

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

**Monday, 05 January 2015 at 10:30**

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

---

### **AGENDA**

- |    |  |         |
|----|--|---------|
| 1  | Minutes of the last meeting held on 1 December 2014  | 3 - 6   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Care Act 2014 - Update on Local Implementation   | 7 - 16  |
| 5  | Charging Provisions of the Care Act  | 17 - 24 |
| 6  | Universal Deferred Payments Scheme   | 25 - 32 |
| 7  | Direct Payments Policy   | 33 - 46 |
| 8  | Progress Report on Work of Health and Wellbeing Board  | 47 - 52 |
| 9  | Integrated Care Pioneers - Wave Two Applications   | 53 - 56 |
| 10 | Progress Update - Commissioning and Efficiencies Projects  | 57 - 66 |
| 11 | Review of Interim Senior Leadership Structure<br>of the Adult Social Care, Health and Public Protection Department   | 67 - 72 |

**Notes**

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

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

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

Meeting **ADULT SOCIAL CARE AND HEALTH COMMITTEE**

Date **1 December 2014 (commencing at 10.30 am)**

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

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

Alan Bell  
Andrew Brown  
Sybil Fielding  
Alice Grice  
Andy Sissons

Pam Skelding  
Stuart Wallace  
Gordon Wheeler  
Jacky Williams

A Ex-Officio: Alan Rhodes

**OFFICERS IN ATTENDANCE**

Sara Allmond, Advanced Democratic Services Officer, PPCS  
Caroline Baria, Service Director, ASCH&PP  
Sue Batty, Service Director, ASCH&PP  
Paul Davies, Advanced Democratic Services Officer, PPCS  
Paul McKay, Service Director, ASCH&PP  
Kate Revell, Group Manager, Access and Safeguarding, ASCH&PP  
Jon Wilson, Temporary Deputy Director, ASCH&PP

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 3 November 2014 were confirmed and signed by the Chair.

**DECLARATIONS OF INTEREST**

There were no declarations of interest by members or officers.

**MEMBERSHIP**

It was reported that Councillor Alice Grice had been appointed in place of Councillor Michael Payne, Councillor Andrew Brown in place of Councillor John Cottee, and Councillor Gordon Wheeler in place of Councillor Dr John Doddy, for this meeting only.

**DEPRIVATION OF LIBERTY SAFEGUARDS**

**RESOLVED 2014/088**

- (1) That the progress made with implementing the recommendations agreed by Committee on 12 May 2014 to manage the increased numbers of Deprivation of Liberty Safeguard (DoLS) Assessment requests be noted.
- (2) That the posts in the current central DoLS team detailed below be extended to March 2016 in order to meet the ongoing pressures:
  - 1 fte Group Manager/Principal Social Worker (to be evaluated), the post to be allocated authorised car user status
  - 1 fte Team Manager, Band D, the post to be allocated authorised car user status
  - 12.5 fte Best Interests Assessors (Band B or C), the posts to be allocated authorised car user status
  - 5 fte Business Support Officer, Grade 3

### **CURRENT PERFORMANCE AND FUTURE PLANS FOR HOSPITAL DISCHARGE PROCESSES ACROSS NOTTINGHAMSHIRE**

During discussion, it was agreed to report to committee on the work of the Customer Services Centre in relation to care packages, and noted that a report on health and social care integration in mid-Nottinghamshire would be presented in February 2015.

#### **RESOLVED 2014/089**

- (1) That the report be noted;
- (2) That at King's Mill Hospital:
  - 2 fte permanent Social Worker posts, Band B, be established, with approved car user status.
  - 2 fte temporary Community Care Officer posts, NJE Grade 5, be extended to 31 March 2015, with approved car user status.

### **CHANGES TO THE PROVISION OF EMERGENCY ACCOMMODATION IN THE LEARNING DISABILITY SHORT BREAKS SERVICE**

The Committee asked for a progress report after the new service had been operating for six months.

#### **RESOLVED 2014/090**

That the four emergency beds at Helmsley Road Short Break Service be designated as beds for planned short breaks from 1 February 2015.

### **DIRECT SERVICES DELIVERY GROUP UPDATE REPORT**

#### **RESOLVED 2014/091**

That the update report be noted, and consultation take place about the transformation of the County Horticulture Service.

## **FEEDBACK FROM PEER CHALLENGE PROCESS**

### **RESOLVED 2014/092**

That the report be noted, and an action plan be presented in April 2015 to address the areas for development.

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

A correct version of the appendix to the report as circulated.

### **RESOLVED 2014/093**

That the report be noted.

## **MANAGEMENT ARRANGEMENTS FOR MARKET DEVELOPMENT AND QUALITY**

### **RESOLVED 2014/094**

- (1) That the suggested management arrangements for the two teams responsible for Market Development and Community partnerships be approved.
- (2) That the additional salary cost of £5,845 associated with the changed job description for the Team Manager for Community Partnerships be approved.
- (3) That the additional ten week secondment to Nottinghamshire County Council of the CQC Inspection Manager be approved, at a cost of £11,923.

## **CARE HOME PROVIDER SUSPENSIONS**

### **RESOLVED 2014/095**

That the report be noted.

## **INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE TENDER 2016**

### **RESOLVED 2014/096**

- (1) That approval be given to proceeding with the tender process in order to secure a new provider for ICELS service by April 2016.
- (2) That the proposed changes and improvements to the ICELS service be agreed.

## **UPDATE ON THE INDEPENDENT LIVING FUND**

### **RESOLVED 2014/097**

- (1) That Finance and Property Committee be requested to establish a contingency fund to cover the anticipated shortfall in funding following the transfer of the Independent Living Fund (ILF) in June 2015.
- (2) That the request for temporary funding for additional assessment capacity be approved.
- (3) That community care and financial assessments be undertaken for all current ILF recipients.

### **WORK PROGRAMME**

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

- work of the Customer Services Centre in relation to care packages
- health and social care integration in mid-Nottinghamshire (February 2015)
- progress report after six months following the re-designation of the four emergency beds at Helmsley Road Short Break Service
- action plan to address areas for development arising from the peer challenge (April 2015)

### **RESOLVED 2014/098**

- (1) That the Work Programme be noted.
- (2) That the proposed visit to County Enterprise Foods on 28 January 2015 be supported, and arrangements be made for a visit to the Multi-Agency Safeguarding Hub.

The meeting closed at 12.55 pm.

**CHAIR**



**5 January 2015**

**Agenda Item: 4**

## **REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE CARE ACT 2014 – UPDATE ON LOCAL IMPLEMENTATION**

### **Purpose of the Report**

1. To update on progress made towards meeting the statutory requirements of the Care Act.
2. Note the update on the financial and resource impact modelling.
3. Note the timing and policy decisions required to be taken.

### **Information and Advice**

#### **National Local Authority Stocktake**

4. The Care Act Local Authority Stocktake was completed by all local authorities in September 2014 and will be repeated in January 2015. Its completion is a condition of the Care Bill Implementation Grant 2014/15, which is a one off grant of £125,000 towards implementation costs in 2014/5.
5. The purpose of the stocktake is to assure the government of progress in implementing the requirements of the Care Act across the country and to identify specific areas where further support may be required. The stocktake is a self-assessment that covers the following areas:
  - programme management and governance
  - people (including self-funders; meeting duties to carers; preventing needs for care and support; provision of information; advice and advocacy; prisoners)
  - money (including cost modelling and deferred payment agreements)
  - IT systems
  - communications strategy and planning
  - market shaping and commissioning.
6. Nottinghamshire County Council's self-assessment reported that moderate progress has been made to date and that the Council is fairly confident the requirements will be delivered. The Council's own assessment is broadly in line with other local authorities, 66% of which reported moderate progress and 25% advanced progress. There are nine proxy measures used by the government to assess progress and Nottinghamshire's progress was assessed as "on track". A large number of other councils were assessed as "behind" on one or two areas and have been provided with some regional and or national support for implementation.

7. Nottinghamshire's self-assessment highlighted a number of risks, many of which are shared with other councils. The total cost of implementing the Care Act during a time of austerity remains the biggest area of concern and risk to successful delivery. Further, the delay in the release of the final guidance and regulations from government until October 2014, coupled with uncertainty of some of the financial implications and a lack of clarity on some significant final changes, have delayed preparations for implementation, leading to critically reduced timescales for design, development and decision making.
8. To help local authorities meet the implementation timescale, a number of tools and support materials have been commissioned by the National Care Act Programme team for release. These include learning and development tools for awareness raising and training, practice guidance and practical tools for implementation.

### **Final guidance and regulations**

9. The final regulations and guidance for Part One of the Care Act, which ran from June to August 2014 were released on 23 October 2014 in response to the feedback from the consultation. All of the requirements in Part One of the Act come into force from April 2015.
10. Draft regulations and guidance for Part Two are anticipated in January 2015, with release of the final regulations and guidance in October 2015 for implementation in April 2016. These relate to the funding changes, including the cap on care costs.
11. The key changes of the final regulations and guidance for Part One of the Care Act include a revised national minimum eligibility threshold for both service users and carers in response to the findings of independent research with 27 local authorities, including Nottinghamshire. These findings showed that more people may be eligible for social care services than with the current FACs criteria. It was also found that the draft eligibility criteria for carers was confusing, but the final guidance is now clearer. Although the eligibility regulations have been strengthened, there remains uncertainty about the impact of the revised criteria in practice.
12. To manage potential increase in demands for care and support, the Council needs to provide local practice guidance and training that will enable assessment workers to interpret the criteria to arrive at a professional decision that is consistent with both the requirements of the Care Act and the Adult Social Care Strategy.
13. Other changes in the final regulations and guidance include a delay until April 2016 of the right for self-funders in care homes to request care and support services to be arranged. This is because the impact on the provider market is not known. Nottinghamshire County Council and a number of other County authorities have commissioned research to understand the key issues and challenges for County Councils.
14. Finally, the safeguarding section of the statutory guidance has been significantly redrafted and widens the scope of safeguarding, and the responsibilities of the local authority and other partners. In illustrating types of abuse and neglect, the guidance extends the range of abuse categories to include self-neglect and modern slavery. There is also more explicit recognition of carers and their support needs particularly within the context of their wellbeing and prevention of abuse and neglect. The Care Act represents a shift in professional practice, placing the adult and their views at the centre of safeguarding



enquiries, rather than people being taken through a process. In recognition of that, training toolkits are being developed and the safeguarding training programme will be updated to reflect these changes.

15. Work is complete on an analysis of the main changes and the implications for implementation locally. The Council has also sought legal advice where there is an area of legal complexity and guidance is required on how to implement the legislation within the context of existing local policy. The Care Act Programme team have work-streams in place with a plan to progress the work to meet the new requirements.

## **Progress update**

### **Information, advice and advocacy**

16. The provision of good quality information and advice by the local authority, in partnership with others, underpins the reforms. There is a requirement to provide a comprehensive universal information and advice service that covers social care, health, housing and financial information.
17. To inform the development of this, the Council held three information summits with partners in the autumn. The Council continues to work with partners, including those from Health, Housing and Voluntary/Community sector, to ensure that organisations can provide a full advice and information offer on social care and health and know when it is appropriate to refer to social care.
18. A new online directory of information and support services that is accessible by the Council, its partners including the Voluntary/Community sector is being developed with a planned go live date in advance of April 2015. This directory will also contain information on health, housing and voluntary groups.
19. Independent advocacy must be arranged if a person would otherwise be unable to participate in, or understand, the care and support system. Work is underway jointly with Nottingham City Council to ensure that the existing provider will be able to meet the expected increased demand. All service user and carer contact and assessment forms are being amended to ensure that advocacy features in them.

### **Assessment, eligibility and personalisation**

20. It is anticipated that the number of people contacting the Council for an assessment will increase after April 2015. From the financial modelling, it is estimated that the number of assessments could more than double, due largely to an increase in requests from carers and self-funders.
21. The work-stream group has developed proposals, which will enable the Council to complete a greater number of assessments through a range of new models. These will be progressed during 2015/6 and will include:
  - a suite of on-line assessment forms with the extended contact assessment and a financial “ready reckoner” available in advance of April 2015

- increased numbers of telephone based assessments, both at the point of first contact and in the district teams
- new opportunities to complete face to face assessments in clinic settings.

22. The Care Act requires supported self-assessment to be offered to people and the work-stream group is exploring ways of helping service users and their support networks to play a greater role in the assessment. In addition, this work-stream group is exploring the role of third party assessors in completing assessments, support plans and reviews. Finally, assessment and care management tools are being revised to reflect the changes in the new eligibility threshold.

## **Carers**

23. Under the Care Act, carers can be eligible for support in their own right. Carers' eligibility does not depend on whether the adult for whom they care has eligible needs. There are two ways by which carers can be eligible for support: the first is in order to help them to maintain their caring role; the second is if their caring is having a significant impact on their well-being and is having an adverse effect on their lives. This is a change from the current position and there is an expected increase in the number of carers who will be assessed under the new legislation and provided with support.

24. This work-stream is looking at the existing facilities and services for carers to ensure they will be sufficient to meet demand and the new requirements from April 2015.

25. Work is underway to ensure greater numbers of carers' assessments and reviews can be completed. This work builds on telephone based assessments at the point of first contact and there is the potential to use third party assessors via the Carers' Advice and Information Hub.

26. Assessment and care management tools are being revised to reflect the new requirements and to ensure that they can be completed over the telephone and on-line, as well as face-to-face.

## **Prevention and housing**

27. This work-stream is currently looking at the existing preventative and early intervention services the Council has available, both in the authority and within the voluntary sector, and ensuring they will be sufficient to meet demand and Care Act requirements come April 2015.

28. Work is underway with district and borough councils to ensure that there is a consistent referral pathway between social care and housing; that suitable information and advice is available for housing within social care systems and vice versa; and to incorporate some key questions within our forms about people's accommodation.

## **Strategic Market Development and Quality and Risk**

29. The market position statement is currently being reviewed to ensure that it is Care Act compliant. Information Summits and Provider Forums for both care home and home care providers have also taken place.

30. Provider events are also attended by health colleagues from across all of the three health planning areas and the Council continues to further develop our integrated plans including the transfer to assess models of support. Work has also begun with Economic Development colleagues to explore how the Council can work together with local businesses. One avenue of exploration is recruitment and retention and how the learning from other businesses can be shared with social care providers. The work with micro providers is also continuing with an event scheduled specifically looking at “market shaping”. A full consultation plan is currently being drafted.
31. The authority currently undertakes a range of activity around provider quality and risk, with developments to comply with the Care Act. These include:
- annual care home provider audits, which will move to an outcome focus
  - managing and using a risk tool which collates and holds qualitative intelligence about care providers, and which is used as the basis of information sharing with partner agencies and to focus on service improvements
  - participating in a multi-agency escalation process to enable the effective oversight of failing providers
  - co-ordinating activity following the ‘Strategic Review of the Care Home Sector’, to look at the existing mechanisms to inform future ways of working to promote and support a diverse and robust care home sector
  - promoting business continuity and emergency planning measures with the care sector – for example, a business continuity session run at a provider forum in November 2014.
32. Nottinghamshire has also commissioned a piece of work with other local authorities and Laing Buisson to look at the impact of self-funders. Data has been provided and an early draft of outcomes is currently being analysed. The outcome of this work will inform the future plan to ensure that the Council fulfils its obligation to the self-funding market. Self-funders will also have access to “Open Objects” a web based system that enables all providers to list their services.

### **Direct payments in residential care**

33. Nottinghamshire is contributing to a national trailblazer programme which seeks to understand how best to implement direct payments in residential care. It will inform the implementation of the new policy to all local authorities in April 2016.
34. In relation to direct payments, the Act reaffirms that this is the Government’s preferred mechanism for personalised care and support; providing independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs.
35. Building on existing work to personalise services in residential and nursing care, this work aims to see how using direct payments can enable people to have even greater choice over how their care and support is provided. The Council aims to have 25 people on a direct payment by the end of the project.

## **Planning for self-funder assessments**

36. Work is underway to put a plan in place to respond to self-funders and begin assessing in preparation for the cap on care costs ahead of 1 April 2016. There are a number of advantages to planning early assessments of self-funders, including managing resources and work-force capacity. By providing an assessment, followed by an advice and information offer with access to preventative type services based on their eligible social care needs, self-funders can make informed decisions about planning and arranging their care and support and how this will be funded.

## **Workforce, awareness raising and training**

37. A significant amount of work has been completed to model the increase in demand that is expected and the numbers of social care staff required to meet this demand. To understand the resource requirements, a resource planning model has been developed.
38. To date, the Council has provided briefings and workshops to prepare the Council and its partners for the new and extended responsibilities under the Act. Key stakeholders have been briefed, including the Health and Well-Being Board; the Better Care Fund Programme Board; Council members, through briefing sessions run in September 2014; partners such as health and housing; and providers.
39. Front line social care staff and the wider workforce need to be fully aware of the Council's new and extended responsibilities. To this end, the Council is providing a range of learning and development opportunities to prepare people for the upcoming changes including an e-learning package, which will be available to all Council staff and the wider workforce, such as partners, providers and the voluntary and community sector in early 2015. This will provide all staff with an overview and introduction to the Act to explain basic concepts and run alongside other information such as newsletters and updates. For staff in social care services who assess and review there will also be a one day training course running between February and May.

## **Financial and workforce modelling**

40. The first indicative financial modelling was published in September. It gave an indication of some of the main areas of cost (the Dilnot reforms, services to carers' reforms and assessment costs) and was built up using estimates derived from local historical data and a model developed by Lincolnshire County Council, which the East Midlands regional councils agreed to use for data support and comparability purposes.
41. The number of self-funders is unknown and the Council used two different methods of estimation: the Association of Directors of Adult Social Services (ADASS) recommended method was a desktop exercise, driven by the number of care home beds in the County. That method gave an indicative result of 9,100 self-funders; additionally, Nottinghamshire County Council undertook a survey of care providers to ask them about their self-funder activity, and extrapolated out the results to get an alternative estimate of 6,900 self-funders. Because of the size of the difference between these two estimates, the cost estimate was published as a range.

42. Estimating the number of carers who will engage with the Council is also challenging. For the model, a variation on the Department of Health's impact assessment methodology was used, which is based on increasing all local authorities' carer activity to a level of good practice, based on a percentage ratio of carers assessments to service user assessments. This gave an estimate of 600 new carers approaching the Council in 2015/16. As Nottinghamshire has been pro-active in engaging with carers in recent years, it is now recognised that this is likely to be a conservative estimate.
43. The modelling suggested a cost of the Care Act of around £4m in 2015/16 (prior to the Dilnot reforms coming into force), which then jumps to between £41m and £47m in 2016/17, and it further projects that the costs for 2019/20 will rise to between £52m and £60m. The majority of the costs projected arise from the loss of income in April 2016 relating to the extension of the residential means-tested threshold from £23,250 to £118,000 where the person owns their own home. Costs related to the cap on care costs (where there is a limit of £72,000 on the amount that people have to pay towards their eligible care and support needs) are not anticipated to be felt properly until after 2020.
44. A number of areas remained to be modelled when the figures were released, which could have a significant extra cost to the Council. These include changes to the eligibility threshold, new safeguarding duties, deferred payment agreements and new duties towards prisoners. This is the focus for current work with the updated release of the model planned for early 2015.
45. Against these costs, revenue grant funding of an estimated £6.8m is anticipated in 2015/16, of which around £4m relates to cost areas already modelled. No commitment to funding has been given for any of the future years and will be subject to the next comprehensive spending review following the general elections in May 2015.

## **Communications**

46. A national public awareness campaign is being planned by the Department of Health along with Public Health England to run between January and March 2015.
47. The campaign is to ensure those affected by the care and support forms being introduced in April 2015 are aware of the changes and encouraged to seek further information. The public awareness campaign will advertising on the web, radio advertising, national newspapers and direct mail door drops to households that include the harder-to-reach target audience of self-funders and informal carers, to inform them of the reforms.
48. The Department of Health are holding regional workshops to introduce the campaign and toolkit that can be adopted for a local response. The East Midlands workshop was held on 11 December 2014.

## **National and regional work**

49. Nottinghamshire County Council was invited to present a workshop on the implementation of the Care Act from a local authority perspective at the County Council Network Conference held in October 2015.

50. The Council was also invited to present a workshop on the workforce modelling at the East Midlands Care Act leads meeting in October 2015 where it was seen as an exemplar of good practice. The Department of Health has also expressed interest in sharing the model with other Councils.
51. Nottinghamshire County Council continues to support national work and is advising on the development of practice guidance for assessment and eligibility with the Social Care Institute for Excellence; development of guidance for charging and deferred payments with the National Association of Financial Assessment Officers; advising on the next iteration of the stocktake to be completed by local authorities in January 2015; and invited to take part in a Department of Health workshop on the implementation of the 2016/17 changes.
52. The Council also ran a webinar on behalf of the 'Health and Social Care Information Centre' to share with other local authorities the Council's approach and plans to implementing the Care Act, including how the Council has involved a wide range of partners to develop Information Advice and Guidance services on the Care Act.

## **Statutory and Policy Implications**

53. 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.

## **Implications for Service Users**

54. The Care Act has considerable implications for service users and carers, including people who fund their own care. Detailed consideration will need to be given to the full implications as part of the programme of work to scope, plan and implement the changes.

## **Financial Implications**

55. These are covered within the body of the report.

## **Equalities Implications**

56. The changes arising from the Care Act will impact on all vulnerable groups of adults and children across Nottinghamshire's communities. Equality Impact Assessment(s) will be completed to enable detailed understanding of the impact of the changes on people with protected characteristics and these will in turn help inform the changes that will be required to local policies and procedures.

## **Human Resources Implications**

57. These are covered within the body of the report.



## RECOMMENDATION/S

1) It is recommended that Committee:

- note the update on progress made towards meeting the statutory requirements of the Care Act
- note the update on the financial and resource impact modelling.

**Caroline Baria**  
**Service Director, South Nottinghamshire**

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

Jane North

Programme Manager

Email: [jane.north@nottsc.gov.uk](mailto:jane.north@nottsc.gov.uk)

### Constitutional Comments

62. As this report is for noting only, no constitutional comments are required.

### Financial Comments (KAS 20/12/14)

63. The financial implications are contained within the report.

### Background Papers and Published Documents

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

- ASCH Committee Report – Charging Provisions for the Care Act
- ASCH256 – Provision of Financial Information and Advice as part of the Care Act Implementation
- ASCH246 – Online Assessment and Information Advice Provision
- ASCH 245 – Update on Local Implementation and the Implications for NCC and Partner Organisations
- ASCH250 – Department of Health Funding Formula for Implementation of the Care Act in 2015/16 and the Second Care Act Stocktake
- ASCH207 – Implementation of the Care Bill 2014 – Implications and Resource Requirements for Nottinghamshire County Council
- ASCH198 – Implementation of the Care Bill 2014 – Implications and Resource Requirements for Nottinghamshire County Council
- Formal Consultation on Part One of the Care Act 2014
- ASCH175 - Committee Report – Implementation of Care Bill 25 November 2013

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

- All.

ASCH276





**5 January 2015****Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC  
PROTECTION****CHARGING PROVISIONS OF THE CARE ACT****Purpose of the Report**

1. To identify, consider and set out options related to charging provisions within the Care Act, to be implemented in April 2015, and to seek permission to consult on those which are recommended for the authority to introduce.

**Information and Advice**

2. The Care Act brings about unprecedented changes to adult social care from 2015, including putting carers on an equal footing with service users, new duties relating to prisoners and the introduction of a universal deferred payments system. From 2016 the reforms go even further, introducing a cap of £72,000 on the cost of care in a person's lifetime and raising the asset threshold for support with residential care from £23,250 to £118,000.
3. This paper sets out provisions relating to charging within the Care Act, considers their application in Nottinghamshire, and sets out options for ASCH Committee.
4. The resulting proposals would be subject to robust consultation with service users, carers, families, and stakeholder organisations.

*Universal Deferred Payments*

5. Sections 34-36 of the Care Act cover the new Universal Deferred Payment Scheme. Nottinghamshire County Council has been offering deferred payments to home owners who enter permanent residential or nursing care since the scheme was first introduced in 2001. The new scheme allows local authorities to charge interest on the amount that is deferred and to charge an administration fee.
6. Service users who have already entered into a Deferred Payment under the existing scheme would not transfer over to any new scheme as they have already signed up to the current terms and conditions.
7. The maximum interest rate is laid down nationally, and has been set at 0.15% above the weighted average interest rate on conventional gilts (which based on the December 2014 Economic and Fiscal Outlook Report would give 2.65%). The Department of Health have confirmed that compound interest will be applicable and that interest should be compounded at the same frequency that the local authority pays its care home providers.

8. The draft guidance states that the scheme should be run on a cost-neutral basis and along with the interest charges, local authorities can recoup administrative costs associated with the scheme. Local authorities are advised that they must set any charge at a reasonable level and that the charge must reflect the actual costs incurred.
9. The guidance provides details of what the costs incurred may include, such as
  - registering a legal charge with the Land Registry
  - postage, printing and telecommunications
  - employment costs of staff involved
  - valuation and revaluation of property
  - overheads.
10. Local authorities are required to maintain a publicly-available list of administrative charges separated into a fixed set-up fee and other reasonable one-time fees that may be incurred during the course of the agreement.
11. A proposed fee and breakdown is shown at Appendix A. It should be noted that a valuation fee has not been included. It is proposed that ACFS use websites such as Zoopla and Rightmove to secure a valuation. If the home owner disputes the figure for any reason then they will be able to seek a current market valuation free of charge using an estate agent.
12. A number of local authorities, including Rutland, Leicestershire, Hertfordshire, Oldham, Dorset and Lincolnshire, already make a charge to service users who enter into a deferred payment arrangement. Oxfordshire obtained counsel's opinion which confirmed that local authorities were legally entitled to charge a reasonable fee for administering Deferred Payments and there have been no challenges to the charge via the Local Government Ombudsman. Numerous other councils such as Derby City, Hull, Middlesbrough and Liverpool are considering introducing a charge as part of their Care Act implementation programme.
13. It is also possible to charge an annual fee to cover the ongoing costs of operating the scheme. This would cover costs associated with review of charges payable due to increase in benefits and fees payable to the home, changes in the interest rate and producing statements. A flat rate fee of £25 would be estimated to cover these costs.
14. The demand for Deferred Payments is very difficult to predict. The Department of Health has estimated that 20% of current residential self-funders would opt for a Deferred Payment. In Nottinghamshire there are an estimated 3,000 residential self-funders, so it is expected that 550 additional self-funders would request a Deferred Payment in addition to the 50 service users that are already on the scheme.
15. Based on the Department of Health's estimate, in point 14, if interest rates remained at the current level, the Council would be able to recover £110k in interest charges for 2015-16 (which is predicted to increase to £780k by 2020, with the amount being loaned by the Council on the scheme rising to £30 million). If the Council were to borrow this much from the Public Works Loans Board, the interest it would pay would be in the region of £120k in

2015-16 (rising to £870k by 2020), meaning a pressure on the 2015/16 budget of £10k (as opposed to pressure of the full £120k if no interest charges were levied by the Council). In summary the cost of running the scheme will be greater than the amount that can be recouped through interest charges, even if the maximum rate specified by the Department of Health is used.

16. The impact of charging interest and administrative fees could potentially reduce the demand for Deferred Payments, but it is unknown by how much. For illustration, if demand were to reduce from 20% of self-funders to a lower number, the following table shows the revised impact according to the financial modelling:

| <i>% self-funders borrowing</i>                    | 20%          | 17.5%        | 15%          |
|--|--------------|--------------|--------------|
| <i>Increase in DPAs by 2020</i>                    | 385          | 309          | 233          |
| <i>Extra cash for NCC to borrow in 2015/16</i>     | 4M           | 3M           | 3M           |
| <i>Cash loaned by NCC in 2015/16</i>               | 7M           | 6M           | 6M           |
| <b><i>Extra interest payable in 2015/16</i></b>    | <b>0.12M</b> | <b>0.11M</b> | <b>0.09M</b> |
| <b><i>Extra interest receivable in 2015/16</i></b> | <b>0.11M</b> | <b>0.09M</b> | <b>0.08M</b> |
| <i>Extra cash for NCC to borrow in 2019/20</i>     | 26M          | 22M          | 19M          |
| <i>Cash loaned by NCC in 2019/20</i>               | 29M          | 26M          | 22M          |
| <b><i>Extra interest payable in 2019/20</i></b>    | <b>0.9M</b>  | <b>0.7M</b>  | <b>0.6M</b>  |
| <b><i>Extra interest receivable in 2019/20</i></b> | <b>0.8M</b>  | <b>0.7M</b>  | <b>0.6M</b>  |

17. It is also permitted within the Care Act to charge a lower interest rate than the nationally set rate. The following table shows the projected impact on the Council of applying different interest rates, assuming 20% uptake among self-funders and a nationally set rate of 2.65%:

| <i>Interest rate charged</i>                   | 2.65%        | 2.15%        | 1%           | 0%           |
|--|--------------|--------------|--------------|--------------|
| <i>Interest paid by NCC in 2015/16</i>         | 0.12M        | 0.12M        | 0.12M        | 0.12M        |
| <i>Interest received by NCC in 2015/16</i>     | 0.11M        | 0.07M        | 0.04M        | -            |
| <b><i>Net cost of borrowing in 2015/16</i></b> | <b>0.01M</b> | <b>0.05M</b> | <b>0.08M</b> | <b>0.12M</b> |

### *Charging to arrange support*

18. The Care Act enables self-funders with eligible needs to ask a local authority to arrange their care. The local authority can either opt to enter into a contract with the care provider, thereby allowing the service user to access authority provider rates, or broker the contract on behalf of the person. The Care Act permits local authorities to charge a 'brokerage fee' for putting in place the necessary arrangements. This could either be a flat rate fee based

on an average cost to arrange a service, or a variable fee based on the actual work involved, but should not include any profit.

19. The Department of Health is deferring the decision to allow this charge for residential care home placements until April 2016. This is to allow for more detailed analysis to be undertaken on the likely impact to care home providers market. Regulations permitting Local Authorities to make a charge for arranging care for self-funders who live in the community are still expected to come into force from April 2015.
20. Current estimates suggest that the Council will need to assess approximately 1,500 community self-funders in 2015/16 and 3,500 in 2016/17. It is difficult to predict how many of these would approach the Council to arrange their support. The table below illustrates some different outcomes dependent on different rates of uptake, assuming a flat fee of £100 were introduced to arrange non-residential care and support in 2015/16:

|                                     |          |          |          |          |          |
|-------------------------------------|----------|----------|----------|----------|----------|
| % self-funders requesting brokerage | 10%      | 12.5%    | 15%      | 17.5%    | 20%      |
| Packages arranged                   | 150      | 187      | 225      | 262      | 300      |
| £ revenue                           | £<br>15K | £<br>19K | £<br>23K | £<br>26K | £<br>30K |

21. It is therefore recommended that a flat rate fee of £100 be introduced to arrange care and support for self-funders who will receive services in a non-residential setting and to consult with the public, stakeholders and partners on this issue.

#### *Charging for support to carers*

22. Where a carer has eligible support needs of their own, the Care Act confers onto the local authority a duty, or in some cases a power, to arrange support to meet their needs. Under the Act, this may now take the form of services in the carers' own right as well as the existing carer personal budget.
23. When it meets a carer's support needs, the local authority has the power to charge the carer. However, the Act makes very clear that local authorities are not required to do so, and that this decision should be carefully considered (especially in light of the impact on carers' willingness and ability to continue caring).
24. It is difficult to predict the number of carers that will approach the council for an assessment and what proportion would then be determined to have eligible needs requiring support. Further, it is very difficult to predict what impact charging will have on carers' willingness and ability to continue caring. Therefore, ascertaining both the potential income and the potential extra costs associated with this charging option over such a wide matrix of unknown parameters is not feasible.
25. A number of local authorities have decided to delay making a decision on whether or not to charge until further analysis on demand for services and attempts made to predict the likely behaviour of carers has been undertaken. It is recommended that the Council not introduce a charge for carer services on 1 April 2015, but that the Council analyse the changes in demand during 2015/16 and revisit the decision on charging in time for 1 April 2016.

## **Other Options Considered**

26. Other options that have been considered are:

- not to charge interest on Deferred Payment Agreements.
- to charge an interest rate on Deferred Payment Agreements that is lower than the national rate.
- not to charge an administration fee for setting up a Deferred Payment Agreement.
- to charge a regular, ongoing (e.g. annual) administration fee for Deferred Payment Agreements.
- not to charge self-funders for arranging care and support.
- to introduce a range of rates for arranging care and support, depending on the complexity of the arrangement process.
- to consult on the introduction of a flat rate charge with the offer of a full financial assessment if requested.

## **Reason/s for Recommendation**

27. Statutory guidance states that the Deferred Payment Scheme is intended to be run on a cost-neutral basis to local authorities. Charging interest and administration charges at the statutory levels will minimise the budgetary cost to the Council, in line with this aim. However, the size of the anticipated annual charge is sufficiently small that it is not believed to be cost effective to raise and so is not recommended.

28. Charging a flat rate fee for arranging care and support will help to minimise the budgetary cost to the Council, while being simpler and more cost-effective to administer than collecting data for each service user who asks for this service. As well as minimising the end cost to the service user, this will also allow them more certainty over what they will need to pay.

29. Postponing a decision on whether or not to introduce a charge for a period of 12 months will allow the Council to collect data and carry out a detailed analysis of carer data to inform the decision making process.

## **Statutory and Policy Implications**

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

## **Implications for Service Users**

38. If charges are introduced, service users who enter into a Deferred Payment Agreement under the new scheme from April 2015 will be liable for charges that are not payable by service users on the current scheme.

## **RECOMMENDATION/S**

1) It is recommended that Committee:

- authorises consultation on the introduction of an administration fee and interest charges for the new Universal Deferred Payment Scheme
- authorises consultation on the introduction of a flat rate fee for arranging community based support for self-funders
- delays the decision on charging for carers' services for a period of 12 months.

**Paul McKay**  
**Service Director, Access and Public Protection**

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

Bridgette Shilton  
Team Manager, Adult Care Financial Services  
**Ext 73396**  
**Email:** Bridgette.shilton@nottscg.gov.uk

### **Constitutional Comments (KK 18/12/14)**

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

### **Financial Comments (KAS 20/12/14)**

40. The financial implications are contained within the report.

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

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

- ASCH Committee Report – Universal Deferred Payment Scheme.

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

- 'All'.

ASCH277

## Charging Provisions of the Care Act

### Appendix A

|  |                |
|--|----------------|
| Registration of Legal Charge with Land Registry  | £50.00         |
| Legal costs – Estimated at average of 4 hours per case (Band D)  | £145.00        |
| ACFS Staff costs including visit, explanation of scheme and processing application, production of statements, valuation and re valuations 4hours @ Grade 5 & 6 hours Grade 4 | £195.00        |
| Postage, package, printing, phone calls.   | £40.00         |
| <b>Total</b>   | <b>£430.00</b> |





**5 January 2015****Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC  
PROTECTION****UNIVERSAL DEFERRED PAYMENT SCHEME****Purpose of the Report**

1. To highlight discretionary areas within the imminent Universal Deferred Payment Scheme and provide options for the criteria to be applied by Nottinghamshire County Council and seek approval to consult on these areas.
2. To seek approval to consult on the recommendations of the Committee Paper "Charging Options Report" to include the potential option to extend the scheme to service users who receive care and support in their own homes.

**Information and Advice**

3. Section 34–36 of the Care Act 2014 and the Care and Support (Deferred Payment) Regulations stipulate the requirement for local authorities to operate a Deferred Payment Scheme, provides guidance on the eligibility criteria for joining the scheme, and highlights areas where local authorities have discretion on the operation of the scheme.
4. The scheme allows people to defer the sale of their house to pay for care and support costs until a later date. Nottinghamshire County Council has been operating a scheme since 2001 but the new Universal Deferred Payment Scheme allows local authorities to charge interest on the deferred amount and administrative fees to cover costs incurred by operating the scheme.
5. Choices are discussed in turn below.

***Eligibility Criteria***

6. The regulations specify that someone is eligible for and must be offered a deferred payment if all three of the following criteria are met at the point of applying:
  - a) their eligible care needs are to be met by the provision of care in a care home or in supported living. This should comply with choice of accommodation regulations and care and support planning guidance and taking reasonable account of a person's preferences
  - b) they have less than (or equal to) £23,250 in assets excluding the value of their home

- c) their home is not disregarded, for example it is not occupied by a spouse or dependant relative as defined in regulations on charging for care and support.
7. The statutory regulations make clear that a person does not need to have arranged their care and support through the local authority in order to be eligible for a Deferred Payment Agreement. The details of what Nottinghamshire's offer might be in this case are still being worked through at the moment.
8. Local authorities have the discretion to offer deferred payments to people who do not meet all of the above criteria. In deciding whether or not to offer a deferred payment agreement, the guidance states that the local authority may wish to take into account (but are not limited to considering) the following:
- a) whether meeting care costs would leave someone with very few accessible assets (this might include assets which cannot be quickly or easily converted into cash or the conversion to cash may incur costs or penalties such as loss of interest or bonuses)
  - b) if someone would like to use wealth tied up in their home to fund more than just their core care costs and purchase affordable top ups
  - c) where someone is narrowly ineligible to join the scheme, for example they may have slightly more than the £23,250 asset threshold
  - d) the person receives care and support in supported living accommodation
  - e) a property is uninsurable but the land value may be sufficiently high to secure the local authority interest and avoid a debt being written off.
9. It is important to consider whether or not the Local Authority's interest in the property is secure, and that any discretionary criteria are clear and transparent and can be applied consistently and fairly. It is also a requirement of the statutory guidance that these be documented in a formal policy.

### ***Refusing a deferred payment agreement***

10. Local authorities have discretion to refuse to enter into a deferred payment agreement in the following circumstances:
- a) where a local authority is unable to secure a first charge on the property
  - b) where someone is seeking a top up
  - c) where a person does not agree to the terms and conditions of the agreement, for example requirement to insure and maintain the property adequately and/or
  - d) in the case of jointly owned property, where any one or more of the owners refuses to sign the deferred payment agreement.

### ***Discretionary charges***

11. The local authority has the option to charge interest on the accruing debt and a fee to cover the administrative costs associated with running the scheme. The guidance states that this is

to enable the scheme to be administered on a cost neutral basis to the local authority. However the local authority can apply discretion not to pass on the full cost of administering the scheme to the service user and either not to charge interest or to charge a lower interest rate than the maximum level set by the Department of Health.

### ***Delegation of Deferred Payment Agreements***

12. Local authorities are permitted to delegate responsibility for deferred payment agreements to another body. The statutory guidance makes reference to joint schemes between more than one local authority, but does not exclude sub-contracting them to other (private, public or third sector) bodies.
13. Options for the Council to consider therefore include:
  - a. delegating responsibility to another local authority
  - b. offering to host schemes on behalf of other local authorities
  - c. engaging with non-local-authority organisations to take on the scheme on the Council's behalf.
14. The statutory guidance makes clear that any local authority delegating the scheme remains ultimately liable for the scheme and for its continued compliance with regulations and guidance. It also requires such authorities to seek feedback from its residents who enter into the scheme, to ensure it meets expected standards. The cost of developing and carrying out this additional monitoring requirement will at least partially offset any efficiency gains that delegation would provide.
15. As Nottinghamshire have been running a Deferred Payment scheme for a number of years, there is already the skill and experience within the Council to run it. As a result, continuing to run it in-house will not require any major changes to the currently available skill-set (although it will require resource to deal with the additional demand).
16. There are no economies of scale to be gained by pooled borrowing to fund the scheme, as interest rates available to the Council are not tiered. There could be efficiency gains in sharing the costs of any new compliant software required for the scheme, but Nottinghamshire are already well advanced in having this available.
17. Allowing a third-party to run the Deferred Payment scheme would potentially allow the Council to transfer some of the cash-flow risk to that third party; if the Council introduces an administration charge, it would also give more certainty about what level to set this at.

### ***Alternative security***

18. Local authorities are permitted to deem an asset other than a first charge on a property as adequate security on which to make a Deferred Payment Agreement. They are required to maintain an explicit and publically-accessible policy of what other types of security (if any) they are willing to accept.
19. Examples given in the guidance are:
  - a. a third party guarantor with appropriate security

- b. a solicitor's undertaking letter
  - c. a valuable object such as a piece of art
  - d. an agreement to repay the amount deferred from the proceeds of a life assurance policy.
20. Each of the above examples can bring a higher risk of non-payment than a first charge on a property, so the Council must decide whether to accept this risk as a service to the public.

### ***Deferred payments for supported living:***

21. The Care Act gives local authorities the option to offer a Deferred Payment Agreement to a person who is living (or is planning to live) in supported living accommodation. This should only be used where a person intends to retain their former home and pay their associated care and accommodation rental costs from their deferred payment, and are explicitly not to be used to finance mortgage payments.
22. If the Council were to offer a Deferred Payment Agreement under these circumstances, it would potentially increase the total size of the scheme, although demand has not been estimated yet. As the scheme is intended to be cost neutral it would not have a significant cost impact on the Council, although it would increase the cash flow risk if beneficiaries of the scheme failed to repay when required.
23. Offering an agreement to a person in supported living accommodation would bring parity with people in care homes, and facilitate a wider choice of accommodation for people considering their care needs; it would seem to support the promoting independence principle.
24. It is anticipated that the Department of Health will extend the scheme to include service users receiving care in their own homes. It is likely that this will be at the discretion of the local authority on whether or not to enter into Deferred Payment Agreements in these cases.

### ***Debt recovery***

25. If a person falls into arrears with payments, prior to Court proceedings being issued the Care Act requires a Deferred Payment Scheme to be offered if they are eligible for one. Should they not agree to taking up the agreement, the person will then be liable for being taken to Court. A separate report and policy are being taken to the Policy Committee on this subject.

### ***Application to join the Deferred Payment Scheme***

26. The local authority may ask the individual to complete an application form for the scheme. This will enable an early indication of both a genuine intention to join the scheme and that they satisfy the eligibility criteria. It is proposed that this is essential.

### ***Equity limit***

27. In order to offer a deferred payment the amount of equity in the property must be set at the value of the property less 10% to cover the cost of sale and less a further £14,250 (in 2015/16) which is in line with the lower capital limit.
28. The statutory guidance explicitly forbids local authorities from deferring any amount above this equity level, although interest charges can still be added beyond this amount.

### ***Current Deferred Payment Agreements***

29. Legal advice has been sought on whether service users who already have a deferred payment agreement can be charged interest once the new scheme comes into effect. The Care Act expressly forbids any transfer to a new scheme and from charging interest when the new scheme comes into effect.

### **Other Options Considered**

30. Other options that have been considered are:

- exercising no discretion at all in offering a deferred payment agreement.
- allowing discretion to offer a Deferred Payment Agreement to fund top-ups.
- not extending the Deferred Payment Scheme to people in supported living accommodation.
- not refusing to make deferred payment agreements where specifically permitted to refuse.
- delegating the Deferred Payment Scheme to a third party organisation or other local authority
- accepting alternative forms of security with a higher risk of non-payment than property, as a service to the public.

### **Reasons for Recommendations**

31. The recommendations are being made due to implications of the Care Act.

### **Statutory and Policy Implications**

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

### **Financial Implications**

33. The Care Act will increase the amount of money the Council lends to users and therefore the risk of non-payment, but the potential to charge interest and administration fees reduce the cost of the scheme overall. It is likely that the Council will need to borrow additional money to fund the scheme once it is established.

### **Implications for Service Users**

32. Service users who already have a Deferred Payment Agreement will not be affected by the introduction of the new Universal Deferred Payment Scheme. Service users taking up an agreement after the introduction of the new scheme will be liable to pay an administration fee and interest on the proportion of their care charges which will accrue against the value of their property.

## RECOMMENDATION/S

1) It is recommended that Committee agree that:

- discretion **is** offered where a person has few accessible assets, as the person will be at a high risk of not being able to pay for their care and a Deferred Payment Agreement will reduce the risk of the authority having unsecured debtor as a result
- the Council does not enter into a Deferred Payment Agreement where a person is seeking a top-up, which would increase the amount loaned out unnecessarily and would be a financial risk to the council. Top-ups can continue to be paid by a third party payee, so choice of accommodation is not restricted
- a Deferred Payment Agreement **is** offered to a person with eligible needs who is in supported living accommodation, as this will help them (if they wish) to avoid the need to go into a care home
- discretion **is** offered where a property does not have sufficient value but the land does, as the value of land is unlikely to be more volatile than the value of houses so the risk profile would be similar. A first charge would, of course, be required on the land
- the Council does not seek to delegate its Deferred Payment Scheme, since it already has the skills and experience of running such a scheme over a number of years. However, consideration will be given to hosting the Deferred Payment Scheme for other councils if approached
- the Council does not accept any alternative form of security, other than a first charge on a property or a piece of land, as other assets are seen to bring a higher risk of non-payment
- approval is given to consult on the recommendations of the Committee Paper "Charging Options Report", and those contained within this report is granted. The consultation should also include the potential option to extend the scheme to service users who receive care and support in their own homes.

**Paul McKay**  
**Service Director, Access and Public Protection**

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

Kate Revell  
Group Manager, Quality and Market Management  
Email: [kate.revell@nottscg.gov.uk](mailto:kate.revell@nottscg.gov.uk)

### **Constitutional Comments (KK 18/12/14)**

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

### **Financial Comments (AGW 17/12/14)**

35. The financial implications are contained in the body of the body of the report in paragraph 32.

### **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.

- ASCH Committee Report - Charging Provisions of the Care Act
- ASCH Committee Report – Care Act 2014 – Update on Local Implementation

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

- 'All'.

ASCH278





**5 January 2015****Agenda Item: 7****REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****DIRECT PAYMENTS POLICY****Purpose of the Report**

1. It is recommended that Committee agrees to consult on the Direct Payments Policy with a further report on consultation outcomes to come to a future Committee.

**Information and Advice****Context**

2. Direct payments are monetary payments made by the Council to individuals who are eligible for social care and request to receive one to purchase their own care and support services. Direct Payments are the Government's preferred way of offering people personalised care and support, as they offer people high levels of flexibility, choice and control over the way in which their support needs are met.
3. Nottinghamshire County Council has been a consistently high performer nationally with the implementation of personalisation. The achievement by March 2014 of 42% of people who use social care services choosing to take a Direct Payment to arrange to purchase all or some of their care is a key part of this and continues to rise within current year.
4. The legislative context for direct payments will be set out in the Care Act from April 2015, as well as Section 117(2C) of the Mental Health Act 1983 (the 1983 Act) and the Care and Support (Direct Payments) Regulations 2014. Care and Support Statutory Guidance 2014 adds detail to this, setting out how the Council should perform its care and support responsibilities.
5. Increasing the use of Direct Payments supports objectives within the Council's Strategic Plan and Adult Social Care Strategy; to promote independence and develop individual and community resources to prevent, delay and reduce the need for care and support. In working with people, the Council will always consider their needs, choice and preferences. Support must however be able to demonstrate that it is achieving the outcomes people need and offers value for money. All situations are assessed and considered on an individual basis
6. In terms of the way that the Council makes services available to citizens, Direct Payments differ from those either directly provided or contracted for by the Council. By making

monetary payments to individuals, the responsibility for purchasing and contracting for services passes to the individual. Many people also choose to use their Direct Payments to employ their own staff (Personal Assistants) and in doing so they take on the full legal responsibilities of being an employer, with all the administrative tasks and duties that are associated with this. The Council does retain its duty of care to individuals and ensures that the arrangements remain appropriate at annual reviews.

7. Some people need support with the tasks associated with managing the money and organising care and support, which they can find difficult and challenging as well as rewarding. The Council has a duty to provide support to people to manage their direct payments where this is not otherwise available informally from a friend or family member and can fund organisations to provide these services (a Direct Payment Support Service). The money to pay for a Direct Payment Support Service is currently included within the Direct Payment and as with other services purchased with a Direct Payment, the Service User contracts directly with a provider organisation for these services.

### **Purpose of this policy**

8. This policy builds on previous guidance available and sets out how the council will interpret its duties and responsibilities in relation to Direct Payments within the new Care Act legislation. For the benefit of staff and people using services it aims to set out clearly the Council's position and the different roles and responsibilities.
9. The administration, management and monitoring of Direct Payments can be a complex area for the Council and for individuals. While Direct Payments offer people choice and control over how their services are provided and can often deliver the best outcomes in terms of meeting needs, they can also generate uncertainty in relation to how they should be used and what they can be used for. There are also a number of risks for both the Council and for individuals associated with the potential for Direct Payments to be used, knowingly or otherwise, in ways that are illegal, unsafe or inefficient.
10. The challenge for the Council is to balance the principles of individual choice and control as set out in the Care Act, with the need to use resources effectively and efficiently and to be accountable for the use of public money. Although individuals will use their Direct Payment to purchase and contract for services in their own right, the Council must ensure that, as far as possible they are enabled to do so within a framework which promotes arrangements that are legal and safe and allows for the use of public money to be properly accounted for.
11. The ways in which this policy can be delivered and improved evolve over time, for example through the integration agenda with health and also seeking corporate opportunities, such as the recent agreement to use the Council's Environment and Resources Department to carry out Disclosure and Barring Service checks.

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

12. To provide a clear policy framework for Direct Payments in Nottinghamshire that promotes the safe and legal use of Direct Payments and aligns with the priorities of the Council's Strategic Plan and Adult Social Care Strategy.

## **Statutory and Policy Implications**

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

## **Safeguarding of Children and Vulnerable Adults Implications**

14. The policy requirement for Direct Payment recipients who intend to employ staff to support them to carry out Disclosure and Barring Service checks promotes the safeguarding of children and vulnerable adults.

## **RECOMMENDATION/S**

- 1) It is recommended that Committee agrees to consult on the Direct Payments Policy with a further report on consultation outcomes to come to a future Committee.

**Jon Wilson**

**Deputy Director of Adult Social Care, Health and Public Protection**

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

Malcolm Potter

Commissioning Officer, Strategic commissioning

Email: [malcolm.potter@nottscg.gov.uk](mailto:malcolm.potter@nottscg.gov.uk)

## **Constitutional Comments (LM 10/12/14)**

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

## **Financial Comments (KAS 20/12/14)**

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

## **Background Papers and Published Documents**

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

- 'None'.

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

- 'All'.

ASCH279



### Policy Library Pro Forma

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

**Title: Direct Payments Policy**

**Aim / Summary:** To set out the Council's position in respect of; the way that Direct Payments are provided to service users with eligible needs; the way that Direct Payments are administered, monitored and reviewed.

#### Document type (please choose one)

|          |   |           |  |
|----------|---|-----------|--|
| Policy   | X | Guidance  |  |
| Strategy |   | Procedure |  |

**Approved by:**

**Version number:**

**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:** Malcolm Potter

**Responsible team:** Strategic Commissioning Unit

**Contact number:** 0115 9772531

**Contact email:** Malcolm.potter@nottsc.gov.uk

#### Please include any supporting documents

1.

2.

3.

**Review date**

**Amendments**



# Direct Payments Policy

## 1. National and local policy context

1.1 Direct payments are monetary payments made by the Council to individuals and carers who request to receive one to meet some or all of their eligible care and support needs. Direct Payments are the Government's preferred payment mechanism for personalised care and support. They provide independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs. The aim is to encourage people to take ownership of their care planning and be free to choose how their needs are met.

1.2 Priority Four of the Council's Strategic Plan deals with providing care and promoting health. It sets out the Council's intentions to develop individual and community resources to prevent, delay and reduce the need for care and support. While the provision of quality social care and health services for children, adults and the vulnerable has always been a priority for the County Council, the provision of these services is facing the new challenge of increasing demand due to a variety of factors. At the same time the Council is facing significant financial restraints. The Plan states that:

"We will always consider the needs and preferences of the individual, but we have a responsibility to balance this against the effective and efficient use of resources."

1.3 The Council's Adult Social Care Strategy states that:

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

1.4 The legislative context for direct payments is set out in the Care Act, Section 117(2C) of the Mental Health Act 1983 (the 1983 Act) and the Care and Support (Direct Payments) Regulations 2014. Care and Support Statutory Guidance 2014 sets out how the Council should go about performing its care and support responsibilities.

- 1.5 The challenge for the Council is to balance the principles of individual choice and control, which are reflected in various ways in the requirements set out in the Care Act, with the need to use resources effectively and efficiently and to be accountable for the use of public money.
- 1.6 This policy sets out how the council interprets its duties and responsibilities in relation to Direct Payments where the Care Act allows scope to do so, in line with the local strategic priority aim of ensuring the effective and efficient use of resources.

## **2. Scope of this policy**

### **2.1 This policy covers:**

- a) the agreement to receive a Direct Payment.
- b) the amount of Direct Payment that an individual can hold at one time
- c) the use of pre-paid debit card accounts to manage the Direct Payment.
- d) self-employed Personal Assistants
- e) the use of Disclosure and Barring Service and Right to Work checks for Personal Assistants.
- f) the employment by a Direct Payment recipient of close family members to provide assistance with the management and administration of Direct Payments.
- g) the employment of people who are also acting in another capacity in relation to the Service User's finances
- h) the use of Direct Payments to purchase residential care.
- i) the use of Direct Payments to purchase health services.
- j) using a direct payment to buy general equipment or appliances
- k) the use of Direct Payment Support Services
- l) using Direct Payments to purchase local authority services or contracted services.

## **3. Principles and Commitments**

### **3.1 This policy upholds the following principles:**

- a) Direct Payments will enable people to experience choice and control over how their care and support needs are met.
- b) service users and any children and/or vulnerable adults who are part of their households will be safeguarded from abuse.
- c) people receiving Direct Payments who choose to become employers will meet all of their legal responsibilities.
- d) Direct Payments will only be used for arrangements that the Council is fully satisfied are legal and safe, on the basis of the full disclosure of any information requested in order to determine this.

- e) arrangements that are made to manage and use Direct Payments will avoid any potential conflicts between the best interests of the service user and those of others who are party to the arrangements.
- f) the use of Direct Payments and any arrangements made to support people to manage Direct Payments will represent an effective and efficient use of resources.
- g) service users will be encouraged and supported to be as independent as possible in managing their Direct Payments.
- h) people will be enabled to manage the risks inherent in independent living.
- i) the Council will share responsibility with individuals, families and communities to maintain their health and independence.
- j) personal assistants will be well trained and supported.

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

##### **4.1 The Council will:**

- a) carry out assessments of need, and produce support plans for individuals that identify the outcomes of care and support services that are to be provided
- b) set the personal budget that is to be made available as the Direct Payment
- c) provide information about Direct Payments and ensure that service users who choose to receive a Direct Payment understand their roles and responsibilities
- d) help service users to obtain any support that they need to manage the Direct Payment safely and effectively
- e) review service users' needs and the way that Direct Payments are used to meet assessed need
- f) monitor the status of Service User accounts
- g) carry out financial audits of Service User accounts
- h) take steps to recoup money paid out as a Direct Payment when more than six weeks of Direct Payment has built up in an account
- i) take steps to recoup money if the Direct Payment is misused or if the Direct Payment is ended



- j) act as the “umbrella body” through which service users obtain checks on prospective employees using the Disclosure and Barring Service
- k) commission, monitor and review Direct Payment Support Services
- l) provide information, advice and guidance to operational teams on policy and practice issues relating to Direct Payments
- m) ensure that service users, carers and provider organisations are actively involved in work to develop and improve the Direct Payment “offer” in Nottinghamshire
- n) work with partner organisations providing other forms of state support to service users to develop approaches to harmonising the Direct Payments so that people do not have multiple payments.

## **5. Agreement to receive a Direct Payment**

- 5.1 In order to receive a Direct Payment, service users must sign an agreement with the Council. This agreement sets out the conditions under which Direct Payments can be made by Nottinghamshire County Council and includes details of what the service user and the Council must do. The agreement reflects the Council's policy and requires that, although service users will use the Direct Payment to purchase and contract for services in their own right, they will do so within parameters set by the Council to ensure that arrangements are legal and safe and that public money is properly accounted for.
- 5.2 In circumstances where the terms and conditions of the agreement are not met, the Council will take reasonable steps to address the situation. In the event that the situation remains unresolved the Council will consider whether the Direct Payment is still an appropriate way to meet the service users assessed needs. If necessary, and subject to appropriate alternative services being put in place, the Council will discontinue the Direct Payment.

## **6. The amount of Direct Payment that an individual can hold at one time**

- 6.1 The amount that is included in a Direct Payment must be sufficient to meet the assessed needs that the Council has a duty or power to meet. This may include an amount that is not needed on a week by week basis, but is required to meet additional costs that arise periodically, for example to employ alternative staff, to cover for periods when regular staff are using their statutory leave entitlements. Service users may accrue up to six weeks of their weekly Direct Payment amount. The Council will recoup any funds that are in addition to this amount.
- 6.2 Any legitimate costs that cannot be paid for from the amount held in the service user's Direct Payment account will normally be met through the provision of a one-off payment. Such one-off payments must be authorised by a Team Manager and recorded in the support plan.

## **7. The use of pre-paid debit card accounts to manage the Direct Payment**

- 7.1 Care and Support Statutory Guidance states that the use of pre-paid cards should not be provided as “the only option to take a direct payment. The offer of a “traditional” direct payment paid into a bank account should always be available if this is what the person requests and this is appropriate to meet needs. Consideration should be given to the benefit gained from this arrangement as opposed to receiving the payment via a pre-paid card.”
- 7.2 Nottinghamshire County Council’s position is that the first option will be the use of a pre-paid debit card account. Service users will have the opportunity to request that the payment is made into a conventional bank account and will be made aware of this during the support planning stage of the assessment and support planning process. The Council will make available the option of advocacy support to any individual who requests that the Council considers other arrangements.
- 7.3 Service users can use the pre-paid debit card to withdraw cash if it is demonstrated that there are no reasonable alternative ways to purchase an appropriate service.

## **8. Self-employed Personal Assistants**

- 8.1 The Council will not make Direct Payments available in cases where the prospective recipient proposes to employ an individual who claims to be self-employed without evidence being supplied to demonstrate that the self-employed status is authentic in relation to the specific job role in question.
- 8.2 In order to demonstrate the employment status of the proposed working relationship, the individual must complete the HMRC Employment Status Indicator (ESI) Tool with the Council’s assessment worker. The answers given must accurately reflect the job description and the terms and conditions under which it is proposed the services are to be provided at the relevant time of the contract, therefore these must be provided to the assessment worker at the time of completing the ESI tool. HMRC will be bound by the ESI outcome where the employer or their authorised representative provides copies of the printer-friendly version of the ESI Result screen, bearing the 14 digit ESI reference number, and the Enquiry Details screen.

## **9. The use of Right to Work, and Disclosure and Barring Service checks for Personal Assistants.**

- 9.1 For service users intending to use their direct payment to employ a Personal Assistant (PA) for the first time, the provision of the direct payment will be subject to:
  - a) the requirement to carry out a “right to work” check and an enhanced check with adults barred list check on the prospective employee by the Disclosure and Barring Service (DBS) using the County Council as the

“umbrella organisation” through which small employers can submit applications for checks

- b) the sharing of any disclosed information included on certificates issued to prospective employees by the DBS with nominated Council Officers
- c) completion of a risk assessment process and sign off at Team Manager level where disclosed information is included on a DBS certificate issued to a prospective employee.

9.2 In order to use a Direct Payment to employ people to provide their care and support, prospective recipients must sign a form of agreement with the Council, which includes details of the Council's requirements in relation to DBS and “right to work “checks”.

9.3 Where service users are already in receipt of a direct payment and employing a PA, the status of any DBS check will be established at review and service users will be required to sign the agreement relating to Council requirements for DBS checking. Subject to sight of the certificate by a nominated Council Officer, service users with existing PAs for whom checks were made in relation to their current job role within the last 3 years will not be required to take any further action, but may request that a new DBS check is carried out.

9.4 Existing service users whose PAs do not have a relevant DBS certificate or whose certificate is more than 3 years old will be required to undertake DBS checks for these PAs.

9.5 Service users who start to employ a PA who already has a DBS certificate that was applied for through the Council's Environment and Resources Department within the previous three years will not be required to apply for a new check, but may request that a new DBS check is carried out.

9.6 DBS checks for all PAs must be renewed after 3 years at most.

9.7 The Council will maintain a record of all people who are employed by Direct Payment recipients for the purpose of ensuring that current DBS checks are in place and are renewed as necessary.

## **10. The employment by a Direct Payment recipient of close family members to provide assistance with the management and administration of Direct Payments.**

10.1 The Council will consider allowing Direct Payments recipients to pay close family members living in the same household to provide support to manage and/or administer the Direct Payment on a case by case basis.

## **11. The employment of people who are also acting in another capacity in relation to the service user's finances**

11.1 People who are acting in the capacity of nominated or authorised person for the purpose of the Direct Payment, or who otherwise have formalised control

or influence over the recipient's financial affairs (for example property and financial affairs lasting power of attorney) may not also be employed to provide care and support services that are paid for through the Direct Payment.

## **12. The use of Direct Payments to purchase residential care.**

- 12.1 Nottinghamshire County Council is participating in a government pilot project to test the use of direct payments in long term residential care. All staff dealing with service users entering residential care must offer them a direct payment.

## **13. The use of Direct Payments to purchase health services**

- 13.1 Local authorities must not meet needs by providing or arranging any health service or facility which is required to be provided by the NHS. However, local authorities can commission health services on behalf of clinical commissioning groups (CCGs), therefore, where CCGs provide funding for this purpose for individuals as part of a joint funding agreement to provide health and social care services, the health element will always be funded by the CCG.

## **14. Using a Direct Payment to buy general equipment or appliances**

- 14.1 A direct payment can be used to purchase general equipment/appliances, for example, a computer or washing machine, if:
- a) all alternative funding streams have been explored first
  - b) it has been identified that the equipment will meet an identified outcome in the most cost effective way and reduces the need for long term support.

## **15. The use of Direct Payment Support Services**

- 15.1 Direct Payment Support Services are organisations that are paid to provide help to the Service User or the nominated or authorised person, to manage the Direct Payment. Support should only be made available after an assessment of an individual's capability to manage the various tasks associated with managing the Direct Payment has been completed and it has been established that help is necessary. The support that is provided should be the minimum that is required to enable the Direct Payment to be managed effectively and the level of support must be reviewed at least annually.
- 15.2 The Council will maintain a list of accredited providers of Direct Payment Support Services. The accreditation process will establish standards in relation to service provision and the working relationships between providers, service users and the Council.
- 15.3 Service users can use any support provider organisation they choose, unless a managed account is to be provided (see 15.4 below).. The costs associated with support must be agreed in advance, be affordable from the personal budget and be recorded in the support plan.

15.4 Service users who need a Direct Payment Support Provider to manage the money on their behalf (to act in the capacity of a nominated person) must use one of the Council's accredited providers for this purpose.

**16 Using Direct Payments to purchase local authority services or contracted services**

16.1 Direct payments may be used to purchase services provided directly by the County Council:

- a) if the use of such services is an appropriate way to meet an individual's needs and
- b) the need to use such services arises on a one off or irregular and infrequent basis
- c) it is less burdensome for the Council to accept the direct payment amount, rather than providing the service and then reducing the personal budget and direct payment accordingly.

16.2 Otherwise, where an in-house service has been chosen these will be provided via a managed personal budget.

ASCH279



**5 January 2015****Agenda Item: 8****REPORT OF DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH AND  
PUBLIC PROTECTION****PROGRESS REPORT ON WORK OF HEALTH AND WELLBEING BOARD****Purpose of the Report**

1. The report will provide an overview of the work conducted by the Health and Wellbeing Board in the last 6 months.

**Information and Advice**

2. The Health and Wellbeing Board is the vehicle by which councils are expected to exercise their lead role in integrating the commissioning of health, social care and public health services to better meet the needs of individuals and families using the services. Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies are key to this process.
3. The shadow Nottinghamshire Health & Wellbeing Board was established in May 2011 and became statutory in April 2013. The Board meets formally every 2 months, with closed workshops for members on alternate months. Current membership includes: 5 County Councillors, 7 District and Borough Councillors, 6 GPs from the Clinical Commissioning Groups, Chair of HealthWatch, Director of Children, Families and Cultural Services, Director of Public Health, Director of Adult Social Care, Health and Public Protection, representative from NHS England, and a representative of Nottinghamshire Police and Crime Commissioner. A Stakeholder network was established in March 2012 and meets 2-3 times a year.
4. In 2014 there were 9 scheduled meetings of the Board. The report will provide information on the issues covered by the Board between May and November 2014. Two stakeholder network events have also taken place over this period:
  - June: overview of the Health and Wellbeing Board and the JSNA – the event was attended by around 100 people from across the voluntary and community sector as well as Clinical Commissioning Groups, Borough and District Councils, Nottinghamshire Police and healthcare providers.
  - November: Homelessness – the aim of the event was to understand the causes and implications of homelessness and how the Health and Wellbeing Board and other stakeholders can address these.
5. An event on Cancer awareness, diagnosis and survivorship is planned for February 2015.

6. In May 2014 the Board discussed the:

- **NHS England Primary Care Strategy for Derbyshire & Nottinghamshire 2014-15** - Funding had been secured from the Prime Minister's Challenge Fund to accelerate progress in implementing the Strategy. Changes are required in Primary Care to meet the demands of demographic changes, technical advances, economic challenges, and workforce pressures & to improve integration. In order to realise these changes in Derbyshire & Nottinghamshire a number of pilots were being implemented.
- **Draft Avoidable Injuries Strategy for Nottinghamshire** with the aim to reduce avoidable injuries in children & young people aged 0 -17, to minimise inequalities and create safer environments for children. The Strategy was launched in June 2014 to coincide with Childhood Injury Prevention Week. Implementation of the Strategy was focused around three themes – home safety, road safety and leisure time.
- **Winterbourne project update report** - As well as receiving an update on progress with moving people to more appropriate accommodation, the Board was informed that a strategy for meeting the needs of people with challenging behaviours was being developed and that progress towards a pooled budget, that the Council would host, has been made. The report identified the intention to develop bespoke independent accommodation but this was acknowledged as a difficult area. Nottinghamshire County Council had allocated up to £3m to support the programme to help people stay in the community.
- A paper presented by the Group Manager for **Libraries, Archives, Information & Learning** on the role that the service could play in improving health and wellbeing. The service was working to break the myth of traditional libraries and to serve the whole of their communities. It provides a signposting services for self-help resources, supports reading programmes such as Books on Prescription as well as health promotion activities, improving volunteering and participation and building confidence and life skills. It hopes to offer health and wellbeing zones in the future and to extend the Books on Prescription service to children and young people. Courses around healthy eating for families were also planned. The Board asked for this presentation to be shared widely.

7. Discussed at the Board in July 2014:

- Councillor Joyce Bosnjak confirmed that the Council had reappointed her as Chair of the Board. Dr Steve Kell was reappointed as Vice Chair.
- **CCG five year plans** - the three planning areas in the county, Bassetlaw, Mid Nottinghamshire and South Nottinghamshire, presented their five year plans which had been submitted to NHS England. Each plan is supported by a more detailed two year operating plan. All the plans identified urgent care as a priority. Proactive care for long term conditions and elective care were also identified as priorities by Mid and South Nottinghamshire. Mid Notts prioritised women and children, recognising that maternity and early years care was fundamental to a good start in life. The plan for Bassetlaw CCG included care of elderly people in the community, ensuring consistency of care in care homes, mental health services & supporting people after illness.



- **Better Care Fund** – the report provided an update on the Better Care Fund plan and indicated that there had been a change in the national process for approval of local plans for use of the £3.8bn Better Care Fund. Nottinghamshire's plan was one of 14 to be fast tracked through the process.
- **Local Nature Partnership** - Councillor Martin Suthers & Helen Ross, Public Health Manager gave an overview of the work of the Lowland Derbyshire and Nottinghamshire Local Nature Partnership. The Partnership had representatives from business, local government, health and the voluntary sector and aimed to make sure that natural environment was part of all decision making locally. The Partnership welcomed support from the Board and was reviewing how it could support the Health & Wellbeing Strategy.
- **Air quality** - Jonathan Gribbin, Consultant in Public Health and David Banks, Executive Manager, Neighbourhoods at Rushcliffe Borough Council gave a presentation on air quality in Nottinghamshire. While air quality had improved there were still issues around pollution, mostly related to transport so all Board members were asked to go back to their organisations to raise the issue and review workplace travel plans. All of the district council representatives agreed to raise the issue within their councils.
- **Health & Wellbeing Strategy – Delivery Plan** - Cathy Quinn, Associate Director of Public Health presented ideas for the delivery plan to support the Health and Wellbeing Strategy. The delivery plan would be internet based, more accessible and would give an overview of the ambitions and priorities in the Strategy and access to more detailed plans and actions. Case studies from people who had been affected by the work to deliver each priority would also be included wherever possible to show 'what the Strategy means to me'. The Plan will be available on line in September 2014.
- **Health and Wellbeing Implementation Group (HWIG) progress report** - Anthony May, Corporate Director of Children, Families & Cultural Services presented the report which gave an overview of the work of the Group. The Group is made up of representatives from health, local government, the police, fire and rescue and the probation service and is responsible for making sure that the work of the Board is done. The report gave an update on progress made on the JSNA, the delivery of the priorities in the Health and Wellbeing Strategy and improving links between the Board and other partners.

8. At September's Board:

- It was noted that Nottinghamshire's final bid for the **Better Care Fund** had been submitted and there was a report informing the Board about the Care Act and its implications for the Council.
- **Health & Wellbeing Strategy: Delivery Plan** – The Board was informed that based on feedback from the strategy consultation, a more concise version had been agreed and published. The strategy is supported by an online delivery plan which will give more detail about the actions to support each priority and when they will be achieved. Board members agreed to act as champions for each of the priority areas and the delivery plan was approved for release on the Council website. It was agreed that this would be developed and updated to ensure it is current and links to other work including Better

Care Fund and transformation work would also be included. Regular reports on progress were agreed to the Board - with the first in December 2014.

- **Joint Strategic Needs Assessment (JSNA)** – The Board was informed that this is now available on Nottinghamshire Insight. Chapters have been reviewed and new chapters added, subject to approval by the Health and Wellbeing Implementation Group. As well as chapters on themes such as dementia and road safety there are also chapters based on geographical areas of the county. The JSNA continues to be developed and will include links to the Health and Wellbeing Strategy as well as information based on the areas covered by the Clinical Commissioning Groups.
  - **Healthwatch Annual Report** - The Board received the first annual report from Healthwatch. The report reviewed progress made in its first year which the Board agreed was a positive start. Work continues to ensure that children and young people are able to give their views on health and social care in the county as well as work with partners to ensure that local people and communities are engaged.
  - **Communications and engagement** - The revised communications and engagement plan originally agreed in January 2013 was presented. This will promote the identity of the Board, join up the work of the Board with other projects in health and social care and continue to develop the stakeholder network to provide opportunities for partners to be involved in the work of the Board.
  - **Mental Health Strategy** - The Mental Health Strategy was agreed with minor amendments. Further information will be presented to the Board in December about links to commissioning activity and ownership of the Strategy. Links will be made between the Strategy, the Mental Health Concordat & the PREVENT Strategy. The Board was informed that a draft Suicide Prevention Strategy would be published for consultation.
9. At October's Board it was recorded that membership of the Board had been reviewed to reflect the changed political balance of the council and Councillor Kay Cutts (Conservative) had replaced Councillor Kate Foale (Labour) as a County Council representative. Agenda items discussed were:
- **Board sign up to Nottinghamshire County and Nottingham City Tobacco Control Declaration** - John Tomlinson, Deputy Director of Public Health gave the Board a briefing on the effect of tobacco use on health and the wider community, which remains a significant public health concern. He presented the Nottinghamshire County and Nottingham City Declaration on Tobacco Control which is a ground breaking partnership commitment to reduce tobacco use. All of the partner organisations represented at the Board are considering signing up to the declaration; for each organisation, the declaration would need to be underpinned by an individualised action plan.
  - **Leaving Hospital Policy** - The Board considered this policy which is being applied across the south of the county. Similar policies are being considered in mid-Notts and Bassetlaw. The policy has been prepared in consultation with representatives from health and social care as well as patient groups, and aims to support patients to be discharged from hospital as soon as they are medically fit, recognising that while some people feel safe in hospital it is not the best place to recover from illness. The policy

requires health and social care to work together to ensure that people have support available when they are fit to be discharged and that this information is provided to patients and carers when they are admitted to hospital.

The Board supported the policy and suggested that it should be extended to mental health wards. They also recognised that while it may release capacity within hospitals it may result in pressure within the community and on social care and asked for more information to be presented about how the policy would impact on resources.

- **Peer challenge** - The Board has been accepted onto a national Peer Challenge programme led by the Local Government Association. It will involve review by a panel of people from outside the county who will reflect the make-up of the Board and includes representatives from upper tier authorities, NHS England, district councils, clinical commissioning groups and Healthwatch. The process will focus on governance arrangements, Board member relationships and ownership, communication and engagement with stakeholders, reaching consensus and further development needs. An initial meeting will take place in October with representatives from the Board and the peer panel before a timetable is issued for the review which will take place between the 3 and 6 February 2015.
- **The Chairs report** included the [Mental Health Concordat](#) and Nottinghamshire's 'Wellbeing@work' workplace award scheme.

### **Other Options Considered**

10. Not applicable.

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

11. This report is for noting only.

### **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 NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

13. There are no financial implications rising from this report.

### **RECOMMENDATION/S**

- 1) It is recommended that Committee notes the content of the report and receives a further summary of the work of the Health and Wellbeing Board in July 2015.

**Jon Wilson**  
**Deputy Director, Adult Social Care, Health and Public Protection**

**For any enquiries about this report please contact:**  
**Jennie Kennington, Senior Executive Officer**  
**Email: [jennie.kennington@nottsc.gov.uk](mailto:jennie.kennington@nottsc.gov.uk)**

#### **Constitutional Comments (LM 10/12/14)**

12. As this report is for noting only, no constitutional comments are required.

#### **Financial Comments (12/12/14)**

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

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

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

- None.

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

- All.

ASCH282

**5 January 2015****Agenda Item: 9****REPORT OF THE DEPUTY DIRECTOR OF ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****INTEGRATED CARE PIONEERS – WAVE TWO APPLICATIONS****Purpose of the Report**

1. To provide information on the Wave Two Integrated Care Pioneer application process.

**Information and Advice**

2. The Integrated Care Pioneer scheme is a NHS England programme with the aim of supporting health and social care services to work together to provide better support at home and earlier treatment in the community to prevent people needing urgent care in hospital or in care homes, with a focus on innovative and transformational approaches to care delivery.
3. In June 2013 there was a national call for applicants to join the Wave One Integrated Care Pioneer scheme resulting in 14 areas being given pioneer status following a selection process undertaken by a panel of national and international experts.
4. Nottinghamshire County submitted an application in Wave One but unfortunately was unsuccessful at the time with concerns raised about how integration would take place at scale across the partnership.
5. Since the application, considerable integration work has been planned and undertaken across the County, and the Nottinghamshire Better Care Fund (BCF) plan was one of five national exemplar plans to have its application fast-tracked. The BCF plan now has full approval, recognising the work we have undertaken in developing our plans and the engagement we have achieved across the partnership.
6. NHS England wrote to all Clinical Commissioning Groups (CCGs) on 20 November requesting applications from areas interested in becoming Wave Two Integrated pioneers, with up to ten areas joining the existing pioneers, providing the opportunity to be at the forefront of delivering integrated care for the population using innovative models of commissioning and service delivery and receiving tailored support from among forty partner organisations to help us deliver our plans.
7. An application setting out the County wide plans for integration was required to be submitted by 10 December 2014, with a table top review of applications to take place in late December, discretionary interviews in early January and final recommendations by 2 January with a formal announcement on 27 January.

8. Five CCGs support the application, covering the planning units of Mid and South Nottinghamshire.

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

9. To note that a joint bid has been submitted by Nottinghamshire County Council, the Mid Nottinghamshire CCGs and the South Nottinghamshire CCGs.

### **Statutory and Policy Implications**

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

11. The intention of the work is to encourage improved integration and the removal of barriers for the benefit of patients, service users and local communities.

## **RECOMMENDATION/S**

- 1) It is recommended that committee notes the Wave Two Integrated Care Pioneer bid.

**Jon Wilson**

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

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

Sarah Fleming, Better Care Fund Programme Manager

Email: [sarah.fleming@mansfieldandashfieldccg.nhs.uk](mailto:sarah.fleming@mansfieldandashfieldccg.nhs.uk)

Tel: 0115 9932564

### **Constitutional Comments**

12. As this report is for noting only, no constitutional comments are required.

### **Financial Comments (KAS 20/12/14)**

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

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

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

- Letter inviting applications of interest for Health and Social Care Integration Pioneers.

- Notts Integrated Care Pioneer Narrative
- Notts Wave Two Integrated Care Pioneer Supporting Evidence

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

- All.

ASCH283





5 January 2015

Agenda Item: 10

## **REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE AND HEALTH**

### **PROGRESS UPDATE – COMMISSIONING AND EFFICIENCIES PROJECTS**

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

1. To update Committee on progress on delivering savings projects falling under the remit of the Commissioning and Efficiencies Delivery Group.

#### **Information and Advice**

2. The budget approved by the County Council on 27 February 2014 required the ASCH&PP department to make savings and efficiencies totalling £32.641 million for the period 2014/15 to 2016/17, through delivery of 36 projects spanning across both the Adult Social Care and Health and Community Safety committees. The projects have been grouped into different themes, each overseen by a Delivery Group chaired by a relevant Service Director.
3. This report provides an update on projects falling under the remit of the Commissioning and Efficiencies Delivery Group, which is responsible for ensuring the successful completion of the following savings projects:

|  | <b>14/15</b>   | <b>15/16</b>   | <b>16/17</b>   | <b>Total</b>   |
|--|----------------|----------------|----------------|----------------|
| Various contract changes by the Joint Commissioning Unit (JCU) | £0.131m        | £0.179m        | £0.190m        | <b>£0.500m</b> |
| Reduction in staff posts in the JCU                            | £0.034m        | £0             | £0.149m        | <b>£0.183m</b> |
| Savings from the Supporting People budget                      | £2.030m        | £1.250m        | £1.950m        | <b>£5.230m</b> |
| Reduction in staff posts in the Performance Improvement Team   | £0.092m        | £0             | £0             | <b>£0.092m</b> |
| Dementia Quality Mark  | £0.500m        | £0             | £0             | <b>£0.500m</b> |
| <b>Total</b>   | <b>£2.787m</b> | <b>£1.429m</b> | <b>£2.289m</b> | <b>£6.505m</b> |

4. The Supporting People project builds on a former Phase I project that was one of the Department's savings and efficiency initiatives as part of the 2011/12 to 2014/15 budget savings programme. A summary of each of the projects is provided at Appendix I.
5. The projects have been categorised into high or medium/low governance requirements, depending on their level of strategic significance, savings targets, risk and complexity. The governance category assigned to each is also referenced in Appendix I.

6. Progress to date and next steps for each project is as follows:

| Project  | Progress to Date   | Next Steps   |
|--|--|--|
| Various contract changes by the Joint Commissioning Unit (JCU) | <p>The following provides an update on the five contracts affected by this project:</p> <p>1) HIV and Aids Support: this element is on target to achieve its savings by March 2016. A two year contract is now in place to enable self-help peer groups to be established.</p> <p>2) Information, Advice and Advocacy: £30,000 savings already achieved. A further £30,000 is on target to be achieved by end March 2015.</p> <p>3) Carers Emergency Respite: £100,000 savings already delivered.</p> <p>4) Carers Universal Services: on target to achieve savings by end March 2016. To re-tender a combined specification with Health, including provision of Learning Disability information and advice services, with a view to this starting from August 15.</p> <p>5) Integrated Community Equipment Service: work is progressing well on the re-design of the service specification for the ICELS re-tendering. The temporary reviewing team has been recruited and new staff members have commenced in post.</p> <p>Demand for equipment continues to rise, putting pressure on the budget. The new team is in place and have started actively reviewing. This will increase the return and re-use of equipment. The forecast overspend has reduced significantly but due to the delay in the team starting and the increase in minor adaptations there may be a risk that the savings target may not be achieved in this financial year.</p> | <p>The ICELS review team have started proactively reviewing. Data is being collected to forecast the financial position at year end.</p> |

|  |  |  |
|--|--|--|
| Reduction in staff posts in the JCU                                | 2014/15 savings have already been achieved.  | Further savings profiled for 2016/17.  |
| Savings from the Supporting People budget                          | <p>The savings target includes savings that were due to be delivered in 2014/15 as part of the 2011-15 savings programme.</p> <p>Savings have now been realised in respect of funding of: older people's alarms, which ended in April 14; young people's services, which have now moved into the Children, Families and Cultural Services Department; supported accommodation for people recovering from substance misuse; and savings against a service that supports deaf people.</p> <p>Savings will also be made this year following the cessation of all contracts for older people's support on 30 November. A new older people's support service that was due to be commissioned was reconsidered through the Redefining Your Council process and should now be in place by September 2015.</p> | <p>In accordance with the savings plan, further savings will be made from April 2015 against mental health support, supported accommodation for offenders and homelessness move-on accommodation.</p> <p>Work is progressing to agree how the remaining savings, due in respect of homelessness services, will be delivered from April 2016.</p> |
| Reduction in staff posts in the Performance Improvement Team (PIT) | <p>The savings associated with this project have come out of the team's budget for 2014/15. A number of vacancies have been held throughout the year to enable the team to operate within this budget.</p> <p>Changes to the staffing structure were agreed by Policy Committee on 12 November 2014. The new structure will achieve the budget savings proposals required and provides for a centralised performance, intelligence and policy team agreed as part of the Strategic Management Framework. Associated budgets are to be amalgamated as part of the team in the Policy, Planning and Corporate Services Department.</p>   | The enabling process for populating new staffing structures will be undertaken.  |
| Dementia Quality Mark (DQM)  | <p>There are currently 33 homes with the DQM; 32 were successful in receiving the mark in 2013/14 and a further 1 was successful on appeal.</p> <p>Audits are underway for the 2014-16 award, alongside the main quality audits. So far three new homes have been successful in achieving the DQM for 2014-16 and one home will lose the DQM in April 2015. The £500k savings target for 2014/15 has been achieved.</p>  | Audit visits are on-going and work is underway to assess the financial implications of the outcome of the audits.  |

## **Other Options Considered**

12. There are no other options to outline as this report aims to update Committee on progress to date and next steps for the projects falling under the remit of the Commissioning and Efficiencies Delivery Group.

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

13. There are no recommendations being made in the report, other than for Committee to accept the contents of the report.

## **Statutory and Policy Implications**

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

## **Financial Implications**

15. Each project's progress in achieving its savings target is detailed in Section 6 of the report.

## **Human Resources Implications**

16. There are no additional HR implications over and above those previously approved by Committee.

## **Public Sector Equality Duty implications**

17. The equality implications of the projects were considered in Equality Impact Assessments undertaken on each during their development that were published and considered as part of the 2014/15 budget consultation process.

## **Implications for Service Users**

18. The implications of the projects on service users were considered in the Outline Business Cases undertaken on each during their development that were published and considered as part of the 2014/15 budget consultation process.

## **RECOMMENDATION/S**

- 1) It is recommended that Committee notes the contents of the update report.

**JON WILSON**

**Deputy Director, Adult Social Care & Health Department**

**For any enquiries about this report please contact:**  
Ellie Davies, Project Manager, Transformation Programme.

**Constitutional Comments (LM 10/12/14)**

19. This report is for noting only.

**Financial Comments (KAS 15/12/14)**

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

**Background Papers and Published Documents**

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

- Report to Full Council, 27 February 2014: *Annual Budget 2014/15* and associated published Outline Business Cases and Equality Impact Assessments
- Report to ASCH Committee, 12 May 2014: *Overview of Savings Projects to be Delivered 2014/15 to 2016/17 by the Adult Social Care and Health Department.*

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

- All.

ASCH280



**Appendix I: Descriptions of the Commissioning and Efficiencies Savings Projects 2014/15 to 2016/17**

| Project Title  | Governance Status | Description  |
|--|-------------------|--|
| Various contract changes in the Joint Commissioning Unit (JCU) | Medium/Low        | <p>The majority of the JCU's budget is spent on contracts that the unit manages to provide a range of front line care and support services. These are services that people do not access using their personal budgets because it is not viable for providers to deliver the service in this way, for example, information and advice services.</p> <p>This project aims to make savings of £500,000 by seeking cost efficiencies from merging services, negotiating reductions in volume of service, and/or seeking alternative means of delivering the service outcomes. The contracts affected are:</p> <ol style="list-style-type: none"> <li>1) HIV and Aids Support (£18,000).</li> <li>2) Information, Advice and Advocacy contract held by Power (£60,000).</li> <li>3) Carers Emergency Respite - contract held by Crossroads to be maintained at current level of capacity (£100,000).</li> <li>4) Carers Universal Services contract held by the Carers Federation (£22,000).</li> <li>5) Integrated Community Equipment Service contract held by British Red Cross (£300,000).</li> </ol> |
| Reduction in staff posts in the JCU                            | Medium/Low        | To realise £183k savings from staffing reductions of 4.5 FTE posts in the Joint Commissioning Unit (JCU). This is made up of: 0.5 FTE (Full-Time Equivalent) Commissioning Manager , 2 FTE Commissioning Officer/Market Development posts; and 2 FTE Quality Development Officers.   |

| Project Title  | Governance Status | Description   |
|--|-------------------|---|
| Savings from the Supporting People Budget                    | High              | <p>To recommission discretionary, prevention based services from Supporting People funding, primarily based on evidence of services which reduce, delay or prevent the need for on-going care and support services. Housing related support, crisis intervention services (Supporting People funded) and other early intervention and prevention services will be reviewed against agreed priorities and resources redirected to enable savings of £3.2M.</p> <p>This savings target has been reduced from £4.2M with the support of £1M of funds reallocated from the Public Health Grant, to invest in those services which meet public health priorities. Services will be targeted at those vulnerable people that are most likely to benefit from them, in order to make best use of the reduced Supporting People resource.</p> <p>There will be a budget of £12.5M from the Supporting People budget, of which £1.1M is to be transferred to the Children, Families and Cultural Services Department for the commissioning of services for homeless young people. A further £3.5m is to be transferred to other adult social care budgets (Community Care Support Budgets) for people who meet social care eligibility criteria and who require housing related support as part of a wider package of care, in accordance with the Council's statutory responsibilities.</p> <p>The project to deliver £3.2M of savings is therefore based on a remaining budget of £7.9M. It was previously proposed that this should involve the cessation of contracts for the following: i) drug and alcohol accommodation services; ii) offender accommodation services, including Mansfield quick access accommodation for offenders; iii) homelessness prevention floating support; and iv) homelessness move-on accommodation and quick access homelessness services at Potter Street in Worksop, Russell House in Newark, Sherwood Street in Mansfield, and Elizabeth House in Gedling. A revision to this proposal will now mean that:</p> <ul style="list-style-type: none"> <li>• £1M of additional funds will be committed to continue homelessness services;</li> <li>• A further £270k will be used to delay service reductions, to enable discussions with key partners to determine the best use of these funds; and</li> <li>• The reduction to mental health support services remains at 36%, but £470k will be used in the short term to phase the reduction to April 16.</li> </ul> |
| Reduction in staff posts in the Performance Improvement Team | Medium/Low        | <p>The Performance Improvement Team provides key management information to enable the Senior Leadership Team to make informed decisions and operational staff to manage their workload and improve performance. The team also responds to external requests for data, and completes all the statutory returns required by the Department of Health.</p> <p>The Council is piloting the use of a new information reporting system 'SWIPE' as part of the Corporate Business Reporting project. The implementation of this system will reduce the amount of time taken to retrieve management information reports across the authority.</p> <p>Therefore, this project seeks to reduce the number of posts within the Performance Improvement Team from 7.85 FTE posts to 5.5 FTE posts. This will be achieved by restructuring the team. Savings will also be made against photocopying, printing and associated staffing overhead costs.</p>  |



| Project Title         | Governance Status | Description   |
|-----------------------|-------------------|---|
| Dementia Quality Mark | Medium/Low        | <p>As part of the review completed during 2012 of the local 'Fair Price for Care' fee framework and fee levels for older persons' care homes, the Council consulted on a proposal to introduce a Dementia Quality Mark.</p> <p>Previously, all older persons' care homes that provide care for people with dementia were allocated an enhanced payment for dementia on the basis that high quality dementia care requires higher staffing levels and a consistent and well-trained staff group. However, it is evident through the annual quality audit process that many of these homes are not providing high quality dementia care. It was proposed that the dementia premium payment would only be awarded to those care homes which are successful in achieving the Dementia Quality Mark.</p> <p>Additionally, the criteria for allocating the dementia premium payment for individuals is to be tightened so that the payment is only allocated for those residents where dementia is the primary reason for them requiring a care home placement.</p> |



5 January 2015

Agenda Item: 11

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

### **REVIEW OF THE INTERIM SENIOR LEADERSHIP STRUCTURE WITHIN THE ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION DEPARTMENT**

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

1. To update members on the interim senior structure of the department and to seek approval for a continuation of the current 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 substantive structure was established following the Corporate Organisational redesign process following the merger of the Public Protection functions with Adult Social Care and Health.
4. In November 2013, Adult Social Care and Health Committee approved the establishment of an interim senior management structure which aligns service responsibilities within a locality model. This interim structure was agreed in the context of the duties of the Corporate Director to the vice presidency of the national Association of Directors of Adult Social Services (ADASS), and the subsequent position of President from April 2014, and the establishment of interim role of Deputy Director to provide day to day leadership and management of the department with support from the Corporate Director. The interim structure provides for the posts of:
  - Deputy Corporate Director
  - Service Director South Nottinghamshire
  - Service Director Mid and North Nottinghamshire
  - Service Director Access and Public Protection.
5. Following approval of a business case in February 2014, County Council agreed to a reduction in the numbers of Group Managers from 16.8 FTEs to 13.8 FTEs and

redistribution of the management responsibilities of these third tier posts within the department aligned to the interim senior management structure.

6. During 2014/15 the department has been focused on preparations to implement the Care Act. Work has progressed exceedingly well across a number of work stream areas including financial modelling, resource planning, information and advice, assessment and support planning as well as other areas of activity. Nottinghamshire County Council has been asked to present at various national and regional events and conferences in recognition of the leading work which the authority is undertaking.
7. 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. Over the course of the last 12 months Nottinghamshire has been successful in developing integrated approaches to care; becoming one of only five exemplar authorities fast tracked to deliver the Better Care Fund, and the only two tier authority to achieve this status.
8. Alongside the national change agenda, the department has also been seeking to address local transformation of services in order to ensure a sustainable service offer in the short and longer term. The Adult Social Care Strategy approved by Council in April of this year is being developed into a programme which will be fully implemented alongside the implementation of the Care Act. The strategy provides for new ways of working, revised systems and processes and a new charter of responsibilities and expectations with the public. Essential elements of the strategy are already being delivered through the assessment and review of individual service users of services and the contracts being developed with the provider sector. Engagement and communication has commenced with managers and staff across the county to begin the process of cultural change which is required to deliver the strategy. Public communication is now commencing prior to the new operating models becoming embedded throughout the next twelve months
9. The department is focused on delivery of the business cases for service transformation and budget reduction as agreed by Council in February 2014. With one or two exceptions ( as reported previously to committee) we anticipate reaching our targets for this financial year and current forecasting shows that planned spending will not exceed the departmental budget.
10. Activity levels across the county remain high and managers have worked hard to ensure a continued focus on maintaining good performance. As reported to committee Nottinghamshire fared well in the sector led improvement peer review process, with good levels of performance compared to regional and comparator authorities. Whilst there are reductions in performance in some areas, overall performance remains good with capacity for further improvement.
11. Maintaining a high quality care market is essential to the delivery of the Adult Social Care Strategy and the Care Act. Throughout the year we have kept a watchful eye on the quality of service provision and have ensured a robust response to any issues of poor quality provision and to allegations of abuse. The department has proactively worked with providers to improve quality and intervened early where concerns were beginning to be raised, as well as taking immediate action where this has been required. Alongside this approach to quality

management we have introduced new safeguarding procedures to ensure a proportionate and personal approach to keeping people safe.

12. The work identified through the Redefining Your Council framework has shown that the Adult and Health portfolio will require a major programme of work and considerable extra capacity to achieve the transformation required. There has been a council wide acknowledgment of this and temporary transformation posts to bolster the current capacity within the department were approved by Committee in November 2014; the recruitment to these posts is in progress and the outcome of this will be reported to Committee in due course.
13. The current interim management arrangements are due to cease at the end of March 2015 at which point the temporary appointments and cover arrangements will end. This will require the department to revert back to the substantive structure as outlined in paragraph 2 of this report.
14. However given the continued national policy drive toward the development of integrated health and social care services and the strong progress made locally to deliver this agenda, dismantling the current senior supporting structures would not be helpful to the Council at this time. Therefore it is recommended that the interim arrangements are maintained until such time as the Chief Executive and Corporate Director for Adult Social Care, Health and Public Protection, on his return from ADASS, can determine the appropriate departmental senior officer team within the overall organisational structure of the authority.
15. Committee is therefore requested to approve an extension of the current arrangements for a three month period from April to June 2015 in order that a more permanent structure can be recommended to Members.

### **Other Options Considered**

16. Other options considered were:

- i. the continuation of the current interim structure will 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 appointment of the new Chief Executive who may wish to review the overall organisational requirements
- iii. reverting back to the substantive structure will pose a risk to the development of partnerships which have developed over the last 12 months.

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

17. The continuation of the 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**

18. 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**

19. There are no financial implications as a consequence of this report.

## **Human Resources Implications**

20. This report proposes to continue the current interim senior management structure which realigns responsibilities of the current Service Director posts, as shown in paragraph 4.

## **RECOMMENDATION/S**

1) It is recommended that Committee:

- approves the continuation of the current interim arrangements for a period of three months from 1 April to 30 June 2015
- approves all temporary appointments and cover arrangements be extended to cover this period.

## **DAVID PEARSON**

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

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

Jon Wilson

Temporary Deputy Director

Email: [jon.wilson@nottsccl.gov.uk](mailto:jon.wilson@nottsccl.gov.uk)

## **Constitutional Comments (KK 18/12/14)**

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

## **Financial Comments (KAS 20/12/14)**

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

## **Background Papers and Published Documents**

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

- ASCH210 – Organisational Redesign Within the ASCH&PP Department.

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

- All.

ASCH281





5 January 2015

Agenda Item: 12

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

### **WORK PROGRAMME**

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

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

#### **Information and Advice**

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

#### **Other Options Considered**

5. None.

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

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

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

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

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

## **RECOMMENDATION/S**

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

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

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

## **Constitutional Comments (HD)**

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

## **Financial Comments (NS)**

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

## **Background Papers**

None.

## **Electoral Divisions and Members Affected**

All.

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

| <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>2<sup>nd</sup> February 2015</b>                                 |  |   |                                   |
| Permanent extension of the Data Input Team                          |  | Service Director, Access and Public Protection                    | Kate Revell                       |
| Tender for Older Person/Vulnerable Adult Services                   | Report seeking approval for the department to go to tender for Older Person/Vulnerable Adult Services  | Deputy Director, Adult Social Care, Health and Public Protection. | Lyn Farrow                        |
| Update on Development of New Extra Care Schemes for Nottinghamshire | To advise and update the Adult Social Care and Health Committee about a number of new Extra Care schemes being proposed for development  | Service Director, Mid and North Nottinghamshire                   | Cherry Dunk                       |
| Care Act and Resource Requirements                                  |  | Deputy Director, Adult Social Care, Health and Public Protection. | Jane North                        |
| Work of the Customer Service Centre                                 | Progress report regarding the work of the Customer Services Centre in relation to care packages  | Service Director Access and Public Protection                     | Helen Scaman/Steve Jennings-Hough |
| Young Carers and Disabled Parents                                   | 12 month update on the work regarding Young Carers and Disabled Parents  | Service Director, South Nottinghamshire                           | Wendy Adcock                      |
| Health and Social Care integration in mid-Nottinghamshire           |  | Deputy Director, Adult Social Care, Health and Public Protection. | Sue Batty                         |
| Development of employment and skills training hub                   | Report on the proposal to transform the County Horticulture service into a focused, time-limited employment and skills training hub to support people to develop skills in the fields of horticulture, retail and administration work. | Deputy Director, Adult Social Care, Health and Public Protection. | Jane McKay                        |
| Just Checking pilot project   |  | Deputy Director, Adult Social Care, Health and Public Protection. | Mark Douglas                      |
| Vulnerable Persons  | Report on the work of the multi-agency panels that   | Service Director Access and                                       | Sarah Houlton                     |

**Updated 23/12/2014 – HJW**

| <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>             |
|---|--|--|---|
| Panel   | discuss community issues regarding people who are seen as vulnerable to others within their neighbourhoods.                              | Public Protection  |   |
| <b>2<sup>nd</sup> March 2015</b>                                |  |  |   |
| Care Act – New Policy   |  | Service Director, South Nottinghamshire  | Jane North                              |
| Members' visits to Council and Independent Sector Care Services | Report to review the current system and make recommendations for changes which will include visits to independent sector care providers. | Service Director Access and Public Protection  | Jennie Kennington/Rosamunde Willis-Read |
| Transforming Care – response to Winterbourne View Report        | 6 monthly progress report.   | Deputy Director for Adult Social Care, Health and Public Protection                        | Cath Cameron-Jones                      |
| Direct Payment Support Service                                  | Update after 12 months of the changes to Direct Payment Support Services   | Deputy Director for Adult Social Care, Health and Public Protection                        | Gill Vasilevkis                         |
| Performance Update for Adult Social Care and Health             | Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections.                             | Deputy Director for Adult Social Care, Health and Public Protection                        | Anne Morgan                             |
| Nottinghamshire Safeguarding Adults Board Annual Update Report  | Summary on work and progress of Board over last 12 months.   | Service Director Access and Public Protection  | Allan Breeton                           |
| Transformation Resource Requirements                            | Update on resource requirements to support delivery of transformation within the ASCH&PP Department.                                     | Deputy Director for Adult Social Care, Health and Public Protection                        | Ellie Davies                            |
| Organisational redesign update report                           | Progress report on Organisational Redesign within Assessment and Care Management   | Deputy Director for Adult Social Care, Health and Public Protection                        | Stacey Roe                              |
| <b>30<sup>th</sup> March 2015</b>                               |  |  |   |
| Carers Information, Advice and Engagement Hub                   | Recommendation report regarding Carers Hub Tender.   | Service Director for South Nottinghamshire/Service Director, Mid and North Nottinghamshire | Penny Spice                             |

| <b>Report Title</b>  | <b>Brief summary of agenda item</b>  | <b>Lead Officer</b>   | <b>Report Author</b> |
|--|--|---|----------------------|
| Action Plan from Peer Challenge  | Update on the action plan to address areas for development arising from the peer challenge   | Deputy Director, Adult Social Care, Health and Public Protection    | Jennie Kennington    |
| Update on Adult Social Care Strategy                                       | Progress report to Committee on implementation of the Strategy and communications related to the Strategy.   | Deputy Director, Adult Social Care, Health and Public Protection    | Jennie Kennington    |
| <b>27<sup>th</sup> April 2015</b>  |  |   |                      |
| Overview of departmental savings and efficiencies programme                | Progress summary on all departmental savings proposals.  | Deputy Director for Adult Social Care, Health and Public Protection | Ellie Davies         |
| Care provider contract suspensions update report                           | Overview of live suspensions of care provider contracts in Nottinghamshire.  | Service Director Access and Public Protection                       | Kate Revell          |
| <b>1<sup>st</sup> June 2015</b>  |  |   |                      |
| Progress report on the emergency beds at Helmsley Road Short Break Service | Progress report following the re-designation of the four emergency beds at Helmsley Road Short Break Service   | Deputy Director for Adult Social Care, Health and Public Protection | Ian Masson           |
| Independent Living Fund update   | Progress report on transfer of funding and fund users to the Council.  | Service Director for South Nottinghamshire                          | Paul Johnson         |
| <b>29<sup>th</sup> June 2015</b>   |  |   |                      |
| Update on progress with personal budgets for people with dementia          | Progress report to review situation one year on from project with Alzheimer's Society to increase no. of people with dementia who have personal budgets and direct payments. | Service Director, Mid and North Nottinghamshire                     | Jane Cashmore        |
| Performance Update for Adult Social Care and Health                        | Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections.   | Deputy Director for Adult Social Care, Health and Public Protection | Anne Morgan          |
| Update on progress for the ICELS tender and review team                    | Progress report regarding the ICELS review team work on improving returns.   | Service Director, Mid and North Nottinghamshire                     | Jessica Chapman      |
| <b>July (date TBC)</b>   |  |   |                      |

| <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>August (date TBC)</b>    |  |   |                             |
|                             |  |   |                             |
| <b>September (date TBC)</b> |  |   |                             |
| Services to Carers          | Progress report regarding work commissioned by the department for carers | Deputy Director for Adult Social Care, Health and Public Protection | Penny Spice                 |

## **ASCH 212**