

Adult Social Care and Health Committee

Monday, 06 January 2014 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 25 November 2013 | 5 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | NHS Support for Social Care Funding | 9 - 24 |
| 5 | Extension of Secondment from CQC to NCC
Extension of Secondment of Compliance Manager from Care Quality Commission to Nottinghamshire County Council | 25 - 30 |
| 6 | Protection of Property and Funeral Arrangements Policy | 31 - 46 |
| 7 | Winterbourne Project Update | 47 - 52 |
| 8 | Carers' Strategy 2013/14 | 53 - 60 |
| 9 | Adult Social Care Performance Update | 61 - 68 |
| 10 | Assistive Technology Update | 69 - 76 |
| 11 | Update on Independent Living Fund | 77 - 80 |

NOTES:-

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

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

Customer Services Centre 0300 500 80 80

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

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

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

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Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 25 November 2013 (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 Cottee	Pam Skelding
Dr John Doddy	Stuart Wallace
Sybil Fielding	Jacky Williams
Michael Payne	

OFFICERS IN ATTENDANCE

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

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 28 October 2013 were confirmed and signed by the Chair.

DECLARATIONS OF INTEREST

There were no declarations of interest.

IMPLEMENTATION OF THE CARE BILL 2013

Caroline Baria introduced the report and responded to questions and comments. She would circulate information after the meeting about whether care home providers were required to have any insurance cover for the costs which might fall in the local authority if the provider went out of business, and would clarify the cost of the two new posts.

RESOLVED: 2013/081

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

**ANNUAL NATIONAL CHILDREN AND ADULTS SERVICES CONFERENCE 2013
– REWIRING PUBLIC SERVICES**

RESOLVED: 2013/082

That the overview of the 2013 National Children and Adult Services Conference be noted.

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

In response to comments, it was agreed to report to committee in late 2014 on proposals for the senior leadership structure after the interim period.

RESOLVED: 2013/083

- (1) That the establishment of the interim senior management structure set out in the report, which aligns service responsibilities within a locality model, be approved.
- (2) That there be a further report in late 2014 on proposals for the senior leadership structure after the interim period.

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

In response to comments, it was agreed to report to a future meeting on how the committee might monitor the quality of care services.

RESOLVED: 2013/084

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

- (3) That there be a report to a future meeting on how the committee might monitor the quality of care services.

CARERS' SURVEY 2012

In response to comments, it was agreed to circulate further details of the questionnaire and responses, and to provide a progress report on the action plan after six months.

In view of comments about the increasing use of the website to provide information on services, and the value to some service users of face-to-face contact, it was agreed to report to a future meeting about how service users access services.

RESOLVED: 2013/085

- (1) That the Carers' Survey 2012 be noted, and implementation of the plan contained in the report be approved.
- (2) That there be a progress report on the action plan after six months, and a report to a future meeting on how service users access services.

DEMENTIA STRATEGY UPDATE

RESOLVED: 2013/086

That the committee continue to support the implementation of the joint Nottinghamshire Dementia Strategy 2010-15.

TRANSPORT SERVICE POLICY

RESOLVED: 2013/087

- (1) That the redrafted Transport Policy be approved as the basis for consultation alongside the Outline Business Case for Transport Services.
- (2) That a further report be presented once the consultation has been completed.

DRAFT SHORT BREAKS (RESPITE) SERVICE POLICY

RESOLVED: 2013/088

- (1) That the draft Respite Care Policy be approved as the basis for consultation alongside the Short Breaks Outline Business Case.
- (2) That a further report be presented once the consultation has been completed.

TEAM MANAGER POST IN ADULT CARE FINANCIAL SERVICES

RESOLVED: 2013/089

That the temporary Team Manager post, Pay Band D, scp 42-47 in Adult Care Financial Services be extended for a period of 16 months from 1 December 2013 until 31 March 2015, the post to carry approved car user status.

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

RESOLVED: 2013/090

That the purpose and content of the report be noted, and the publication of the Local Account 2012-13 be approved.

WORK PROGRAMME

RESOLVED: 2013/091

That the work programme be noted, subject to the inclusion of the following reports:

- proposals for the senior leadership structure after the interim period, in late 2014
- how the committee might monitor the quality of care services
- progress report on the Carers' Strategy action plan, after six months
- how service users access services
- on the Transport and Short Breaks Policies, after the completion of consultation

The meeting closed at 1.10 pm.

CHAIR

6th January 2014**Agenda Item:****REPORT OF THE SERVICE DIRECTOR FOR MID NOTTS AND BASSETLAW
NHS SUPPORT FOR SOCIAL CARE FUNDING****Purpose of the Report**

1. This report outlines the approach to allocating funds and key proposals for the investment of 2013/14 NHS Support for Social Care (s256) funding from the six Clinical Commissioning Groups (CCGs) in Nottinghamshire.
2. It also provides an update on the previous report to the Adult Social Care and Health Committee of 29 October 2012, item 10 and seeks ratification on funding requests that were previously agreed but require funding from the 2013/14 NHS Support for Social Care allocation.
3. Since the NHS Support to Social Care Funding was initially announced by the Department of Health (DH) there has been significant organisational change within the NHS with the establishment of new structures including NHS England and the Area Teams, and locally with the establishment of six CCGs. As a result of these changes, it has taken some time for clear guidance to emerge in relation to the allocation and use of the funding. Also, the Council has sought agreement with the six new CCGs on the key priorities which meet both health and social care service requirements. Therefore, many of the requests detailed below are retrospective.

Information and Advice

4. In the 2011/12 Operating Framework for the NHS in England, the DH set out that Primary Care Trusts (PCTs) would receive allocations totalling £648 million in 2011/12 and £622 million in 2012/13 to support adult social care. This funding was in addition to the funding for reablement services that was incorporated within recurrent PCT allocations of £150 million in 2011/12 rising to £300 million from 2012/13.
5. From 2013/14, the funding transfer to local authorities became the responsibility of NHS England. In December 2012, in a letter to the Board of NHS England, the DH laid out provisional information on the transfer, how it should be made, and the allocations due to each local authority.

6. For the 2013/14 financial year, the Board was instructed to transfer £859 million from its global allocation to local authorities. The amounts paid to individual local authorities were determined by the DH using the adult social care relative needs formulae.
7. The payments are made via an agreement under Section 256 of the 2006 NHS Act. The Board enters into an agreement with each local authority; however, before each agreement is made, certain conditions must be satisfied. These conditions are set out below:
 - The funding must be used to support adult social care services in each local authority, which also has a health benefit.
 - The local authority should agree with its local health partners how the funding is best used within social care, and the outcomes expected from this investment.
 - Local authorities and clinical commissioning groups should have regard to the Joint Strategic Needs Assessment (JSNA) for their local population, and existing commissioning plans for both health and social care, in how the funding is used.
 - Local authorities should demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.
8. The Board may also use the funding transfer to support existing services or transformation programmes, where:
 - such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment.
and/or
 - joint benefit with the health system and positive outcomes for service users have been identified
9. NHS England have further stipulated that any plans for the allocation of NHS Support to Social Care Funding should be approved by the local Health and Wellbeing Board.
10. The 'Caring for our future' White Paper also set out that the transfer of funding can be used to cover the small revenue costs to local authorities of the White Paper commitments in 2013/14 (excluding the Guaranteed Income Payments disregard, which is being funded through a grant from the DH). Nottinghamshire County Council's share of the national allocations in 2013/14 is £12.624 million. The County Council has committed £8.5 million of this sum (£5.0 million to fund an increase in demand for direct payments, £1.6 million to fund demographic pressures including for nursing and dementia care home placements, £400,000 for short term and interim placements and £1.5 million to reduce the required saving on Supporting People) leaving an amount of £4.124 million.

Allocation of Resources

11. The overall aim, as stated in the previous committee report of 29 October 2012 is to develop and maintain targeted services that prevent or reduce the need for more intensive support. In order to achieve this any service development or investment should achieve the following objectives:

- to promote integrated and joint working across health and social care
- to enable people to retain their independence for as long as possible and avoid/delay their need for social care support
- to reduce the need for ongoing support through reablement activity
- to facilitate safe and timely discharge from hospital in order to reduce unnecessary delays.

12. The services will also achieve the following outcomes:

- reduced long term admissions to care homes
- reduced numbers and levels of social care packages following a period of reablement
- increased numbers of older people having their health and care needs met closer to or within their own home
- increased numbers of people dying in their preferred place of death
- reduced emergency hospital admissions
- reduced emergency hospital re-admissions
- reduced length of stays in hospital in-patient beds.

13. Priorities for investment have been those identified as leading to:

- greater integration and alignment of health and social care systems
- projects or initiatives that actively support the delivery of the 'Living at Home' programme
- projects that offer community alternatives to unnecessary hospital admission and in-patient care
- initiatives that assist the delivery of national and local priorities as identified in the 'Nottinghamshire Health and Wellbeing' strategy, e.g. dementia, End of Life, Carers
- delivery of cost avoidance and efficiencies.

14. Discussions around the development of targeted services designed to prevent or reduce the need for more intensive health and social care input have taken place with colleagues within both the health community and across social care. These discussions have sought to make best use of a number of time limited resources, in addition to the s.256 funding.

15. The following areas and services proposed for the use of this funding, solely or alongside funding streams available to the Health service, are mainly one year only. Although the sums available for NHS Support to Social Care are only known up to the end of this year, the Comprehensive Spending Review (CSR)

2010 identified a national allocation for the period 2010-15. Where longer term commitments are identified the funding source is identified in the event that the NHS Support to Social Care funding is reduced.

16. All of these proposals meet one or more of the key objectives set.

Specific Service Developments

Mental Health Intermediate Care Service (MHICS)

17. Specialist Intermediate Care Teams for older people with mental health problems and dementia have been developed in Nottinghamshire over the past five years. They have proved to be successful in the districts where they have been introduced by reducing the numbers of people being admitted to hospital, urgent short-term care and long term care. Coverage of this service is now county-wide following the creation of teams in Bassetlaw, Gedling, Mansfield and Ashfield during 2012-13. The teams are funded mainly through by the CCGs with annual team costs at around £400,000 per team; the social care contribution being one social work post per team.

18. It is therefore proposed to continue funding;

- I. 1 fte (37 hours) temporary Social Worker, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) for 12 months to 31 March 2014, be based in the Broxtowe MHICS team and the post be allocated approved car user status at a total of £42,800.
- II. 3.5 fte (129.5 hours) temporary Social Workers, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) be funded from 1st July 2013 to 31st March 2014, be based in Bassetlaw, Gedling and Mansfield/Ashfield and the posts be allocated approved car user status at a total of £112,350

Total Funding required: £155,150

Social Care Support to Memory Assessment Services (MAS)

19. Early diagnosis of dementia is one of the key aims of the National Dementia Strategy¹ and locally both Primary Care Trusts have committed additional funding to extend the provision of Memory Assessment Services across the county. In the 2011-12 NHS Operating Framework the Department of Health stipulated that funding should be made available to local authorities to provide social care support to the memory assessment services; the local allocations were £124,000 from County Primary Care Trust and £20,000 from Bassetlaw. Although this allocation was only made available last year the Department of Health expects that local authorities should make a similar allowance from the s.256 funding to maintain this service. Currently the service is provided by the Alzheimer's Society.

¹ [Living Well with Dementia – a National Dementia Strategy](#) – 3rd February 2009 – Department of Health

Total Funding required: £54,000

Short term Assessment, Recuperation and Reablement beds (STARR service)

20. The Short term Assessment, Recuperation and Reablement Service (STARR) covers the Assessment Beds and other bed based services which support timely hospital discharges and provide an opportunity for recuperation. This includes beds which have been used for people being discharged from hospital who are unable to return home as they have upper or lower limb fractures otherwise known as non-weight bearing fractures.
21. The service which has been used to support people with upper or lower limb fractures has primarily been in Bassetlaw, Newark and Sherwood. In order to maintain this service funding is required for physiotherapy support.
22. The assessment bed service provides an alternative environment for recuperation, assessment and Reablement for older people who are medically fit and no longer need to remain in hospital, but at the time of discharge are unable to return home and so are at risk of being admitted into long-term residential care. In order to maintain and expand these services continued funding is required.
23. It is proposed to extend the following temporary posts until 31st March 2014
- i. 3 fte (111 hours) Social Workers, Pay Band A/B, SCP 29-39 (£31,458 - £42,057), to cover Broxtowe, Gedling, Rushcliffe, Newark, Mansfield and Ashfield and the posts to carry approved car user status. 1st October 2013 to 31 March 2014, £64,200
 - ii. 0.5 fte (18.5 hours) Team Manager to cover Bassetlaw, Pay Band D, SCP 42-47 (£45,476 - £51,235) and the post be allocated car user status. 1 July 2013 to 31 March 2014, £19,300
 - iii. 0.5 fte (18.5 hours) Social Worker, Pay Band A/B, SCP 29-39 (£31,458 - £42,057), and the posts to carry approved car user status. 1 April 2013 to 31 March 2014 £21,400
 - iv. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) to cover Broxtowe, Gedling, Rushcliffe and the posts to carry approved car user status. 1 July 2013 to 31 March 2014, £32,100
 - v. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) to cover Mansfield and Ashfield and the post to carry approved car user status. 1 July 2013 to 31 March 2014, £32,100
 - vi. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) to cover Bassetlaw, Newark and Sherwood and the post to carry approved car user status. 1 July 2013 to 31 March 2014, £32,100

- vii. 3 fte (111 hours) Assessment Bed Workers Pay Band A/B, SCP 29-39 (£31,458 - £42,057), to cover work in the Intermediate Care Service, at a total cost of £109,800.

Total Funding required:

Assessment beds - £201,200

Assessment bed workers - £109,800

Non-weight bearing fracture beds - £200,000

Services to improve hospital discharge arrangements

24. Hospitals across the county continue to experience an unprecedented and sustained increase in demand for services. All the hospital trusts across the county are embarking on transformational projects to try new ways of working with the aim of improving patients' services whilst reducing the demand for inpatient care. The increasing demand and the drive to transform services is in turn placing additional pressures on the County Council for social care services specifically for; advice and signposting, weekend access, winter pressures, rapid response to home care services and services for younger people with physical disabilities. Extension of the temporary social work post for younger people with physical disabilities is being requested until 31 March 2014; other initiatives are being funded through winter pressures funding.

25. It is proposed to continue funding the following services to improve hospital discharge arrangements:

Nottingham University Hospitals (NUH) £102,800

- i. 1 fte (37 hours) temporary Social Worker (Younger Adult with Physical Disabilities), Pay Band A/B, SCP 29-39 (£31,458 - £42,057) be extended to 31 March 2014. The post holder will continue to cover Broxtowe, Gedling, Rushcliffe, and the post to carry approved car user status at a total of £42,800
- ii. A temporary rapid response homecare service to provide interim home care services to people in hospital awaiting discharge due to a delay in the start of their regular homecare services. This service has been commissioned until 31 March 2014 at a total of £60,000

Bassetlaw Hospitals Trust £172,235

- iii. 1 fte (37 hours) temporary Social Worker, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) be funded for a period of 12 months with effect from date of appointment to work within the new Assessment and Treatment Centre team at Bassetlaw Hospital and the post to carry approved car user status at a total of £42,800
- iv. 1.5 fte (55.5) temporary Community Care Officers, Grade 5, SCP 24-28 (£26,534 - £30,239) to funded for 12 months with effect from the date of

appointment to cover Bassetlaw and the posts to carry approved car user status at a total of £46,635

- v. 1 fte (37 hours) temporary Social Worker, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) be extended to continue to work as a specialist End of Life social worker with the Macmillan Service. This post is a joint funded temporary post with the Macmillan Charity; the post was agreed for 6 years with Macmillan funding for the first 3 years and Nottinghamshire County Council funding for the following 3 years. This request is for continuation of the 3 years of funding; part year 2012-13 has been funded, full year 2013-14 and 2014-15, part year 2015-16 is required. The post will carry approved car user status. Total cost £42,800 per annum.
- vi. A temporary rapid response homecare service to support people being discharged from Bassetlaw Hospital has been commissioned. Funding is required for 12 months at a cost of £40,000 until March 2014.

Total Funding required:
Nottingham University Hospital - £102,800
Bassetlaw Hospitals - £172,235

START transformation

26. It is proposed that the two additional temporary posts of commissioning officer and senior practitioner are extended until 31 March 2014.

- i. 1 fte (37 hours) temporary Senior Practitioner post, Pay Band C SCP 39-44, (£42,057 - £47,784) be extended for six months until 31st March 2014 and the post to carry approved car user status at a total cost of £24,250
- ii. 1 fte (37 hours) temporary Commissioning Officer post, Pay Band C SCP 39-44 (£42,057 - £47,784) be extended for six months until 31st March 2014 and the post to carry approved car user status at a total cost of £24,250
- iii. The remaining £5,300 will be used for training, equipment etc.

Total Funding required: £53,800

Temporary Commissioning Officer

27. This temporary post, providing short-term support to the Commissioning Manager Older People, was approved under delegated authority ([AH/2012/00032](#)). Due to delays in recruitment the post extended into 2013/14 and as such part of the funding for this post is required from this year's allocation.

- i. 1 fte (37 hours) temporary Commissioning Officer post, Pay Band C SCP 39-44 (£42,057 - £47,784) be funded for 9 months the post to carry approved car user status.

Total Funding required: £36,400

Community Equipment and Occupational Therapy Services

28. With the increase in the numbers of people remaining in their own homes there has been a corresponding rise in the demand for occupational therapy assessments and community equipment to support people to remain safe and independent in the community. £200,000 is being requested to accommodate the increase in demand for equipment.

29. On-going funding for six permanent Occupational Therapists is required to respond to the demand for occupational therapy assessments and equipment. These posts were established last year with the expectation that further allocations of the NHS Support to Social Care would be forthcoming. Careful consideration was given to the creation of these six additional posts. The Council had previously used temporary locum posts to address the increase in demand for occupational therapy services. However it concluded that the on-going demand for services would increase as older people continued to be diverted away from long-term care and assisted to live more independently at home. It was decided therefore, that it was more cost effective to invest in permanent positions for the future.

- i. 6 fte (222 hours) permanent Occupational Therapists, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) these posts carry approved car user status. 1 April 2013 – 31 March 2014, at a total cost of £256,800

30. To address additional pressures, such as the waiting list for occupational therapy assessments, some temporary funding is required for temporary occupational therapists.

- i. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) and the post to carry approved car user status at a total cost of £50,000.
- ii. £75,000 is required on a one-off basis for an external agency to provide additional occupational therapist capacity.

Total Funding required:

Additional equipment - £200,000

Additional permanent Occupational Therapists x 6 - £256,800

Additional agency Occupational Therapists - £75,000

Additional temporary Occupational Therapist post - £50,000

Independent Sector Partnership and Workforce Development

31. Nottinghamshire County Council's Workforce Development and Planning Team are working on a project with the Nottinghamshire Partnership for Social Care Workforce Development (NPSCWD), which is currently hosted this authority, to develop the NPSCWD into a new independent organisation. This new NPSCWD

will be an overarching workforce development organisation which will deliver a holistic approach to workforce planning and development. It will enable care providers to identify their own workforce development needs, share resources and work together to embed excellent working practices. It will include representatives from all areas of the care sector; residential and domiciliary services, voluntary carers and organisations and personal assistants. Nottinghamshire County Council is requested to fund and host a strategic manager and a training co-ordinator to facilitate the development of this new organisation, training for managers and delivery of a dementia programme to the workforce. This proposal is for a two year period up to 31 October 2014.

32. A temporary End of Life and Dementia Workforce Development Officer post has been funded for the past 3 years by Strategic Health Authority to work with independent sector providers to improve the quality of services for people with dementia and at the end of life. It is recommended that the current temporary 0.7 fte (26 hours) Workforce Development Officer, post is funded until 31 October 2014.

- i. Nottinghamshire Partnership for Social Care Workforce Development (NPSCWD) - including; Training programmes, web site development, infrastructure costs
- ii. 1 fte (37 hours) Strategic Manager, Pay Band D, SCP 42-47 (£45,476 - £51,235) be funded to 31 October 2014, the post carries approved car user status
- iii. 1 fte (37 hours) Training Co-ordinator, Grade 5, SCP 24-28 (£26,534 - £30,239) funded to 31 October 2014, the post carries approved car user status
- iv. 0.7 fte (26 hours) temporary Workforce Development Officer, Band A/B, SCP 29-39 (£31,458 - £42,057) be funded to 31 October 2014, the post carries approved car user status

Total Funding required: £206,852

Advocacy Services

33. Independent Mental Health Advocacy is a statutory service where an advocate is granted specific roles and responsibilities under the Mental Health Act 2007. The Health and Social Care Act 2012 determined that the commissioning responsibility for this service lies with local authorities from 2013. Funding for this service is required on a permanent basis as it is a statutory requirement.

Total Funding required: £115,767

Younger Adults Services

34. Promoting Independence Workers – funding is required for these permanent posts previously agreed under delegated decision (DD) AH/2011/00048, 26th October 2011. £703,830
35. Stroke Services - Return to Work. Returning to work after having a stroke can be a big step; the Return to Work Services currently commissioned from the Stroke Association has provided an invaluable service to people who are keen to get back to work as part of their overall recovery from stroke. Funding to extend the current contract to 31 March 2014 is requested pending a consideration of the future service model. £38,000
36. Physical Disability Additional Posts – A permanent Team Manager and Senior Practitioner post have been established. Funding is required for these on an on-going basis, at a total cost of £98,013.
- i. 1 fte (37 hours) temporary Senior Practitioner post, Pay Band C SCP 39-44, (£42,057 - £47,784) and the post to carry approved car user status.
 - ii. 1 fte (37 hours) Team Manager, Pay Band D, SCP 42-47 (£45,476 - £51,235) and the post to carry approved car user status.
37. Co-production Workers – Funding is required for temporary posts which have been created until March 2015. These posts were agreed by ASCH Committee on 22 April 2013, item 6. £118,375
- i. 1 fte (37 hours) temporary Co-production Co-ordinator, Pay Band C, SCP 39-44 (£42,057 - £47,784) be extended for a further year from 31 March 2014 to 31 March 2015 and the post continue to be allocated approved car user status.
 - ii. 3 fte (37 hours) temporary Co-production workers, Pay Band A, SCP 29-34 (£31,458-£36,645) be extended for a further year from 31 March 2014 to 31 March 2015 and the posts continue to be allocated approved car user status.

Total Funding Required:

Promoting Independence Workers - £703,830

Stroke Services - £38,000

Physical Disability Additional Posts - £98,013

Co-production Posts - £118,375

Strategic Planning and Evaluation

38. Information Technology and Software – Population forecasting and service planning is becoming increasingly complex, in order to assist the Council in this role a software package “Scenario Generator” was purchased and a number of staff trained in its use.

39. Monitoring and Evaluation – Under the previous Reablement Programme a temporary monitoring and evaluation post was created to evaluate the various projects that were initiated from reablement and NHS Support to Social Care funding. This post is part of Public Health. It is requested that this post be extended until 31 March 2014.

Total Funding Required:

Information Technology and Software - £4,320

Monitoring and Evaluation - £20,000

Safeguarding and Quality

40. Secondment of Compliance Manager from the Care Quality Commission (CQC) – The Council is committed to ensuring that safeguarding and quality is paramount in all service areas. To assist with this the Council is currently engaged in cross working with the CQC through the secondment of a compliance manager from the CQC and a Market Development Officer to the CQC. Funding has already been approved in a report to the Adult Social Care and Health Committee on 7 January 2013, at a total cost of £62,000
41. Multi-Agency Safeguarding Hub (MASH) – A temporary senior practitioner post was established as part of the MASH, funding is requested for nine months, at a total cost of £30,000
- i. 1 fte (37 hours) temporary Senior Practitioner post, Pay Band C SCP 39-44, (£42,057 - £47,784) for nine months until 31 March 2014 and the post to carry approved car user status.

Total Funding Required:

Secondment of Compliance Manager from Care Quality Commission (CQC) - £62,000

MASH Senior Practitioner - £30,000

Access and Reviewing Teams

42. Reviewing Teams – The reviewing teams have been undertaking essential work in reviewing existing care packages to ensure the most effective and efficient allocation of resources. These teams are temporary, as agreed by DD AH/2011/00038 on 8th August 2011 and an extension to 31 March 2014 was agreed at the Adult Social Care and Health Committee on 22 July 2013, item 11. This paragraph is therefore for noting only.
43. Adult Access Team – Access to services is an important function of the Customer Service Centre (CSC). The adult access team is based with the CSC to ensure that referrals are managed in a timely, targeted way and where possible people are sign-posted to the most appropriate service. Funding is required for a team manager and social worker. These posts were previously approved for a period of two years by Adult Social Care and Health Committee on 3 June 2013, item 10.

- i. 1 fte (37 hours) Team Manager, Pay Band D, SCP 42-47 (£45,476 - £51,235) and the post to carry approved car user status.
- ii. 1 fte (37 hours) Social Worker, Pay Band A/B, SCP 29-39 (£31,458 - £42,057) the post be allocated approved

Total Funding Required:
Reviewing Teams - £706,837
Adult Access Team - £87,300

Additional Home Care Services

44. Home care services are vital to maintain people living at home as long as possible. Timely access to services is essential, particularly to facilitate discharges from hospital and to support carers.

Total Funding Required: £265,494

Other Options Considered

45. Other options have been considered for the above developments as they have been subject to previous Committee or delegated decision process or are part of pre-existing business cases, other projects are short term.

Reason/s for Recommendation/s

46. The NHS Support to Social Care, s.256 money is for “social care services to benefit health and to improve overall health gain” as stipulated by the Department of Health. The above initiatives and services are all intended to achieve this purpose. Some are new projects which aim to test out new ways of working and others are part of a wider strategy and longer term plans.

Statutory and Policy Implications

47. 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

48. This funding is intended to provide services that will improve the quality of life of service users and their carers by ensuring that people are enabled to live independently for as long as possible, are not admitted to hospital unnecessarily and do not enter long-term care prematurely.

Financial Implications

49. The services and developments described in this report will be funded from money transferred to the local authority from NHS England under 'Funding for Social Care' (s256) for 2013/14. As outlined in paragraph 3 above some of the posts have been established through previous committee reports and costings, therefore, are based on actual salary costs, including on-costs as opposed to estimated costs.

Equalities Implications

50. This funding is intended to enhance the services to older people who are currently disadvantaged by improving their access to reablement services; so ensuring that they are given every opportunity to regain their confidence and maximise their potential for independent living.

Crime and Disorder Implications

51. This funding provides opportunities for older people by maximising their independence and levels of confidence. It promotes and enhances adult safeguarding through preventative and rehabilitative interventions.

Human Rights Implications

52. These proposals are in line with Article 8 of the Human Rights Act 1998; this service promotes the life chances of older people and maximises their potential to remain at home and hence extend their opportunities to enjoy family life.

Human Resources Implications

53. These are contained in the body of the report.

RECOMMENDATION/S

1) It is recommended that the Adult Social Care and Health Committee approves the posts to be funded from NHS Support to Social Care Funding for 2013-14 as follows.

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) It is recommended that the Adult Social Care and Health Committee approves that a report is taken to the Health and Wellbeing Board identifying how the S.256 funding for 2013/14 has been allocated.
- 3) A further update report to be presented to Committee as required or in 12 months' time.

DAVID HAMILTON
Service Director for Mid Notts and Bassetlaw

For any enquiries about this report please contact:

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Constitutional Comments (SLB 20/12/13)

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

Financial Comments (KAS 20/12/13)

55. The financial implications are contained within paragraph 49 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.

ASCH180

6th January 2014**Agenda Item: 5****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****EXTENSION OF THE SECONDMENT OF COMPLIANCE MANAGER FROM
THE CARE QUALITY COMMISSION TO NOTTINGHAMSHIRE COUNTY
COUNCIL****Purpose of the Report**

1. The purpose of the report is to:
 - i. provide a progress update to the Committee on the secondment of the Compliance Manager from the Care Quality Commission (CQC) to the County Council.
 - ii. recommend members note and approve the next phase of the work to improve the quality of care at homes within the County and to support the development of further capacity for high quality specialist dementia care and end of life care home provision
 - iii. seek approval to extend the secondment of the CQC Compliance Manager for a further 12 month period until January 2015

Information and Advice

2. At the Adult Social Care and Health Committee on 17 January 2013, members approved the secondment of one of the CQC's Compliance Managers to the County Council for a 12 month period. The purpose of the secondment was to share knowledge and expertise about care standards and to further support the development of the care market. This initiative has been one of a range of measures to enhance the joint working between the Council and the CQC to improve the quality of care services across Nottinghamshire.
3. At the same time, members also approved one of the Council's Market Development Officers to be seconded to the local CQC office to undertake the role of an inspector. This opportunity will enable a better understanding of how the role of the Council's Market Development Team can complement the regulatory responsibilities of the CQC.

4. The Compliance Manager commenced her secondment with the Council on 23 January 2013. Since this time the officer has been leading or contributing to a number of activities including the following:
 - completion of a review of the effectiveness of current quality monitoring processes
 - review and revision of the annual audit framework to make the annual audits outcomes based
 - development of a risk tool which collates and holds qualitative intelligence about care providers and which is used as the basis of information sharing with partner agencies and to focus on service improvements
 - review and update of the multi-agency escalation process to enable the effective oversight of failing providers
 - implementation of the Dementia Quality Mark
5. One of the officer's key tasks has been to co-ordinate a specific project called the 'Strategic Review of the Care Home Market,' chaired by Allan Breeton, the Independent Chair of the Nottinghamshire Safeguarding Adults Board. This review has looked at the existing mechanisms to promote and support a diverse and robust market of care home provision and has included:
 - reviewing the measures that are currently in place to identify and monitor risks to service users
 - ensuring there are clear risk escalation processes and plans to enable continuity of care for people who live in care homes in cases of provider failure
 - identifying any gaps in existing processes across health and social care with a view to making recommendations on how these measures can be improved
6. The strategic review has been completed jointly with staff within the Council, all seven Clinical Commissioning Groups (CCGs) across the County and the City, and officers from the City Council. The two County and City Healthwatch organisations have also been involved in the review. Representation from the Nottinghamshire Care Association and care home providers has also been sought in completing this work. The findings of the review and recommendations for development and improvements are due to be presented at the final meeting later in the month.
7. Since commencing the secondment, the CQC Compliance Manager has helped enhance partnership working between the local CQC staff and officers from the Council and the CCGs, for example, there was improved communication and co-ordination between the respective agencies following a recent contract termination resulting in the closure of a care home in Kirkby in Ashfield. However, despite these improvements, there is still more work to be done.
8. Some benchmarking data has recently been received from the CQC which shows that Nottinghamshire does not have higher numbers of care homes failing to meet CQC's 5 essential standards compared to our nearest neighbours, however the

Council is keen to take further proactive measures to address poor quality. Detailed analysis of the information has been completed by the seconded Compliance Manager which shows that the high level of monitoring and auditing completed by the Council's Quality Monitoring Officers has enabled them to provide evidence to the CQC of poor practice in some specific care homes in the County. This has then led to the CQC undertaking further inspections and subsequently taking enforcement action against those particular homes.

9. In his capacity as Vice President of the Association of Directors of Adult Social Services (ADASS), David Pearson is to meet with CQC's Chief Executive Officer, David Behan, and the Chief Inspector of Care Services, Andrea Sutcliffe, to discuss the learning from the local secondment arrangements and to consider how the benefits may be shared in other regions.
10. Over the past 18 months, there have been four older persons' care homes that have closed as a result of concerns around the quality of care; three in the County and one in the City. Each of these has resulted in health and social care staff having to take planned but nonetheless urgent action to move residents to other homes because of significant risk to their health and well being. The Council and the CCGs only take the course of action to terminate contracts with care homes as a last resort because it is recognised that it could be harmful and distressing for frail and vulnerable elderly people, including those that are at the end of life, to have to move out of their home. Carers and relatives are equally ambivalent about residents having to move to another care home. It is therefore imperative that all efforts are made to reduce the risk of care homes failing but at the same time to plan significantly in advance should there be a need to terminate a contract with a care home provider in the future.
11. In order to progress the work undertaken in the past two years to address poor quality care, the Council is proposing to take a more targeted approach in relation to the few homes that are persistently failing to provide good quality care services. The proposed measures will entail the Council's staff working jointly with lead and specialist nurses, pharmacy advisors and quality monitoring staff within the CCGs specifically with the failing homes over a fixed period of time to oversee significant and sustained improvement. From the onset, these specific homes would be notified of the Council's and the CCGs' intentions to develop exit strategies with those providers with a view to termination of contracts should the required improvements not be delivered. This would enable the Council and the CCGs to take a more strategic and proactive approach in relation to failing care homes.
12. Part of this initiative would include the Council and CCG commissioners working in partnership with care home providers who are consistently delivering high quality or excellent quality services to enable them to take a proactive role in mentoring and supporting poor quality providers to improve. Sector led improvement has already been instigated through funding from the Workforce Development grant with the 'My Home Life' leadership and development work stream under the Community Programme. There is a clear desire and drive amongst some care home managers to lead further improvements amongst care homes.

13. It is proposed that patient and carer representatives are invited to contribute to the programme of work and the two Healthwatch organisations have sought input. The 6 County CCGs have given their full commitment to this targeted approach.
14. At the same time as tackling and significantly reducing poor quality care home provision, it is important to ensure that there is sufficient high quality care home provision to meet current and future needs, such as for people with complex or challenging behaviour or end of life care. It is therefore imperative for further work to be undertaken to help develop some of these specialist services in parts of the County where there are identified gaps in provision. This work will entail working with providers who have a good track record of providing high quality services in the County or in the region.
15. Staffing capacity will be required to implement this programme of work and it is proposed that the secondment of the CQC Compliance Manager is extended for a 12 month period in order to lead and co-ordinate this work. The Regional Director of Compliance at the CQC is keen to support this targeted approach and has agreed to release the Compliance Manager for a further 12 month period.

Reason/s for Recommendation/s

16. This report is to inform members of the progress made in the work undertaken by the Compliance Manager and to seek approval for the extension of the secondment for a further 12 months.

Statutory and Policy Implications

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

18. The salary of the Compliance Manager, plus on-costs, is £49,000 for a further 12 month period. It is proposed that this is met from the Adult Social Care, Health and Public Protection Transformation Reserve.

Human Resources Implications

19. This report seeks approval for the extension of the secondment of the CQC Compliance Manager for a further 12 month period.

Implications for Service Users

20. Some of the most vulnerable older people are in care home placements. It is imperative that the services that they receive are of good quality and are delivered with dignity and respect. The proposals in this report seek to reduce and

wherever possible eliminate poor quality care home provision whilst at the same time supporting the development of further high quality care home services particularly in relation to dementia care and end of life.

Ways of Working Implications

21. As the CQC Compliance Manager is currently on secondment to Nottinghamshire County Council they are already accommodated within existing office resources.

RECOMMENDATION/S

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

- 1) note the progress made by the CQC Compliance Manager over the past 12 months
- 2) note and approve the targeted approach to improve the quality of care homes and 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
- 3) approve an extension of the secondment of the Compliance Manager for a 12 month period, to be funded from the Adult Social Care, Health and Public Protection Transformation Reserve.

DAVID PEARSON

Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (KK 13.12.13)

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

Financial Comments (KAS 18.12.13)

23. The financial implications are contained within paragraph 18 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.

- Previous reports regarding the secondment to the Adult Social Care and Health Committee:

[22nd July 2013](#)

[7th January 2013](#)

Electoral Division(s) and Member(s) Affected

All.

ASCH183

6th January 2014**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR FOR BROXTOWE, GEDLING AND
RUSHCLIFFE****PROTECTION OF PROPERTY AND FUNERAL ARRANGEMENTS POLICY****Purpose of the Report**

1. To request that the Adult Social Care and Health Committee:
 - i. Considers the revisions to the Protection of Property and Funeral Arrangements Policy
 - ii. Approves commencement of consultation with service users, their carers and the public in relation to a revised Protection of Property and Funeral Arrangements Policy.

Information and Advice

2. Nottinghamshire County Council has a policy in place to enable it to discharge its duty under the National Assistance Act 1948. The authority has a responsibility to arrange for the protection of property (including pets) of service users who are admitted to hospital or Part III Accommodation, which is defined as voluntary and private sector care homes where residents are funded by the Council, and hostels provided by the Council. Additionally, the authority has a duty to arrange a funeral for any person who dies in Part III Accommodation where there is no other person willing or able to do so.
3. Regarding protection of pets, the Animal Welfare Act 2006 places duties on those persons 'responsible' for the welfare of the animal concerned. This responsibility may pass to Nottinghamshire County Council where the owner lacks capacity and there is no other person willing or able to make necessary decisions concerning the welfare of the animal.
4. The current policy provides for the storage of property or boarding of pets for a 6 week period with an extension of a further 6 weeks if circumstances require. Further extensions beyond these 12 weeks can also be applied for.
5. In 2011, a Law Commission report on Adult Social Care advised that "the duty should apply only as a last resort where no-one else is considered to be in a position to protect the property. However, it is important that this duty does not impose onerous demands on local authorities and that, where appropriate, friends and family members should be expected to look after a person's property

in such cases (supported by the local authority if necessary). In our view, the current duty is sufficiently flexible and only requires action by the local authority if no other suitable arrangements can be made.”

6. It is necessary to review the current policy to provide greater clarity for service users and staff, as currently it is open to interpretation and is therefore applied inconsistently. The result has been that Nottinghamshire County Council has funded the storage of property in some cases for up to 5 years, and the boarding of pets for durations which are unacceptable for the wellbeing of the animal.
7. The cost to Nottinghamshire County Council in 2012/13 for storage and boarding, including transport, was £53,626 with a significant proportion of the costs arising from longer term commitments.
8. Under the National Assistance Act 1948, the authority paid £9,247 in 2012/2013 for funerals as outlined in paragraph 2, and £6,065 in the same year for making a property secure following ‘kick-ins’ where access to a property is required in an emergency following the deterioration in health of a service user. These two services are not the object of this report as they are statutory obligations.
9. Research has established that many local authorities with similar responsibilities have schemes which are significantly less beneficial than Nottinghamshire County Council’s current arrangements. Details of the key elements of the schemes from surrounding East Midlands shire authorities are given in Appendix A. In summary this shows that Derbyshire, Lincolnshire and Leicestershire provide no period of property storage or pet boarding which is free of charge to the service user; conversely, Nottinghamshire’s scheme is currently provided free for a significant period of time and is therefore generous by comparison.
10. It is proposed that the policy is revised to limit the period of time that the authority will fund the temporary storage of property, including pets. The revisions have been drafted with the input of social workers who are involved in applying the policy.
11. Under the proposals, Nottinghamshire County Council would still provide and fund an essential service where people are in a crisis situation to protect their property and pets, and it would remain significantly more beneficial than the authorities’ schemes listed in Appendix A.
12. Various options have been considered proposing a reduced period of time where the Council funds the temporary storage, enabling some savings to be realised. Each option can be viewed in Appendix B. In recognition of the scheme’s remit in a crisis situation, it is proposed that emergency pet boarding and/or property storage be funded by the authority for a period of 14 days, with one extension permitted of a further 7 days. This would total a maximum of 21 days’ boarding or storage and no additional extension free of charge to the service user beyond this time, in view of the fact that the immediate crisis has passed. Although Nottinghamshire County Council is not responsible for returning the pet or property to the owner or new location at the end of this initial boarding or storage

period, the authority currently does fund the transport for pets and property under these circumstances and it is proposed that it continues to do so.

13. Any further storage or boarding beyond this 21 day period would mean that the service user is required to meet the full cost of the service, or the service user would need to make alternative arrangements. If the service user was unwilling or unable to pay, the property would be disposed of and/or the pet re-homed. Social workers would clearly communicate the purpose and scope of the scheme from the outset to enable service users to understand when responsibility for funding boarding or storage passes back to them. If the service user continues with a paid-for service, the contract would be directly between the storage or boarding provider and the service user. This would prevent the need for the authority to put additional and costly administrative procedures in place for the recovery of costs from service users. The service user would be responsible for transport for their pet or property at the end of the period of boarding or storage that they had arranged either privately or with a friend or family.
14. It is proposed that this option is progressed because it balances the need for service users to ensure the security of their property and pets in a crisis with a more transparent and cost effective approach. If adopted, it would save approximately £27,000, or about 50% of the current expenditure, per year. A draft policy document is attached as Appendix C.
15. An Equality Impact Assessment has been developed to understand the impact of the proposals on those with protected characteristics. This report seeks approval to consult with stakeholders, including service users, carers and the public.

Other Options Considered

16. Three options are set out within Appendix B. Further variations were considered based on other authorities' approaches, but in the main were ruled out as they either required service users to make significantly greater financial contributions to their storage, or made no provision for boarding pets. This can be attributed to authorities' different interpretations of the same responsibilities.
17. The recommended option is felt to offer a suitable balance between the need for clarity and an avoidance of long-term storage or boarding arrangements, and the need to make provision for service users in an emergency situation.
18. Recovery of costs where a service user has sufficient funds to pay for storage was considered, which is permitted under the relevant legislation. However, the assessment of ability to pay, together with the administrative costs of recovery, would be expensive and likely to outweigh the costs incurred.

Reason/s for Recommendation/s

19. The reasons for the recommendations are set out above.

Statutory and Policy Implications

20. 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.

Financial Implications

21. The financial implications are described in paragraph 14, and in Appendix B.

Human Rights Implications

22. Article 8 to Schedule 1 of the Human Rights Act 1998 states that “Everyone has the right to respect for his private and family life, his home and his correspondence” and “There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention or disorder of crime, for the protection of health or morals, or for the protection of the rights and freedoms of others”.
23. Whilst section 48 of the National Assistance Act 1948 provides the lawful basis for interference with a person’s Article 8 rights, this must be in all instances, proportionate.

Public Sector Equality Duty Implications

24. An Equality Impact Assessment has been developed and is available as a background paper. Consultation will be undertaken subject to the approval of this report.

Safeguarding of Vulnerable Adults Implications

25. No implications are anticipated relating specifically to the safeguarding of vulnerable adults. The chosen policy would apply to all eligible service users.

Implications for Service Users

26. Nottinghamshire County Council will continue to provide emergency protection of property, including pets, as well as arranging funerals in certain circumstances, through its responsibilities under the National Assistance Act. At the end of the agreed period of storage (or boarding in the case of pets), responsibility for funding the arrangements or seeking an alternative provision, will pass back to the service user.
27. Service users’ perspectives, and impact of the revised arrangements upon service users, have been reflected in the development of the draft policy through discussion with operational social care staff who would apply the policy.

RECOMMENDATION/S

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

- 1) Considers the proposed revisions to the Protection of Property and Funeral Arrangements Policy.
- 2) Approves commencement of consultation on revisions to the Council's Protection of Property and Funeral Arrangements Policy as set out in paragraphs 10 to 15 above.

CAROLINE BARIA

Service Director for Broxtowe, Gedling and Rushcliffe

For any enquiries about this report please contact:

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Group Manager – Business Change and Support

Email: kate.revell@nottsc.gov.uk

Constitutional Comments (NAB 16/12/13)

28. The Adult Social Care and Health Committee has authority to consider and approve the recommendations set out in this report.

Financial Comments (CLK 27/11/13)

29. The financial implications are contained in paragraph 21 of the report.

Background Papers and Published Documents

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

- Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All

ASCH177

Appendix A

National Assistance Act policy: Benchmarking

This table summarises research into the approaches towards the protection of property and pets of the East Midlands shire authorities which surround Nottinghamshire.

Authority	Approach		
	<i>Eligibility – protect pets and property:</i>	<i>Time limit on storage</i>	<i>Funding</i>
Derbyshire County Council	Where someone falls under Court of Protection*	No cap on storage is specified. No period of free provision	Funded from service user's assets or estate
Leicestershire County Council	Where person admitted to hospital or Part III Accommodation where no-one else is able to take care of property	No cap on length of time for boarding or storage but reviewed every 4 weeks and after 6 months pet will be re-homed to reduce burden of cost on service user or property sold to pay for care. No period of free provision	Costs are recovered from the service user when the crisis is over, with an option to pay by instalments
Lincolnshire County Council	Where person admitted to hospital or Part III Accommodation where no-one else is able to take care of property	No cap on length of time for boarding or storage. No period of free provision	Costs are recovered from the service user when the crisis is over, with an option to pay by instalments
Nottinghamshire County Council (current)	Where person admitted to hospital or Part III Accommodation where no-one else is able to take care of property	Storage of property or boarding of pets for a 6 week period with an extension of a further 6 weeks if circumstances require. Further extensions beyond these 12 weeks are usually granted	The authority meets the cost of boarding and storage. No cost recovery from service user

*The Court of Protection makes decisions and appoints deputies to act on behalf of people who are unable to make decisions about their personal health, finance or welfare either because they lack mental capacity or are too ill. The council may be the deputy in these cases.

Appendix B: Alternative Revised Scheme Options for Protection of Property and Pets

Three alternative scheme proposals have been developed. In all options, any further storage or boarding beyond the free provision would be funded by the service user, or the service user would need to make alternative arrangements, such as placing their pet or property with a friend or relative. If the service user is unable or unwilling to pay, and no alternative arrangement is possible, the property would be disposed of and/or the pet re-homed.

Option	Provision - free of charge to the service user
A	<ul style="list-style-type: none"> Emergency boarding or storage for 28 days One extension allowed of a further 28 days, totalling a maximum of 56 days' storage or boarding No additional free extension possible
B (recommended option)	<ul style="list-style-type: none"> Emergency boarding or storage for 14 days One extension allowed of a further 7 days, totalling a maximum of 21 days storage or boarding No additional free extension possible
C	<ul style="list-style-type: none"> Emergency boarding or storage for 7 days No free extension possible

It is envisaged that by limiting the length of time that property and pets are stored or hosted for, the related expenditure may reduce from the current £53,625 to either £35,000, £27,000 or £19,000, depending on the option chosen:

	Actual 2012/13	Option A (56 days)	Option B (21 days) (recommended option)	Option C (7 days)
Pets - Boarding	£ 30,663.14	£ 19,160.00	£ 12,391.00	£ 4,139.00
Pets - Transport	£ 2,264.30	£ 2,264.30	£ 2,264.30	£ 2,264.30
Pets - Vet Fees	£ 3,187.85	£ 3,187.85	£ 3,187.85	£ 3,187.85
Pets Total	£36,115.29	£24,612.15	£ 17,843.15	£ 9,591.15
Property - House Clearance	£ 7,414.12	£ 7,414.12	£ 7,414.12	£ 7,414.12
Property - Removal	£ 1,745.00	£ 1,745.00	£ 1,745.00	£ 1,745.00
Property - Storage	£ 8,351.50	£ 1,128.00	£ 429.00	£ 144.00
Property Total	£ 17,510.62	£ 10,287.12	£ 9,588.12	£ 9,303.12
Overall Total for Property and Pets	£ 53,625.91	£ 34,899.27	£ 27,431.27	£18,894.27

Figures are modelled on the durations of current arrangements, so include a number of arrangements which are shorter than the maximum length of time permitted in each scenario



Policy Library Pro Forma

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

Title: Protection of Property and Funeral Arrangements Policy

Aim / Summary: To outline the Council's responsibility under the National Assistance Act for the protection of property including pets and for funeral arrangements.

Document type (please choose one)

Policy	X	Guidance	
Strategy		Procedure	

Approved by:

Version number: 1

Date approved:

Proposed review date:

Subject Areas (choose all relevant)

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

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Please include any supporting documents

1.

2.

3.

Review date

Amendments



Protection of Property and Funeral Arrangements Policy

Context

Under the National Assistance Act 1948, the Council has a duty to arrange for the protection of property of service users who are admitted to hospital or Part III Accommodation, where this is requested. Part III Accommodation includes:

- Voluntary and private sector care homes where residents are funded by the Council (The National Assistance Act 1948 (Section 48) as amended by the 1990 Health and Community Care Act).
- Hostels provided by the Council (Section 29 of the National Assistance Act).

The Council also has a duty to arrange a funeral for any person who dies in Part III accommodation where there is no other person willing or able to do so.

Arrangements for carrying out these duties in the Council are made by:

The Business Support Officer (National Assistance Act)
Adult Social Care, Health and Public Protection Department
County Hall
Loughborough Road
West Bridgford
Nottingham
NG2 7QP

Tel: 0115 977 2951

The duties of the Council include:

- Making an inventory of property
- Ensuring the security of property
- Storage of property
- Placing pets in temporary accommodation or arranging for adoption
- Tenancy termination and house clearance
- Management of the estate as appropriate
- Funeral arrangements where necessary

Protection of Property and Pets, and Funeral Arrangements Policy

The responsibility of the Council ceases upon death so, if a service user dies whilst items (including pets) are still in storage or in the care of the Council, the liability for arrangements of the service user's property transfers to the executor or personal representative dealing with the estate.

Under certain circumstances the Council is required to make a property secure, for example, where access has been gained by the police whilst serving a mental health warrant or the health of a service user has suddenly deteriorated and access is required by medical services.

The Council does not get involved in funeral arrangements in the following circumstances:

- If a person dies whilst living in their own home, or in a home which they have contracted for on a private basis. It is the responsibility of the Environmental Health Department within the appropriate District, Borough or City Council to make the necessary arrangements.
- If a person dies in hospital (NHS) prior to formal admission to a ward. It is the responsibility of the District Council, Public Health Department to make the necessary arrangements.
- If a person dies in hospital (NHS) following admission. It is the responsibility of the hospital administrator of the hospital where the person died to make the necessary arrangements.

Scope of this policy

This policy applies to:

- People who die in Part III accommodation, where there is no other person willing or able to make arrangements for the funeral.
- People who need their property, including pets, taking care of temporarily because they have been admitted to Part III accommodation, hospital or any other place identified in section 47 of the National Assistance Act 1948, and there is no other person willing or able to make these arrangements.

Principles and commitments

The Council will make funeral arrangements for people who die in Part III accommodation, where there is no other person willing or able to make these arrangements.

The Council will arrange for the temporary care of property, including pets, of any person admitted to Part III accommodation, hospital or any other place identified in section 47 of the National Assistance Act 1948, where there is no other person willing or able to make these arrangements.

Key actions to meet the commitments set out in this policy

Funerals

The Council, will as far as possible, respect any known wishes of the deceased person with regard to the funeral service and other arrangements. Where there is no specific religion or requirement for a Minister of a specific denomination stated or known, the Council will instruct the funeral director to appoint a local Church of England Minister to perform the service. The Council will use one of its own Celebrants where the deceased person's beliefs were atheist or where use of an ordained Minister could be perceived as inappropriate. The Business Support Officer involved in making the funeral arrangements will instruct the funeral director in all cases as to whether to use a Council Celebrant or a Minister.

The Council will take the deceased person's funds into account when arranging a funeral:

- If there are sufficient funds a private funeral will be arranged.
- If there is less than £1000 a contract funeral will be arranged.

The Council will provide a coffin spray where no arrangements for flowers are made by the care home or by relatives.

The Council will claim the cost, or a contribution towards the cost of the funeral back from the deceased person's estate, whether the funeral is a private or contract arrangement. Payment of funeral expenses takes precedent over all other debts of the estate or beneficiaries to the estate.

In situations where the Council is not responsible for the funeral arrangements any relatives or close friends of the deceased person will be directed to the Social Fund, administered by the Department of Work and Pensions at www.direct.gov.uk.

Protection of property

The Council will arrange storage initially for 14 days, after which time the service user will be asked to make alternative arrangements for the property to be moved or funded via another source. The administering Business Support Officer will contact both the service user and the social worker after 7 days to remind them about the deadline.

Where the service user is able to continue to fund the storage after the initial 14 days the contract will then be between the storage company and the service user.

In circumstances where the initial 14 days are not sufficient to allow for the service user to be discharged and in a position to take possession of their property it may be appropriate to extend the period of Council-funded storage for up to a further 7 days. Applications for an extension should be made in writing to the Business Support Officer (National Assistance Act). No further extensions are possible beyond 21 days.

Service Users who fall under the Mental Capacity Act

If there are significant concerns regarding a service user's capacity to make a decision regarding his or her property and pets, the social worker will need to ensure that a capacity assessment is undertaken. Where the lack of capacity is temporary it may be appropriate to extend funding for storage or pet care as detailed above. No further extensions are possible beyond 21 days.

In circumstances where the capacity assessment indicates a wider lack of capacity with regard to financial decisions and this is felt to be long-standing, consideration will need to be given to referring the case to the Court of Protection and deputyship. If the person is already under the care of the deputyship service or has an established Lasting Power of Attorney, the social worker will need to liaise with this person to make arrangements for the property/pets. The person representing the interests of a person who lacks capacity will be responsible for arrangements for property and pets.

Termination of Council funded storage

In circumstances where it is established that the service user is likely to be in long term care it may not be appropriate for the Council to continue to fund the boarding of pets or storage of property and therefore it will be at a social worker's discretion to end a Council-funded property storage or pet boarding arrangement before the end of the initial 14 day period.

The Council will dispose of the property or re-home any pet after 21 days in situations where the service user is not able or willing to fund the property remaining in storage and no alternative arrangements have been made.

Funds received from any items sold will be used to reimburse the Council for costs incurred for storage during the agreed timescale. Any remaining funds will go to the service user.

If the RSPCA or a qualified vet decides that the pet is too ill or dangerous to be rehomed it will be humanely destroyed.

Property Security

It may be necessary in certain circumstances to make the property secure, for example where

- Access has been gained by police whilst serving a mental health warrant
- The health of the service user has suddenly deteriorated and access was needed by medical services

The Council will arrange and pay for making the property secure.

House Clearances

House clearances may be undertaken when a final decision has been made, with the service user as far as practicable, to terminate a tenancy. This involves clearing the house of the service user's entire property and will be arranged and paid for by the Council. Funds received from any items sold will be used to reimburse the Council for costs incurred. Any remaining funds will go to the service user.

6th January 2014**Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****WINTERBOURNE PROJECT UPDATE REPORT****Purpose of the Report**

1. To inform members of the progress made towards the local response to the Department of Health report, 'Transforming Care; A National Response to Winterbourne View Hospital'.

Information and Advice

2. In December 2012, the Department of Health (DH) report Transforming Care: 'A National Response to Winterbourne View Hospital' was published. The report identified a range of actions required at a national and local level to drive up the quality of support provided to people with learning disabilities, particularly those that are identified as having challenging behaviour so they can receive high quality healthcare and be supported to live in the community. At the same time a national Concordat Programme of Action was published backed up by a joint improvement programme led by the Local Government Association (LGA) and NHS England.

Stocktake Report

3. The LGA and NHS England asked local areas to complete a stocktake of progress in July 2013. The outcome of this was published in December 2013 covering three key areas; finance, commissioning and meeting the 1 June 2014 deadline. In all areas Nottinghamshire has been scored as partially met as described below.
4. The finance area covers the pooling of budgets and identification of the costs of individual placements. Nottinghamshire have a good understanding of the costs of individual placements in different settings and meetings have taken place regarding pooled budgets. The initial scope will include anyone currently in locked rehab hospitals or living in the community with Section 117 funding (this is health and social care funding designed to meet the needs of individuals who have been sectioned under the Mental Health Act when they leave hospital). This could include people who have been in Assessment and Treatment Units (ATUs) as well as within secure hospitals. At this stage pooling budgets with

Children's Services has not been looked at, although work is being undertaken to ensure more joined up commissioning is taking place for children aged 16 plus who are likely to need adult services.

5. The commissioning area comments on advocacy as a strength, where there are currently joint contracts in place and additional resources have been identified to meet the requirements of a large number of people needing to make decisions at the same time. The areas identified for development are identifying the future commissioning priorities and overcoming the issues where people may need Deprivation of Liberty Safeguards. In residential care homes, these safeguards can be used following a best interest decision where professionals and people who know the individual well decide on the individual's behalf that a certain level of restriction is needed to keep them safe from harm. This can happen very quickly.
6. If a person is moving into a supported living service then a court order needs to be obtained before a person can lawfully be deprived of their liberty. This is because the person has a tenancy and therefore has control of their own front door. Deprivation of Liberty can include things such as locking a door to prevent someone running off on their own if there is a likelihood that the person may come to some harm if they do this. Taking a case to the Court of Protection can take up to a year before permission is granted to take steps which deprive an individual of their liberty.
7. A joint strategy for meeting the needs of people with challenging behaviours is in the process of being written and a first draft will be available by the end of January 2014. It will address future accommodation and provider development; resources required and early intervention to prevent admission where possible, including the development of a trigger system to identify people who may be most at risk from admission to hospital, including people coming through transitions from Children's Services.
8. Some individuals have a number of restrictions to their care and support which are currently monitored and reviewed as part of the Mental Health Act, or Deprivation of Liberty Safeguards processes. It has therefore been decided in the first instance to explore registered care settings for people who are likely to require Deprivation of Liberty Safeguards upon discharge. This is likely to affect at least five people and possibly a further three of the original people identified as ready to leave hospital by June 2014.
9. In respect to meeting the June 2014 time scale, of the 25 people identified at review as ready to leave hospital by June, six people have already moved out, four of whom have gone to supported living and two to residential care.
10. There are now 18 people who need to move from ATUs or locked rehabilitation before June 2014 and a further individual who is currently in a low security setting. There are also seven further people who may or may not be ready to move within timescale, but are likely to need moving within six to twelve months of the deadline, as they are still in active treatment or are on a Home Office restricted section of the Mental Health Act.

11. It is Nottinghamshire's aim to move as many people into supported living as possible. This offers greater capacity for promotion of independence and choice and control for the service user and helps people to engage with their community. For people with very complex needs, including challenging behaviours, an enhanced 'Supported Living Plus' service has been developed with a small number of providers. This service enables the employment of more experienced and qualified staff and offers higher levels of training and elements of specialist input such as behavioural support.
12. The housing model is core and cluster, i.e. a number of single person accommodation units within a scheme. This allows the use of shared support and offers a level of community, whilst allowing people the privacy of their own space.
13. There are currently 6-7 schemes in progress with up to 33 individual flats being developed.
14. The development of specialist accommodation in the community is not a straight forward process due to the need for bespoke accommodation adapted to meet the individual needs of people with complex behaviours and disabilities. There are a number of risk factors involved with the development of these properties including delays in planning permission; concern by a housing developer about welfare reforms affecting housing benefit levels in future and the increasing demand on supported living services by people with challenging behaviours, in addition to those leaving hospital.
15. Currently, three schemes, with twelve units of accommodation, will definitely be open by June 2014. Two of these services are already open and four people have moved in leaving four vacancies. The third property is due to open early in 2015 offering another four bed spaces.
16. A further five people are exploring residential options.
17. To meet the June 2014 deadline it would be necessary to move some patients to an interim placement due to the timescales for developing supported living as described above. Social Workers are carrying out assessments to determine whether an interim move would be in the best interests of individual patients. Where it is not, there may be a delay in meeting the June 2014 deadline, however firm plans are in place for these people with moves anticipated to be September 2014 for a small number of people.

Services going forward to prevent new hospital admissions

18. Options for a supported living and a residential step up/step down provision are being considered which would allow people to make an interim move from hospital or offer an alternative to hospital admission for people who have no other suitable care and accommodation within the community.
19. As well as appropriate care and accommodation, there is also a need for increased community capacity from health and social care professionals. Work is

being undertaken to map the needs of the individuals coming out of hospital and those who are 'at risk of going into hospital' against the amount of expected professional support they will require. Because the plan is to help prevent people going into hospital in the first place as well as discharging people as quickly as possible there will need to be an emergency resource which can work alongside residential or supported living providers to offer increased support in times of crisis.

20. Early indications are that there would need to be some additional resource in the form of learning disability nurses and psychology support in particular.
21. Knowledge of autism tends to be mainly within learning disability health services and access to psychology and speech and language therapy for people without a learning disability is rare. Within mainstream mental health services there needs to be a greater understanding of autism.
22. There is also more work to do with providers around key skills and knowledge for those working with people with challenging behaviours and complex needs. This will be addressed as part of the care support and enablement tender in 2014 and within residential care through the accredited list process.

Statutory and Policy Implications

23. 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

24. The current cost of providing care to people accommodated in locked rehabilitation hospitals is approximately £2,600 per week.
25. The average cost of the package for the people who have moved out to date is £1,911 per week.
26. It is anticipated that some of the remaining service users will need packages of a higher cost as they have more complex needs.
27. It is also anticipated that there will be additional cost in terms of the health and social care community resource required to ensure individuals are appropriately supported when they come out of hospital and also to help prevent admission in the first place. The cost of this is not yet known.
28. There is the need to identify commissioning resource to take forward the strategy after September 2014 when the current Project Manager post comes to an end. Work will be undertaken in the next few months to scope the amount of work and ability to manage this within current resources.

RECOMMENDATION/S

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

- 1) notes the content of the report and progress being made to commission suitable care and accommodation for people currently placed in hospital settings
- 2) agrees to receive an update report in May 2014 focussing on the pooled budget scope, individual accommodation arrangements and resource requirements going forward.

DAVID PEARSON

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (SG 17/12/13)

29. The Committee is the appropriate body to decide the issues set out in this report.

Financial Comments (KAS 18/12/13)

30. The financial implications are contained within paragraphs 24-28 of the report.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

6th January 2014**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR FOR MID NOTTS AND BASSETLAW
CARERS' STRATEGY 2013-14****Purpose of the Report**

1. To update the Adult Social Care and Health Committee on the Carers' Strategy 2013-14 and recommend a further update report is received in July 2014.

Information and Advice

2. Nottinghamshire County Council has worked in partnership with the local NHS for a number of years to produce and implement an annual Carers' Strategy.
3. This over-arching strategy is agreed by Nottinghamshire County Council and Nottinghamshire's Clinical Commissioning Groups (CCGs) in relation to carer support. It has been developed in partnership with carers, NHS and voluntary/community sector colleagues.
4. The strategy and action plan are overseen, developed and updated by the Nottinghamshire Carers' Implementation Group, which reports to the Older Peoples' Integrated Commissioning Group and ultimately the Health and Wellbeing Board.
5. The Nottinghamshire Carers' Implementation Group comprises both carer and officer representatives from all CCGs, key partners and staff from Nottinghamshire County Council (including the Service Director for Mid Notts and Bassetlaw).
6. Relevant national and local drivers and documents, policies and strategies have been taken into account in terms of developing actions, for example, 'Carers at the Heart of 21st Century Families and Communities' (Department of Health 2008), the 2011 Census, the Carers' Survey 2012 and the plans developed by the CCGs.
7. There has been extensive consultation on the strategy with both carers and partners in order to gain valuable feedback and ideas for improving existing services and developing new services for the future. In February 2013, the draft strategy was shared with:

- Existing members of the Carers' Advisory Group
- Learning Disability Carers' Groups
- Nottinghamshire Carers' Alliance
- Members of diverse carers groups
- Carers' Implementation Group
- CCGs across Nottinghamshire

8. Key principles underpinning the work include:

- involving and engaging carers in decisions that affect them as individuals and decisions made by policy makers about the way public money is spent
- putting carers at the heart of service delivery and decisions, rather than expecting carers to fit around the needs of a service
- enabling carers to take more control and exercise more choice in the services they access
- outcomes which improve the quality of life of carers

9. A summary of key actions and achievements is set out below:

- **Improve support to carers:**

- Consultation events were held in Summer 2013 with key partners (including carers and CCGs) to develop specifications for the 'Compass' Dementia workers and the End of Life service for carers
- Contract variation for Notts Healthcare Trust (NHCT), who will host the Compass workers has been developed
- Carers are now able to access the Let's Talk Well-being services and to self-refer
- 'Caring with Confidence' courses run by Carers Federation
- 'Looking After Me' course started in October 2013 (with carers referred by Triage workers)

- **Identify carers**

- Significant increase in the number of carers assessed and reviewed. From April to September 2013, there have been 2,461 carers assessed or reviewed (compared to 1,549 for April to September 2012)
- Significant increase in the number of carers receiving a service. From April to September 2013, there have been 1,778 carers receiving a service (compared to 1,058 for April to September 2012)

- **Improve information for carers**

Carers' Triage Workers are based in the Adult Access Team, Customer Services Centre (CSC). This is evaluating very well and is proving a very successful service and an exceptionally positive experience for carers.

Carers ringing the CSC are given detailed and tailor made information to help them in their caring role. Some are also being assessed on the phone and eligible carers offered Personal budgets.

10. A copy of the updated action plan of the strategy is attached as an appendix.

Other Options Considered

11. The priorities and actions within the strategy are the result of consultation and responses to national and local drivers, and therefore there are no other options considered.

Reason/s for Recommendation/s

12. The Carers' Strategy 2013-14 is the continuation of joint working between the local NHS and Nottinghamshire County Council.

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.

Financial Implications

14. Most of the costs to complete the actions will be covered by the recurrent £1.2 million which has been transferred from the local NHS to Nottinghamshire County Council. The rest will be covered by the existing budget for carers.

Public Sector Equality Duty implications

15. The strategy applies to all carers across the County.

Implications for Service Users

16. The successful implementation of the Carers' Strategy 2013-14 will have a positive impact on both carers, and by implication on the service users they are looking after, as carers will be receiving more support, advice and information to assist them in their role as a carer.

RECOMMENDATION/S

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

- 1) notes the update on the Carers' Strategy 2013-14.
- 2) receives a further report on the progress of the Carers' Strategy in July 2014.

DAVID HAMILTON
Service Director for Mid Notts and Bassetlaw

For any enquiries about this report please contact:

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Constitutional Comments (LM 16/12/13)

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

Financial Comments (CLK 27/11/13)

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

Background Papers and Published Documents

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

- Report to the Adult Social Care and Health Committee – Expenditure of Carers' Funding Allocation – Proposed plans 4 March 2013
- Report to the Adult Social Care and Health Committee – Carers' Strategy 2013-14 – 22 July 2013

Electoral Division(s) and Member(s) Affected

All

ASCH178

ACTION PLAN

Actions required / milestones	Target/measure	Adult Social Care Outcomes	Timescale	Lead	RAG (Red / Amber / Green)	Progress
1. Improve support to carers	1.1 To commission 6.5 FTE Band 5 qualified 'Compass' workers to provide practical and emotional support to carers of people with dementia	Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services. Carers can balance their caring roles and maintain their desired quality of life	Summer 2013	NCC Notts Healthcare Trust	AMBER	<ul style="list-style-type: none"> Consultation events held in Summer 2013 with key partners (including carers and CCGs) to develop specification Contract variation for Notts Healthcare Trust (NHCT), who will host the Compass workers has been devised Workers to be appointed to start by April 2014
	1.2 To ensure carers of people living with dementia can benefit from psychological therapies (this relates to the IAPT or Improving Access to Psychological Therapies)	Carers can balance their caring roles and maintain their desired quality of life	March 2014	Public Health	GREEN	<ul style="list-style-type: none"> Carers are now able to access the Let's Talk Well-being services and are able to self-refer
	1.3 To enhance carer support as part of the 'Living at Home' programme through increased provision for carer breaks at the	Carers can balance their caring roles and maintain their desired quality of life	March 2014	NCC	GREEN	<ul style="list-style-type: none"> Work is progressing in Care and Support Centres; e.g. bathing schemes and out of hours projects

	Care and Support Centres and provision of assistive technology e.g. Lifelines and sensors					
	1.4 To commission 'End of Life Carers Support Service' to provide practical and emotional support for 'end of life' carers	Carers can balance their caring roles and maintain their desired quality of life	Autumn 2013	NCC	AMBER	<ul style="list-style-type: none"> • Consultation events held in Summer 2013 with key partners (including carers and CCGs) to develop specification • Service Specification has been devised • Tender released on 22.11.2013 • Contract to successful bidder to start in April 2014
	1.5 (a) To increase value of carers' Personal Budget from £200 to £300 per carer (b) Increase percentage of assessed carers receiving PBs	Carers can balance their caring roles and maintain their desired quality of life	March 2014	NCC	AMBER	<ul style="list-style-type: none"> • Decision has been made to pause this decision in light of efficiencies and savings agenda • The number of carers being identified, assessed and offered Personal Budgets has dramatically increased this year, necessitating a review of this proposal
	1.6 Carer training: a) To run training courses ('Caring with Confidence' by Carers' Federation) across the county b) To increase awareness of and recruitment to 'Looking	Carers can balance their caring roles and maintain their desired quality of life	March 2014	Carers Federation Notts CHP NCC	AMBER	<ul style="list-style-type: none"> • 'Caring with Confidence' courses run by Carers Federation • 'Looking After Me' course started in October 2013 (with carers referred by Triage workers) • Licensing issues have delayed the tender for 'Looking After

	After Me' course					Me' courses in Bassetlaw
2. Identify carers e.g. health, public protection, community	2.1 To increase number of carers identified and assessed	Carers feel that they are respected as equal partners throughout the care process. People who use social care and their carers are satisfied with their experience of care and support services	March 2014	NCC CCGs NHS Trusts	GREEN	<ul style="list-style-type: none"> • April to September 2013 • 2,461 - Carers assessed or reviewed • 1,778 - Of these the number receiving a service
3. Improve information for carers	3.1 To ensure that all carers contacting the department have access to good quality and timely information/signposting , by Adult Access Service carer worker	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help	Summer 2013	NCC Adult Access Service and commissioning team CCGs	GREEN	<ul style="list-style-type: none"> • FTE temporary Carers' Triage Workers are based in the Adult Access Team, Customer Services Centre (CSC). This is evaluating very well and is proving a very successful service, and an exceptionally positive experience for carers. Carers ringing the CSC are given detailed and tailor made information to help them in their caring role. Some are also being assessed on the phone and eligible carers offered Personal budgets.
	3.2 To improve information for parent carers	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help	March 2014	Children's Services, NCC	RED	There has been no capacity to start this work yet.

Abbreviations: CCG = Clinical Commissioning Group

NCC = Nottinghamshire County Council
CHP = County Health Partnerships

6th January 2014**Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****ADULT SOCIAL CARE PERFORMANCE UPDATE****Purpose of the Report**

1. To provide a performance management update for the Adult Social Care and Health Committee, for the second quarter period of 2013/14.

Information and Advice**Performance Management**

2. Throughout the year, the Performance Improvement Team measures a number of key activities within adult social care. These indicators link into the statutory returns that are made annually to the Department of Health and they are monitored and reported on a monthly basis to give a picture of how the Department is meeting the needs of service users and carers across Nottinghamshire. Appendix A shows a number of these key indicators as at November 2013.
3. A key area for further development continues to be carers' services. Support to carers is essential in ensuring that service users can remain living independently in their own homes for as long as possible. Nottinghamshire County Council took part in the second annual survey of carers, in 2012-13, and this highlighted several positives in the service provision, as well as areas for improvement. In comparison to both regional and national averages a greater number of carers in Nottinghamshire feel they are involved or consulted, and the County scores above average for overall satisfaction with support and services.
4. In the first 7 months of this reporting year (April to October) the Council carried out 2812 assessments or reviews of carers' needs. Following the review 2064 carers received a service. In the same period last year the Council carried out 1854 carers' assessments or reviews and 1289 of these carers received a service.
5. A further role of the Performance Improvement Team is to collect evidence of good practice from the department, to ensure that services are improving

people's quality of life. An example of the work we are doing with carers is as follows:

Mrs A's daughter was diagnosed as having breast cancer two months ago and was advised to have a mastectomy. She is her mother's main carer and would be struggling to cope for about 4 weeks after surgery. She came to us for help, as we already provide a sitting service. The cost of the care needed would have been too much for Mrs A's daughter to pay. The carer's crisis prevention scheme was able to provide 41 hours worth of care each week, to enable her to recover, whilst support was provided to her mother. The care we are providing is a sitting service and overnight care, so that the daughter can get some uninterrupted sleep and we can help with bathing and meal preparation in the evenings.

6. The Council is committed to enabling people to return to live in the community after a stay in hospital. Reablement is a main focus for the Council in relation to achieving this objective. This work involves assisting service users to regain and retain the skills and confidence to help them live as independently as possible. Reablement support workers provide up to six weeks of intensive support to service users in their own home, enabling them to do as much as they can for themselves. A key measure of the success of Reablement is whether, through intervention by the County Council, service users can live independently and require either no further support or a reduced level of support. Performance for the first half of 2013/14 is on target, with approximately 62% of service users benefiting from an intervention and, requiring less ongoing support. This equates to nearly 800 individuals. A further 200 have had their ongoing homecare package reduced as a result of the Reablement service.
7. The Reablement Service's improvement can in part be attributed to the implementation of a capacity management system which prioritises those in greater need and has also improved the quality of referrals. The introduction of additional training for frontline staff (led by the Council's in house Occupational Therapists) has meant assessments can be completed earlier, with better targeted support plans.

National Adult Social Care Data Returns – Update on progress with changes from 2014/15

8. A project has been set up to prepare the Council for the changes to the Department of Health statutory returns. This work is now being led corporately, with the department providing specialist input. A project plan has been put in place to enable us to collect the necessary data to be collated from April 2014.
9. The new returns will require the Council to collect data about relevant health conditions, more details on short term services and on-going low level support. The Council will also need to ensure that it is able to report on family carers, end of life care and those who pay full costs for services. There is a new requirement to capture additional information so that the Council is able to track

the service user's experience of adult social care and report more effectively on how services have improved a person's quality of life.

Towards Excellence in Adult Social Care

10. Sector led improvement in adult social care is being taken forward nationally by the Towards Excellence in Adult Social Care Board (TEASC). TEASC is the Partnership Board established to oversee the development of a new approach to sector-led improvement in adult social care, aligned with the current personalisation agenda. The Board includes representatives from the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA), the Care Quality Commission (CQC), the Department of Health (DoH), Social Care Institute for Excellence (SCIE), Society of Local Authority Chief Executives (SOLACE) and the Think Local Act Personal Partnership.
11. Representatives from the Nottinghamshire County Council Performance Improvement Team were recently invited to attend and give a presentation at the TEASC Conference in London. This was as a direct result of the work completed locally in relation to the Local Account. The County Council's Local Account has been highlighted in an independent national overview report as a good practice example and there was a view from the LGA who organised and hosted the conference that it would be beneficial for other attending authorities to learn from the innovative approach taken by Nottinghamshire. The Local Account was commended for the focus on reporting and performance, and for including information from a wide variety of sources.
12. Nottinghamshire County Council is also actively engaged in the pilot of quarterly data returns to TEASC. The aim of this is to provide Councils with an accurate and timely picture of data, through in year reporting. This enables us to benchmark our progress alongside other authorities in a more timely fashion than has been possible previously, and this helps us to identify and address issues far sooner than has previously been the case.

Monitoring Performance in Care Homes

13. The Market Development and Care Standards Team oversees the quality of service across regulated services including care homes, home care and supported living services. The team undertakes annual quality audits of care providers and takes targeted measures to address poor quality and to monitor performance. The team respond to approximately 50 referrals per month.
14. The Market Development Team also co-ordinate monthly information sharing meetings with partners from health and the CQC. Information shared has supported the development of one of a number of new initiatives, a Risk Register and supports a co-ordinated approach between partners to the actions taken to address poor quality. During 2013 a more robust approach has been taken with poorly performing services. Where risks to residents are identified, where care homes fail to make required improvements within agreed timescales or, where repeated poor performance is evidenced, the Council and its partners

will take contractual sanctions, such as suspension or in some instances, termination of contracts.

15. A contracts module of the Framework-i system is currently being developed which will support increased analysis of care home performance data which, in turn, will support proactive approaches to addressing poor quality care services.

Adult Social Care Outcomes Framework (ASCOF) website

16. In November 2013, the Department of Health launched a new website, which gives people the opportunity to access, and compare, social care data from their Local Authority. The website presents 'outcome measures' from the Adult Social Care Outcomes Framework (ASCOF) for 2012/13, published by the Health and Social Care Information Centre in November 2013.
17. The data available includes how well Local Authorities are performing in relation to:
 - giving people good quality of life;
 - public satisfaction with care services;
 - the number of permanent admissions to care homes; and
 - delayed transfers of care from hospitals
18. Service users and carers will be able to see whether their local authority is performing well and compare their council's performance with the national and regional averages. This website will give people clear information, which is easy to understand, so they can hold councils to account over poor performance. The information available relates to a number of key activities and performance indicators of the department, including those submitted as part of the statutory returns and those reported back to the Senior Leadership Team on a regular basis. This includes those mentioned in the paragraphs above in relation to Performance Management. The information available has all been provided by Nottinghamshire County Council.

Reason/s for Recommendation/s

19. This report is for noting only.

Statutory and Policy Implications

20. 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

21. By ensuring the continuation of robust information about departmental performance, the Council will be best able to plan and commission services in the future.

Financial Implications

22. The Department of Health has recognised that changes to the statutory returns will require additional funding. Nottinghamshire County Council has been allocated £126,171 which will be used for changes to business processes and systems. The department will identify with finance colleagues how this funding will be used to enable the changes to be implemented in advance of April 2014.

RECOMMENDATION/S

- 1) It is recommended that the Adult Social Care and Health Committee notes the contents of this report.

DAVID PEARSON

Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Judith Horsfall

Group Manager, Operational Policy and Performance

Email: judith.horsfall@nottscc.gov.uk

Constitutional Comments

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

Financial Comments (CLK 27/11/13)

24. The financial implications are contained in paragraph 22 of this report.

Background Papers and Published Documents

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

None






Electoral Division(s) and Member(s) Affected




All.




ASCHPP Top 5 monthly report v2

Generated on: 20 December 2013

Code	PI	Status	October 2013	November 2013		Last Update	Commentary	Portfolio Owners
			Value	Value	Target			
1C (Part 1)	Proportion of adult social care service users and carers receiving community based services receiving a personal budget (taken as a managed personal budget, a direct payment or a mixture of both – a mixed package). High is good		91.4%	92.0%	92.0%	November 2013	This indicator has been updated for quarter 2. In line with the 2013 objective for personal budgets, all adult social care service users within Nottinghamshire that receive long-term community-based care are now provided with a personal budget. The remaining 8% of people without a personal budget receive either short-term, one-off or universal services such as equipment or reablement as defined by the DoH as being unsuitable for self-directed support.	Paul McKay
BP03.11	Proportion of service users requiring no ongoing package following reablement . High is good.		62.0%	62.3%	40.0%	November 2013	Figures have maintained since last month. Meaning quality of service is being maintained.	Paul McKay
BP03.14 (part 2)	Rate of delayed transfers of care from hospital, per month per 100,000 population. Attributable to Adult social care only. Low is good.		2.86	3.04	2.80	November 2013	There were 26 people on the snapshot for October. We are working closely with Health to develop and improve integrated teams to maximise joint working and enable patients to be discharged from hospitals in a safe and timely manner and also to address the anticipated increase in demand over the winter period.	David Hamilton
SGCOM Pnew	Safeguarding cases completed		57.1%	57.1%		November 2013	The value is from October 2013.	
BP04.11	Total number of older adults (aged 65 and over) financially supported in residential and nursing care placements. Low is good.		2,863	2,871	2,784	November 2013	The number of older adults supported in long term care has increased only slightly this month. Admissions and discharges are being carefully monitored against local targets and there are 6 projects are in place to provide alternative options to Long Term Care. A reduction in admissions will lead to less people being supported in LTC in the long term.	David Hamilton

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Long Term Trends	
	Improving
	No Change
	Getting Worse

Short Term Trends	
	Improving
	No Change
	Getting Worse

6th January 2014**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE
AND PUBLIC PROTECTION****ASSISTIVE TECHNOLOGY UPDATE****Purpose of the Report**

1. To provide an update on the use of Assistive Technology to support vulnerable people as requested at the October 2012 Adult Social Care and Health Committee.
2. To seek approval to fund the Assistive Technology Service.
3. To progress a tender for a new Assistive Technology service (which provides equipment, installation, maintenance and telecare monitoring) as the current contract is due to expire in April 2014.
4. To seek approval for the funding of two existing posts for the period 1 April 2014 to 31 March 2015 (1 fte Assistive Technology Project Manager, Band D, and 1 fte Assistive Technology Project Assistant Post, Scale 4)

Information and Advice

5. Nottinghamshire County Council currently provides three main Assistive Technology services which can help to support vulnerable adults to maintain their independence and also provide support to carers. The current schemes are:
 - Telecare – a range of sensors which can detect risks at home, including ‘wandering’ by people with dementia, falls, poor medication compliance, epileptic seizures, fire and flood. These sensors are linked to a 24 hour monitoring service which can arrange for the appropriate response if a risk to the service user’s wellbeing is detected.
 - Standalone Assistive Technology – a similar range of sensors to telecare, but linked to a short range pager which supports carers to sleep better at night or better manage their daily routine at home, safe in the knowledge that they will be alerted if the person they care for is in need of help. This service also provides some items of equipment such as automatic medication dispensers and reminder devices which are currently being

used in the Short Term Assessment and Reablement Team (START) service to help people in the early stages of dementia better manage their own care needs.

- Just Checking – a system which uses movement and door sensors in the home to help with assessments of how well a person with dementia is managing their independence at home. The system often shows that people with dementia are managing at home much better than originally thought by family and professionals.

Benefits of Telecare

6. A number of Assistive Technology studies have demonstrated that it can help to provide more cost effective care for vulnerable older and disabled people, including people with dementia and learning disabilities. For example, a 2011 report, *Telecare and Telehealth: Progress and Opportunities in the East Midlands*, commissioned by the East Midlands Joint Improvement Partnership examined the impact of telecare provided to 642 people across the region. The report found that annual savings for social care were between £449,512 and £499,458.
7. Since this regional report, Adult Social Care and Health has refocused its Assistive Technology services from October 2011 to target cases where its use can:
 - prevent or delay an admission to residential care
 - avoid or delay carer breakdown, where a carer is providing regular and substantial care to a vulnerable adult
 - avoid or delay the need for increased social care support within the next 12 months.
8. Since the report to the Adult Social Care and Health Committee in October 2012, changes have also been made to streamline the referral pathway for telecare and the standalone Assistive Technology services, reducing bureaucracy for frontline social care assessment staff and ensuring that referrals can be received in a timely manner, for example to facilitate a hospital discharge. Nottinghamshire County Council has also worked in partnership with Nottinghamshire NHS Healthcare Trust to ensure that from April 2013 there has been access to Just Checking Dementia Assessment systems across all community mental health and adult social care assessment teams in the County.
9. The refocused services are making an important contribution both to providing cost effective care and improving service user outcomes. During the period October 2011 to November 2013, the benefits of Assistive Technology use have included:
 - £427,600 gross saving through avoiding an immediate or imminent need for an admission to residential or nursing care for 72 people.¹

¹ Actual NCC cost of support at home compared to average £496pw residential care placement. Further savings are likely from the Standalone AT service but this data is not currently available.

- £88,000 saving on community care expenditure by using Assistive Technology to manage risks at home which would otherwise require higher and more intrusive levels of staff support for 128 people.
- 134 cases where the provision of telecare has been used to prevent an immediate or imminent breakdown in carer support to a vulnerable adult
- 57 cases where the use of telecare has facilitated a timely hospital discharge, saving a minimum of £14,250².

10. Given the important contribution to both improved service user outcomes and efficient care provision, the Council is seeking to tender for a new Assistive Technology service as the current contract is due to expire in April 2014.

Non Eligible Service Users

11. Telecare has an important role in providing reassurance and peace of mind to people with lower level needs who are not eligible for support, and their carers. Although there have been some service developments both locally and nationally, it remains the case that the market provides limited options for the people of Nottinghamshire to purchase their own telecare solutions. In light of this, Nottinghamshire County Council intends to work with the newly appointed service provider and other organisations to increase the choice and availability of telecare solutions for people with lower level social care needs who wish to self fund. To avoid barriers to take up of a service which charges high up-front fees for equipment, the County Council will seek to work with providers to establish a service model where people will have the option to rent or pay over time through a service charge for the equipment.

Other Options Considered

12. The option of the Council providing telecare equipment to people with lower level social care needs as part of the new tender specification has been considered. However, this would expand the current service provided by the Council at a cost of approximately £75,000 per year and would not be in line with the medium term financial strategy.

13. The option of not providing Assistive Technology services has been considered. However, evidence shows that the costs of providing Assistive Technology services are offset by savings for the authority and enabling more people to remain living at home independently for longer.

Reason/s for Recommendation/s

14. It is recommended that in order to enable people to remain living at home for as long as possible the Council arranges Assistive Technology for those people who are Fair Access to Care Services (FACS) eligible and in some cases where Assistive Technology can prevent people from needing costly long term support. This would include supporting carers who provide regular support to a service

² Using standard NCC Public Health assumptions that a delayed hospital discharge costs £250 per day.

user who, without that support, would meet the FACS eligibility criteria for social care services.

15. To progress a tender for a new Assistive Technology service (which provides equipment, installation, maintenance and telecare monitoring) as the current contract is due to expire in April 2014 and a new tender for Assistive Technology services provides an opportunity to work in partnership with the service provider to establish a countywide low level preventative telecare service for people who wish to self purchase, without any additional cost to the County Council. The tender will also provide an opportunity to offer a wider range of Assistive Technology solutions, to ensure that more people can be supported to remain in their own homes. The tender will be for one year with an option of a second year.

Statutory and Policy Implications

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

Implications for Service Users

17. Providing funding to progress the tender and maintain Assistive Technology service provision will ensure continuity of service for existing service users and enable new eligible service users and carers to continue to benefit from a range of equipment to support them to:

- remain independent in their own homes for longer
- avoid or delay the need for residential care
- return home more quickly following a stay in hospital, and avoid a future admission
- support carers

18. Working with an Assistive Technology service provider and the wider supplier market to offer self funding options for telecare, will enable greater choice for vulnerable service users and carers in Nottinghamshire, who currently have limited or no options available.

Financial Implications

19. The costs for the delivery of an Assistive Technology service in 2014/15 are £219,000 per year. £180,000 has been committed from Supporting People funding for 2014/5. Costs comprise of the following:

- Extension of 2 existing posts for the period 1 April 2014 to 31 March 2015 (1 fte Assistive Technology Project Manager, Band D, and 1 fte Assistive

Technology Project Assistant Post, Scale 4) at an annual cost, including related employment expenditure, of £78,000.

- Assistive Technology equipment, installation, maintenance and telecare monitoring costs at estimated annual cost of £141,000.

20. Funding for the shortfall of £39,000 for 2014/15 will be sought from the community care support budget, in order to enable delivery of the service identified in the report. If this is not available, provision of the service will be limited to the available budget.

Human Resources Implications

21. This report proposes to extend the following existing posts from 1 April 2014 to 31 March 2015:

- 1 fte Assistive Technology Project Manager, Band D, scp 42-47 (£45,475.74-£51,234.92). Post to carry approved car user status.
- 1 fte Assistive Technology Project Assistant, NJE Grade 4, scp 19-23 (£22,561.63-£25,676.12). Post to carry approved car user status.

Crime and Disorder Implications

22. Telecare can help to reduce doorstep crime by enabling service users to call for assistance from the 24 hour telecare monitoring centre. Conversations with doorstep callers can also be recorded if the service user presses a discreet button, and these recordings can be used as evidence in criminal prosecutions for doorstep crime. Reminder devices can also prompt vulnerable people to be vigilant when answering the door to unknown callers.

Ways of Working Implications

23. The above posts are already established on a temporary basis and therefore are already accommodated within existing office resources.

RECOMMENDATION/S

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

- 1) The continued provision of Assistive Technology services from April 2014 and agree a tender for a one year contract with an option of a second year. There is funding from Supporting People reserves committed for 2014/15 of £180,000.
- 2) Extension of 1 fte Assistive Technology Project Manager, Band D, scp 42-47 (£45,475.74-£51,234.92) on a temporary basis from 1 April 2014 to 31 March 2015. Post to carry approved car user status.

- 3) Extension of 1 fte Assistive Technology Project Assistant, NJE Grade 4 (subject to job evaluation as changed post), scp 19-23 (22,561.63-£25,676.12) on a temporary basis from 1 April 2014 to 31 March 2015. Post to carry approved car user status.
- 4) That the tender specification for a new Assistive Technology service provider includes 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.

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (NAB 16/12/13)

24. 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 20/12/2013)

25. The financial implications are contained within paragraphs 19 and 20 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. [Report to the Adult Social Care and Health Committee on 29 October 2012 – Use of Assistive Technology to Support Vulnerable People and Carers](#)
- b. Job Descriptions for the posts.

Electoral Division(s) and Member(s) Affected

All.

ASCH159

6th January 2014**Agenda Item: 11****REPORT OF THE TEMPORARY DEPUTY DIRECTOR FOR ADULT SOCIAL
CARE, HEALTH AND PUBLIC PROTECTION****UPDATE ON THE INDEPENDENT LIVING FUND****Purpose of the Report**

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

Information and Advice

2. Following a consultation period by the Government on the future of the ILF, on the 18 December 2012 the Minister for Disabled People announced the Government's decision that on 31 March 2015 the ILF would close. From that date funding would be devolved to local authorities in England who would have sole responsibility for meeting the eligible care and support needs of ILF users.
3. A Committee report was presented to the Adult Social Care and Health Committee on 28 October 2013 recommending approval for a request to be made to the Finance and Property Committee for a contingency fund to be established to ensure the department had sufficient funding at the point of transfer.
4. However, on the 6 November, the Court of Appeal ruled against the government's decision to close the ILF. All activity relating to the Transfer Review Programme has been cancelled, which includes all joint transfer review visits.
5. The Department for Work and Pensions informed the ILF that all closure activity was to cease with immediate effect. All literature relating to the Transfer Review Programme is no longer valid and information regarding Group 1 ILF Users (pre 1993) who provided consent to share their data, has been deleted. All Nottinghamshire County Council financial assessments of ILF users has also ceased.
6. The Department for Work and Pensions are working closely with ILF colleagues as a further decision regarding the future of the ILF will need to be made.

7. Although the transfer activity has stopped, the ILF are maintaining regular visits with service users and completing outcome focussed support plans.
8. It is therefore recommended that the contingency funding of £0.5 million requested within the medium term financial plan to ensure sufficient funding to meet the needs of ILF recipients (as stated in the Adult Social Care and Health October 2013 Committee item) is no longer required.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Implications for service users

11. There will be no changes for service users who receive support from Adult Social Care and the ILF. The ILF will continue reviewing these users and producing outcome focussed support plans until the Department for Work and Pensions make a decision.

Financial Implications

12. All activity in relation to the transfer of the ILF has been halted therefore the contingency funding of £0.5 million requested in the medium term financial plan to ensure the Council had sufficient funding to meet the needs of ILF recipients from April 2015 (as stated in the Adult Social Care and Health October 2013 Committee item) is no longer required.

RECOMMENDATION/S

- 1) Members should note that the contingency funding of £0.5 million requested in the medium term financial plan to ensure the Council had sufficient funding to meet the needs of ILF recipients (as stated in the Adult Social Care and Health October 2013 Committee item) is no longer required.

JON WILSON

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

For any enquiries about this report please contact:

Paul Johnson

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Constitutional Comments (LM 16/12/13)

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

Financial Comments (KAS 18/11/13)

14. 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.

- ASCH161 Closure of the Independent Living Fund, dated 28th October 2013

Electoral Division(s) and Member(s) Affected

All.

ASCH184

6 January 2014**Agenda Item: 12****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 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 Division(s) and Member(s) 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 February 2014			
Development Initiatives within the Social Care Workforce	Update on the progress of Development Initiatives within the Social Care Workforce	Service Director for Mid Notts and Bassetlaw	Claire Poole
Young Carers	Report to update Members on Young Carers Strategy	Service Director for Broxtowe, Gedling and Rushcliffe	Sue Foster
Joint Agency Vulnerable Persons Identification Project	Report to update members on the review of the evaluation carried out by Nottinghamshire Fire and Rescue Service and Nottinghamshire County Council	Service Director for Promoting Independence and Public Protection	Paul McKay
Access to Information and Services	Report to inform Members how service users access social care services.	Service Director for Promoting Independence and Public Protection	Jane North
Systematic Care for Older People in Elective Surgery	Report to seek approval for a part time Community Care Officer Post	Service Director for Promoting Independence and Public Protection	Jane North
Extra Care Housing Scheme in Ashfield	Progress update on the Extra Care Housing Scheme in Ashfield	Service Director for Mid Notts and Bassetlaw	Cherry Dunk
3 March 2014			
Nottinghamshire Safeguarding Adults Board	6 monthly update on Nottinghamshire Safeguarding Adults Board	Service Director for Promoting Independence and Public Protection	Allan Breeton
Pressures on Health and Social Care Services for Older People	Update report on Pressures on Health and Social Care Service for Older People.	Service Director for Mid Notts and Bassetlaw	Phil Teall
Transport Policy	Report to Committee following the consultation.	Temporary Deputy Director for Adult Social Care, Health and	Wendy Lippmann

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
		Public Protection	
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
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			
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
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	Review of the departments interim Senior Leadership	Temporary Deputy Director for	Jon Wilson

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Structure in the Adult Social Care, Health and Public Protection Department	Team Structure	Adult Social Care, Health and Public Protection	

ASCH 182

