs two PAs and gets support to do this from a Direct Payment Support Service. The PAs help her at home but importantly help her to get out into the community, something that her previous managed homecare service was not able to provide*

*R is 24 years old and lives with her mother in Nottinghamshire. It was identified that R has very significant needs, which needed to be met to enable her to attend university. Following her assessment, very clear outcomes were identified in her support plan. She is now in her final year at university.*

*"Direct payments have enabled me to live as independently as possible and having the flexibility, in creating my own care package has helped me to grow as a person and discover my independence. It has also allowed me to make what I want of my life. I am currently in my third year of a degree in theatre"*

## Carers' personal budget

2012-13 was the first full year within which the 'personal budget' for carers was available. This funding is paid directly to carers and enables them to pursue their own particular interests,

hobbies and educational opportunities or participate in a leisure/relaxation activity. The personal budget is proving to be popular, and the number of carers making use of it is increasing.

## **Young Carers' Personal Budgets**

A total of 226 young carers (under 18) and young adult carers (18-24) were offered personal budgets during 2012/13. These one-off direct payments met the needs of young people doing a high amount of caring for parents and siblings with disabilities. The types of support that have been offered include

- Assistance towards going on school trips or holidays
- Leisure activities
- A contribution towards vocational activities
- Equipment required for your education e.g. books, computer

Young people are also being referred to the Young Carers' Service run by Family Action that offers one to one support and the opportunity for young carers to meet with their peers.

Adult Social Care can offer support for parents with disabilities so that their children do not have to conduct caring tasks that are inappropriate for their age.

In one case, a support package was put in place for a Mother with Multiple Sclerosis and a one-off direct payment was set up for the twins to have a shared laptop. The twins sent a letter to the Social Worker.

*"We never thought that we would get such an amazing reward for looking after our Mum".*

## **Direct Payment Card**

Last year we established a scheme which enables people to manage their direct payment through a Direct Payment Card which we call a Direct Payment pre-payment debit card. The direct money is paid onto the card by the Council every four weeks to enable the person to pay for their support using the card instead of setting up a separate bank account for the Direct Payment money. During 2012-13 up to 200 people were using the Direct Payment prepayment card to pay for their support.

## **Support with Confidence**

Support with Confidence' (SWC) has been fully operational since 2010 and gives information about Personal Assistants who are available to help people meet their support needs. SWC is an online directory of personal assistants who have undergone reference checks, enhanced Criminal Records Bureau checks and who have received training in various aspects of the role.

This is the view of a family member whose aunt has dementia and receives a personal budget via a direct payment.

*“Can I just say that the help our aunt is receiving from the Personal Assistant (PA) found via Support with Confidence is of great benefit to her. The direct payment system seems to be working for us”*

*“My aunt now has structure to her day, the PA ensures that our aunt takes her medication and supplies her with hot meals. The PA has gained my aunt's confidence and is able to assist with some personal care, which we weren't sure she would accept initially. It takes some pressure off us, as both myself and my brothers work and have families, so it's difficult for us to be there as often as my aunt needs. However, it is comforting to know that someone we can trust is helping our aunt and is able to liaise with us and alert us to any concerns”.*

These personal assistants are available to be employed by service users that manage their own care arrangements through a Direct Payment or who fund their own care. For information about Direct Payments go to

<http://www.nottinghamshire.gov.uk/caring/supportwithconfidence/>

## **Nottinghamshire Micro Enterprise Project**

Micro Providers can be sole traders, small businesses, charity or voluntary organisations. The aim is to support local people to provide local support – providing personal, flexible and responsive care and giving local people more choice and control over the support and care which they receive. The interest from potential providers has been very encouraging and by April 2013 we had received 227 enquiries. County Council staff have provided intensive guidance and advice to those with workable ideas, to assist in the establishment of the enterprise.

48 people established an enterprise that delivered services to over 600 Nottinghamshire people. 44 of these enterprises were new and have been set up since the start of the project. Types of services offered include:

- Support at home including regulated homecare and help with housework, befriending, support with appointments and accessing community facilities.
- Support in the daytime including supported employment, volunteering opportunities, arts, sports, yoga and leisure activities.
- Support to take a holiday.
- Gardening support service.
- Dog training for support dogs (mental health).

These services are currently purchased via a Direct Payment or by self funders (people who pay for their own services).



## Carers' emergency card

The 'Carers' Emergency Card' was re-launched in 2012-13, bringing the service 'in-house' rather than managing it through a call centre.

Carers in Newark, caring for their 31 year old son with learning disabilities, said

*"We have set up the carer's emergency card with the help of Nottinghamshire County Council to identify our wishes should we be prevented from caring for any reason. The scheme offers 24-hour emergency cover so you can be less worried about going out. You can have peace of mind that if anything happens to you while you are out or if you are suddenly taken ill at home, contact will be made and agreed emergency plans put into action"*

## Carers' Crisis Prevention Service

Nottinghamshire County Council continues to commission and develop the 'Carers' Crisis Prevention Scheme' delivered by Crossroads.

A carer from Brinsley looks after her husband who has vascular dementia. She used the emergency service in 2012 to attend a hospital appointment at short notice to treat her arthritis.

*She said: "When I first got a hospital appointment with little notice I did panic a bit as I didn't know how my husband would be looked after. The emergency service stepped in and enabled me to attend my first few appointments without any stress. It was fantastic"*

## Brokerage

We have begun work on plans to test out a service around support planning and brokerage. We aim to increase the number of partners who can help a person develop their own support plan. A support plan is a detailed plan of the outcomes (goals) a person needs to achieve with the support provided by their personal budget.

Currently, a social care worker will complete a support plan with the person who needs support but in the future we want to test whether the person could do this for themselves with support from a variety of other people. This could be the support provider for example; the person might ask a homecare agency they have chosen to provide them with support to help them write their support plan. We will pilot this approach during 2013-14.

## Assistive Technology to support people with care and support needs

During 2012/13 ASCH has worked in partnership with Nottinghamshire Healthcare Trust to increase the number of Just Checking units which are available to help with short term assessments of how well people with dementia are managing at home. The system uses movement sensors in the home and helps to ensure that care and support is more accurately tailored to individual need, and can also help to identify risks such as wandering from the home during the night. All social care teams in Nottinghamshire now have access to this assistive technology system, which helps to tell us if people with dementia are managing to live at home successfully.

Here is a selection of the comments made about Just Checking during 2012/13:

*"Just Checking showed that there were no times when Peter was wandering outdoors, which had been a concern of his family".*

*"Sally's daughter was very concerned that her Mum would not be safe at home, and that she would need to go into long term residential care when she was discharged from hospital. However, her Mum was keen to return home and a Just Checking system was installed to help assess how well she managed her independence. Sally's daughter was given access to the activity charts and has been able to see that her Mum is managing well at home"*

*"Just Checking has shown that Rosemary is not an early riser in the morning and so visits to support with her breakfast meal preparation have been altered to better fit in with her daily pattern".*

*"Stuart's family have more reassurance about what is happening at night, and have arranged to have their own Just Checking system on a long term basis. Family no longer feel that Stuart requires residential care at the moment."*

## Care Home Bed Monitoring System

Nottinghamshire County Council has been instrumental in developing a web-based database which enables the public to search for information about care homes within the County with real-time information about vacant beds. It also links to the Care Quality Commission (CQC) reports for each home, and provides some clear guidance in relation to paying for care. Initially this went live to approximately 150 older adults establishments, and it is intended that it will be rolled out to a further 400 during 2013-14. This system has been rewarded with a national award. You can see the information generated by the system at:

<http://www.nottinghamshire.gov.uk/carehomedirectory>.

## Promoting Independence

During 2012-13 we have joined our Physical Disability teams with the Occupational Therapy service so that assessment and provision of services is better able to address all of an individual's care needs. Physically disabled people have also been encouraged to adopt Direct Payments as the means of meeting their assessed needs. Investment by the Council in Direct Payment Support Services and Pre-payment cards has made these processes quicker, simpler and more efficient for service users.

The Council has invested in re-furnished day service buildings to a high specification. For people with high needs the variety of support services during the day has increased and the amount of weeks of service increased to 50 weeks per year.

The development of a Younger Adults re-ablement service has allowed people with Aspergers Syndrome to access a wider variety of community and universal services. Re-ablement also offers pre-assessment services to people with mental health difficulties, deaf and visual impairments and physical disabilities.

In the field of Learning Disability more people have been provided with support in their own homes (Supported Living). 60 people previously living in residential care have been moved to Supported Living where their life chances are increased.

## The Countywide Aspergers Services

The team is one the very few Asperger Teams nationally which is social-care led. It has been praised for its work both by the National Autistic Society and the Department of Health and has been commended in the National Autism Strategy as an example of good practice. It provides support for Adults who have Aspergers syndrome and other high functioning autistic conditions. The service currently has a caseload of 200+ people and is experiencing a growing demand for services as more people are being diagnosed. The service delivers assessment and care management support, whilst working closely alongside those who provide the support.

## **Work With the Alzheimer's Society**

We have started a joint project with the Alzheimer's society to focus on increasing the personalisation of support to people and their carers with dementia and to promote the use of direct payments. This is a 12 month project and will commence in the summer of 2013.

# 7

## How we delay and reduce the need for care and support

We said that we would work to support people to have the best health and wellbeing throughout their life and to enable them to access support and information to help them manage their care needs.

In our 2011-12 Local Account we said we would ...	In 2012-13 we have ....
To increase the number of people benefiting from integrated reablement services, avoid unnecessary hospital admissions and delays in hospital discharges.	Continued to increase the number of people living independently through our 'START' reablement service. Percentage of successful reablement has increased from 57% to 72%; with 46% of people needing no on-going service and 26% needing a reduced service.  Helped 83% of people who received Reablement remain in their home 3 months after their discharge from hospital.
To develop alternatives to residential care to promote independence and to reduce the number of people in long-term care for older adults (65+)	Living At Home initiative launched in Nottinghamshire in November 2012.  In 2012-13 the programme secured contracts to deliver 4 extra care housing schemes in the county, which will be opened in 2015.

### Help to Live at Home

In Autumn 2012 Nottinghamshire County Council launched the Help to Live at Home programme. The aim of the project is to move our funding from paying for residential care to supporting ways of helping older people to live at home safely for longer. The Programme includes 6 projects, which aim to provide greater choice and control to older people and their carers.

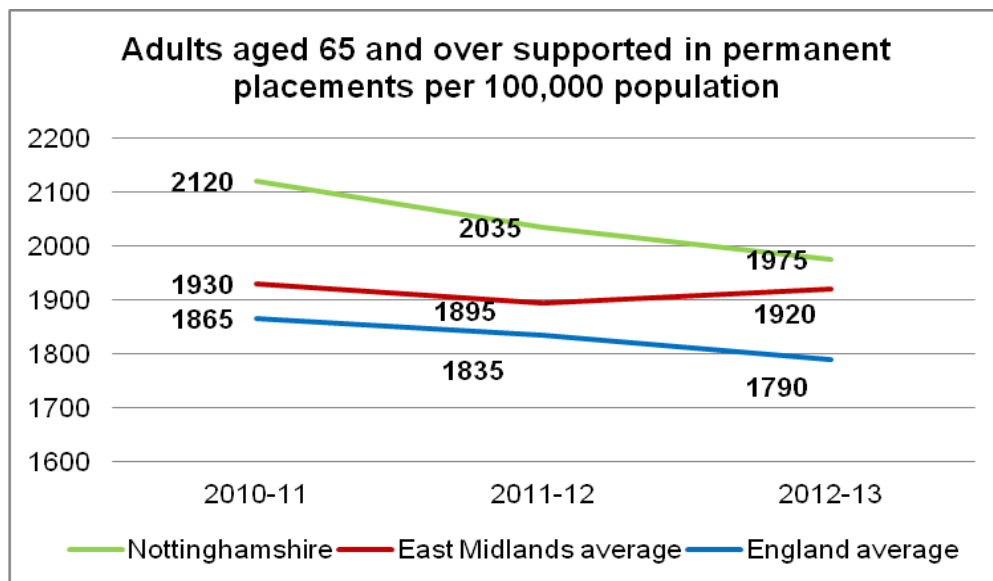
- **Care & Support Centres** - The 6 Nottinghamshire Care and Support Centres will become places where older adults & their carers can go for support, advice and services.
- **Reablement** - This ensures the right short-term support is in place to help older people with skills & confidence to live independently.
- **Admissions Management** - The purpose of this project is to understand and evaluate how older people are put into long-term care.
- **Extra Care** - Extra Care Housing provides independent living accommodation for older people, with an on-site care team offering flexible care and support services.

- **Joint Working and Integration with Health** - This project will develop ways of joint working with Health to achieve a number of improvements for older people and their carers
- **Assistive Technologies** - This project will support improved access to and take-up of Assistive Technologies in the county by older people and their carers

## Comparing Nottinghamshire to other East Midlands authorities

In accordance with people's wishes to remain living at home for as long as possible we are continuing to place less older people in long term care. Encouragingly, Nottinghamshire has seen the biggest decrease and is now closer to the average for the East Midlands (the average for England is lower still and has reduced at a steadier pace).

The proportion of people supported in permanent nursing or residential placements by the Council has continued to drop over the last three years despite an increase in the number supported in nursing care. Seven out of nine authorities in the East Midlands saw an increase in the proportion of people supported - Nottinghamshire was one of two authorities to see a decrease between 2011/12 and 2012/13.



## Assessment Beds

The assessment beds service has been operating across the county since 2011. The service in Bassetlaw has been particularly successful, offering support to people at risk of unnecessary admission to hospital and/or discharge from hospital. Of those people in receipt of the service 60% returned home, 16% were admitted to hospital and only 15% went in to a care home.

A 101 year old lady who lives on her own had a fall resulting in an attendance at A&E where she received treatment and was then discharged to stay with her daughter. She wanted to return home but had lost confidence and independence with mobility. A referral was made to the assessment beds service where she was given a full multi-disciplinary assessment followed by a package of rehabilitation and reablement. At the end of her stay she was discharged home with some occupational therapy aids but did not require on-going care services. She remains at home has not had any further falls.

### **Assistive Technology to delay and reduce the need for care and support**

Our Assistive Technology services which provide a range of equipment to manage risks at home such as wandering due to dementia and falls, frequently delay or avoid the need for more intensive care and support, such as residential care, or intrusive levels of supervision for people with learning disabilities which can sometimes exacerbate challenging behaviour.

Evaluation shows that in 2012/13 there were 107 people where the use of telecare helped to avoid the need for more intensive support and 18 cases where telecare use delayed or avoided the need for someone to be immediately moved into a residential or nursing care home.

### **Reablement - Older Adults**

The Reablement Service is a team of Occupational Therapy, Reablement and Social Work staff. They support people with illnesses and disabilities to live as independently as possible. Individually tailored plans are created to help people regain everyday living skills such as getting dressed, using the bathroom, getting around the home and cooking.

Reablement Support can be provided either in a residential setting or at home. It lasts between 1 and 6 weeks and is free of charge. During this time support is constantly reviewed to ensure goals are met. If longer term help is required it is arranged quickly.

This year additional temporary Occupational Therapists have been recruited in order to develop 1:1 and group training activities in Reablement for our Support Workers. Brokerage Officers have also been appointed to help people who are not eligible for on-going support but wish to arrange some privately paid for assistance.

The number of people receiving Reablement in the community has increased from 2,200 in 2011/12 to 2,569 in 2012/13.

The service user was an elderly gentleman who had not been home for three months after falling and breaking his leg. He had gone straight from hospital to a residential home and was referred to START because he wanted to return home. His leg was still in a plaster cast and he had a number of long term medical conditions which affected his mobility and balance and put him at risk of further falls. He lived alone.

Initially he had two calls day to help with personal care during his morning and nighttime routines. He had lost his confidence with these activities but was managing his own medication and could reheat frozen lunchtime meals on his own.

An Occupational Therapist (OT) developed a staged Reablement programme aimed at regaining his confidence and ability to wash and dress himself. He was soon independent with this.

His plaster cast was removed after week two so he was then helped to shower safely. The OT then provided a caddy for his walking frame so he could transport drinks and meals from his kitchen to his lounge.

By week three the evening visit could be cancelled and by week 4 he had fully regained his independence with personal care and with his agreement was discharged from the service. His family continued to help him with shopping and domestic tasks.

### **Reablement - Younger Adults**

Over 550 Nottinghamshire residents have now been referred to a 12-week intensive mental health support programme since its launch in July 2011, to improve their quality of life. The County Council programme gives people direct support with day-to-day activities after a period of illness or loss in confidence, to enable them to become more independent. The programme can include organising social activities, assisting people to venture out to local shops and assisting with financial or housing problems.

- Around 60 percent of people who have undergone the programme have required no further support and only 11 percent needed on-going longer term services.
- It is estimated that the programme has saved the Council £400,000 a year in long-term care support costs.

A similar scheme is also offered to local residents with physical disabilities which has so far worked with around 200 people.



Jason Woodward from Stapleford is an ex-serviceman who has suffered from Post Traumatic Stress Disorder and has received support with the reablement team from August 2012 to January 2013. He said:

*“My reablement officer helped me with outstanding issues and has helped me to go out and interact with others as I was previously very withdrawn and isolated. I now have become a valid member of society and have started volunteering for a military charity called Forces in our Community. Without the help I’ve received I may not be here today, it has given me new hope for the future which I never thought possible. Many people do not know that the service exists so I’d encourage other people in a similar position to me to come forward if they need help.”*

For more information on support available for people with mental health needs contact the Council on 0300 500 80 80 or email [enquiries@nottsgov.uk](mailto:enquiries@nottsgov.uk)

### **Mental Health Intermediate Care**

Following the success of the Mental Health Intermediate Care Teams the service has now been extended to cover the whole county. Each district has a dedicated, joint health and social care team providing short term services to older people with mental health and/or dementia who are at risk of an unnecessary admission to hospital or a care home and/or require support to help them return home after a stay in hospital. The service has been very successful in maintaining people in their own homes - of people discharged home from the service 75% of those were still at home 3 months later.

### **Employment**

During 2012 -13 we have taken part in Project Search together with i-work (the i-work team helps people with learning disabilities find paid employment), Foxwood School and Nottinghamshire Hospital Trust. The initiative enables school leavers to enter paid employment with the hospital. Last year 4 people gained work at the City Hospital, and there is a new intake of 5 young people for 2013 - 14 this year.

# 8

## How we ensure that people have a positive experience of care and support

We want to ensure that people and their carers who use our services are satisfied with their experience of the care and support they received. This year we conducted an Adult Social Care Survey and a Carer's Survey.

### Good Results

- 90% of people said that care and support services helped to make them feel safe. This is an improvement on the result of 76% from 2011/12.
- 90% of people said that care and support services helped them to have a better quality of life

### Consistency

- 70% of people responded to say they feel as safe as they want to. These figures have been consistent for the last three surveys.
- 40% of people have as much social contact as they want and 40% have adequate social contact, 6% of people say they feel socially isolated. These figures have been consistent for the last three surveys.

### Areas to work on

- We received 77 compliments (down from 140 last year) about our service by service users and members of the public and 238 complaints.

### Carers' Survey

In 2012-13 Nottinghamshire took part in the second carers' national survey. In 2009-10 a voluntary pilot survey was conducted – Nottinghamshire were one of 90 councils who volunteered to take part. There are some positives from the survey and also some areas of concern.

- Nottinghamshire remains slightly above average for overall satisfaction with support or services.
- The percentage of carers who feel they are neglecting themselves has fallen in Nottinghamshire since 2009/10.
- More carers in Nottinghamshire have no worries about their personal safety than in 2009/10. Results are considerably higher than the East Midlands average.
- Nottinghamshire scored higher than the East Midlands and England average for carers saying they felt involved or consulted to some level.

The survey also showed that we have more work to do to improve carers' quality of life, with carers in Nottinghamshire feeling they spend less time doing things they want or enjoy in comparison to the average figures for the East Midlands or England. The Nottinghamshire score for carers having enough control over their lives is also below the East Midlands and England average

The outcomes and implications of the survey have been shared with the Nottinghamshire Carers' Implementation Group and with colleagues across the council and plans will be produced to address the issues raised.

## Day Services

The County Council has recently completed an extensive modernisation programme within Council operated day services, which not only involved the refurbishment of buildings, but also the integration of service users with a physical disability, learning disability, mental health needs, and older people. This has promoted intergenerational working, and has allowed people to meet new people and make new friendships. Service users have enjoyed supporting each other and have utilised their individual strengths to support others who may have needs which they can help with through peer support.

The integration of services has enabled all service users to access facilities such as sensory rooms, and sporting and therapeutic activities that previously had only been available to one disability group. The refurbishment of the day service buildings has given people access to new modern environments in which they can enjoy inclusive activities such as coffee bars and beauty salons.

## Complaints and Compliments

In 2012-13 the department received

- 238 complaints (down from 263 in 2011-12)
- 77 compliments (down from 140 in 2011-12)

Overall the number of complaints relating to Adult Social Care decreased. This included a reduction in the numbers of complaints relating to Adult Care Financial Services which was a result of improvements made to communications and customer service.

*"I would like to thank everyone who came to me and are still coming. They treat me with respect, courtesy and dignity at all times".*

Most complaints are resolved without the need for a formal investigation as there is an emphasis on negotiating a resolution with both the complainant and the department at the outset. We use information from these complaints to learn how and where we can make improvements to the service we deliver.

For information on the Council's Complaints, Comments and Compliments service go to <http://www.nottinghamshire.gov.uk/thecouncil/contact/comments/>

## End of Life Care

The aim of this initiative is to provide health and social care professionals and organisations in Nottinghamshire with information and training on end of life issues. Around half a million people die in England each year, almost two thirds of whom are aged over 75. The large majority of the deaths follow a period of chronic illness such as heart disease, cancer, stroke, chronic respiratory disease, neurological disease or dementia. Nationally, most deaths occur in NHS hospitals (58%), 18% occur at home, 17% in care homes, 4% in hospices and 3% elsewhere.

Although every individual may have a different idea about what would, for them, constitute a 'good death', for many this would involve:

- Being treated as an individual, with dignity and respect
- Being without pain and other symptoms
- Being in familiar surroundings
- Being in the company of close family and/or friends

The project offers a variety of training and awareness events. A key aspect is the need to have open and honest conversations about end of life, making it is easier for staff to give good, personalised care. Information is available via an End of Life webpage on the Council's website and in addition, health and social care workers receive a regular newsletter. Some achievements in 2012-13 were:

- All care homes received an End of Life toolkit in 2012.
- 30 care homes attended the Gold Standards Framework course.
- 20 care providers had been signed up as End of Life Care Champions by March 2013.
- Because of our excellent work across health and social care we were selected as one of only three pilot sites for the Gold Standards Framework Cross Boundary Project. This involves working with staff from GP practices and hospitals in Newark and Sherwood CCG (Clinical Commissioning Group) to ensure that end of life care is working well throughout the community, including care homes, hospitals and hospices.

## Advocacy

In 2011/12 we tendered for new advocacy provision across the county. Together with partners in health we have commissioned a service which meets the needs of all service users groups equitably where previously advocacy provision had been organised differently for different service user groups. The new service has widened access to advocacy provision and the number of referrals to the services has increased over the course of the year such that many more people are now accessing advocacy service than under the previous contracts. This service is an example of successful joint agency commissioning across the city and county, local authority and NHS

# 9

## How we safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm

This section also recognises work undertaken by the Trading Standards Team and Emergency Planning Team on behalf of all Nottinghamshire residents.

### Safeguarding vulnerable adults

We are committed to ensure that people are free from physical and emotional abuse, harassment, neglect and self-harm and that people enjoy physical safety and feel secure.

Adults safeguarding is about both preventing abuse and neglect, enabling adults to retain their independence and promoting good practice when responding to specific concerns. Where abuse or neglect is suspected or alleged, Nottinghamshire's Safeguarding Adults Procedures can be used by the organisations involved to ensure that services provide a consistent and comprehensive response.

In our 2011-12 Local Account we said we would ...	In 2012-13 we have ....
To safeguard adults whose circumstances make them vulnerable and protecting them from avoidable harm.	<p>Together with our agency partners, developed the Multi Agency Safeguarding Hub (MASH) which acts as a single point of contact for all safeguarding referrals.</p> <p>Increased the number of individual safeguarding plans we have put in place to protect people from further harm.</p> <p>Continued to raise awareness and deliver training to staff resulting in an increase in the number of safeguarding concerns received.</p>
To continue to develop effective intelligence-led enforcement action to tackle rogue traders.	<p>Set an overt social media account to counter E Crime.</p> <p>Secured £236,000 compensation for victims of rogue traders.</p> <p>A trader responsible for fraud "on a massive scale" was jailed for 5 years following complaints made to the Trading Standards Team.</p>
To plan effectively to maximise the safety of the citizens of Nottinghamshire in the event of an emergency	The Emergency Planning Team was a leading participant in the work of the Local Resilience Forum (LRF).

In our 2011-12 Local Account we said we would ...	In 2012-13 we have ....
	The team fulfilled the County Council's commitment to the Service Level Agreement with the District and Borough Councils,

### What you told us

The **Adult Social Care Survey** is a national survey that all councils undertake. It asks two questions about safety and security. The results from the 2012-13 survey show an improvement in the number of people who feel safe and who said that the services they receive help them to feel safe.

In 2011-12 67% of people who used services said they felt 'as safe as they want'. In 2012-13 this has increased to 70%.

In 2011-12 76% of people said the services they received 'help make them feel safe and secure'. In 2012-13 this has increased to 90%.

### Multi Agency Safeguarding Hub (MASH)

Following a phased implementation the MASH went "live" for adults in January 2013. The hub acts as the first point of contact for Children's Social Care and for safeguarding concerns about both children and adults. It involves over 60 representatives from the County Council's Adult Social Care, Children's Social Care and Education Services together with the Police, Probation and Health partners co-located and working together.

Nottinghamshire was one of the first areas to include adult abuse and child abuse referral processes "under one roof". The MASH provides agencies with a single point of contact for all adult safeguarding referrals. Those reporting safeguarding concerns are receiving a more consistent, professional response, with advice from social care professionals and feedback on the outcome of their concern.

### The Good Neighbour Campaign

The "good neighbour campaign" was launched by in June 2012. This campaign was led by the County Council and sought to raise awareness of what we can do to 'look out' for those who may be more at risk in our communities. Information was sent out to the public through flyers in libraries, GP surgeries, hospitals and other venues. The campaign also used other channels including Facebook advertising, local media and community newsletters. This resulted in nearly 1,100 unique page views to the Good Neighbour web page.

## **Peer review progress**

In November 2011 the County Council, through the Nottinghamshire Safeguarding Adults Board (NSAB), commissioned a review of adult safeguarding arrangements in Nottinghamshire. The purpose of a peer review is to undertake a comprehensive examination and evaluation of safeguarding arrangements and practice. The County Council has worked hard to implement the recommendations from this review

## **National Capability Framework**

The Peer Review highlighted that Nottinghamshire had formally adopted the National Capability Framework for adult safeguarding. This was regarded as a positive step but we also needed to ensure the Framework was understood by all.

- In 2012/13 the County Council led on the introduction of the National Capability Framework for Adult Safeguarding across NSAB member agencies. The Framework, is designed to help organisations ensure that workers at every level have the required skills and abilities to carry out their responsibilities towards adult safeguarding.
- Safeguarding team members have worked with colleagues from the Nottinghamshire Safeguarding Children's Board, the Nottingham City Safeguarding Children's Board and the Nottingham City Safeguarding Adults Partnership Board to produce and implement a quality assurance scheme for training. This provides a common framework and methodology to quality assure the safeguarding training which is being delivered. It ensures that training is linked to the standards laid out in the National Capability Framework.

## **Use of language**

The peer review also identified differences in the use of language between partner agencies and recommended that where a crime had been committed the terminology used to describe the offence should be recognised by all. In response to this recommendation the Safeguarding team have:

- Reviewed and improved the safeguarding training that is delivered to staff.
- Finalised and distributed a pathways and thresholds guidance document which enables partner agencies better understand what constitutes a safeguarding adult referral.
- Updated the department's safeguarding adults' guidance to incorporate the issue of terminology and language.

## **Dignity in Care**

The peer review also identified a need to revitalise the work already done in this area. As a result we have:



- Reviewed training in relation to safeguarding adults, dementia care and end of life care to ensure they all incorporate the need to consider dignity issues when delivering services to people.
- Arranged a dignity event for a range of providers to raise the profile and reaffirm the importance of ensuring we always treat all people with the dignity and respect we should all be afforded.
- Begun work to ask residents in care homes if they feel safe and happy.

## **Personalisation**

Nottinghamshire has embraced the personalisation agenda, which has led to a growth in small provider services. Some very small agencies and individuals provided services which are not monitored or regulated in the same way that large providers of care are.

During 2012-13 work was commissioned to promote a voluntary accreditation scheme of checks for small providers who offer services to people with a direct payment. This now means for example that those who use personal assistants for their care will be encouraged to undertake criminal records checks on them.

## **Serious Case Reviews**

The Local Authority, through the serious case review sub group of NSAB, considers and commissions reviews of cases where individuals have died or been seriously injured and abuse or neglect is known or suspected to be a factor in their death. In 2012/13 the serious case review sub group completed a review following the death of a 40 year old woman with spina bifida. We are making sure that organisations are completing the tasks they have said they will do to improve.

## **Protecting the Public**

### **Action against Problem Traders**

The Trading Standards Team continues to tackle those traders causing the most detriment to Nottinghamshire residents.

A trader who had been to prison for breaches of the Enterprise Act and mis-selling mobility aids to older and vulnerable adults was jailed in June 2013 for 5 years following complaints received by the Trading Standards Team.

A Trading Standards officer described the fraud as being carried out “on a massive scale”. The trader posed as a doctor to sell fake medicines as well as mobility aids and duped elderly and vulnerable people into paying him £70,000.



Trading Standards officers investigated a Nottinghamshire based trader who deals with second hand car parts both over the counter and on the internet. Numerous complaints were being reported in respect of complaints about faulty goods and failing to observe cancellation rights. Officers intervened and checked the trader's terms and conditions and gave advice about legislation and improving the company's complaints process.

Since the intervention complaints have been substantially reduced and the trader now appears to be operating legally and fully.

## **Safeguarding Vulnerable People**

The team continues to work to safeguard vulnerable residents. These people are frequently the victims of scams or may find themselves unwittingly signed up to expensive commitments.

The Trading Standards team stepped in to assist an 86 year old man who had been cold called and persuaded to pay £17,000 for two diamonds which he had never received. Following intervention by Trading Standards the vulnerable resident received a full refund.

## **E Crime**

In 2012-13 the team set up a Trading Standards Account on social media. This was in response to the increasing trend of 'hobby sellers' using social networking sites to sell items. There are serious safety concerns with some homemade products sold on these sites – such as the recent choking hazards posed by dangerous decorated babies' dummies. There is also an increasing problem with people tempted to sell counterfeit goods this way.

The Trading Standards Team use the overt account to deliver a quick message to those identified warning of the serious implications of their actions. This preventative measure results in the items being removed from sale – which avoids the need for more expensive formal action.

## **Lorry Watch**

Trading Standards have continued to support the Highways team and to protect Nottinghamshire residents by enforcing vehicle weight restrictions. This is achieved by liaising with local businesses and local communities via the Community Lorry Watch scheme. During 2012-13 Trading Standards conducted a total of 54 enforcement days at sites in Nottinghamshire with weight restrictions.

- As a result 99 warning letters were issued to those that could not provide a legitimate reason for being in the area.
- These 99 warnings represented 29% of the overweight vehicles recorded that could not provide a legitimate reason to use a restriction. In 2011-12 38% of detected breaches did not have a legitimate reason – so this figure has reduced by 9%.

- There have been no repeat offenders from last year suggesting that the warnings have served as an effective deterrent.

In addition two new Lorry Watch schemes were launched in 2012-13 in Tollerton and Cromwell, bringing the number of schemes operating in the county to 8. In total 232 observation reports from local communities were received in 2012-13. These are used as intelligence to direct enforcement.

### **Action on Pay Day Lenders**

In 2012-13 the Office of Fair Trading (OFT) started a process designed to improve the practices of payday lenders. Lenders will lose their licences if they do not improve their practices. The Trading Standards Team were paid by the OFT to audit a local pay day lender as part of the national survey. This issue will be a priority during 2013-14.

### **Scam Alert Service**

Nottinghamshire Alert is a web-based, secure messaging system that allows Nottinghamshire Police, Neighbourhood Watch and other public organisations to distribute messages concerning community safety to members of the public quickly and efficiently. Alerts are predominantly sent by email, but text and voicemail can also be used.

The purpose of the system is to keep the people who live and work in Nottinghamshire and particularly Neighbourhood Watch members, informed about crime in their area to enable them to influence local policing.

### **Buy with Confidence**

The Buy with Confidence scheme provides Nottinghamshire consumers with a list of local businesses which have given their commitment to trading fairly. Every business listed has undergone a series of detailed checks before being approved as a member of the scheme. In addition levels of consumer complaints against members are also monitored on a regular basis. The scheme is run by the County Council's and City Trading Standards teams.

### **Emergency Planning**

The Emergency Planning Team continued to fulfil its' role of facilitating the maintenance and development of resilience within the County Council and as a leading participant in the work of the Local Resilience Forum (LRF). This included providing the LRF secretariat role and chairing sub groups including the Resilience Working Group. The team fulfilled the County Council's commitment to the Service Level Agreement with the District and Borough Councils, and provided a temporary extension to normal arrangements with Newark and Sherwood to cover for a vacancy.

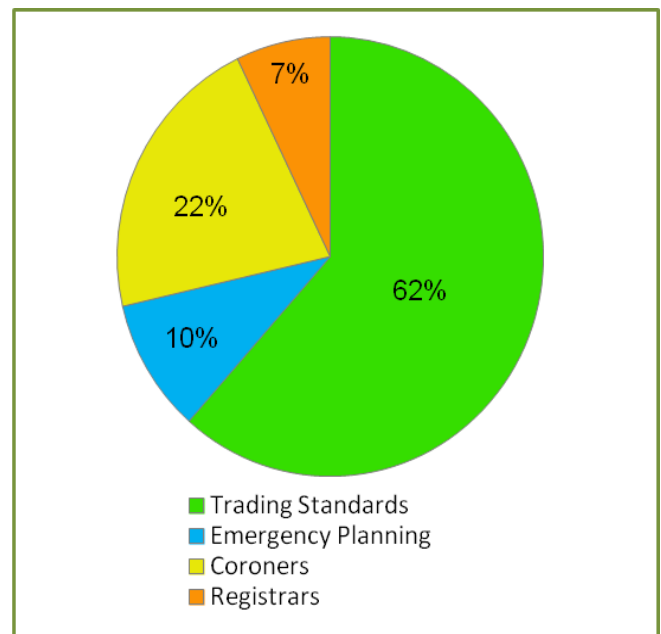
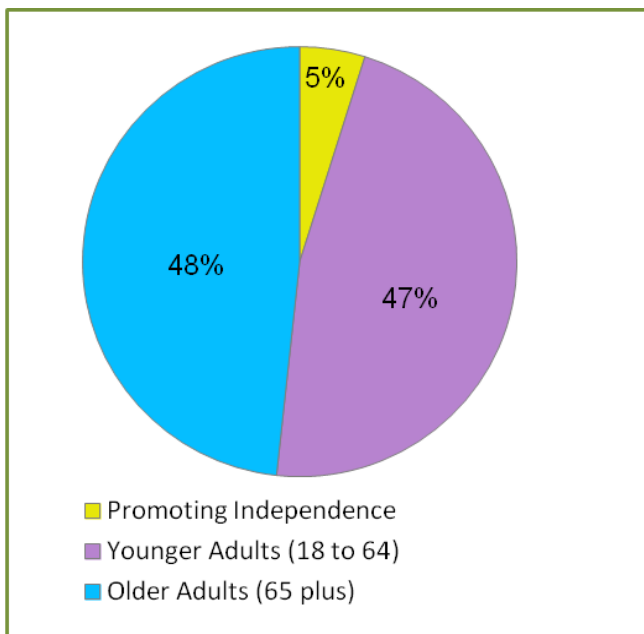
## **Coroner's Services**

We continue to work with the Coroner and her staff to route referrals through safeguarding procedures and to ensure that social care staff within the Council and within the independent sector are appropriately trained about the importance of good standards of care, proper implementation of procedures and of good comprehensive record keeping.

# 10 How much did we spend on adult services?

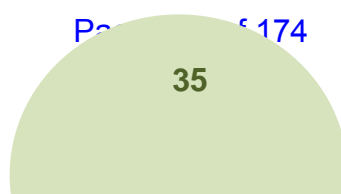
Adult Social Care		Public Protection services	
Service Area	Net Expenditure	Service Area	Net Expenditure
Departmental costs	*-£1,000,067	Trading Standards	£1,615,216
Joint Commissioning, Quality & Business Change	*-£10,234,824	Emergency Planning	£258,544
Promoting Independence	£10,029,141	Coroners	£564,601
Younger Adults (18 to 64)	£96,785,828	Registrars	£187,674
Older Adults (65 plus)	£99,768,056		
<b>Total</b>	<b>£195,348,134</b>	<b>Total</b>	<b>£2,626,035</b>

\*This relates to income received from client contributions and savings within the department.



Total net expenditure for Adult Services was £195,348,134  
This included £113,971,188 from fees, charges and grants.

Total net expenditure for Public Protection was £2,626,035  
This included £1,991,760 from fees, charges and grants.



# 11

## Our areas for development from 2012-13 onwards

It is the ambition of ASCH&PP that:

***“We will commission services which embrace personalisation and promote safety and wellbeing and are accessible and affordable”***

The purpose of ASCH&PP is to maximise people’s independence, keep people safe and support the wellbeing of vulnerable adults.

In order to achieve our ambition we have set the following departmental objectives:

- Good quality information and advice will be available to all to help people plan for the future and avoid the need for care services.
- We will expect to share responsibility with individuals, families and communities for their health and wellbeing.
- 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 are known to support independence.
- Where people have critical or substantial risks to their independence and they meet the national funding criteria, we will fund care and support only for as long as it is necessary.
- We will promote individual health and wellbeing through joint and collaborative approaches across the public sector.
- We will encourage and stimulate an efficient, diverse, affordable and high quality social care market.
- We will further develop the resilience of individuals and businesses to protect themselves from those who wish to profit at the cost of others.
- We will encourage and stimulate an efficient, diverse, affordable and high quality local economy through supporting legitimate businesses and tackling those rogues and businesses who adversely impact legitimate businesses.
- To plan effectively to maximise the safety of the citizens of Nottinghamshire in the event of an emergency.
- To deliver good quality registration services with improved income generation.

We monitor our progress against these objectives throughout the year using a number of key actions and indicators

# 12 Further Information

## Links to Further Information

There are a number of documents published by the Council that provide more detail on our plans, priorities and performance. These are all available at <http://www.nottinghamshire.gov.uk/welcome/>

- Sustainable Community Strategy
- Joint Strategic Needs Assessment (JSNA) 2010
- Nottinghamshire County Council Strategic Plan 2011-14

## Glossary

Term	Description
Advocacy	Advocacy supports people to have their say and get their views heard. Advocates can speak up for a person if they are unable to speak up for themselves.
Assessment	The process of gathering information for the purpose of determining a person's need and eligibility for services.
Assistive technology	Assistive technology is a range of sensors and alarms that can be used in a service user's home which can detect if things go wrong and alert a support centre. They can help a service user live independently and safely in their own home with the reassurance that help is available if problems occur.
Care Quality Commission (CQC)	CQC is the independent regulator of all health and social care services in England. Its job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety.
Direct Payment	A direct payment is where we pay the service user our contribution towards their personal budget. The service user can then arrange the services agreed in their support plan themselves.
Eligibility threshold	The level at which a person's needs are deemed as posing a risk to their independence.
Financial assessment	The process of gathering information relating to a person's income level for the purposes of determining the local authority's level of financial support.

Occupational therapy	Occupational therapy looks for solutions to the practical difficulties a service user is having at home. A range of equipment can be supplied to enable a service user to continue living in their own home. For example: specialised shower seats; chair raises; walking aids; and toilet equipment. Any equipment provided is free of charge on a long-term loan.
Outcomes	The end result, or consequence, of an activity plan or programme.
Outreach Extra Care	Outreach Extra Care is a service that provides support to service users within their own homes around the clock. The service user would have an assistive technology device so they could contact their care provider as and when needed, they would be able to have support that was both planned and also available additionally when their needs change.
Personal Budgets	A personal budget is an amount of money that will meet a service user's long-term social care needs. A personal budget can be offered if a service user's community care assessment says they are eligible for support.
Physiotherapy	Physiotherapy is the use of physical methods to assist recovery of damaged tissue, especially in muscles and joints. Physiotherapy is concerned with identifying and maximizing quality of life and movement potential within the areas of promotion, prevention, diagnosis, treatment/ intervention and rehabilitation.
Referral	A point at which a contact with the local authority is passed on for further assessment or screening.
Safeguarding	Safeguarding is work undertaken to stop vulnerable adults being abused.
START Reablement	Reablement is about service users regaining skills and confidence to help them live as independently as possible. Reablement support workers from the START team provide up to six weeks of intensive support to services users enabling them to do as much as they can for themselves.
Supporting People	The Supporting People Partnership directs housing-related support services in Nottinghamshire.
Tell Us Once	This service gives customers one point of contact with public services following a birth or death – reducing the time it would need to contact different departments.

## Appendix A

The table below outlines the current set of measures that we report on from the Adult Social Care Outcomes Framework:

Ref	Measure Description
1A	Social care related quality of life
1B	The proportion of people who use services who have control over their daily life
1C	Proportion of people using social care who receive self-directed support, and those receiving direct payments
1D	Carer-reported quality of life
1E	Proportion of adults with learning disabilities in paid employment
1F	Proportion of adults in contact with secondary mental health services in paid employment
1G	Proportion of adults with learning disabilities who live in their own home or with their family
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support
2A	Permanent admissions to residential and nursing care homes, per 1,000 population
2B	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
2C	Delayed transfers of care from hospital, and those which are attributable to adult social care
3A	Overall satisfaction of people who use service with their care and support
3B	Overall satisfaction of carers with social services
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for
3D	The proportion of people who use services and carers who find it easy to find information about services
4A	The proportion of people who use services who feel safe
4B	The proportion of people who use services who say that those services have made them feel safe and secure



If you would like more information about any of the services mentioned in this document you can visit:

<http://www.nottinghamshire.gov.uk/caring/adultsocialcare/>

or call the Customer Service Centre on:

0300 500 80 80

If you have any comments or further questions about the information contained in this report please use the contact details below to contact us

Performance Improvement  
Adult Social Care, Health and Public Protection  
Nottinghamshire County Council  
County Hall, West Bridgford, Nottingham NG2 7QP

Email: [performance.improvement-team@nottsccl.gov.uk](mailto:performance.improvement-team@nottsccl.gov.uk)



25 November 2013

Agenda Item: 14

## **REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES**

### **WORK PROGRAMME**

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

1. To consider the Committee's work programme for 2013/14.

#### **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 (PS)**

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

All

## **ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME**

<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
<b>6 January 2014</b>			
Care Quality Commission – Secondment of an Officer – final report	To report on the conclusions of the Secondments.	Service Director – Joint Commissioning, Quality and Business Change	Caroline Baria
Winterbourne View	Update on Nottinghamshire Response to “Transforming Care: A National Response to Winterbourne View Hospital”	Service Director for Personal Care and Support – Younger Adults	Ian Haines
Carers’ Strategy	Report to update Members on the progress of the Carers’ Strategy.	Service Director for Personal Care and Support – Older Adults	Penny Spice
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care	Corporate Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker
NHS Support for Social Care	To report back to Members as stated in the report on the 29 <sup>th</sup> October 2012	Service Director for Personal Care and Support – Older Adults	Jane Cashmore
National Assistance Act Policy	Report to seek Members approval on the National Assistance Act Policy	Service Director for Joint Commissioning, Quality and Business Change	Kate Revell
Assistive Technology Update	Report to Members on the Assistive Technology Service	Service Director for Promoting Independence and Public Protection	Mark Douglas
Extra Care Housing Scheme in Ashfield	Progress update on the Extra Care Housing Scheme in Ashfield	Service Director for Personal Care and Support – Older Adults	Cherry Dunk
Appropriate Adult Services	Report to Members on Appropriate Adult Services	Service Director for Personal Care and Support – Younger Adults	Gill Vasilevskis
<b>3 February 2014</b>			
Development Initiatives within the Social Care Workforce	Update on the progress of Development Initiatives within the Social Care Workforce	Service Director for Personal Care and Support – Older Adults	Claire Poole
Sensory Impairment Service	Progress report on Sensory Impairment Service (6 months after the start of the new service)	Service Director – Joint Commissioning, Quality and Business Change	Wendy Adcock

<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Young Carers	Report to update Members on Young Carers Strategy	Service Director for Personal Care and Support – Younger Adults	Sue Foster
Use of Resources Policy	Report to update members on consultation on Use of Resources Policy	Corporate Director for Adult Social Care, Health and Public Protection	Sarah Hampton
Joint Agency Vulnerable Persons Identification Project	Report to update members on the review of the evaluation carried out by Nottinghamshire Fire and Rescue Service and Nottinghamshire County Council	Service Director for Promoting Independence and Public Protection	Paul McKay
<b>3 March 2014</b>			
Nottinghamshire Safeguarding Adults Board	6 monthly update on Nottinghamshire Safeguarding Adults Board	Service Director – Joint Commissioning, Quality and Business Change	Allan Breeton
Pressures on Health and Social Care Services for Older People	Update report on Pressures on Health and Social Care Service for Older People.	Service Director for Personal Care and Support – Older Adults	Phil Teall
<b>31 March 2014</b>			
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care	Corporate Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker
<b>12 May 2014</b>			
Winterbourne View	Update on Nottinghamshire Response to “Transforming Care: A National Response to Winterbourne View Hospital”	Service Director for Personal Care and Support – Younger Adults	Ian Haines
<b>9 June 2014</b>			
<b>7 July 2014</b>			
Carers’ Strategy	Review of the Carers’ Strategy	Service Director for Personal Care and Support – Older Adults	Penny Spice
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care	Corporate Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker
<b>November 2014</b>			
Direct Payment Support Services	Update to Members on the Direct Payment Support Services (requested at Committee on 28 October 2013)	Service Director for Joint Commissioning, Quality and Business Change	Sue Batty