

Adult Social Care and Health Committee

Monday, 03 February 2014 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 6 January 2014 | 5 - 10 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Service Overview - Customer Access Social Care | 11 - 16 |
| 5 | Joint Agency Vulnerable Persons Identification Project | 17 - 20 |
| 6 | Social Care Workforce Development to Shape Independent Social Care Workforce | 21 - 28 |
| 7 | Young Carers and Disabled Parents Update | 29 - 46 |
| 8 | Planning Care of Older People after a Planned Operation | 47 - 50 |
| 9 | Integrated Community Equipment Loan Service (ICELS) Partnership Team | 51 - 56 |
| 10 | Work Programme | 57 - 60 |
| 11 | Brownlow Road Extra Care Housing Scheme, Mansfield - Update | 61 - 64 |

12 Exclusion of the Public

The Committee will be invited to resolve:-

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

Note

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

13 Exempt Appendix to Item 11
Brownlow Road Extra Care Scheme, Mansfield - Update
NOTES:-

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

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

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

Notes

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Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 6 January 2014 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Alan Bell	Andy Sissons
John Cottey	Pam Skelding
Dr John Doddy	Stuart Wallace
Sybil Fielding	Jacky Williams
Michael Payne	

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, Broxtowe, Gedling and Rushcliffe
Paul Davies, Democratic Services Officer
Sarah Gyles, Committee Support Officer
David Hamilton, Service Director, Mid Nottinghamshire and Bassetlaw
Paul McKay, Service Director, Promoting Independence and Public Protection
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection
Jon Wilson, Temporary Deputy Director, Adult Social Care, Health and Public Protection

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 25 November 2013 were confirmed and signed by the Chair.

DECLARATIONS OF INTEREST

There were no declarations of interest.

NHS SUPPORT FOR SOCIAL CARE FUNDING

The Chair moved an amended recommendation in relation to car allowances for some posts mentioned in the report.

RESOLVED: 2014/001

1) That approval be given to the following posts and services to be funded from NHS Support to Social Care Funding for 2013-14:

- a) Mental Health Intermediate Care Service (MHICS) - **£155,150**
- b) Social Care Support to Memory Assessment Services (MAS) - **£54,000**
- c) Short term Assessment, Recuperation and Reablement beds (STARR service):

Non-weight bearing fracture beds - **£200,000**

Assessment Beds - **£201,200**

Assessment Bed workers - **£109,800**

- d) Services to improve hospital discharge arrangements:

Nottingham University Hospitals (NUH) - **£102,800.**

Bassetlaw Hospitals Trust - **£172,235**

- e) START Transformation - **£53,800**
- f) Temporary Commissioning Officer - **£36,400**
- g) Community Equipment and Occupational Therapy Services - **£581,800**
 - i. Additional equipment - £200,000
 - ii. Temporary agency occupational therapist capacity - £75,000
 - iii. Permanent Occupational Therapists x 6 - £256,800
 - iv. Temporary Occupational Therapist post - £50,000
- h) Independent Sector Partnership and Workforce Development - **£206,852**
- i) Advocacy Services - **£115,767**
- j) Younger Adults Services - **£958,230**
 - i. Promoting Independence Workers - £703,830
 - ii. Stroke Services - £38,000
 - iii. Physical Disability Additional Posts - £98,013
 - iv. Co-production Posts - £118,375
- k) Strategic Planning and Evaluation - **£24,320**
 - i. Information Technology and Software - £4,320

- ii. Monitoring and Evaluation - £20,000
- l) Safeguarding and Quality - **£92,000**
 - i. Secondment of Compliance Manager from Care Quality Commission (CQC) - £62,000
 - ii. MASH Senior Practitioner - £30,000
- m) Access and Reviewing Teams - **£794,137**
 - i. Reviewing Teams - £706,837
 - ii. Adult Access Team - £87,300
- n) Additional Home Care capacity - **£265,494**
- 2) That a report be taken to the Health and Wellbeing Board identifying how the S.256 funding for 2013/14 has been allocated.
- 3) That a further update report to be presented to Committee as required or in 12 months' time.
- 4) That there be a review of the appropriateness of approved car user status for specific posts in collaboration with trade unions, and a report back to the committee.

EXTENSION OF SECONDMENT OF COMPLIANCE MANAGER FROM CARE QUALITY COMMISSION TO NOTTINGHAMSHIRE COUNTY COUNCIL

The committee agreed to a suggestion for a report on outcomes from the secondment of the Market Development Officer from the County Council to the CQC.

RESOLVED: 2014/002

- (1) That the progress made by the CQC Compliance Manager over the last 12 months be noted.
- (2) That the targeted approach to improve the quality of care homes and care homes in supporting the development of some additional capacity for high quality specialist care home provision in those parts of the county where there is limited provision be noted and approved.
- (3) That the secondment of the Compliance Manager be extended for a further 12 month period, to be funded from the Adult Social Care, Health and Public Protection Transformation Reserve.
- (4) That there be a report on outcomes from the secondment of the Market Development Officer from the County Council to the CQC.

PROTECTION OF PROPERTY AND FUNERAL ARRANGEMENTS POLICY

During discussion, it was agreed that the policy should be clarified to indicate that the proposals related to the County Council's responsibilities under social care legislation, and not to responsibilities for civil emergencies under the Civil Contingencies Act.

RESOLVED: 2014/003

That consultation be commenced on revisions to the Council's Protection of Property and Funeral Arrangements Policy, subject to clarification that the provisions relate to social care legislation, and do not impact on the County Council's responsibilities under the Civil Contingencies Act.

WINTERBOURNE PROJECT UPDATE

RESOLVED: 2014/004

- (1) That the report and progress being made to commission suitable care and accommodation for people currently in hospital settings be noted.
- (2) That an update report be presented in May 2014, focussing on the pooled budget scope, individual accommodation arrangements and resource requirements going forward.

CARERS' STRATEGY 2013/14

RESOLVED: 2014/005

That the report be noted, and a further progress report be presented in July 2014.

ADULT SOCIAL CARE PERFORMANCE UPDATE

RESOLVED: 2014/006

That the report be noted.

ASSISTIVE TECHNOLOGY UPDATE

RESOLVED: 2014/007

- (1) The approval be given to continued provision of Assistive Technology services from April 2014 and to a tender for a one year contract with an option of a second year, it being noted that there is funding from Supporting People reserves committed for 2014/15 of £180,000.

- (2) That 1 fte Assistive Technology Project Manager, Band D, scp 42-47 be extended on a temporary basis from 1 April 2014 to 31 March 2015, the post to carry approved car user status.
- (3) That 1 fte Assistive Technology Project Assistant, NJE Grade 4 (subject to job evaluation as changed post), scp 19-23 be extended on a temporary basis from 1 April 2014 to 31 March 2015, the post to carry approved car user status.
- (4) That the tender specification for a new Assistive Technology service provider include working with the successful bidder to develop a telecare service model for self-funders with low level social care needs, which has low up-front costs.

UPDATE ON INDEPENDENT LIVING FUND

RESOLVED: 2014/008

That it be noted that the contingency funding of £0.5m requested to meet the needs of Independent Living Fund recipients is no longer required.

WORK PROGRAMME

RESOLVED: 2014/009

That the work programme be noted, subject to the inclusion of a report on outcomes from the secondment of the Market Development Officer from the County Council to the CQC.

The meeting closed at 12.25 pm.

CHAIR

3rd February 2014**Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE
AND PUBLIC PROTECTION****SERVICE OVERVIEW – CUSTOMER ACCESS TO SOCIAL CARE****Purpose of the Report**

1. The purpose of the report is to provide an overview of the customer journey and the role of the Adult Access Service.
2. As part of the overview the Committee will hear from a Team Manager from the Adult Access Service with some case studies on the customer experience.

Information and AdviceCustomer Access to Social Care

3. The Adult Access Team is based at the Customer Service Centre (CSC), Mercury House. The team is a mixture of dedicated advisors and professional workers who are responsible for responding to enquiries at the front end. The current make-up of the team is as follows:
 - Two Team Managers
 - Two Senior Practitioners
 - Five Service Advisors
 - Three Social Workers
 - Five Occupational Therapists
 - Four Benefit Advisors (one senior)
 - Six temporary Occupational Therapy Workers
 - One Carers Worker
 - One Pre-admissions Social Worker (temporary)
 - One Commissioning Officer
4. The Adult Access Service's function has grown significantly since the inception of the team and now provides a range of services across the County.

Triage of Referrals for Social Care

5. Through the CSC and the Adult Access Service the department assesses whether someone is in need or likely to be in need of support. To determine this,

the department uses Government guidance to decide whether a person's ability to live independently would put them at risk if services are not provided or arranged to help them. This is called Fair Access to Care Services (FACS). If there is a risk to a person's independence the department has to decide whether the risk is critical, substantial, moderate or low. Councils have a statutory responsibility to meet needs that are not met by other means, such as through care provided by informal carers or the health service.

6. People will be eligible for help if they have needs that pose a critical or substantial risk to their independence. If the identified needs pose a moderate or low risk to their independence people will not be eligible for ongoing support from the Council.
7. For those people the department considers are eligible, or who would be eligible unless they receive support, the Adult Access Service will either:

- Arrange the support at the Adult Access Service or arrange for the person to receive reablement:

41% of people requesting either a social care or occupational therapy assessment (triaged between 11 and 22 November 2013) received advice and information, or were signposted to other agencies enabling them to make informed choices to arrange the support they needed without further intervention from the department. Included in this figure are those who would benefit from a period of reablement from the Short Term Assessment Reablement Team (START).

- Arrange for a Locality Worker to undertake a full community care assessment:

53% of people requesting either a social care or occupational therapy assessment (triaged between 11 and 22 November 2013) were passed to District teams to undertake a community care assessment or a community care review.

- Arrange for a telephone intake assessment which determines eligibility using FACS

6% of people requesting either a social care or occupational therapy assessment (triaged between 11 and 22 November 2013) were passed to the Occupational Therapy Intake Team.

Occupational Therapy Assessments for Non-Complex Cases

8. In January 2013 the Adult Access Service has undertaken initial assessment work for Occupational Therapy services. As a result the department is able to meet the needs of service users and carers more efficiently and effectively. The team is known as The Intake Team. The staffing establishment is one Senior Practitioner and six Community Care Officers.

9. Between 70-80% of people who request an Occupational Therapy assessment have relatively low levels of need and do not always require a face to face assessment. In these instances, Customer Service Advisors have been trained and supported to identify those who would be suitable to have a telephone assessment; these are passed through to the Intake Team who then complete a telephone intake assessment which determines eligibility using FACS.
10. Between November and December 2013 45% of enquiries triaged by the Intake Team resulted in a home assessment. This means that individuals did not have to wait 28 days for an outcome of eligibility, nor did they have to go through a full home assessment. However, advice and information or signposting is also offered to enable individuals to make informed choices as to what support/equipment would be suitable to meet their needs.

Outcome of the Triage Service

11. The department has increased the number of queries that are resolved at the CSC and the Adult Access Service, enabling social care staff to spend time on people with complex needs. As a result, there has been an overall drop in the number of social work assessments to district teams by 33% and the number of people needing an occupational therapy assessment by 18%.

Advice and Support to Self-Funders

12. The service has a significant role in providing information and advice for people who are not eligible for council funded social care services or are self-funders. This includes signposting people to alternative sources of support.

Nottinghamshire Welfare Assistance Fund

13. The team oversees the Nottinghamshire Welfare Assistance Fund (NWAFF). This provides emergency financial support to eligible vulnerable people. The fund can help people to remain living in the community or help following an emergency or crisis.
14. The fund commenced on 2 April 2013 and at 31 December had received 2,071 applications, of these 528 awards with a value of £192,977 have been made.

Pre-assessment and Support Arrangements for Post Elective Surgery

15. There are further proposals to locate the responsibility for hospital discharges for planned admissions within the Adult Access Service. A pilot is underway funded by Health where a Social Worker completes pre-admission assessments for service users who will require support post elective surgery (Systematic Care of Older People Elective Surgery, SCOPES). To date, the Adult Access Service has received 24 referrals of which 9 were suitable for reablement (START), 3 were assessed by an Occupational Therapist and received equipment, 2 were sent to District Teams for a full community care assessment and the remaining either did not meet the eligibility criteria, refused an assessment or were happy to

arrange their own support. The project is being expanded to include older adults known to Oncology (breast cancer) and Gastro Intestinal upper bleed.

Mobility Assessments for Blue Badges

16. Since October 2011, the Local Authority has had responsibility for providing independent mobility assessments for blue badge applicants where they are not automatically entitled and are subject to further assessment. This follows national changes to the eligibility for blue badges. Two occupational therapists have been employed to do these assessments at clinics across the County. An average of 60 assessments are completed every month. Between January and December 2013 701 assessments were completed, 314 were approved of which 173 were approved for 3 years and 214 were refused.

Benefits Advice, Information and Guidance

17. The Service offers advice, information and training on welfare benefits to County Council staff, the public and voluntary organisations. This is undertaken through the Benefits Training Information Advice service which consists of one Senior and three Benefits Officers. The team provide the following services:

- Production of web information relating to welfare benefits, Tax credits and advice provision
- Undertake promotional campaigns to inform residents in Nottinghamshire and relevant Nottinghamshire County Council staff of welfare benefit related issues.
- Provide guidance and support to CSC staff on welfare benefit matters.
- Develop and deliver a training programme for staff and voluntary organisations on welfare benefit matters for example Personal Independent Payment and Challenging Decisions.
- Work closely and national organisations to represent the County Council for example Nottinghamshire Advice Network, Local Authority Revenue and Benefits, East Midlands Councils Welfare Reform Group and Local Government Association Advisers Group
- Provide telephone benefit advice to customers where CSC staff and referrals via the County Council's Framework system to establish specialist advice is appropriate.

18. In August 2013 the Benefits Service provided advice, information and support to 89 individuals. As a result of the changes to benefits and benefit entitlement, the number of referrals has been increasing. Between October and November 2013 the Benefits Service dealt with 359 enquiries. On average the Benefits Team deal with 2,000 enquiries each year.

Support to Carers

19. The Carers' Triage Workers are based in the Adult Access Team. Carers ringing the CSC are given detailed and tailor made information to help them in their caring role. Some are assessed on the phone and eligible carers offered Personal budgets. The evaluation has been very positive for carers.

20. Between 1 December 2013 and 17 January 2014, 178 carers were assessed or reviewed. Of these 63 were eligible to receive a personal budget. 6 were resolved through either signposting to other agencies or they received advice and information. 11 resulted in no further action. The rest were not eligible to receive a carers personal budget. In the main, carers referred themselves, however health care professionals also referred a significant number.

Reason/s for Recommendation/s

21. The report is for information purposes only and there are no recommendations stemming from it.

Statutory and Policy Implications

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

Financial Implications

23. This report is for noting only and contains no financial implications.

RECOMMENDATION/S

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

- 1) It is recommended that the Adult Social Care and Health Committee note and comment on the information provided.

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

Paul McKay

Tel: (0115) 977 3909

Email: paul.mckay@nottsc.gov.uk

Constitutional Comments

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

Financial Comments (KAS 23.01.14)

25. There are no financial implications contained in 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.

3rd February 2014**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE
AND PUBLIC PROTECTION****JOINT AGENCY VULNERABLE PERSONS IDENTIFICATION PROJECT –
(NOTTINGHAMSHIRE FIRE AND RESCUE AND NOTTINGHAMSHIRE
COUNTY COUNCIL)****Purpose of the Report**

1. To update Members, following the previous report to Committee on 22 July 2013, of the progress made by a partnership approach to reduce the vulnerability of individuals in their local communities in respect of fire prevention.

Information and Advice

2. Nottinghamshire Fire and Rescue Service (NFRS) have changed the way that they deliver their Fire Prevention activity over the last three years and now focus their activity on those that they consider most at risk from fire.
3. Through extensive data sharing with other organisations they have been able to build a picture of the demographic groups that are most at risk in certain situations and prioritise these groups.
4. Those over 65 and living alone were found to be particularly at risk of fire with the risk increasing as people get older and particularly so where there are issues of incapacity or disability.
5. In order to engage with these people the County Council agreed to identify those people receiving social care.
6. The County Customer Service Centre (CSC) was commissioned to make calls and send out letters to those at risk, to promote a Home Fire Safety Check from the Fire Service. This also ensured that there was no physical data exchange between parties and Data Protection was not compromised.
7. Over the last 12 months those residents who expressed an interest were referred to NFRS and appointments were made for a free Home Fire Safety Check, along with a check to smoke alarms already installed. During conversations it was

established that many residents having smoke alarms were not checking these regularly.

8. In all, over 1000 people have been contacted resulting in NFRS receiving referrals for over 110 Home Fire Safety Checks.
9. Two districts have now been completed these are Ashfield and Mansfield and a third (Bassetlaw) is underway.
10. Each resident who has undergone a Fire Safety Check has been re-contacted to gather feedback on the process. This has resulted in further improvements being made to communication, letters, call-out scripts and in turn delivery timescales. Feedback from residents has been very positive.
11. Further roll-out is being considered across the County. This is considered a major step forward for NFRS and Nottinghamshire County Council, which is enabling both partners to quickly and efficiently identify people most at risk of fire and, in turn, reduce the number of fires within this vulnerable age group.
12. Customer feedback from the initial pilot is listed below.

Question	Positive responses
1. Were you pleased to receive a call from the Council to offer this service?	100%
2. Did the advisor explain fully what would happen, giving you a clear understanding of the process?	88%
3. Were you happy with the timescale from the initial call to the actual visit from the fire service?	100%
4. Were you happy with the advice given to you from the fire service?	96%
5. Do you feel more knowledgeable about fire hazards and fire safety as a result of the Fire Safety Check?	75%
6. Are you now checking your smoke alarm on a regular basis?	67%
7. Would you recommend this service to others?	100%

Other Options Considered

13. Not applicable.

Reason/s for Recommendation/s

14. An evaluation of the pilot has been carried out, and, as mentioned above, this is now being rolled out across the County on a district basis.

Statutory and Policy Implications

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

Financial Implications

16. Chanel Shift work and ever increasing demands on both partners means that this exercise can only be completed when resources and demand allow. Should this be rolled out to further districts or incorporated into business as usual, additional resources would be required.

Equalities Implications

17. The initiative is focused on older members of society, who are more at risk from domestic fires, a risk which increases with age.

Crime and Disorder Implications

18. There are no crime and disorder implications linked to this initiative.

RECOMMENDATION/S

- 1) It is recommended that the Adult Social Care and Health Committee notes the ongoing development of the project.

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

Marie Rowney, Group Manager Customer Service

Tel: 07540 272161

Chris Walker, Temporary Group Manager, Safer and Engaged Communities

Tel: 0115 9772460

Yvette Armstrong, Community Safety Officer, Safer and Engaged Communities

Tel: 0115 9773058

Constitutional Comments

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

Financial Comments (KAS 15/01/2014)

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

Background Papers and Published Documents

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

- [Previous report to the Adult Social Care and Health Committee – 22 July 2013](#)

Electoral Division(s) and Member(s) Affected

All

ASCH191

3rd February 2014**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR FOR MID NOTTS AND BASSETLAW
AND THE STEERING GROUP NOTTINGHAMSHIRE PARTNERSHIP FOR
SOCIAL CARE WORKFORCE DEVELOPMENT****PROGRESS REPORT ON SOCIAL CARE WORKFORCE DEVELOPMENT TO
SHAPE THE INDEPENDENT SOCIAL CARE WORKFORCE****Purpose of the Report**

1. To provide an overview of the Nottinghamshire Partnership for Social Care Workforce Development (NPSCWD) and an update on:
 - how the funds of £378,000 allocated in October 2012 have been invested and the outcomes achieved
 - what the Nottinghamshire Partnership has achieved from other funds that it has been awarded
 - the plans for future work to develop the Social Care Workforce in Nottinghamshire
 - the progress of the development of the Nottinghamshire Partnership towards a more independent business model
2. To consider the plans proposed for the future, including the relationship between NPSCWD and Nottinghamshire County Council following the end of October 2014, when current funding ceases; and what strategies could be put in place to ensure the continuation of service being provided by the new organisation.

Information and Advice

3. This report looks at the period from 1 April 2013 for the ten months to February 2014.
4. The NPSCWD has been hosted by Nottinghamshire County Council since 2004 and funded through the Department of Health's Workforce Development Grant, via Nottingham City and Nottinghamshire County Councils. It has been and is still being used to support the objectives in the 'Joint Workforce Development Strategy 2010-2015' and the funds have been added to, mainly through non-attendance charges and rolled over since the workforce development grant ended in 2011.

5. In response to a strong business case put forward to the Adult Health, Social Care and Public Protection Department, for the need to invest in workforce development in relation to dementia care and leadership and management within social care settings, a small team were retained. Their remit was to identify a suitable business model that would deliver a new sustainable, self-financing independent organisation.
6. The priorities identified for the team, set by Nottinghamshire County Council were to:
 - a) develop a suitable business model to deliver the vision
 - b) develop a business plan to ensure sustainability beyond the term of the funding
 - c) deliver a dementia improvement programme for residential care homes and home care
 - d) deliver a management development programme
 - e) income generate
7. The vision is that the new business will identify and work with key stakeholders, including Local Authorities, Clinical Commissioning Groups (CCGs) and Health partners, to develop the social care workforce and raise the standards of care delivered to service users across Nottinghamshire and Nottingham City. A new name and branding is being created for the new organisation which will be launched at the spring conference in Mansfield on 12 March 2014.
8. The aims of the Nottinghamshire Partnership have arisen from evaluations that have been carried out from events run during 2012-2013 and specific evaluations in relation to dementia care that identified a need to involve owners and senior managers in order for necessary changes to be implemented. The National Minimum Data Set for Social Care shows that there are a significant number of care settings that do not have registered managers, which also highlighted a need for specific types of management training. This has resulted in the priorities for 2013-2014 including:
 - Initiatives that deliver a person-centred, knowledgeable, skilled and competent social care workforce across Nottingham City and Nottinghamshire County, including Leadership and management, person-centred dementia care, person-centred moving and handling, person-centred medicines management, person-centred and effective care planning, and integrated best working practices in healthcare areas.
 - Services and products in partnership with Nottingham City and Nottinghamshire County Council as well as key stakeholders, including the Care Quality Commission (CQC), CityCare Partnerships and County Health Partnerships
 - To become the leading organisation in the region to work with partners to raise standards through excellent health and social care workforce development

- A reduction in contract suspensions support providers to achieve their business goals by offering a range of interventions and support to prevent closures and improve services.
- Development of best practice in healthcare related roles, in partnership with healthcare partners, to raise confidence and reduce unnecessary admissions to hospital
- Support to managers to meet and evidence the CQC essential standards of quality and safety. To reduce expenditure on unnecessary training.
- Development of competence frameworks to enable managers to manage performance, target learning and provide a mechanism to assess and record competence

Main Achievements to Date

Dementia Care

9. Across 40 care settings (120 managers, owners and care staff) are currently going through a nationally recognised 12 month programme of excellence, run by Dementia Care Matters. As a result of this Nottinghamshire is being held up as a county investing to raise standards of dementia care. In October Nottinghamshire supported Dementia Care Matters in delivering a workshop at the Association of Directors of Adult Social Services (ADASS) commissioning conference.
10. The £120,000 originally allocated has been increased through charging for places and has purchased £136,000 worth of training. In addition £33,000 of the total still remains to commission or develop further dementia care training, as well as organise a programme to sustain the dementia care development work carried out to date.
11. Although none of the 40 care settings has yet completed the 12 months' programme, 10 of those currently participating in it were successful in achieving the Nottinghamshire Dementia Quality Mark.

Management Training

12. A suite of management courses have been commissioned at a cost of £36,000. These started in December 2013, providing 56 places, targeting 4 key areas (14 places on each course) of management development needs:
 - new and aspiring managers taking on their first management role
 - registered managers working in homes with an identified need to improve
 - registered managers without a recognised registered managers qualification
 - qualified registered managers wishing to support their own continuing professional development, to review and implement best practise

13. The overall aim is to raise standards in leadership and management which have been identified as key criteria for a successful care setting. Also to generate a culture of career succession to avoid gaps in registered manager positions in care settings.
14. Each place will be charged for, bringing in revenue of £10,000. Following evaluation, adjustments will be made and a similar programme will be delivered during 2014-15 within the funding made available from Adult Social Care, Health and Public Protection.

Competence Frameworks

15. Person-centred moving and handling trainer/assessor training to enable in-house champions to train and assess employees against a framework devised by the sector to record competence and identify training needs.
16. Person-centred medicines management assessor/training to enable in-house champions to ensure training for relevant employees takes place with health care professionals, and assess employees against a competence and knowledge framework devised by the sector with CCG technical advisors to ensure competence and reduce errors.

Funds raised from other sources

17. Funding from Skills for Care for 2012-2013 of £88,000 is now delivering a return for the partnership by way of income:
- Person-centred competence framework for moving and handling. 42 trainer assessors have been trained across 32 care settings. These courses are in demand and are now delivering a profit to the Nottinghamshire Partnership
 - A checklist of documentation of policies and procedures has been developed and will be used alongside the management courses being run in November
18. Funding of £17,000 was granted from Skills for Care for 2013-14. This is being used for:
- Developing a Person-Centred Competence Framework for Medicines Management to set excellent standards in person-centred behaviours, ensure dignity and respect and reduce safeguarding incidents. The assessment of competence enables managers to target training making it more efficient and cost effective. It also provides the evidence for the CQC as to how staff competence has been assessed.
 - Working with Health to share and develop best working practices in falls, continence, infection control, nutrition and tissue viability. A conference to launch the project showed a great deal of interest amongst both health and social care workers and produced best practice tips in each area, as well as a working group to look at developing future joint events

19. Fully funded training delivered from rolled over funds, from April to February 2014 has covered:

- A total of 594 delegate places – 297 older adults, 79 younger adults, 54 domiciliary and 4 micro-providers (These statistics are April to end October 2013)
- A total of 60 'paid for' delegate places have been filled bringing in £4,000 after trainer and venue costs. (These statistics are April to end October 2013)
- A total of 3 person-centred moving and handling competence framework trainer assessor courses have been run, covering 30 people to the end of February 2014. This will bring in a total of £6,300 after trainer and venue costs.
- An investment in e-assessment licences for social care providers to assess the knowledge and understanding of the common induction standards, against the CQC essential standards. This enables employers to evidence competence and identify staff training needs.
- The purchase of licences for Aged Care Channel TV is also being considered to provide learning opportunities to support the e-assessment tool.

Plans for the Future

20. To develop a programme of training that will embed best working practices – the Bigger Picture in Holistic Care Planning Programme. This will involve managers in action learning sets to develop their vision for how staff should be working in their organisations, and embedded through development of standard documentation for policies and procedures. Key staff will then be trained to deliver best working practices in areas such as:

- translating assessments into care plans
- writing excellent person-centred care plans, implementing them and keeping them up to date
- care planning to include safeguarding and dignity, mental capacity and deprivation of liberty
- dementia
- end of life

21. One major outcome will be showing how all training should link back to care plans.

22. Plans for a beacon home scheme for dementia that will involve care settings to learn from others that already operate at an excellent standard.

23. An investment in staff development for Nottinghamshire Partnership employees has delivered:

- two business coaches to support poor performing homes
- two dementia friends who are trained to deliver the dementia care message
- one Gold Standard Framework (GSF) Facilitator to support care settings wishing to develop their end of life care

24. A bespoke coaching service is being rolled out during November to support development of workforce plans, work with care providers who have been issued with improvement notices or facing suspension and to maximise outcomes from the management courses.

25. The NPSCWD will become the Lead Partner for the Workforce Development Fund from April 2014, which will bring with it an administration fee of approximately £10,000. This enables the social care employers to draw down funding for and Qualifications Credit Framework units that their employees achieve. It is another way of encouraging social care providers to train and be able to recover these costs. It will require more resources by way of a part-time post, or cutting back on some of the workload currently undertaken.

26. The development of the Nottinghamshire Partnership as a separate organisation has involved focus groups that have identified products and services that should be provided and a steering group that has identified two potential business models:

- A stand-alone social enterprise that would operate in the private sector, relying on income generation by providing services identified in a business plan ensuring future sustainability. This model would clearly put the care providers in control of their own training development.
- A Teckal organisation jointly supported by Nottingham City and Nottinghamshire County Councils that could bring in its own funds through commercial ventures and draw down grant funding that is made available to the social care sector. This model would enable the Partnership to freely recommend the best and most cost effective training available, based on the needs of the individual care provider. This model would ensure the organisation is sustainable to continue to develop the care sector to meet local authority commissioning needs.

Other Options Considered

27. No other options considered.

Reason/s for Recommendation/s

28. To update members on progress made in relation to workforce development and agree the plans proposed for the future.

Statutory and Policy Implications

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

Financial Implications

30. The allocated funds have been invested in training courses as discussed in paragraphs 9-16 above, salaries for three members of staff, membership of social care sector of Social Care Information and Learning Services (SCILS), Grey Matters Licences (to measure competence of workforce) and conferences and activity days.

31. The Partnership has also generated income as discussed in paragraphs 17-19 above.

32. Future income generation through developing a membership services package is being investigated. This will offer benefits to care providers and will include discounts on products and services provided by the Partnership, as well as from other suppliers.

RECOMMENDATION/S

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

- 1) Note the progress made to date in relation to workforce development in the independent sector.
- 2) Agree and support the plans proposed for the future as contained in paragraphs 20-26 of the report.
- 3) Receive a further report in June 2014 proposing the business model to be adopted by the partnership.

DAVID HAMILTON

Service Director for Mid Notts and Bassetlaw

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Constitutional Comments (SLB 23/01/2014)

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

Financial Comments (KAS 27/01/2014)

34. The financial implications are contained within paragraphs 30-32 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.

- NPSCWD Business Plan Priorities 2012-2013

Electoral Division(s) and Member(s) Affected

All

3rd February 2014**Agenda Item: 7****REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****YOUNG CARERS AND DISABLED PARENTS UPDATE****Purpose of the Report**

1. The purpose of this report is to agree ongoing arrangements for allocation of the Young Carer's and Disabled Parent's funding and to provide Members with an update regarding outcomes and achievements following closure of the project.

Information and Advice

2. In April 2011, the Council agreed an additional revenue investment of £1.8 million to support and improve the lives of young carers and their families. This investment has supported personal budgets for disabled parents to reduce their dependency on the support of young carers, and also delivered personal budgets to meet the needs and outcomes of young carers in the form of direct payments.
3. The Young Carers and Disabled Parents project is now closed and the young carers' assessment process has been mainstreamed. A separate End Project Report has been produced describing how well the Young Carers' and Disabled Parents Project performed against its Business Case, including the original planned cost, schedule and tolerances and final version of the Project Plan.
4. Within the overall budget to develop young carers' services, the authority has been employing a number of community care officers on a temporary basis to develop awareness, identify young carers and undertake assessment activity. Now that these services have been mainstreamed, these temporary posts will cease next financial year.
5. Over 500 young carers have received personal budgets since November 2011 and approximately 40% of their parents are also receiving support from Adult Social Care. The average age of these young carers is 13 and the average personal budget that they received was £530.
6. Following the evaluation of 145 young carers who received personal budgets, the results are demonstrating a significant reduction (24%) in the negative impact that caring is having on young people's lives. The tools designed by the University of Nottingham used for this evaluation are now part of the assessment

process. The results from this evaluation are in line with national statistics produced by the University of Nottingham.

7. Now that the project manager has concluded the project, ongoing work will be required in the Joint Commissioning Unit maintaining policy and publication documentation, raising awareness and promoting the use of a new e-learning module.
8. It is recommended that the Children's Targeted Support team take over the assessment of young people looking after children under 18 with a disability from April 2014. Some of the budget will be allocated to Targeted Support for the commissioning of sibling carer's personal budgets as part of the overall allocation of Direct Payments to young carers.
9. The Adult Social Care Younger Adult teams will continue conducting young carers' assessments for those looking after disabled parents and provide support for the parent so that the young person is not conducting caring that is inappropriate for their age.

Case Studies

10. Case studies have been collected during the project, some of which are shown below.

F is 10 years old and looks after her sister (19) who is Deaf and suffers with psychosis, borderline personality disorder and has challenging behaviour. F said that she has not told her friends that her sister is unwell, as she feels they will not understand and may make fun of her and her sister. F said she does not want this to happen so she pretends that everything is okay. F said that she would like someone else she can talk to about her caring role. A referral was made to the Young Carers Service as F said it would be nice to talk to someone about how she feels, and would like to meet other boys and girls who also look after a family member. F said that she spends as much time with her sister as she can, as she does enjoy having sister time together, but when her sister is not feeling well, F finds this very upsetting.

A Young Carer Worker from the Community Mental Health Team completed an assessment with F. Her score on the negative impact that caring is having (PANOC negative score) was 16, very high and a potential cause for concern. The caring role has made F feel lonely and isolated, and she doesn't feel like talking to her parents about how she feels at times, which makes her feel frustrated.

F used her personal budget (£800) to contribute towards the cost of social and leisure activities, such as having quality time with her parents away from the caring role and responsibilities of looking after her older sister. F used the remainder of the personal budget to cover the cost of new protective gear and clothing which is required for the Taekwondo Club she is a member of.

The Young Carer Worker visited the young carer four months later and asked her to complete the questionnaires again. There was very little change to her caring role but the impact that the support and personal budget made reduced her negative PANOC score to 6.

E is a young girl, aged 11 who looks after her brother, 17 who has a congenital condition that

causes a visual impairment. He is currently supported by the Children's Disability Service and has been allocated a Transition Worker.

E helps her Mother a lot, so that her Mum has more time to look after her brother. She cleans the house, makes the main meals, snacks and drinks, does the washing up, supermarket shopping and always helps with decorating. It is important to keep the floor clear to avoid her brother tripping.

She also helps her brother to choose clothes and get him dressed. Sometimes she helps him to have a bath or shower. At meal times she cuts up his food so that he can eat it independently and whenever he needs a snack or drink in the evenings or at the weekend she will make it.

When her brother goes out to undertake his hobbies she goes with him to support and guide him. This involves weekly trips to play Goalball, a sport for athletes with visual impairment and weight lifting where she helps him use the equipment. She helps her brother to communicate with others. She sometimes has to read her brother's mail and the contents might be upsetting for him especially if it is a personal letter and this also upsets E.

In the evenings E stays in a lot to keep her brother company and play games with him and keep an eye on him to make sure that he is alright and most nights she chooses to sleep on a camp bed in his bedroom to make sure that he is alright.

When the Young Carer Worker completed a young carers' assessment with E, she had a very high score for the amount of caring (23) and her negative PANOC score was 14 (which is also cause for concern). She was referred for counselling and was also referred to the Young Carers' Service where she sees a support worker every month. E said that 18 months ago she ran away because it all got too much for her. Sometimes she feels so sad she can hardly stand it and sometimes life doesn't seem worth living.

The Young Carer worker asked E what she would like to support her in the caring role. She was given a one off direct payment to pay for a den bed, storage boxes and a guest bed so that a friend can stay and also for a day out.

Four months later, the Young Carer Worker reviewed E's caring situation. Her brother is a lot more independent with his personal care tasks, therefore E no longer has to support him. Her brother will also ensure that he has his own bag packed for college and no longer asks E to read his mail, which was at times upsetting for her. One of E's outcomes was to spend time with her mum and after a weekend away with mum and dad where her brother stayed home alone, it made them realise how much B could do for himself and how much he enjoyed his independence. E therefore no longer feels that she has to sleep in her brother's bedroom and he doesn't request it of her. As E's mum has more time now, she doesn't rely on E to carry out so many of the household chores. E's mum reported an improvement in E's confidence and how lovely it has been to see her really smiling.

Having completed the young carer's questionnaires again, E now scores 15 on the MACA (amount of caring) and 9 on the negative impact that caring is having (PANOC). This is a significant reduction in the amount of caring and the negative impact that this is having.

A What About Me (WAM) Worker referred T for a young carers' assessment via the Customer Service Centre. WAM provide support for children and young people affected by their parent's substance misuse issue. T is 17 years old and the only person at home looking after his mum who is alcohol dependent. T undertakes many chores around the house which includes washing the dishes, cleaning, shopping for essential food items and help with financial matters. When mum is 'in drink' T gets his mum ready for bed. He stays with mum at home when she has been drinking to ensure she remains safe. He encourages mum to eat, change her clothes and wash. T provides lots of emotional support to his mum when she is drinking as she becomes in a depressive mood.

T's mums' sporadic alcohol use has a huge effect on his ability to concentrate at school and keep up with his coursework as he is very anxious about her wellbeing. Mum also suffers

with depressive moods and is very emotional when she is drinking. When T stays at home to look after his mum to ensure she is safe and does not harm herself he does not see his friends. School have been supportive and provided uniform and shoes when needed so that he does not get grief from teachers and other students. School have also provided breakfast and a hot meal for T when there is no money to buy items.

T likes to keep himself fit and has used his personal budget for gym equipment and gym membership. He has also purchased train tickets, football tickets and stadium tour to see Newcastle United football team. As he wants to be able to keep in touch with his mother, part of his budget was used to purchase a mobile phone.

At the first assessment, T's MACA score was 20, his positive score was 15 and negative 10 (cause for concern). Following the support from WAM and the personal budget, after a 4 month period, his MACA score was reduced to 11, the positive score increased to 16 and his negative score reduced to 2. T is now at College and enjoying this. He is able to concentrate more and is becoming more confident with his work.

Other Options Considered

11. The Project considered ways of providing support to young carers and disabled parents through Nottinghamshire County Council staff and through other organisations. Access to personal budgets and Direct Payments was most effective in reducing the negative impacts of caring and enabling access to support, activities and interests to promote self-confidence.

Reason/s for Recommendation/s

12. Based on performance over the last 2 years and the predicted number of annual reviews, an annual budget of £270,000 is recommended for the young carers' personal budgets. The remaining funding (£1,530,000) is to be allocated to the Younger Adult's Physical and Mental Health teams for 'disabled' parents support and young carer assessments and reviews.
13. Adult Social Care teams will continue conducting young carers' assessments where the cared for is 18 years or over. Due to the number of young carers identified looking after siblings under 18, these will be assessed by the children's targeted support teams from April 2014.

Statutory and Policy Implications

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

Implications for service users

15. The Young Carers and Disabled Parents funding ensures that young carers are protected from undertaking excessive and inappropriate caring roles and those

parents and other family members are effectively supported. This is leading to improved outcomes for the young carers and their families.

Financial Implications

16. The recommendations can be met from the Young Carer and Disabled Parents budget.

RECOMMENDATION/S

The Adult Social Care and Health Committee are asked to:

- 1) Approve an annual budget of £270,000 (from the £1.8 million) for young carers' one-off direct payments (2014/15)
- 2) Approve for the Children's Targeted Support team to conduct young carers' assessments for those looking after siblings under 18 with a disability from April 2014.
- 3) Note the end of project report and receive an update in 12 months.

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

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Constitutional Comments (LM 24/01/14)

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

Financial Comments (KAS 23/01/14)

18. The financial implications are contained within paragraphs 12 to 16 of the report.

Background Papers

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

- a. Support for disabled parents and young carers – protocol dated July 2011

- b. Report to the Adult Social Care and Health Committee – Temporary Community Care Officers - Young Carers project September 2012
- c. Young Carers Strategy Update – report to Policy Committee March 2013
- d. Young Carers and Disabled Parents update – report to Adult Social Care and Health Committee July 2013 (ASCH141)

Electoral Division(s) and Member(s) Affected

All.

ASCH187

Young Carers' and Disabled Parents Project

End Project Report

This report describes how well the Young Carers' and Disabled Parents Project performed against its Business Case, including the original planned cost, schedule and tolerances and final version of the Project Plan.

1. Achievement of the Project's Objectives

The objective as stated in the Business Case dated September 2011 was:

To identify Young Carers and support them and their families in ways that prevent inappropriate caring and support parenting roles regardless of which service is contacted first. Young carers with disabled parents can also receive support if they are looking after siblings.

The support and services provided should meet the needs of the child in line with the UN Declaration on the universal rights of children i.e.

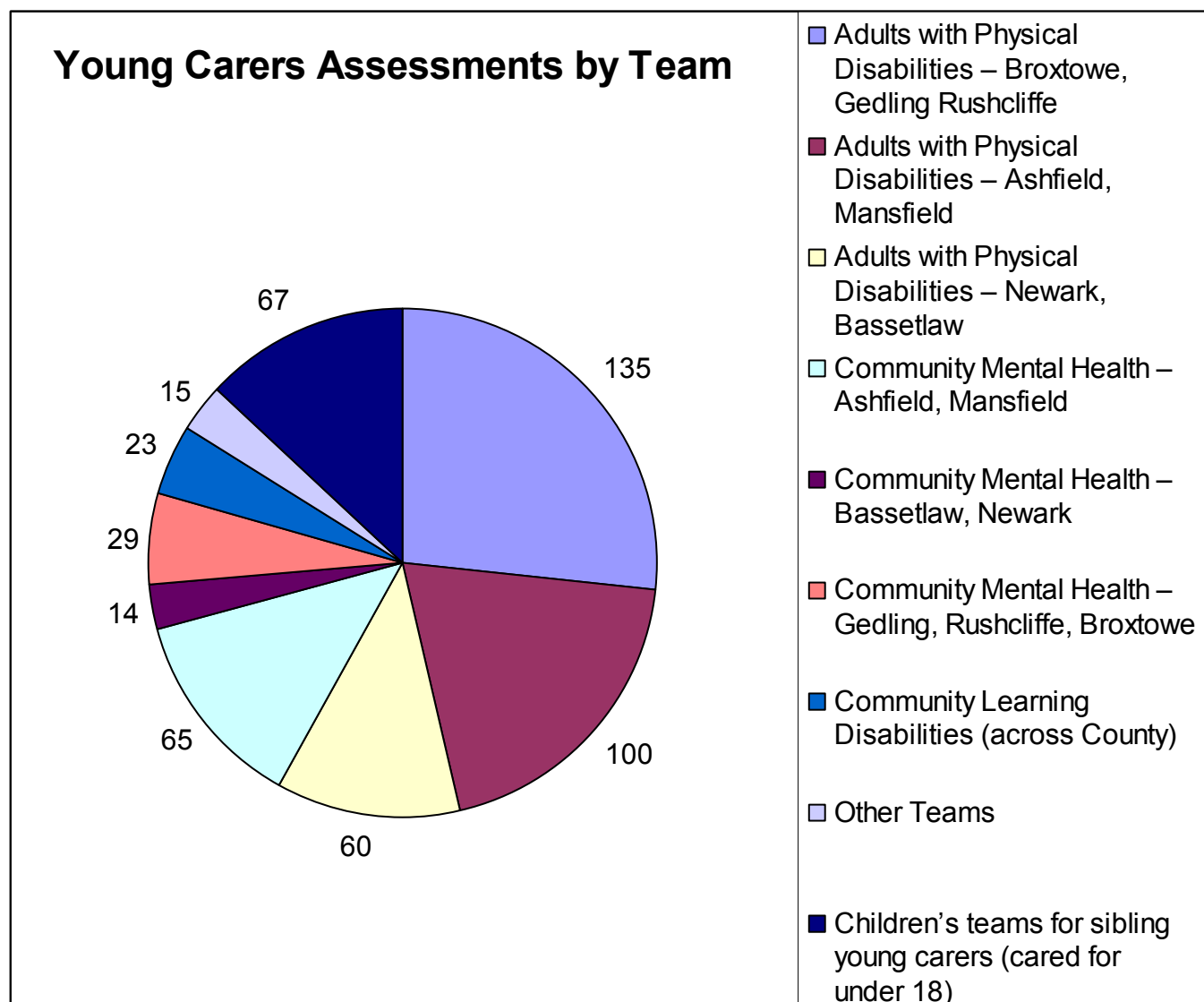
- Every child and young person has the right to feel safe and secure
- Every child and young person has the right to be treated as an individual
- Every child and young person has the right to remain healthy
- Every child and young person has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs.
- Every child and young person has the right to information, in a format that is understandable, and support relevant to their needs, which will enable him or her to make informed and appropriate choices.
- Every child and young person has the right to be accepted for who they are , which is inclusive of their age, gender, ability, race, culture, religion or belief and sexual orientation

The goal was to:

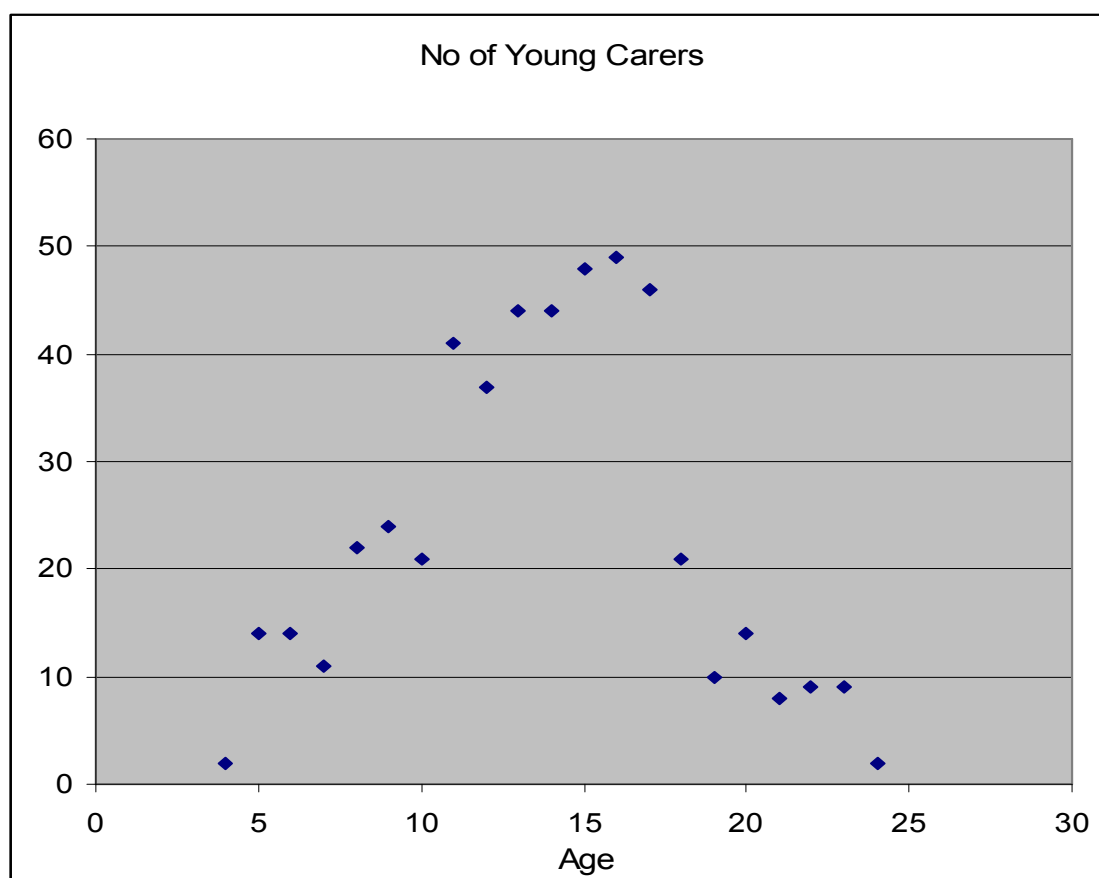
- Meet the needs of Young Carers and Young Adult Carers as identified in the Young Carers Strategy for Nottinghamshire.
- Ensure disabled adults are adequately supported in their parenting role
- Minimise the extent to which children and young people take on caring roles that are inappropriate or detrimental to them
- Ensure there is adequate support for those children and young people who are adversely affected by the illness or disability of their parents/carers. This will mean that they can enjoy the same expectations and chances during childhood and teenage years as those children without disabled parents or carers

In line with the Adult Social Care, Health and Public Protection Business Plan for the period 1st April 2011 to 31st March 2014, the funding should support young carers through development and implementation of Carers' Personal Budgets and personal budgets for the disabled parent.

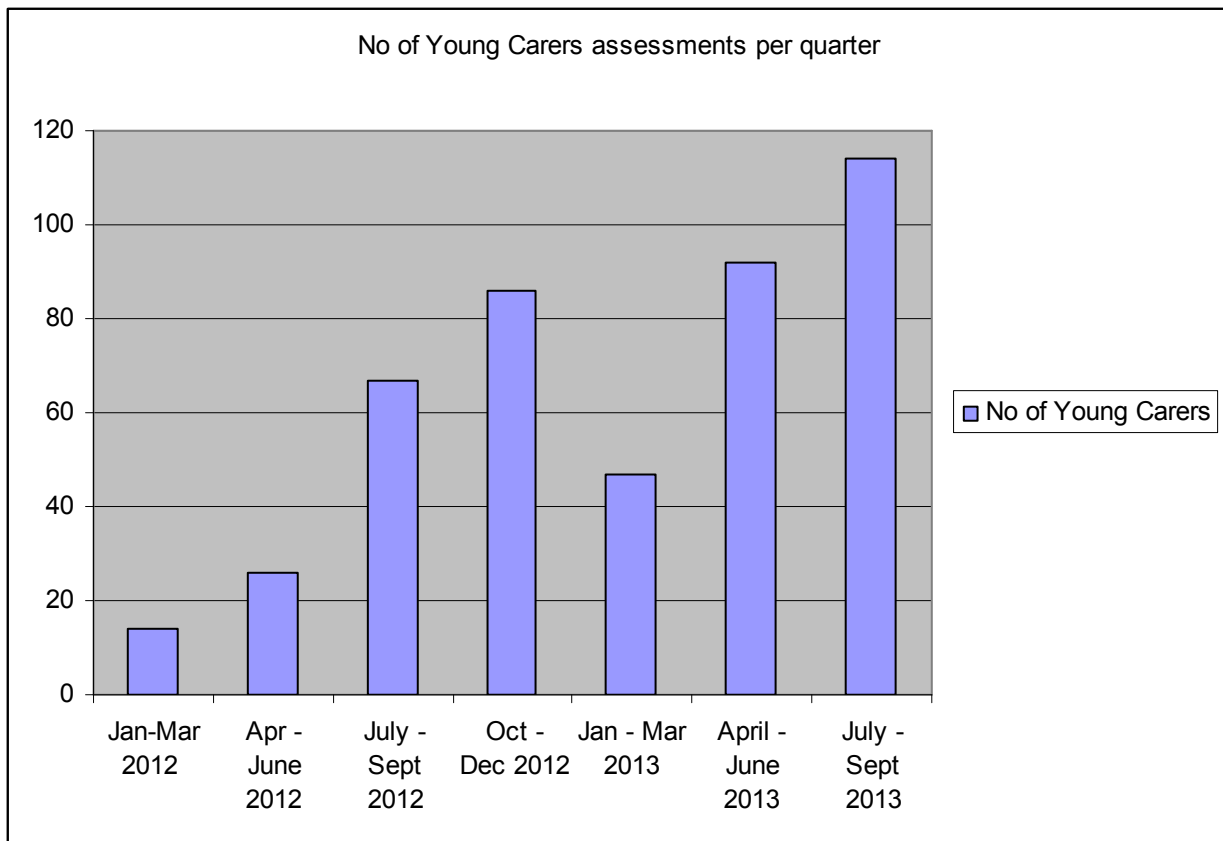
A new young carers' assessment process was implemented in November 2011 and cascaded to all Adult Social Care teams. Since then, 508 young carers have been identified and offered personal budgets to meet their needs and outcomes. In approximately 40% of these cases, their parent's are also receiving support from Adult Social Care. The following pie chart shows the breakdown of these assessments across the teams and districts:



The following graph shows the breakdown by young carer's age:



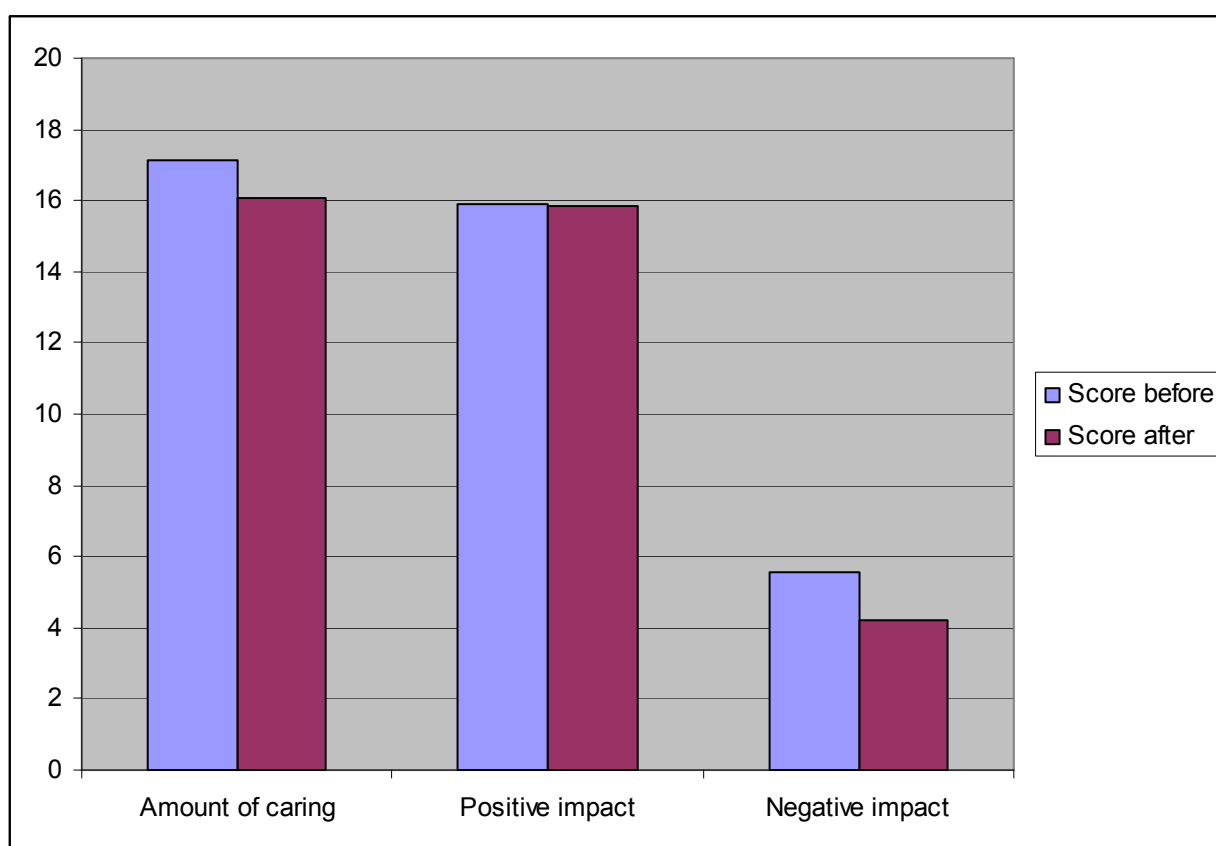
The following graph shows the breakdown per quarter during the project:



2. Performance against Planned Targets

Evaluation Results

The University of Nottingham young carers' questionnaires (MACA and PANOC) were used for evaluation purposes and are now part of the young carers' assessment process. The MACA (multi dimensional assessment of caring activity) represents the amount of caring where scores over 15 represent a high amount. The PANOC (positive and negative aspects of caring) has two scores where a positive score below 12 or a negative score about 8 would represent cause for concern. All young carers are asked to complete these questionnaires as part of their assessment and Adult Social Care staff are encouraged to complete a review after 4 months and ask the young carers to complete the questionnaires again. As at the end of October 2013, 145 young carers have been reviewed and this has identified a significant reduction in the negative impact of caring (see results below).



These results show that there is no significant difference to the amount of caring or the positive impact that the personal budget is having but it has demonstrated a significant reduction (24%) to the negative impact. These results are in line with national statistics produced by the University of Nottingham.

Providing personal budgets to young carers to meet their educational needs, social and leisure activities has made a significant reduction to the negative impact that caring is having.

The support that the Young Carers' Service (commissioned by the County Council to Family Action) is having has also reduced this negative impact further. At the initial assessment, the average negative PANOC score was 6.42 and after four months this reduced to 4.32

demonstrating a 33% reduction. These results are based on 40 young carers receiving support from Family Action. There was no significant change to the positive impact or the amount of caring within this cohort.

Budget

The majority of the £1.8 million annual budget is allocated to the support for the 'disabled' parent or other family member. The original budget for the project was £1.8million spread over financial years 2011/2012 and 2012/2013. Cabinet then decided to allocate a permanent budget of £1.8 million from financial year 2012/13.

During financial year 2011/2012 a total of £225,498 was spent as follows (budget £900,000):

• Disabled Parents support packages (18)	161,564
• Young Carers one-off Direct Payments (21)	11,283
• Salary (July 11 to March 12)	32,062
• Family Action (11/12 contribution)	20,000
• Other expenditure	589
• Total Expenditure (11/12)	£225,498

This under spend was due to the low volumes of young carers assessments conducted since the process was only implemented from November 2011.

During financial year 2012/2013 a total of £1,116,329 was spent as follows (budget £1.8 million):

• Disabled parents support packages (90)	807,991
• Young Carers one-off Direct Payments (191)	109,632
• Young Adult Carers 18-24 (32)	6,729
• Other Expenditure	6,870
• Salaries (April 12 to Mar 13)	140,951
• Parenting Courses (3 months)	24,156
• Family Action (12/13 contribution)	20,000
• Total Expenditure (12/13)	£1,116,329

Due to previous year's commitment for the disabled parent's ongoing packages of care, a remaining budget of **£860,177** exists for 2013/2014 financial year. This has been allocated as follows:

• Parents with Mental Health (MH) needs	1156
• Parents with Physical Disabilities (PD)	488,938
• Young Carers one-off direct payments	240,000
• Salaries and remaining parenting training	130,083
• Total budget (13/14)	860,177

In the financial year 2013/2014, £240,000 has been allocated to the young carers' one-off direct payments in Framework. All Young Carers personal budgets are automatically assigned to the young carers cost centre on Framework. Details of these direct payments can be extracted from the Service User Costing Report. The funding for disabled parents has been allocated to the PD and MH teams based on previous year's expenditure.

The following table shows the value ranges for the young carer's personal budgets:

Value of the Young Carers Personal Budget	Number of Young Carers
£0-500	281

£501-800	140
£801-1000	78
>£1000	9

3. Approved Project Changes

Adult Social Care Committee approved the employment of 6 temporary Community Care Officers as Young Carer Workers to identify young carers, conduct assessments and commission personal budgets. These posts were set up originally for 6 months from April 2012 and were extended for a further 6 months. Three posts were based in each of the Physical Disabilities teams, two in Mental Health (North and South) and one working across Children's departments.

What About Me (WAM) is now a trusted assessor and conducts young carers' assessments on behalf of the Council. WAM supports children affected by their parent's substance misuse. A Service Level Agreement for a 12 month period was in place to cover the costs of these assessments (Sept 12 – Aug 13). As only 5 young carers' assessments were conducted during this period, WAM agreed that there was no need for an extension to this SLA, but agreed to continue identifying young carers, as part of their normal procedures and refer to Nottinghamshire County Council for support when necessary.

A need was identified to have young carers' direct payments managed by a separate Direct Payment Support Service when it was not appropriate for the parent to manage the money. This was often the case when parents had mental health or substance misuse issues. The Carers Federation were contacted and they agreed to manage the first 10 direct payments free of charge to understand the effort involved and agree ongoing charges. This was not successful so a separate three year contract was drawn up with Penderels Trust, an existing DPSS Provider, who now manages direct payments for young carers.

Following the ongoing need for young carers' assessment training in Adult Social Care, a new e-learning module was developed by the Workforce and Organisational Development team and published at the end of September 2013. This is the first Social Care training module on Skillport; it takes the user through the identification of young carers, covers the support available and the Frameworki process with links to staff guidance, policy documents and external organisation's websites. This has been cascaded to the Adult Social Care teams.

4. Risks

Three risks were identified at the start of the project.

There was a risk that Nottinghamshire County Council (NCC) would be unable to identify new young carers and existing young carers needing support, resulting in a significant under spend. Existing service users with parenting responsibilities and young carers on the Connexions Service's database were contacted. Awareness was raised within schools (all schools were contacted and sent posters), health professionals and specialist agencies. A Fact Sheet and leaflet were produced and a new NCC webpage created.

There was a significant under spend in 2011/12 but this was due to the fact that the young carers' assessment process wasn't implemented until November 2011 and the temporary Young Carer Workers were not in post until April 2012. Family Action referrals were encouraged and What About Me organisation was set up as a trusted assessor. Internal training courses were run for social care staff in January 2011 and September 2012. Between April 2012 and March 2013, 191 young carers received personal budgets compared to 21 the previous financial year. In the first 8 months of this financial year, 290 young carers have received personal budgets. This increase has been due to the Young Carer Workers raising awareness both in Schools and within the Children's Targeted Support Service, Children's Disability Service and Children's Social Care teams.

There was a risk that the money would not be distributed fairly resulting in only those carers known to Social Care receiving the additional support. Following the increase in publicity and the employment of the temporary Young Carer Workers, this risk did not materialise although the majority of new young carers are identified by Social Care staff during the assessment of a disabled adult.

There was a risk that the infrastructure would not be in place to access the funding during the financial year 2011/2012 due to the implementation of BMS (Business Management System). The mitigating action for this was to manually transfer funding from the young carers/disabled parents budget to each locality budget on a monthly basis. This continued until May 2013 when the Frameworki software was updated so that young carers' one-off direct payments can be automatically allocated to the correct cost centre and costing reports can be extracted. In terms of the disabled parents packages, due to the ongoing commitment in Frameworki when young carers were first identified, only £490,000 of the budget remains for the parents this financial year which has now been moved to the Physical Disability teams.

A new risk was raised in August 2012. The volume of assessments may fall due to the new temporary CCO staff not passing on all the knowledge regarding the young carers' process to the social work teams before their contracts expired. To mitigate this, additional training sessions were run in September 2012 for other Workers in the younger adult teams. However, despite this the number of referrals reduced significantly during the Jan to Mar 13 quarter when there was only one young carer worker in post. Eighty six young carers' assessments were conducted during October to December 12 but only forty seven during January to March 2013. Two more Young Carer Workers started in the following quarter and ninety six assessments were carried out during April to June 2013.

5. Project Handover and follow-on actions

Ongoing work within the Adult Joint Commissioning Unit

The following tasks should reside within the ASCH&PP Joint Commissioning Unit from January 2014:

- Review and update staff guidance and other policy documents in line with legislation changes
- Attend the Young Carers' Steering Board (CFCS) and represent ASCH&PP
- Maintain the young carers leaflet, Fact Sheet and website

- Be the main contact with the Performance Improvement Team (PIT) who are reviewing ongoing evaluation and reporting requirements.
- Continue raising awareness e.g. Schools, Health partners and internal social care teams
- Review e-learning survey results (from survey monkey) and ensure young carers training course is updated
- Be the main contact for the Young Carers' Service and What About Me organisation who are both Trusted Assessors
- Handle any referral queries from ASCH Workers and the Customer Service Centre/Adult Access Team staff (including any updates to LAGAN scripts). Attend ASCH Younger Adults team meetings as required to encourage identification of young carers.
- Handle queries regarding the Penderels Trust brokerage contract. Invoices will go directly to Wendy Adcock, Group Manager, Disability South.
- Manage the Group email account youngcarers@nottsgov.uk which contains the MACA/PANOC questionnaires

The estimated effort for this role is approximately 2 days per month

Ongoing work within the Children's Department

During the project, young carers looking after siblings under 18 with a disability have been assessed by one of the temporary Young Carer Workers in Adult Social Care. Children's Disability Service will not complete young carers' assessments as the child doesn't normally meet their threshold (level 4) in the Nottinghamshire Pathway to Provision. From April 2014, Adult Social Care will not be taking responsibility for these young carers. Discussions have taken place with Laurence Jones, CFCS Group Manager for the Targeted Support & Youth Justice Service and Denis McCarthy, Operations Manager, Targeted Support. They have agreed in principle to Targeted Support doing these assessments (Family Action is already a Trusted Assessor). If this takes place from April 2014, Targeted Support will need Framework training and Laurence would like Targeted Support team managers to approve the personal budgets. A separate budget on Framework will need to be allocated to the 'young carers' assessment' team based on the value of the personal budgets commissioned in 2013/14. During the period July 2013 to November 2013 (5 months), 70 young carers' personal budgets were commissioned where the cared for is under 18. It is recommended that an annual budget of £100,000 be allocated to the Children's Targeted Support Team for sibling carers during 2014/15 financial year.

It is also recommended that the new ASCH&PP Data Input Team carry out the commissioning tasks on Frameworki on behalf of the Children's Targeted Support team.

Future Reviews of Young Carers

Between the period April to November 2013, 290 young carers assessments have been conducted which includes 48 annual reviews. The total expenditure for this period is £155,000. Based on these actual figures and the fact that the Young Carer Workers are in post until March 2014, the forecast for this financial year is:

456 young carers' assessments
£241,000 based on a personal budget average of £530

It is difficult to predict the number of new young carers' assessments for the next financial year (2014/15) as there will only be one Young Carer Worker in post during the period April to July 2014 and the teams may not have the same capacity to conduct assessments. A

similar situation occurred during the January to March 2013 quarter when only 47 assessments were completed (half the volume conducted in the following two quarters). Based on this, Adult Social Care teams may identify approximately 200 new young carers and conduct approximately 120 annual reviews. Following analysis from previous years and the average personal budget of £530, a budget of £270,000 is recommended for young carer's direct payments during 2014/15.

6. Lessons Learned

A campaign on the buses in Mansfield took place between February and March 2013 but this did not generate any referrals into the Customer Service Centre (CSC). Young carers are unlikely to contact CSC due to the contact method available i.e. telephone or email. The Channel Shift Programme is looking at implementing mobile texting technology, which is likely to be a much more successful contact method for young people.

As part of the original business case, the Group Manager for the Targeted Support & Youth Justice Service requested funding for specialist parenting training for those with cognitive problems (learning disabilities and mental health issues). This training was commissioned with Core Assets following an open tender process. The training was planned for a 12 month period delivering 9 group based courses (3 in each district) each with a minimum of 6 parents. The training was called 'Small Steps' and was based on the Triple P methodology. Despite a huge effort on the part of the organisation and project team, it was very difficult generating referrals for this training. Core Assets were only able to deliver 5 courses and some of these programmes started with the minimum number of parents but the drop out rate was high due to a variety of reasons. Out of the 44 referrals only 19 parents completed the training. The explanation given for this low take up is due to two reasons. A number of alternative parenting courses were available in the County and some parents referred had already attended these; a more joined up approach is needed. A more bespoke solution is needed for parents with cognitive problems; longer term individualized support would be more effective than classroom based training.

A new IT application, called the 'Young Carers Survey', was developed for the project which records and calculates the scores on the two young carer questionnaires (MACA and PANOC). This is available for all staff via the 'myapps' bar on the NCC Intranet. The tool has been successfully used by all social care staff conducting young carers' assessments. For young people who are able to complete the questionnaires without any social care intervention, the application has the facility to send an email invitation to the young person who can then return the questionnaires electronically.

7. Recommendations

Following the closure of the Young Carers and Disabled Parents project, the following is recommended:

- An annual budget of £270,000 for young carers' one-off direct payments (2014/15)
- Children's Targeted Support team conduct young carers' assessments for those looking after siblings under 18 with a disability from April 2014.

ASCH&PP Data Input Team complete the commissioning of the personal budgets for this cohort.

- All Social Care staff continue completing young carers' reviews after four months as part of the evaluation exercise.
- Provide a text facility for young carers to contact the Customer Service Centre to encourage referrals as young people have not been using telephone or email contact methods
- Continue raising awareness within the Adult Social Care teams and promote the use of the e-learning module

8. Case Studies

Case studies have been collected during the project these have been extracted and put in the body of the Committee report.

9. References

Joseph, S., Becker, F. and Becker, S. (2009) Manual for Measures of Caring Activities and Outcomes for Children and Young People. London: The Princess Royal Trust for Carers.

Disabled Parents and Young Carers, Business Case dated Sept 2011

[Young Carers and Disabled Parents Staff Guidance](#)

[Young Carers Strategy for Nottinghamshire](#)

[Joint Protocol between Adults and Children's teams in respect of young carers and disabled parents](#)

3rd February 2014**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE
AND PUBLIC PROTECTION****PLANNING CARE OF OLDER PEOPLE AFTER A PLANNED OPERATION****Purpose of the Report**

1. To propose an additional temporary Community Care Officer Post one day per week (7.4 hours) to support a pilot project in Health called Systematic Care Of Older peoples Elective Surgery (SCOPEs). This post will be fully funded by Health for the duration of the six month pilot.

Information and Advice

2. SCOPEs is a project for older people which identifies patients who have social care needs and completes pre-admissions assessments for people who will require social care support following pre-elective surgery. Pre-elective surgery is surgery which is pre planned and not as a result of a medical emergency. The project started 12 months ago with patients waiting cardiac surgery or hips and knees replacements. Following the success of this project the pre-admissions assessments will be extended to some patients who have cancer treatments such as breast cancer.
3. The objective of the project is to improve outcomes for the patient following discharge from Hospital through a joined up approach across health and social care. A planned discharge plan before admission provides reassurance to the patient and their family that their social care needs will be met or if they are a carer, that the cared for person will be supported. It also enables a proportionate assessment of need and avoids the need for an assessment by a hospital social worker on the ward. This enables people to have a timely and appropriate discharge from hospital and reduces delayed transfers of care.
4. If agreed the temporary Community Care Officer post will be based at the Adult Access Service within the Customer Service Centre.
5. The Community Care Officer will be the point of contact for health staff requesting a social care assessment for a patient who will have a planned admission. Based on the assessment, the Community Care Officer will pre-book the support required, which could include a period of reablement or a period of respite if the patient is a main carer.

6. At the six month point the pilot will be reviewed to ascertain whether it has been successful and whether it can be extended to other areas.

Other Options Considered

7. The other option would be for health to identify a worker to undertake this work. However this is discounted as the worker would not have access to commission social care services.

Reason/s for Recommendation/s

8. The establishment of a temporary Community Care Officer Post (7.4 hours) will enable proportionate assessment to be completed and arrange timely discharge from hospital with improved outcomes for service users and carers living in the County. This will also reduce referral numbers to Hospital and District teams. This post will be funded by health.

Statutory and Policy Implications

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

Implications for Service Users

10. Outcomes will be improved as people will have arrangements in place for their discharge before their admission.

Ways of Working Implications

11. The post will be based with the Adult Access Service at Mercury House and will be accommodated within existing office space, making use of flexible work arrangements.

Financial Implications

12. The total cost will be recouped from the Strategy and Implementation Group for Nottingham South (SIGNS).

Human Resources Implications

13. This report proposes to establish the following post:

- 1 7.4 hours a week Community Care Officer, Grade 5 - SCP 24-28 and approved car user status.

14. An existing Community Care Officer will be transferred to undertake this work.

RECOMMENDATION/S

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

- 1) A Community Care Officer Post, 1 Full Day (7.4 hours) SCP 24-28 (£21,067-£22,443 per annum) with approved car user status. The total cost for this post will be recouped back from Health.

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

Amanda Marsden

Reviewing Team Manager

Email: Amanda.marsden@nottsccl.gov.uk

Constitutional Comments (LM 24.01.14)

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

Financial Comments (KAS 24/01/14)

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

Background Papers

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

None

Electoral Division(s) and Member(s) Affected

All.

ASCH188

3rd February 2014**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR FOR BROXTOWE, GEDLING AND
RUSHCLIFFE****INTEGRATED COMMUNITY EQUIPMENT LOAN SERVICE (ICELS)
PARTNERSHIP TEAM****Purpose of the Report**

1. The purpose of the report is to propose:
 - a. an extension of the current Integrated Commissioning Equipment Loan Service (ICELS) Partnership Support Team in line with the duration of the ICELS contract; and
 - b. a temporary increase in posts of the Partnership Support Team in order to deliver savings through increasing the amount of equipment that is recycled and reused.

Information and Advice**Background and Context**

2. On 9 June 2010 Cabinet approved the establishment of an Integrated Community Equipment Service for Nottinghamshire County Council, Nottingham City Council and NHS organisations across Nottinghamshire. Nottinghamshire County Council is the lead commissioner for the current contract which is in place to March 2016. The contract covers the provision, delivery and collection of equipment and the provider is the British Red Cross. Partners manage a pooled budget of £7,200,000 per annum.
3. ICELS provides a range of equipment to adults and children across Nottinghamshire. The equipment supports the independence of people who mainly live in their own homes, through maximising mobility and self-care. It assists both family and paid carers to support people with complex physical disabilities in their own homes. Ensuring equipment is in place quickly is therefore an important element to ensure timely hospital discharge, avoid hospital and residential care admissions, prevent falls and support Reablement.
4. The range of equipment includes, for example, commodes, walking sticks, raisers, cushions to relieve pressure sores and more complex expensive items, such as hoists, specialist beds and mattresses. Demand for the service is rising as more

people with increasingly complex needs are being supported to live in their own homes for a longer period of time.

5. A Delegated Decision on 7 April 2011 (AC/2011/00019) agreed the establishment of 4 fte Partnership Support Team posts for three years. Their role is to manage the day to day operations of the service, monitor budgets, activity and performance, train staff and lead on the interface between the Partnership and the British Red Cross. Nottinghamshire County Council currently hosts the Partnership Support Team.
6. Following a review, the Partnership confirmed extension of the existing contract with the British Red Cross for the optional further two years and the employment contracts of the ICELS Partnership Team now require approval to also extend for a further two years.
7. Increased demand for equipment has resulted in all partners having to increase their contributions into the pooled budget, which has risen from a total of £5.3 million in April 2011 to the current £7.2 million. Therefore, in order to identify potential areas where savings could be achieved, in April 2013 partners commissioned a Lean+ review of the service. This was led by Nottinghamshire County Council's Improvement Programme.

Lean+ Recommendations

8. The Lean+ review made several recommendations to improve and simplify processes which the Partnership have agreed to progress, subject to capacity being available within existing resources.
9. The review also confirmed that the most effective way for the partnership to achieve savings is to increase the return and re-use of equipment. The ICELS Partnership contract operates on a lease back model from the British Red Cross. For each piece of equipment that is returned in a reusable condition, the partnership receives an 80% refund for the item.
10. Data analysed as part of the review evidences that significant savings in the range of £705,485 to £2,859,383 are achievable. These figures show a potential range for savings based on assessment of between a minimum of 25% and maximum of 85% of the total equipment that is likely to be able to be returned. This is equipment that is still in the community that has exceeded the average loan period. Savings are calculated with the cost of the temporary review team already deducted. Even the lowest estimate indicates that the return on investment is worth progressing. These savings will be realised through working with the British Red Cross to increase the rate of returns and recycling, primarily of higher value, re-usable equipment not returned within the average loan period. In order to do this work additional resources are required to identify the correct equipment to target for return, to undertake the review of whether it is needed and arrange return if not.
11. It is therefore proposed that the Partnership Team is increased on a temporary basis by 5.5 fte posts to focus solely on the return and recycling of equipment.

The posts within the structure have been selected due to the professional and clinical knowledge required to safely review complex and or difficult cases, as well as the different areas of experience required in order to deliver the project time-scales. It includes a data technician role to analyse the British Red Cross data and that of partner agencies in order to target the right equipment, track progress and monitor savings.

12. The new temporary posts would be funded on an invest to save basis from the overall savings target of the project. The maximum cost of the posts for one year is £191,972. Analysis by the Lean+ review team shows that only 5.35% of the current volume of equipment remaining in the community longer than the average loan period would need to be recovered to cover the costs of these posts. It is therefore anticipated that these costs can be met and also further significant savings realised.
13. Robust project management reported into the ICELS Partnership Board will monitor progress in delivering the required savings, manage risks and take any mitigating actions required. Part of the evaluation of the work will be to explore the best option for continuing to achieve higher returns and associated financial benefits.

Other Options Considered

14. Extension of the existing Partnership Team is required to support the safe and effective management of the ICELS services over the final two years of the contract period.
15. The option to not undertake the project was considered. With the current processes equipment is not automatically followed up if the service user does not require any further health or social care input. There is not the capacity to do this work within existing resources. The 'do nothing' approach would not yield any savings for the Partnership and is likely to result in continued spend over the allocated budget.
16. Dispersing the additional review of staff across existing teams was considered. A centralised approach, however delivers both greater capacity and co-ordinated approach.

Reason/s for Recommendation/s

17. The year on year increase in demand for equipment is placing unsustainable pressures on all partners' ICELS budget contributions. The Lean+ analysis has identified increasing the amount of equipment returned and re-used as the best option for reducing spend. It will enable partners to save money whilst maintaining the current volume, quality and high level of customer satisfaction with the service.

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. The £140,245 per annum funding to extend the existing ICELS Partnership Team for two years is already included in the ICELS pooled budget.

20. The funding for the additional temporary 12 month establishment of 5.5 fte posts at a maximum cost of £191,972 per annum will be met by the savings delivered through increasing reviews and the amount of equipment recycled.

Human Resources Implications

21. This report proposes to:

- a) extend the following posts from 1st April 2014 for two years up to 31 March 2016:
 - 1 fte Partnership Manager post Hay Band Nottingham City Pay Band GLCP (£34,349-£38,042) plus approved car user status. July 2013 Committee confirmed agreement confirmed for post to transfer to County under TUPE arrangements. Clarification being obtained as to incumbent will transfer on City or County T&Cs and be subject to Job Evaluation (JE)
 - 1 fte Occupational Therapist Band B scp 34-39 (£36,644-£42,057) plus Approved car user status
 - 1 fte Finance Officer post, Scale 4, scp 19-23 (£22,561-£25,676)
 - 1 fte Business Support , Scale 3, scp 14-18 (£19,862-£21,278)
- b) establish the following posts on a temporary basis for a period of 12 months:
 - 1 fte Manager Senior OT post, Hay Band C, scp 39-44 (£42,057-£47,784) subject to JE plus approved car user status.
 - 1 fte Community Nurse (Band 6) plus approved car user status.
 - 2 fte Community Care Officer posts, NJE Grade 5, scp 24-28 (£26,534-£30,239) plus approved car user status.

- up to 1.5 fte Data Technician posts, NJE Grade 4, scp 19-23 (£22,562-£25,676) subject to JE.

22. Human Resource and associated financial risks are shared across the Partnership.

Implications for Service Users

23. The proposal will enhance the process for individuals and their families/carers needing to return equipment.

Ways of Working Implications

24. Office space will be required for the additional 5.5 temporary staff for one year.

RECOMMENDATION/S

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

- 1) Approves the extension of the existing 4 fte ICELS Partnership Support Team posts on a temporary basis until 31 March 2016 in line with the current contract for the service.
- 2) Approves the establishment of an additional 5.5 fte temporary posts for a 12 month period in order to deliver savings through increased rates of return and re-use of equipment.

CAROLINE BARIA

Service Director for Broxtowe, Gedling and Rushcliffe

For any enquiries about this report please contact:

Sue Batty, Group Manager for Joint Commissioning

Email: sue.batty@nottscg.gov.uk

Constitutional Comments (NAB 22.01.14)

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

Financial Comments (KAS 23/01/14)

26. The financial implications are contained within paragraphs 19 and 20 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.

- Delegated Decision 7 April 2011 AC/2011/00019

Electoral Division(s) and Member(s) Affected

All

ASCH190

3 February 2014**Agenda Item: 10****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2014.

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

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

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

Constitutional Comments (HD)

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

Financial Comments (PS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
3 March 2014			
Adult Social Care Outcomes Framework	Report to Committee on Adult Social Care Outcomes Framework (ASCOF) Data	Service Director for Promoting Independence and Public Protection	Nick Parker
Transport Policy	Report to Committee following the consultation.	Temporary Deputy Director for Adult Social Care, Health and Public Protection	Wendy Lippmann
Short Breaks Policy	Report to Committee following the consultation	Temporary Deputy Director for Adult Social Care, Health and Public Protection	Wendy Lippmann
Use of Resources Policy	Report to Committee following the consultation on the new model for Adult Social Care.	Corporate Director for Adult Social Care, Health and Public Protection	Sarah Hampton
Quality Assurance	Report to Committee on how quality of services is monitored.	Temporary Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
31 March 2014			
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care	Corporate Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker
Think Local, Act Personal	Report on progress made by the Think Local, Act Personal (TLAP) Team	Service Director for Promoting Independence and Public Protection	Jordan Pitcher / Bronwen Grieves
12 May 2014			
Winterbourne View	Update on Nottinghamshire Response to "Transforming Care: A National Response to Winterbourne View Hospital"	Service Director for Broxtowe, Gedling and Rushcliffe	Ian Haines
9 June 2014			

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Carers' Survey	Update to Members on response to results of the survey.	Service Director for Mid Notts and Bassetlaw	Penny Spice
7 July 2014			
Carers' Strategy	Review of the Carers' Strategy	Service Director for Mid Notts and Bassetlaw	Penny Spice
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care	Temporary Deputy Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker
September 2014			
Nottinghamshire Safeguarding Adults Board	12 monthly update on Nottinghamshire Safeguarding Adults Board	Service Director for Promoting Independence and Public Protection	Allan Breeton
November 2014			
Direct Payment Support Services	Update to Members on the Direct Payment Support Services (requested at Committee on 28 October 2013)	Temporary Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
Interim Senior Leadership Structure in the Adult Social Care, Health and Public Protection Department	Review of the departments interim Senior Leadership Team Structure	Temporary Deputy Director for Adult Social Care, Health and Public Protection	Jon Wilson
January 2015			
NHS Support to Social Care Funding	Update report on NHS Support to Social Care (s.256) Funding	Service Director for Mid Notts and Bassetlaw	Jane Cashmore

ASCH 194

3rd February 2014**Agenda Item: 11****REPORT OF SERVICE DIRECTOR FOR MID NOTTS AND BASSETLAW****UPDATE ON THE BROWNLOW ROAD EXTRA CARE SCHEME, MANSFIELD
DISTRICT****Purpose of the Report**

1. The purpose of this report is to advise and update about the proposed extra care scheme at Brownlow Road which is being developed in partnership with Mansfield District Council (MDC). Also to seek approval for the preferred option as set out in the exempt appendix to this report.

Information and Advice**Introduction**

2. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to the circumstances, on balance the public interest in disclosing the information does not outweigh the reason for exemption because divulging the information would significantly damage the Council's commercial position. The exempt information is set out in the exempt annex.
3. Previous reports to the Committee were on 7 January 2013, seeking approval to work on options and submit a bid for funding to the Department of Health, and on 9 September 2013, seeking approval for continued work on the scheme, subject to further reports to committee.
4. The County Council already has a number of schemes providing extra care accommodation. There are two existing relatively new build schemes; one in Southwell in the Newark and Sherwood District and one in Edwalton in the Rushcliffe district. There are also three other schemes in Newark and Bassetlaw that have been developed in what was traditional sheltered housing stock. This provision is not sufficient to meet either current or future need.
5. As a part of the County Council's Living at Home Programme there is a capital commitment of £12.65 million to deliver an additional 160 Extra Care Housing places across the County. A procurement process has taken place and contracts awarded to deliver new build schemes in Retford in the Bassetlaw District and Eastwood in the Broxtowe Borough. There are though, still a number of districts where delivering an extra care scheme has been particularly problematic.

Mansfield being one of the districts that has a gap in this type of service provision for older people.

Care and Support Specialised Housing Bid for Mansfield

6. During the latter weeks of 2012 a team (the Development Team) comprising officers from Mansfield District Council (MDC) and from the County Council (Adult Social Care, Health and Public Protection, Finance and Corporate Property), together with specialist external support provided by Housing Research Ltd, developed a bid to the Department of Health/Homes and Communities Agency's (DH/HCA) Care and Support Specialised Housing Fund. The scheme comprises 64 units of accommodation, including apartments, bungalows and houses, along with a range of communal facilities to be built on a brownfield site at Brownlow Road in the centre of Mansfield. The majority, 54, of the units will be let at affordable rents with the balance, 10 units, being available for affordable home ownership. The County Council will have nominations rights to 48 of the rented units to provide an extra care service, of which there will be 10 bungalows specifically designed and built for people with dementia.
7. The estimated costs and sources of funding included in the DH/HCA bid are summarised below:-

	£
Scheme Costs	
Land	435,000
Building Costs	4,873,270
Fees	<u>1,096,486</u>
	<u>6,404,756</u>
Financing	
DH/HCA Grant	1,344,000
Sales of units	763,875
NCC contribution	3,360,000
MDC contribution	<u>1,006,881</u>
	<u>6,404,756</u>

8. The bid was submitted on 18 January 2013 with MDC as the lead partner, and was included in the list of successful bids for the first round of the Care and Support Specialised Housing Fund announced, on 24 July 2013. A report was taken to ASCH Committee on 9th September 2013 which approved the spend of £3.36m capital funding subject to the appropriate legal agreements with MDC being taken back to Committee for final sign off.
9. Since the submission of the bid further work has been undertaken to develop a more detailed scheme with a detailed cost estimate produced in November 2013 based on the latest scheme designs. Details of this estimate, discussions with MDC and options for the Committee's consideration are included in the exempt appendix to the report.
10. MDC have submitted a report to their Cabinet and Council for formal approval to accept the Department of Health Grant funding and also the funding from the

County Council. They will then commence the procurement process that will identify the developer who will build the extra care scheme. Further detail of which is set out in the exempt appendix of this report.

Other Options Considered

11. Options are presented in the exempt appendix.

Reason/s for Recommendation/s

12. These are set out in the exempt appendix.

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

RECOMMENDATION/S

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

- (1) Notes the current cost estimate for the Mansfield scheme, and the further work being undertaken to review and confirm the current cost estimate, as detailed in the exempt appendix.
- (2) Approve Option C, as detailed in the exempt appendix.

DAVID HAMILTON

Service Director for Mid Notts and Bassetlaw

For any enquiries about this report please contact:

Cherry Dunk

Programme Manager

Email: cherry.dunk@nottsgov.uk

Constitutional Comments (SLB 24.01.14)

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

Financial Comments (RWK 24.01.14)

15. The financial implications are detailed in the exempt appendix to 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.

a. Previous reports to the Adult Social Care and Health Committee:

- Update Report 29th October 2012
- Update Report 7th January 2013
- Update Report 1st July 2013
- Update Report 9th September 2013

Electoral Division(s) and Member(s) Affected

All

ASCH192