

Adult Social Care and Health Committee

Date: Monday, 29 October 2012
Time: 10:30
Venue: County Hall
Address: County Hall, West Bridgford, Nottingham NG2 7QP

AGENDA

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minutes

Meeting	ADULT SOCIAL CARE AND HEALTH COMMITTEE
Date	1 October 2012 (commencing at 10.30 am)

Membership

Persons absent are marked with 'A'

COUNCILLORS

Kevin Rostance (Chairman)
Stuart Wallace (Vice-Chairman)
Reg Adair
Ged Clarke
Dr John Doddy
Rachel Madden
Geoff Merry
Alan Rhodes
Martin Suthers
Chris Winterton
Jason Zadrozny

A Ex-officio (non-voting)
Mrs Kay Cutts

OTHER COUNCILLORS IN ATTENDANCE

Councillor Mel Shepherd

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, Joint Commissioning, Quality and Business Change
Carl Bilbey, Conservative Group Research Officer
Paul Davies, Policy, Planning and Corporate Services Department
David Hamilton, Service Director, Personal Care and Support (Older Adults)
Jennie Kennington, Senior Executive Officer
Robert Knott, Group Manager, Credit Control and Payments
Paul McKay, Service Director, Promoting Independence and Public Protection
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection
Lisa Swift, Business Support Officer
Anna Vincent, Independent Group Administration/Research Officer
Michelle Welsh, Labour Group Research Officer
Jon Wilson, Service Director, Personal Care and Support for Younger Adults

DECLARATIONS OF INTEREST

There were no declarations of interest.

OVERVIEW OF JOINT COMMISSIONING, QUALITY AND BUSINESS CHANGE

RESOLVED: 2012/033

That the report be noted.

PERFORMANCE UPDATE OF ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

RESOLVED: 2012/034

That the report be noted.

OVERVIEW OF ADULT SOCIAL CARE AND HEALTH SAVINGS AND EFFICIENCIES PROGRAMME

RESOLVED: 2012/035

That the report be noted.

PROGRESS REPORT ON INFORMATION MANAGEMENT IN ADULT CARE FINANCIAL SERVICES

RESOLVED: 2012/036

That the report be noted.

CARE HOME MONITORING SYSTEM

RESOLVED: 2012/037

That the report be noted.

SUPPORT TO YOUNG PEOPLE IN TRANSITION TO ADULTS' SERVICES

RESOLVED: 2012/038

- (1) That approval be given to the co-location of adults staffing with the children's disability services to create a co-located transitions service across Adult Social Care, Health and Public Protection and Children, Families and Cultural Services Departments;
- (2) That endorsement be given to further work across both departments to scope how the service will operate, and the development of joint assessment and

support planning tools across Adult Social Care, Health and public Protection and Children, Families and Cultural Services to ensure a smooth transition for young people and families;

- (3) That a further report detailing the progress report be presented within the next six months.

SOCIAL CARE REFORM GRANT

RESOLVED: 2012/039

That approval be given to the intended use of the remaining Social Care Reform Grant and departmental reserves to deliver Think Local Act Personal as outlined in the report and listed below:

1) Reablement Services: Promoting Independence:

- a. 3 fte (111 hours) Community Care Officers (Reablement), Grade 5, scp 24-28 (£20,858 - £23,708) and the post be allocated approved car user status. Funding to be available from 1st October 2012 – 31st March 2014.

Total funding £140,000 (including on-costs and travel for until 31st March 2014).

2) Reviews:

- b. 3 fte (111 hours) Team Managers (Reviewing), Pay Band D, scp 42-47 (£35,403 - £39,855) and the posts to carry approved car user status. Funding to be extended from 1st October 2012 to 30th September 2014. Total £179,482.
- c. 40 fte (1480 hours) Community Care Officers (Reviewing), Grade 5, scp 24-28 (£20,858 - £23,708) and the posts to carry approved car user status. Funding to be extended from 1st October 2012 to 30th September. Total £1,422,480.
- d. 2 fte (74 hours) Business Support (Reviewing), Grade 3, scp 14-18 (£15,725 - £17,161). Funding to be extended from 1st October 2012 to 30th September. Total £51,483.
- e. 3 fte (111 hours) Community Care Officer (Mental Health Reviewing), Grade 5, scp 24-28 (£20,858 - £23,708) and the posts to carry approved car user status. Funding to be extended from 1st October 2012 to 30th September 2014. Total £17,781.

Total funding required until 30th September 2014 - £1.6 million.

3) Personalisation:

It is recommended that funding is approved until 31st March 2014 to extend the current programme staff as previously agreed by delegated authority (AH/2012/00030).

- f. 1 fte (37 hours) Project Manager (Think Local, Act Personal), Pay Band D, scp 42-47 (£35,430 - £39,855 per annum) and the post be allocated approved car user status
- g. 6.5 fte (240.5 hours) Commissioning Officers (Think Local, Act Personal), Pay Band C, scp 39-44 (£32,800 - £37,206 per annum) and the posts be allocated approved car user status
- h. 1 fte (37 hours) Project Administrator (Think Local, Act Personal), Grade 4, scp 19-23 (£17,802 - £20,198 per annum) to support the Putting People First programme
- i. 1 fte (37 hours) Adult Access Team Leader (Think Local, Act Personal), Pay Band A, scp 29-34 (£24,646 - £28,636, per annum) and the post be allocated approved car user status.
- j. 0.8 fte (29.6 hours) Project Manager (Support with Confidence), Pay Band C, scp 39-44 (£32,800 - £37,206) and the post be allocated approved car user status.
- k. 1 fte (37 hours) Business Support Administrator (Think Local, Act Personal), Grade 3, scp 14-18 (£15,725 - £17,161) to support the pre-payment cards in Adult Care Financial Services.

Total funding for programme staff required until 31st March 2014 is £500,000 (including on-cost, travel and admin expenses).

In addition, it is recommended that funding is approved until 31st March 2013 for the following additional posts:

- l. 1 fte (37 hours) Business Support Administrator (Personalisation), Grade 3, scp 14-18 (£15,725 - £17,161) to support the pre-payment cards in Adult Care Financial Services team. Total £8,580
- m. 1 fte (37 hours) Community Care Officer (Pre-planned Admissions), Grade 5, scp 24-28 (£20,858 - £23,708) and the post to carry approved car user status. Total £11,854
- n. 1 fte (37 hours) Commissioning Officer (Dementia), Pay Band C, scp 39-44 (£32,800 - £37,206). Total £18,603

Total funding required until 31st March 2013 - £50,000 (including on-costs)

4) Capacity Building and Market Development:

It is recommended that the following post is extended:.

- o. £40,000 for a Co-ordinator post for Micro providers.

In addition, it is recommended that the following expenditure is authorised:

- p. £20,000 to increase and further develop Micro providers to meet the needs of users and carers through providing small start up grants.
- q. £42,000 to support the existing User Led Organisation (ULO). A ULO is an organisation that is run by people who use support services such as disabled people and older people. The ULO will also be able to support co-production such as peer support planning in particular with a view to implementing 'Making it Real'.

Total funding for capacity building and market development is £102,000.

5) Telecare:

It is recommended to extend the following posts until 31st March 2014:

- r. 1 fte (37 hours) Project Manager (Telecare), Pay Band D, scp 42-47 (£35,430 - £39,855) and the post be allocated approved car user status
- s. 2 fte (74 hours) Project Administrator (Telecare), Grade 4, scp 19-23 (£17,802 - £20,198) and the post be allocated approved car user status
- t. 1 fte (37 hours) Commissioning Officer (Telecare), Pay Band C, scp 39-44 (£32,800 -£37,206) and the post be allocated approved car user status.

Total funding for programme staff required until 31st March 2014 is £150,000 (including on-costs).

PROGRESS REPORT ON SHERWOOD INDUSTRIES AND THE COUNTY HORTICULTURE AND WORK TRAINING SERVICE

RESOLVED: 2012/040

That the report be noted, in particular the progress made to find alternative employment for those staff that have requested employment.

OUTCOME OF CONSULTATION ON CHANGES TO PROVISION OF EMERGENCY BEDS IN LEARNING DISABILITY SHORT BREAKS SERVICE

The Chairman moved an amended recommendation, which was agreed.

RESOLVED: 2012/041

- (1) That the number of emergency beds in the Learning Disability Short Break Service be reduced from 7 to 4, which will be based on the Helmsley Road

site, with the provision of standard beds being increased from 34 to 37 at other units across the county;

- (2) That the staffing establishment at Helmsley Road be reduced by 137 hours as follows, with the following posts being disestablished:

2 fte (74 hours) Care Worker, Grade 2
1.7 fte (63 hours) Night Care Worker, Grade 2

- (3) That improvement and redecoration works be made to Helmsley Road to furnish the emergency respite care bungalow.

UPDATE ON THE ESTABLISHMENT OF A MULTI-AGENCY SAFEGUARDING HUB (MASH)

RESOLVED: 2012/042

That the report be noted.

EXTENSION OF OPEN EMPLOYMENT SERVICES (I-WORK) FOR PEOPLE WITH A LEARNING DISABILITY

RESOLVED: 2012/043

- (1) That the following temporary posts be extended until 31 March 2012:

6 fte (222 hours) Employment Inclusion Workers, Grade 5, scp 24-28 (£20,858-£23,708) and the posts be allocated approved car user status

1 fte (37 hours) Employment Coordinator, Pay Band A, scp 29-34 (£24,646-£28,636) and the post be allocated approved car user status

- (2) That the additional budget allocations required of £225,630 in 2012/13 and £101,514 in 2013/14 be contained within the budget allocations for Learning Disability Community Care budgets for those years;
- (3) That business cases be progressed to develop social enterprise and/or external partners to operate the work training projects, Strawberry Fayre Café in Ashfield and Phoenix Project in Mansfield with a view to externalising these services by April 2013.

TRANSFER OF CITY HOSPITAL SOCIAL WORK TEAM ADMINISTRATIVE SUPPORT SERVICE TO NOTTINGHAMSHIRE COUNTY COUNCIL

RESOLVED: 2012/044

That approval be given to the transfer of employment of the following staff from Nottingham University Hospitals Trust to Nottinghamshire County Council with effect from 1 November 2012:

0.68 fte (25.16 hours) Business Support Administrator, Grade 3

1 fte (37 hours) Business Support Administrator, Grade 3

0.54 fte (19.98 hours) Business Support Administrator, Grade 3

0.5 fte (18.5 hours) Business Support Administrator, Grade 4

WORK PROGRAMME

RESOLVED: 2012/045

That the work programme be noted.

The meeting closed at 12.40 pm.

CHAIRMAN

29th October 2012**Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR, PERSONAL CARE AND SUPPORT
FOR OLDER ADULTS****OVERVIEW OF PERSONAL CARE AND SUPPORT FOR OLDER ADULTS****Purpose of the Report**

1. To provide an overview of the responsibilities and services provided by the older adults services.

Information and Advice**Key areas of service**

2. The Service Director for Personal Care and Support (Older Adults) holds the responsibility for a range of diverse services across the County. These include assessment and care management services as well as some direct provision of services to people predominantly over the age of 65 years. Older adults services generally consist of:
 - Services for older people who have mental health issues
 - Services to people in a hospital setting
 - Community-based services provided in people's own homes
 - Residential and respite services
 - Services providing support and assistance to carers.
3. **Demographics – The Local Picture** - The expected increase in the number of older adults across Nottinghamshire is well documented and understood. Currently, 18.1% of the population are over the age of 65 years (150,200) with a predicted increase of 29% by 2025 (194,500). In particular the increase in people over the age of 85 is of significance as the majority of services are provided to those over the age of 80. The table below gives the latest predictions for the County in comparison to similar Counties.

Projected growth of population 85 and over (2012-2030)

	2012	2015	2020	2025	2030
Nottinghamshire	19,800	21,500	25,200	30,700	38,300
Derbyshire	20,200	21,900	25,900	31,500	40,300
Leicestershire	16,100	18,200	22,00	27,100	34,000
Lincolnshire	20,400	22,600	27,100	33,700	42,600
Staffordshire	20,500	22,900	28,000	35,400	45,300
Warwickshire	13,700	15,200	18,300	22,800	29,200

4. **Current Demand and Cost for Services** – Older adult services provide care and support to almost 14,000 older adults across the county. There are currently 5,585 service users over the age of 65 years, receiving a personal budget, of which, 979 receive this through a direct payment. The net revenue budget for older adult services for 2012/13 is £99 million, of which, over 60% is spent on long-term nursing and residential care.
5. Over 9,600 people receive care and support services in their own homes and assessment staff have completed 2,900 new assessments since April 2012
6. Through the development of services providing real alternatives to long-term care over 100 people last year were diverted from long-term care, enabling them to continue to live, with appropriate care and support, at home or in local communities.
7. **Assessment and Care Management Services** - there are currently 14 district-based social work teams providing a range of assessment and care management services to older adults. These are formed around 4 localities and provide assessment of need as well as support planning to service users and their carers. Social work staff are involved in safeguarding work to ensure that vulnerable older people are able to live as safely as possible and assist in identifying and reducing risks that people live with on a daily basis. The number of safeguarding referrals received has increased over the last 2 years; consequently the numbers of assessments have also increased. The percentage of referrals resulting in assessments has decreased from 40% in 2011-12 to 36% in 2012-13.
8. **Referral rates and safeguarding assessments aged 65+**

2011-12		2012-13 actual (Apr to Aug)		2012-13 predicted	
Referral	Assessment	Referral	Assessment	Referral	Assessment
1438	581	787	289	1889	694

9. Social work teams have recently been restructured creating multi-disciplinary teams combining Occupational Therapy and Social Work services into single teams.

10. **Occupational Therapy Services** - there are 25 Occupational Therapist in Older Adults services working across the County. Occupational Therapists can be instrumental in promoting independence and enabling people to remain in their own homes, providing advice, equipment and adaptations thereby enabling people to live safer in a homely environment.
11. The objectives of the occupational therapy service in Nottinghamshire are to assist people with a physical impairment to achieve health and wellbeing by improving their ability to carry out daily activities. This is done by placing the emphasis on supporting independence and enabling people to achieve their maximum potential.
12. There is a range of equipment and adaptations to peoples' homes that can be provided through the occupational therapy service. These are delivered to people following an assessment and equipment is provided through the ICES (Integrated Community Equipment Store) service. This is an equipment service jointly funded with health partners and operated by the Red Cross. Nottinghamshire County Council contributes £1.4m annually to the service.
13. Plans to pilot the training of all community care officers in two integrated teams to be able to undertake social care and OT assessments have been agreed. It is anticipated that this will deliver a more flexible and efficient service by reducing the need for duplicate visits by more than one member of staff.
14. There are a number of factors that are placing increasing demands on the need for occupational therapy services. These include demographic changes, an increase in people wishing to remain or return home at the end of their lives, and service users' choice which has increased the numbers of people with complex health needs and disabilities being cared for in their own home.
15. Given the rising demand for home-based care and support the Older Adults Teams will need to consider how to deliver services more efficiently. Consequently, Daily Living Clinics have been trialled in a number of locations to provide people with a timely appointment for an assessment by an occupational therapist. These clinics could be expanded to include social care as well as OT assessments and help deliver a more flexible, cost effective and timely service.
16. **Hospital based Social work teams** - There are hospital based social work teams based in the five main acute hospitals across Nottinghamshire. These teams work alongside Health colleagues to facilitate safe and timely discharges from Hospital enabling people to return to their own homes in local communities wherever possible. We are working closely with Health to develop and improve integrated discharge teams to maximise joint working and enable patients to be discharged from Hospitals in a safe and timely manner. Currently, we have 1.61 people per 100,000 population delayed in hospital due to social care. This is an improvement on last year when it was 2.6 on average per month. (In July this meant 15 people were delayed across the County).
17. **Older People with mental health issues** – there are a range of services provided enabling people with mental health issues to continue to live in local

communities wherever possible. Many of these services are provided jointly with Health including specialist intermediate care teams and social care support to Memory Assessment Services. 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 (MAS) across the county. Advice, guidance and support is crucial to people who are newly diagnosed and their carers and research has shown the early information and support can prevent crisis situations occurring and delay the need for statutory services. Nottinghamshire County Council jointly funds a MAS social care support service which is currently provided by the Alzheimer's Society.

18. **Mental Health/intermediate Care Teams** - provided jointly with Health the teams work specifically with people living with dementia and their carers in local communities to provide support and enable independent living where appropriate. Last year, 232 people received a service, as a result of which 162 remained in their own home and only 22 were admitted into a care home. The other 48 were admitted into hospital, short term care or died. An evaluation of the service showed that of the people that remained at home 75% were still at home 90 days after discharge from the service and after 180 days 67% were still at home.
19. Both Primary Care Trusts have made a commitment to extending this service into all districts. From October 2012 the existing teams of Rushcliffe, Newark and Sherwood, and Broxtowe will be joined by teams in Bassetlaw, Mansfield and Ashfield, and Gedling. These teams are funded mainly through the Primary Care Trusts with annual team costs at around £400,000 per team, with the social care contribution being social work support to each team.
20. **Specialist Short-Term Services** - a range of services are currently provided to facilitate early discharge and to try and prevent direct admission into long-term care from hospital settings. These pilot assessment beds are based in seven care homes providing 33 beds. In the first six months 99 people were accepted into an assessment bed; on discharge 27 of those returned home and only 17 were admitted into a care home, the remaining people were either admitted back into hospital, short-term care or died. This service works in conjunction with the Reablement Service as well as Intermediate Care.
21. There are a number of short-term care beds available throughout the County, providing much needed respite for carers. Last year over 700 people benefited from short breaks in these establishments receiving over 2,529 weeks of respite care (compared to 2,029 in the previous year).
22. **Residential Care Homes** - following the sale of 6 local authority Care Homes to the independent sector, the authority has retained the remaining 6 homes across the County. Business plans are currently being prepared; outlining how these homes can be utilised to provide specialist short-term care, gradually reducing the amount of long-term care provision in the future. These homes

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

currently provide 157 beds achieving an occupancy level of 84 % over the last 12 months.

23. **Extra Care Housing** – the authority, in partnership, currently provides 153 extra care places in five establishments throughout the County. It has been recognised for sometime that additional extra care housing facilities are required in order to provide a real alternative to long-term care. The authority has entered into a procurement exercise investing £12.65m to develop up to seven extra care housing facilities over the next 4-5 years. Phase 1 of the project is almost complete and a report concerning this will also be presented to the Committee today.

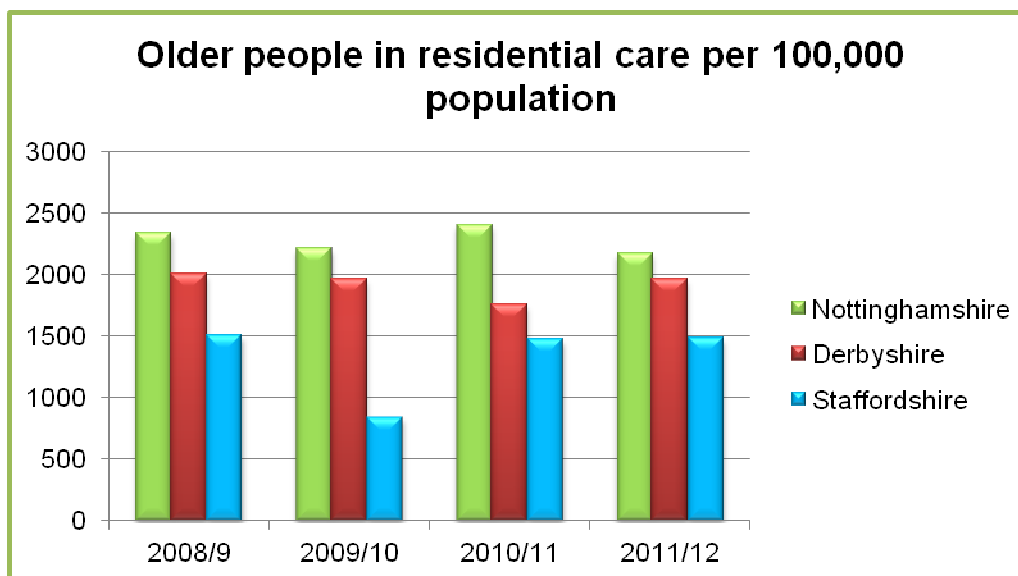
Residential Care Services – Independent Sector. In 2011/12, the authority spent over £55m on long-term care contracting with over 169 residential and nursing care home providers throughout the county. The authority currently supports 2,175 (per 100,000 population) older people in long-term care. The current fees paid to the independent sector range from:

Nottinghamshire County Council – Banded Fee Rates 2012/13

Band	OP Residential	OP Residential Dementia	OP Nursing	Op Nursing Dementia
1	303/348.00	359.00	376.00	386.00
2	391.00	438.00	439.00	480.00
3	417.00	464.00	465.00	506.00
4	443.00	489.00	491.00	532.00
5	469.00	515.00	516.00	558.00

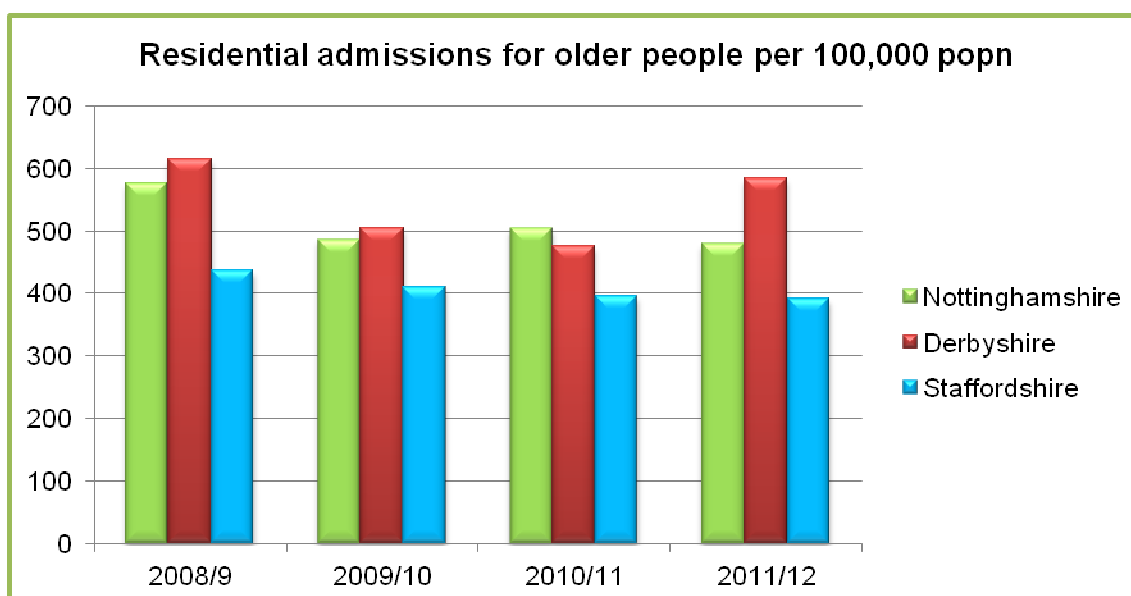
24. Number of older people in long-term care

Older people in residential care per 100,000 population				
	2008/9	2009/10	2010/11	2011/12
Nottinghamshire	2340	2215	2410	2175
Derbyshire	2005	1970	1755	1965
Staffordshire	1510	845	1475	1490



25. Number of admissions of older people to residential care

Residential admissions for older people per 100,000 population				
	2008/9	2009/10	2010/11	2011/12
Nottinghamshire	575	486	503	478
Derbyshire	615	505	475	585
Staffordshire	435	410	395	390



26. Living At Home Project – as one of the key savings and efficiencies projects the Living at Home programme consists of 6 separate projects developing alternatives to long-term care and looking at new ways of enabling older adults to live at home. These projects are as follows:-

- Extra care housing
- Use of Assistive Technology

- Demand Management – looking at ways to avoid or delay unnecessary admissions
 - Joint working with Health
 - Reablement
 - Care and support centres.
27. These projects collectively aim to divert 483 people away from long-term care over the next 4 years. This will result in efficiency savings of £3.1 million over the same time period.
28. A programme board has been established and launch events have been held with staff to engage them fully in the 6 projects.
29. **Carers Services** - According to the 2001 census, there are approximately 83,000 carers in Nottinghamshire. Of these 83,000, 18% were aged 65 and above. This equates to 14,940 older carers in Nottinghamshire. It is likely that this number has increased with an ageing population.
30. All older adult carers are entitled to a Carers' Assessment. A person can have a carers' assessment whether or not the person they care for has had a community care assessment. In 2011/12 over 3,380 people received a carers' assessment.

Summary of services available to Carers

31. **Breaks for carers** - these are planned following the completion of a community care assessment for the service user. Whilst there is no charge for services provided as a result of a carers' assessment, services provided to the service user following a community care assessment, are subject to financial assessment to establish whether a financial contribution is payable.
32. **Carers' Personal Budget** - The authority provides carers' with a personal budget as a one-off payment of up to £200 to help carers look after their own health and wellbeing. This personal budget is often used to fund college courses, driving lessons, funding towards the cost of holidays, funding to support a return to work, gardening, domestic help, etc. During 2011/12, 603 carers received this one-off payment.
33. **Assistive Technology for Carers** - Some carers are eligible for 'Assistive Technology for Carers'. This free scheme provides equipment which can alert the carer, through use of sensors and a portable pager unit, if the person they care for needs help. There is a separate report on today's agenda which covers this in more detail.
34. **Carers' Crisis Prevention Scheme** - North Nottinghamshire Crossroads and East Midlands Crossroads are commissioned to run the crisis prevention scheme, which enables the service user to be looked after at home if the carer has an unforeseen or emergency situation, e.g. admission to hospital or death of a relative.

35. **Emergency Card** - The emergency card is a free small card which identifies the cardholder as a carer in the event of an emergency, when emergency contact arrangements are triggered.
36. **Advice and information for carers** - The Carers' Federation are commissioned to provide free advice and information to all carers. The Carers' Federation also provides information regarding local support groups and services for carers.
37. **'Looking After Me'** - This is a free course run by Nottinghamshire County Health Partnerships, available to adults who care for someone living with a long-term health condition or disability. The course helps carers to make time to look after themselves.
38. **Information for carers** - This is made available on the Council's website, including links to national resources, e.g. Carers Direct, Carers UK, NHS Choices, Direct Gov, and the Princess Royal Trust for Carers. These will provide general and specific information e.g. Carers' Rights, Employment and Education, Money and Benefits, Health Services.
39. **Nottinghamshire Information Prescriptions** - also provides a wide range of information relating to long-term conditions, for example stroke and dementia.
40. **Carers' survey** - The Department of Health requires all local authorities to carry out a survey. This has been conducted during October and involves a random sample of 800 Carers across the County. The results from this will assist in informing future plans and will be presented to Elected Members when the results are available.
41. **Budget for older adults** - the net revenue budget for older adults services for 2012/13 is £99 million. In addition, the County Council has received additional funding from the Department of Health in order to address a number of the current pressures in older adult services. In 2012/13 this additional funding totals £9.262 million which is to be used to address ongoing pressures and explore new ways of working more closely with Health as well as contributing to improved Health and social care outcomes for the people of Nottinghamshire. There is a separate report on today's agenda which covers this in more detail entitled NHS Support for Social Care.
42. Key areas of spend include over £60 million on nursing and residential care and over £23 million on home care and direct payments.
43. **Performance** - overall performance of the service is improving and the department continues to benchmark against others to ensure continued improvement.
44. A key area of performance is in relation to the numbers of older people admitted into and financially supported by the Council in long-term care. This year there have been 332 admissions into long term care (April – August). During the

same period last year, 368 people were admitted into long-term care showing a reduction of 36 admissions.

45. Whilst admissions are reducing there is still a higher number of older people living in long-term care than other comparable Councils (see graph on page 5). Work is underway through the Living at Home programme to address this issue.
46. **Key Challenges** - The actual and predicted growth in demographics for older adults demonstrates the anticipated increase in demand for services. Supporting older adults living at home remains a challenge given the ageing population many of whom have multiple long term conditions, requiring significant health and social care support. Many traditional services e.g. home care were not established to meet the needs of older people with such complex and multiple conditions. There is, therefore, a need to transform many services to meet the growing and changing needs of our population.
47. The service continues to work well with partners to facilitate safe and timely discharges from hospital. However, the recent unprecedented demand on the major acute hospitals has been challenging, despite this we continue to maintain good standards in terms of hospital discharge and have relatively few delays across the County.
48. The focus on avoiding unnecessary admissions into long-term care and hospitals combined with the need to discharge people from hospitals sooner will place increased demand on community-based services.
49. Safeguarding adults continues to be a high priority and is a clear focus for work both in communities and residential care settings. There has been a significant rise in safeguarding referrals in older adults services, rising from 1,253 in 2010/11 to 1,438 2011/12. It is anticipated that the development of the Multi-Agency Safeguarding Hub (MASH) will help to manage this area of work in the future.

Areas for Further Development

50. Over the coming year further work will be completed, exploring closer joint working arrangements with a range of partners, including health. It is anticipated that a number of current pilot schemes will help to inform this work and lead to improved services for services users and their carers as well as delivering savings and efficiencies across the health and social care economy. The department anticipates an increase in integrated commissioning with Health to achieve identified joint objectives.
51. Building upon the range of real alternatives to long-term care remains a priority and best use will be made of the NHS Support to Social Care funding to trial a number of new services and implement new ways of working.
52. Work will continue on the 'Personalisation journey' to ensure that older adults can maximise the use of personal budgets and direct payments and exercise

their choice and control over how their needs are met in the future in the context of maximising independence wherever possible.

53. The six retained residential care homes will evolve into more specialist and short-term care and support centres in local communities. They will promote independence and provide much needed respite and support for carers. In the future more flexible short-term care including; respite, assessment, crisis response services, will be developed all with the aim of enabling people to return to (or remain in) their homes.

54. Work will continue to provide better and more timely information, advice and signposting (to other services) which will divert people who do not need social care services thereby enabling a greater focus of resources on those with the greatest risk of losing their independence.

Reason/s for Recommendations

55. This report is for information only and there are no recommendations made.

Statutory and Policy Implications

56. 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) It is recommended that the Committee notes the content of the report.

DAVID HAMILTON

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Constitutional Comments

57. Because the report is for noting only, no constitutional comments are required.

Financial Comments (RWK 17/10/2012)

58. There are no additional financial implications arising from the report.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All.

ASCH60

29th October 2012

Agenda Item: 5

**REPORT OF SERVICE DIRECTOR: PROMOTING INDEPENDENCE AND
PUBLIC PROTECTION****WELFARE REFORM ACT 2012 – IMPLEMENTING THE SOCIAL CARE FUND
IN NOTTINGHAMSHIRE****Purpose of the Report**

1. To advise Members about the changes in the Welfare Reform Act and to recommend the use of a delivery agent to administer the Social Fund in Nottinghamshire.

Information and Advice**Background**

2. The 2012 Welfare Reform Act has introduced the most far reaching change to the benefits system for twenty years.
3. As part of this the County Council will take over responsibility for two main elements of the Social Fund (Community Care Grants and Crisis Loans) from the Department for Work and Pensions from the 1st April 2013.
4. The Council will be given the *'funding and flexibility to redesign the emergency provision for vulnerable groups according to local circumstances, in order to meet severe hardship in the way they think best'*.
5. Currently, Community Care Grants are awarded for a range of expenses, including household equipment, and are intended to support people to return to or remain in the community or to ease exceptional pressure on families. They were also intended to assist with certain travel expenses. Crisis Loans are made to meet immediate short-term needs in an emergency or as a consequence of a disaster when a person had insufficient resources to prevent a serious risk to the health and safety of themselves or their family. Definitions and current eligibility criteria are included at **Appendix A**.
6. In the guidance received local authorities are not required to replicate the previous Community Care Grant and Crisis Loans schemes. Instead Councils can, *"flex the provision in a way that is suitable and appropriate to meet the needs of local communities"*. The guidance also states *"Whilst the Government recognises the difficulties relating to the boundary between providing financial support and social services, we expect the funding to be concentrated on those facing greatest difficulty in managing their income, and to enable a*

more flexible response to unavoidable need, perhaps through a mix of cash or goods and aligning with the wider range of local support local authorities/devolved administrations already offer. In short, the funding is to allow you to give flexible help to those in genuine need”.

Funding

7. The funds allocated for Nottinghamshire are:

Year	Development Costs	Programme Funding	Administrative Costs
2012/2013	£17,849		
2013/2014		£1,784,916	£377,166
2014/2015		£1,784,916	£345,713

8. This equates to a 28% reduction in funding from 2010/2011¹. **Appendix B** contains a breakdown of the historic spend on Community Care Grants and Crisis Loans.
9. The allocations were announced at the end of August which has left limited time in which to develop a scheme for Nottinghamshire.
10. This report assumes that the Council will wish to remain within the funding allocated for both administering the benefits and in the amounts dispersed.

Delivering a Scheme for Nottinghamshire

11. The issues to resolve to deliver a scheme fall in two streams, they are:

- Eligibility criteria for the scheme
- How to deliver the scheme.

Eligibility criteria

12. One of the key issues going forward is to consider the eligibility criteria for the scheme.
13. The current criteria for the Community Care Grant are outlined in **Appendix A**.
14. However, the use of Crisis Loans in practice has significantly drifted away from this and crisis loans are now used for a wide range of circumstances and include providing monies for individuals who have not properly budgeted their benefits income and to make monies available to individuals who have had their benefits reduced via sanctions.
15. Going forward, further work is needed to determine how the scheme will operate and whether it is feasible to offer a loan system.
16. Some Councils' are considering changing the eligibility criteria, but the majority are seeking to continue with a similar scheme for the first year of operation

¹ This is the last full year funding figures available

17. Any change to the eligibility criteria and usage will require appropriate consultation.

Eligibility Criteria Options

The options are:

18. Do nothing – In light of the flexibility given to Councils in the disbursement of these funds it is possible to elect not to implement a scheme for Nottinghamshire. This option is discounted as these are benefits of last resort supporting individuals in often crisis situations.

19. Keep the current criteria and practice – in light of the reduction in funding, difficulties in matching the current criteria and the ability to recoup loaned monies the no change option will be extremely difficult to deliver within available resources.

20. Minor changes to the criteria – the Council could seek to replicate as far as feasible the current scheme. This would allow for changes to deliver the scheme within the cost envelope and will also be the easiest option to deliver within the available time.

21. Both of the options identified in paragraphs 19 and 20 will allow for a further review of criteria at a later stage.

22. Significant changes to the criteria – this is discounted given the limited time to implement the changes.

23. The table below compares the options available against the identified constraints.

Option	Affordable	Ability to review	Flexible delivery	Significant consultation	Can deliver for 1/4/13
Do Nothing	✓	✓	✓	✗	✓
Keep the current criteria	✗	✓	✗	✓	✓
Minor changes to the criteria	✓	✓	✓	✓	✓
Radical changes to the criteria	✓	✗	✓	✗	✗

Future Delivery Options

24. The Department of Work and Pensions administer applications through Job Centres and a telephone helpline for Crisis Loans. The Council only has the infrastructure to operate a telephone based process and does not currently have the capacity or expertise and skills to administer the scheme. The Department for Work and Pensions has said that they will give

access to benefit data and recipients to authorities but have not said when or how this would happen. The options for delivery of Social Fund monies are:

- a. *In-house possibly via the Customer Service Centre.* As stated the Council has very limited relevant experience, skills and capacity. The risks associated with running the scheme in-house include identifying fraudulent claims and managing the flow of successful applications to keep within the available funds. At present there is no access to relevant information such as other benefit data and no infrastructure to recoup the money given as loans.
- b. *Working with District Councils.* Colleagues in the districts do have expertise and experience in administering benefits and should have access to relevant data. They also have the premises and systems to potentially allow for the repayment of loans. Using the data provided by the DWP the Council could apportion the funds available between the districts. However for this option to be viable all seven districts would need to sign up. Achieving this, within the time available, is not considered feasible.
- c. *Working with another third party provider.* Some other Councils have looked to the voluntary sector to deliver these benefits. For example East Sussex has formed a partnership with CVS. There are a number of organisations both private and voluntary who may be interested in working with us. Clearly we would need a partner with experience of delivering benefits. Two companies have developed systems for managing and administering Social Fund schemes, these are Northgate and Civica. The Northgate system is capable of linking with the Department for Work and Pensions' data or information systems of the authority. They are also offering to operate a scheme, to criteria set by local councils with flexible distribution options including vouchers and potentially loans. To engage a third party provider would require a procurement exercise unless they are already covered by an existing framework agreement.

25. The Council will also need to decide whether grants and loans are made in the form of cash, access to food banks, vouchers or payment cards. As most awards are for rent, fuel, food or household items the benefits of using non-cash alternatives include ensuring the money is used for purpose intended and the ability to negotiate beneficial terms with agreed suppliers.

Areas for Consideration

26. The numerous unknown factors make the assessment of delivery options difficult at this time. The known issues are:

- Fixed resource envelope
- Need a delivery solution operational on the 1st April 2013
- The Council does not have the expertise / experience in-house to deliver
- Reduction in the level of funding transferred to Nottinghamshire County Council.

27. The unknown issues are:

- Which other agencies are willing / able to deliver
- Whether the potential delivery agents can operate within the cost constraint

- Whether the systems available to manage the benefits will impact on the criteria
- The degree to which the delivery agency (if not NCC) can participate in consultation and communication
- Whether it would be viable to delegate appeals to the delivery agency
- The ability of the delivery agency to avoid fraudulent applications.

Other Factors

28. Fraud prevention - There is a very real risk that the changes to the administration of Social Fund monies will provide new opportunities for fraud. Without sufficient safeguards or access to information to confirm the appropriateness of applications.
29. Appeals - As the Social Fund benefits are discretionary applicants are not able to appeal to the Benefits Tribunal if their applications are unsuccessful. They do have the right to request that another officer review their application and failing that can appeal to the Independent Social Fund Inspector to request a further review. The Social Fund Inspector Service will cease on 31st March 2013. The Council will need to establish an appropriate reviewing mechanism to deal with appeals.
30. Consultation & Communication - As stated above any changes to the criteria or potentially detrimental changes to delivery mechanisms will require consultation. The more radical the change the longer the consultation period required. There will also be a considerable amount of work in communicating the changes to ensure that all citizens are aware of the changes, the eligibility criteria and application process. The Council can allocate some or all of the development monies (£17,849) to pay for these activities.

Recommended Model

31. It is recommended that in view of the time constraints a procurement exercise is undertaken to appoint a Delivery Agent. The procurement exercise will take 12 weeks unless the preferred company is covered by a framework agreement.

Other Options Considered

32. This report explores all the options that are available at this time.

Reason/s for Recommendation/s

33. The recommendations reflect the limited amount of time available for the Council to respond. The next step is to identify a delivery agent as this will directly influence the development of the eligibility criteria. It is proposed that the Service Director – Promoting Independence and Public Protection be delegated with this task. At that point detailed proposals on changes to eligibility criteria can be produced and brought back to this Committee for approval along with information on fraud prevention, appeals, consultation communication, and costs and spending projections.

Statutory and Policy Implications

34. 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

It is recommended that:

- 1) The Committee note the contents of this report
- 2) A procurement exercise is undertaken to appoint a Delivery Agent to administer the Social Fund in Nottinghamshire
- 3) A further report recommending the Eligibility Criteria for the Social Fund and on progress to appoint a Delivery Agent is brought back to this committee in January 2013.

PAUL MCKAY

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Constitutional Comments (LMc 03/09/2012)

35. The report is for noting only.

Financial Comments (RWK 05/10/2012)

36. As a result of the transfer of responsibility for administering Community Care Grants and Crisis Loans from the Department for Work and Pensions to the County Council, the County Council will receive the additional funding set out in paragraph 7. All costs incurred by the County Council in administering and disbursing these grants and loans will be contained within these sums.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All.

ASCH 15.

Appendix A: Description of Social Fund Benefits

The Social Fund comprises three elements:

- Community Care Grants
- Crisis Loans
- Budgeting Loans.

There are three elements of Crisis Loans they are:

- Crisis Loan Items
- Crisis Loan Living Expenses
- Crisis Loan Alignments – To cover gaps in income for individuals waiting for their first payday or benefits payment.

The DWP will retain responsibility for Budgeting Loans and Crisis Loan Alignment applications.

Community Care Grants (CCGs) are primarily intended to help vulnerable people live as independent a life as possible in the community. Although Local Authorities (LAs) have the major responsibility for community care, there are many different ways in which CCGs can complement care provided by LAs and by other Government and voluntary agencies.

The aim in considering applications for CCGs should be to ensure that CCGs:

- do not take over the role of other agencies
- are used in ways which contribute to the overall aims of care in the community.

The prime objectives of CCGs are to:

- help people to establish themselves in the community
- help people remain in the community
- help with the care of a prisoner or young offender on release on temporary licence
- ease exceptional pressures on families
- help people setting up home as a part of a resettlement programme
- assist with certain travelling expenses.

The objectives of CCGs differ from those of loans. CCGs are intended to assist people on Income Support (IS), income-based Jobseekers Allowance (JSA(IB)), Pension Credit (PC) or income-related Employment and Support Allowance (ESA(IR)), or payment on account of such benefits facing difficulty arising from special circumstances, and in particular to support the policy of care in the community.

A flexible approach is most important when deciding an application for a CCG. The discretionary nature of the scheme gives considerable scope to consider individual needs within the broad objectives of the scheme.

DWP consider carefully all the circumstances of an application before deciding whether or not to award a CCG. No two cases will be the same. The flexibility of the social fund and the wide variety of individual circumstances covered mean that a decision in one case does not constitute a precedent for others.

A **Crisis Loan** is intended to cover immediate short-term needs that arise because of a disaster. An award may be for a specific item or service or to meet immediate living expenses for a short period, usually up to 14 days.

DWP also help with certain expenses in other emergency or disaster situations. These are:

- living expenses
- rent in advance where the landlord is not a local authority
- charges for board and lodging accommodation and hostels
- travel expenses when stranded away from home
- repaying emergency credit on a pre-payment fuel meter

What is a disaster?

Disasters are events of great or sudden misfortune. The result of which will normally be significant damage to, destruction or loss of, possessions or property. The effects of a disaster are generally felt by a whole community (e.g. street or larger geographical area). Examples of disasters are:

- flooding,
- gas explosion,
- chemical leak,
- fire.

The following are **examples** of what might be considered to be a crisis, and for which a Crisis Loan may be awarded:

- a disaster, for example a serious flood, causing substantial damage, loss or destruction to possessions or your property
- **or** loss of money, for example through a robbery or burglary
- **or** waiting for the first payment of Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance (income-related), Pension Credit or payment on account of one of these benefits or entitlements, with not enough money to live on
- **or** being stranded away from home without the funds to return.

These are just examples and a Crisis Loan may not necessarily be appropriate. Similarly, if a situation is not mentioned, it does not mean that a Crisis Loan would not be awarded. DWP will look at the individual circumstances of an application and consider if a Crisis Loan is the only means by which serious damage or serious risk to persons may be prevented in an emergency or because of a disaster.

Appendix B - Social Care Fund Analysis for Nottinghamshire

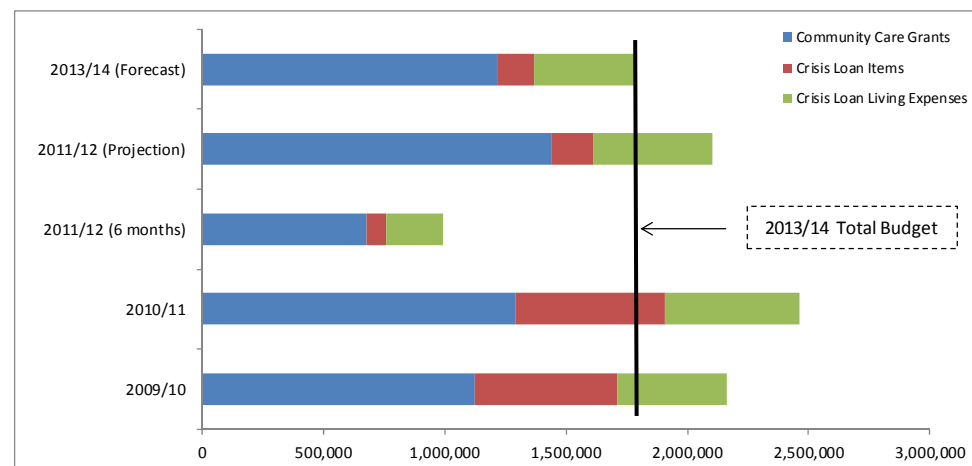
Fund Distribution Trend Analysis

Fund Distribution (£)	Community Care Grants	Crisis Loan Items	Crisis Loan Living Expenses	Total
2009/10	1,124,900	584,300	452,800	2,162,000
2010/11	1,295,000	613,700	555,000	2,463,700
2011/12 (6 months)	677,400	82,800	232,000	992,200
2011/12 (Projection) **	1,437,718	175,735	492,398	2,105,852

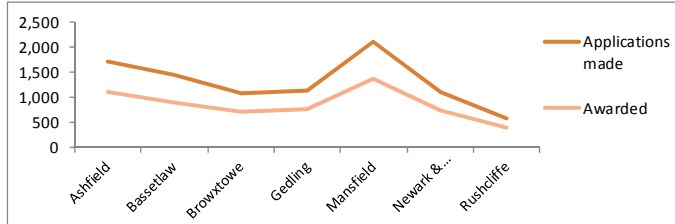
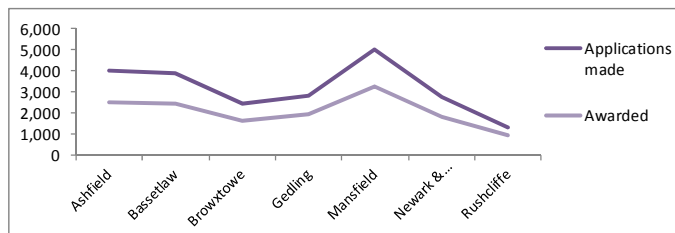
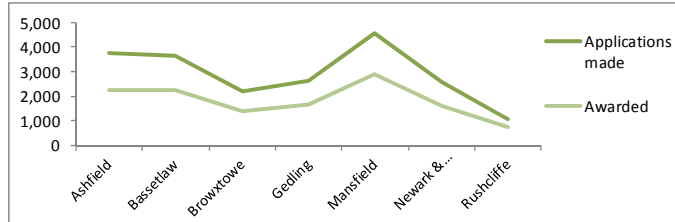
Apportionment basis	2011/12, 6 Month Average			
2013/14 (Forecast)	1,218,607	148,953	417,356	1,784,916

Fund Distribution (%)			
2009/10	52%	27%	21%
2010/11	53%	25%	23%
2011/12 (6 months)	68%	8%	23%
Average	55%	23%	22%

** Based on crisis loan takeup analysis

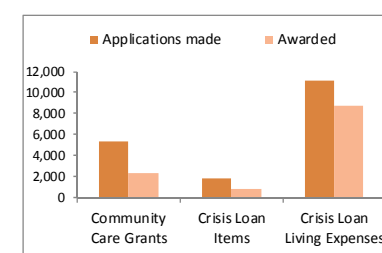
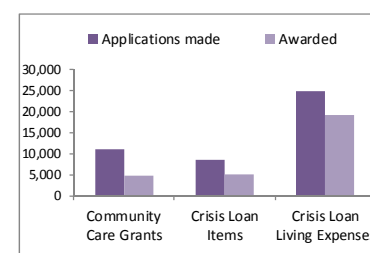
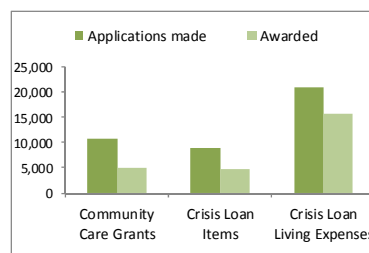


Fund Application & Award Analysis (by District & Fund Type)



By District	Ashfield	Bassetlaw	Browxtowe	Gedling	Mansfield	Newark & Sherwood	Rushcliffe
2009/10							
Applications made	3,730	3,630	2,170	2,600	4,590	2,550	1,080
Awarded	2,270	2,230	1,390	1,680	2,880	1,620	730
2010/11							
Applications made	4,010	3,890	2,420	2,850	4,990	2,730	1,330
Awarded	2,490	2,440	1,600	1,920	3,280	1,810	930
2011/12							
Applications made	1,720	1,440	1,090	1,140	2,100	1,100	570
Awarded	1,100	900	700	770	1,380	730	400

By Fund Type	2009/10 Applications made	2009/10 Awarded	2010/11 Applications made	2010/11 Awarded	2011/12 (6 Months) Applications made	2011/12 (6 Months) Awarded
Community Care Grants	10,860	5,050	11,000	4,700	5,320	2,340
Crisis Loan Items	8,880	4,860	8,640	5,020	1,890	910
Crisis Loan Living Expenses	20,970	15,670	24,790	19,220	11,090	8,710



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29th October 2012

Agenda Item: 6

**REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND
SUPPORT, OLDER ADULTS****AIMING FOR EXCELLENCE – EXTRA CARE HOUSING UPDATE****Purpose of the Report**

1. The purpose of the report is to:

- a. Advise the Committee of the outcome of the Aiming for Excellence (A4E) Extra Care Housing Schemes procurement exercise in respect of Phase 1 of the Project. The Project is to develop a number of high quality extra care housing schemes across Nottinghamshire that will become the focal point for delivering services to older people with more complex levels of need and that promote individual requirements for independence, well being and dignity.

The procurement of the nomination rights to units within Extra Care schemes is to take place over a number of phases.

Phase 1 covers 3 initial Lots:

- Lot 1 Eastwood – the proposed site is a former school on Walker Street. In total the Council requires nomination rights to 30 units for people with extra care needs.
 - Lot 2 Retford – the proposed site is a former school on West Furlong. In total the Council requires nomination rights to 25 units for people with extra care needs.
 - Lot 3 Mansfield/Ashfield – the site is on Skegby Lane in Mansfield. In total the Council requires nomination rights to 40 units for people with extra care needs.
- b. Seek approval to complete the procurement process and award contract/contracts to the preferred bidder for the Retford and Eastwood Lots.
 - c. Seek approval not to award the bid for Mansfield/Ashfield Lot as no bids were received which met the Council's minimum requirements.
 - d. Seek approval to pursue alternative approaches to the procurement for Lot 3

Mansfield/Ashfield. If agreed, officers will be tasked to immediately look at what other options are open to the council in relation to provision in the area. Once a course of action can be recommended an appropriate report will be brought back to committee.

Information and Advice

Outcome of Assessment of Bids

2. The current procurement process is to deliver Phase 1; comprising 95 units of Extra Care accommodation that the Council will have nomination rights to. The developments themselves will be considerably larger than this and will have a range of services and facilities on-site that both the residents and members of the wider community will be able to access. As part of the procurement process, the cross subsidy aspect of the bids has been checked in detail, in order to establish how realistic they are. As outlined in the report the bids for Lot 1 (Eastwood) and Lot 2 (Retford) are considered to be based on achievable pricing assumptions, in the context of their local housing markets, and provide a level of facilities that meet the design expectations of the Council as set out in the tender documents. The bid for Lot 3 (Mansfield/Ashfield) did not.

Background

Nottinghamshire's Extra Care Housing Strategy

3. This report follows the previous decisions made at a meeting of the full Council on 25th February 2010 and a meeting of the Cabinet on 14th July 2010 where it was agreed to develop a minimum of 160 extra care places across the County following a restricted procedure procurement route pursuant to the Public Contracts Regulations 2006 and that the implementation plan and associated costs would be developed and approved. A capital programme allocation for Extra Care housing of £12.65 million was also approved to support the procurement of the 160 nomination rights.
4. Nottinghamshire's Extra Care Housing Strategy aims to offer a structured and sustainable approach to developing Extra Care in the County, helping to create balanced communities and provide choice to older people in Nottinghamshire. The Strategy will allow older people in Nottinghamshire to have increased choice and control over their daily lives with care and support delivered as and when they need it.
5. The strategy for future service development in Nottinghamshire takes full account of the projected demographic changes over the next two decades. National projections predict that by the mid 2020s, older people will account for almost 50% of the increase in the total number of households, and the number of informal carers who play a crucial role in providing support to family members or neighbours are projected to rise by over 35%.
6. One of Nottinghamshire's priorities is to develop early intervention and prevention services to support people to remain as independent as possible and provide a

range of specialist services targeted at those with the most complex needs, including older people with dementia and their carers.

7. Nottinghamshire's aspiration is that it will lead the way in meeting local demand for services by making good use of public money that requires the Council to build on its partnerships with older persons care providers across all sectors. The intention is to work closely with the voluntary and private sector to support older people; giving choice and control to older people over the way their needs are met through person-centred services.
8. The Extra Care Housing Strategy for Nottinghamshire is focused on:
 - § **Choice and Control for Older People**, by offering individuals a wider range of modern, flexible and innovative care and support options, that will:
 - put older people at the centre of services
 - give individuals better and improved services that are joined up and seamless.
 - § **Promoting Independence for Older People**, by the provision of self-contained accommodation with access to on-site care and support, that will:
 - enable individuals to live as independently as possible in the community
 - promote their wellbeing and promote social inclusion.
 - § **Empowering Older People**, by the provision of health, care and support services coming to the individual, as and when they need it that will:
 - enable individuals to stay in their own homes and not be required to change their accommodation unless absolutely necessary
 - allow individuals to receive services that can and should be available in the community.
 - § **Accessible Services for Older People**, by designing or adapting where individuals live to facilitate the delivery of personal social care, support and health services.

Background to Extra Care Housing Schemes

9. Extra Care housing schemes evolved in the early 2000s as a superior form of housing provision to traditional sheltered housing, providing a combination of more spacious individual units of accommodation (usually apartments), with extensive communal facilities, such as a communal lounge, cafe, activities room, laundry, fitness rooms and other spaces that can be used flexibly. All of these facilities promote social interaction and activity in order to improve physical and mental wellbeing in later life, in addition to reducing both care home and hospital admissions as well as enabling earlier discharges from hospital after treatment.

10. However, the high space standards and extent of the communal facilities mean that Extra Care is a relatively expensive type of housing to build, as the communal areas typically account for 35% of the floor area, yet do not create any initial or long term income for the scheme. Their value is instead in how they improve the lives of residents and impact on their need for social care and health services. This has meant that Extra Care has no direct private market equivalent. While there are private schemes that are comparable in terms of facilities, these are only accessible to those who can afford premium selling prices and high service charges and the expansion of Extra Care provision over the last 10 years has instead been underpinned by subsidies from both the Homes and Communities Agency (as part of the National Affordable Housing Programme, which was severely curtailed in the last Comprehensive Spending Review), and the Department of Health (from their Extra Care Housing Fund, which has come to an end). The average subsidy proportions of the average total capital costs per completed Extra Care unit of accommodation, prior to the Comprehensive Spending Review, were at 41% from the Homes and Communities Agency (HCA) and 29% from the Department of Health. Please note that not all schemes benefited from both sources of subsidy.
11. As early Extra Care housing was almost entirely let on social tenancies, at rent levels similar to other social stock in the same area and in line with housing benefit levels, there was limited scope to raise more income from schemes and thereby reduce the subsidy requirement. However, mixed tenure Extra Care has become increasingly prevalent as providers wish to offer the benefits of Extra Care to owner occupiers and also necessary as a method of offsetting reduced subsidy with revenue from units offered for open market sale. This form of scheme specific cross subsidy has been sought in the current procurement process, in order to achieve the intended number of places at a smaller average subsidy level than had previously been the norm. This cross subsidy from open market sales relies on a good understanding of the local housing market for any scheme, in order to make sound forecasts regarding what selling prices and fill up rates can be achieved.
12. Extra Care housing is accommodation that is suitable to meet the changing needs of primarily older people. On the same site are a range of services and facilities that are available to support the people that live there. There is usually care support available to people around the clock. The provision of care support is not part of this Tender Exercise.
13. Extra Care housing schemes are predominantly intended to provide the following for people aged 55 years and over:
- self contained independent accommodation
 - access to care and support (if and when) they need it; and
 - opportunities for social interaction, leisure and activities that promote independence.

Accommodation

14. Extra Care accommodation has previously been delivered in the UK using several different built forms, including: blocks of apartments; medium density estates of houses and bungalows; and large scale retirement villages. These housing schemes are a popular choice because they provide an alternative to a care home for many people. Individual units within Extra Care schemes vary in type and size but 1 and 2 bedroom apartments are most prevalent as they meet the needs of the widest range of occupiers and can achieve higher densities which maximise the use of communal facilities and simplify management arrangements and assist in ensuring that schemes are financially viable and sustainable.

Tenure choices

15. The Council is looking to ensure that each scheme will offer a range of tenures, including units for rent, sale and shared ownership. The Council is seeking to ensure that Extra Care housing is available to local people and that the sale prices, rent levels and service charges are set at a level that is reasonably affordable to local people. The rents for the nominated units will be set at Social Housing rent levels.

Summary of Procurement Process to Date

16. The formal tender process approved at a meeting of the full Council on 14th July 2010 has now reached its final procurement stages. Previous to the original strategy being agreed the Council undertook one of its largest consultation processes to date as detailed in the County Council report of 10th April 2008. This consultation has been ongoing.
17. The procurement exercise has taken place during uncertain economic circumstances and market conditions which arguably have stifled the willingness of the market to respond as vigorously as might have been anticipated in more buoyant times.
18. This process was delayed from the original date for a number of reasons including the housing market crisis and financial climate; locally and nationally. Market testing was undertaken to establish the appetite of potential partners to develop the required schemes.
19. The full project team were identified that would undertake the procurement process and included external Legal, Housing, Commercial and Financial professionals that assisted in the development of the required procurement documentation and evaluation methodology.
20. In addition to this, work has been undertaken to establish if an existing Framework Agreement could achieve the outcome of developing Extra Care Housing without the need for a further formal tender process. This work was undertaken across the Council including the Improvement Programme, Corporate Procurement and Legal Services advice but unfortunately it was concluded that this would not be an option for the Council.
21. The formal process commenced on 9th December 2011 with the publication of the OJEU Notice, interested parties could then request the PQQ (Pre Qualification Questionnaire) documentation if they wanted to be considered to work with the Council on the Extra Care developments.
22. An Information Event was held at County Hall for interested parties who were advised about the County Council's extra care strategy and also the wider Adult Social Care agenda.
23. The Pre Qualification Questionnaire was issued in December 2011.
24. The Council's key minimum requirements for each scheme are as follows;
 - offer a choice of tenure (rental at affordable rates, shared ownership, out right sale)
 - offer a home for life
 - provide high quality accessible accommodation and services
 - provide a balanced community e.g. a range of high medium and low care needs, gender, ethnic mix etc)
 - enable provision of personalised care support

- provide a range of day opportunities e.g. social, leisure
- provide communal facilities.

The detailed requirements are set out in the Council's ITT documents.

25. In response to the PQQ, five potential bidders expressed an interest in bidding for one or more of the proposed sites. Subsequent evaluation of the PQQ submissions resulted in 3 Bidders being successfully progressed to the Invitation to Tender (ITT) stage. The two bidders who were not progressed to the ITT stage failed to meet the rigorous financial and quality (technical) criteria set by the Council.

26. An ITT was issued to the remaining three Bidders on 24th February 2012.

- Bidder One submitted bids for Lots 1, 2 and 3.
- Bidder Two submitted a single bid for Lot 3. This bid was deemed non compliant as it proposed the award of a care contract as part of the bidders business model. The Council did clarify with Bidder Two whether or not they were prepared to withdraw the area of non compliance but they were not and voluntarily withdrew from the process.
- Bidder Three withdrew from the process before making any bid.

27. Bidder One is a consortium made up of Kier Construction and Ashley House.

28. Due to the complexity of the bids it has been necessary to go through a process of clarification which sought to clarify and understand how the individual Bids met the requirements of the Council. Legal advice and support has been given to the Project Team during this clarification process however, this has taken slightly longer than had been originally envisaged and the procurement timetable has, as a result, been extended.

29. Following the rigorous evaluation process the final bids received from Bidder One for Lots 1, 2 and 3 are now referred to Committee for consideration.

Summary of the Bids

Lot 1 – Eastwood

30. One bid was received for this site and proposes 140 units of accommodation with 30 units being for nomination use by the Council. The development will comprise of mixed tenure accommodation and communal facilities in the central block of apartments. The bid requires a subsidy of £2,099,357.

Lot 2 – Retford

31. One bid was received for this site and proposes 93 units of accommodation in total with the Council having nomination rights to 25 units of accommodation. The

development will have mixed tenure accommodation and communal facilities in the central apartment building. The bid requires a subsidy of £2,027,394.

Lot 3 – Mansfield/Ashfield

32. Initially 2 bids were received for Lot 3. One was subsequently withdrawn by the Bidder (Bidder Two) as it was non compliant as noted above. The remaining bid (from Bidder One) proposes 213 units of accommodation with the Council having nomination rights to 40 units of accommodation. The development will have mixed tenure accommodation and communal facilities in each of the 3 accommodation blocks. The bid requires a subsidy of £3,920,000.

Evaluation Criteria

33. All of the bids were assessed against the following evaluation criteria:

- Technical including Design and Planning, Timescales, Partnership working
- Financial including subsidy and nomination units, costs and revenues including costs to tenants of nomination rights, funding.

34. The detailed criteria are set out in the ITT documents which are available as a background paper.

35. The evaluation was undertaken by a number of panels consisting of Council officers supported by specialist external, housing, commercial and financial advisors:

- KPMG
- Housing Research
- Bassetlaw District Council
- Mansfield District Council
- Broxtowe Borough Council.

Outcome of assessment of Bids

Lot 1 - Eastwood

36. The bid was assessed against the evaluation criteria and was deemed to be of sufficient quality to recommend acceptance.

Lot 2 - Retford

37. The bid was assessed against the evaluation criteria and was deemed to be of sufficient quality to recommend acceptance.

Lot 3 – Mansfield/Ashfield

38. The bid did not meet the minimum requirements of the Council on technical and financial aspects of the bid.

39. The bid for Lot 3 (Mansfield/Ashfield) is based on open market sales prices and social rents that are both much higher than those in the local housing market. When compared to the closest local equivalent properties, the 2 bed apartments are priced 20% higher, 2 bed bungalows are priced 40% higher, 1 bed social rent apartments are 84% higher and 2 bed apartments are 101%. These discrepancies are so large that they would make the units unaffordable to many existing local residents, thereby bringing the deliverability of Lot 3 into question and raise the prospect of the scheme failing.
40. In addition, the extent of the communal facilities offered in the bid for Lot 3 (Mansfield/Ashfield) are disproportionately small for the overall size of the scheme and fall below the design expectations of the Council as set out in the tender documents. This detracts from the capacity of the scheme to accommodate the social and wellbeing activities that differentiate Extra Care from other forms of housing. Despite this shortfall in the facilities, the forecast service charges included in the bid for Lot 3 are at levels normally seen in schemes with much more extensive facilities.
41. The Council acknowledges that the decision in relation to Lot 3 will be extremely disappointing given the high demand for extra care in this area and seeks to immediately pursue alternative approaches to the provision of extra care facilities on this site and/or other alternatives for Mansfield/Ashfield districts.

Other Considerations

42. The following additional considerations need to be made in the award of contracts for each bid:
43. *Planning* – all schemes are subject to the formal planning approvals in the relevant districts.
44. *Economic conditions* – the schemes are dependent on the developer being able to sell properties at an expected value. If this is not achieved then it could affect the delivery time of the scheme.
45. *Financing* – whilst the Bidder has set out their funding proposals (including alternative back-up proposals), conditions in the current financial markets are very changeable and there remains the possibility that availability and cost of finance could influence both the timing of delivery and viability of the proposals incorporated within the bid.
46. A sum of £12.65 million is available as a subsidy for the development of 160 nomination rights, averaging £79,000 per nomination right. The subsidy levels per nomination right for the Eastwood and Retford sites are either comfortably within or close to the average value. If the first development phase were restricted to these two sites, the average subsidy available per nomination right for subsequent phases would increase to £81,000. See table below.

All Nomination	Eastwood	Retford	Totals	Available Funding for Future Phases
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	Rights				
Subsidy Available/ Required	£12.650M	£2.099M	£2.027M	£4.126M	£8.524M
Nomination Rights	160	30	25	55	105
Subsidy per Nomination Right	£79,000	£70,000	£81,000	£75,000	£81,000

47. The two lots present their individual development challenges. Analysis by our appointed advisers, Housing Research, concludes that the “costs overall are comparable with recently completed Extra Care schemes by Registered Providers”, which suggest that the bids for Lots 1 and 2 offer acceptable value for money.

48. The Bidder has confirmed that it understands the legal requirements of the Council and has agreed to enter into the contracts circulated with the Councils ITT documents and this has been confirmed again in writing by the Bidder.

49. With regards to the provision of extra care in the Mansfield and Ashfield district, it is fully acknowledged that there is a clear gap in this area of service provision and priority has been given to look at how the Council can best secure service provision in these districts as soon as possible.

50. There are a number of procurement options available to the Council and soft market testing looking at the outcome of the recent procurement process will assist in developing a plan for the future.

51. Work has started to look at other methods of developing extra care services, this work though is in its early stages and the outcome of the work will be brought back to Committee for the different options to be considered.

RECOMMENDATIONS

It is recommended that:

- 1) subject to the requirements of the Public Contracts Regulations 2006 in relation to the process of award, and completion of the contractual documents in the form supplied by the Council to bidders during the invitation to tender process that the award of contract for Lot 1 (Eastwood) is approved;
- 2) subject to the requirements of the Public Contracts Regulations 2006 in relation to the process of award, and completion of the contractual documents in the form supplied by the Council to bidders during the invitation to tender process that the award of contract for Lot 2 (Retford) is approved;
- 3) no award is made in relation to Lot 3 (Mansfield/Ashfield); and

- 4) it is further recommended that officers are tasked to look at what other options are open to the Council in relation to provision in the Mansfield/Ashfield area and report back to Committee by 7th January 2013.

DAVID HAMILTON

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Constitutional Comments (LMc 19/10/2012)

52. The Adult Social Care and Health Committee has responsibility for adult social care matter and may approve the recommendations in the report.

Finance Comments (RWK 18/10/2012)

53. The County Council's Capital Programme contains an allocation of £12.65 million for the development of extra care housing schemes. The report proposes committing £2.099 million to a scheme in Eastwood and £2.027 million to a scheme in Retford, a total commitment of £4.126 million. This would leave funding of £8.524 million available for future developments. The subsidy payments by the County Council will be payable upon the nomination units being made available to the Council by the Bidder. This will be dependent upon the Bidder obtaining planning permissions and the pace at which the Bidder is able to progress with the developments. The timing of these payments is therefore not known at the current time.
54. The Eastwood and Retford schemes are to be developed on land currently owned by the County Council. To enable the developments to proceed the County Council will dispose of the land to the Bidder by way of a 125 year lease for each site. A lease premium of £1 million will be payable in respect of each site. The County Council will therefore receive capital receipts totalling £2 million. The disposal of the sites will not occur until the Bidder has obtained full planning permission for the developments. The timing of these receipts is therefore also not known at the current time.

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) 10th April 2008 – Modernising Services for Older People in Nottinghamshire – County Council (published):

[http://dominoapps.nottsc.gov.uk/apps/pr/diary/memdiary.nsf/0/A04E3B8C7477E472802572CA0034B2E9/\\$file/09r_Modernising%20Services%20for%20Older%20People%20in%20Notts.pdf](http://dominoapps.nottsc.gov.uk/apps/pr/diary/memdiary.nsf/0/A04E3B8C7477E472802572CA0034B2E9/$file/09r_Modernising%20Services%20for%20Older%20People%20in%20Notts.pdf)

- b) 14th July 2010 – Aiming For Excellence - Cabinet report (published):

[http://dominoapps.nottsc.gov.uk/apps/ce/memman/memman.nsf/26959B6CD01BFC578025761000320E95/\\$file/R10_aiming%20for%20excellence.pdf](http://dominoapps.nottsc.gov.uk/apps/ce/memman/memman.nsf/26959B6CD01BFC578025761000320E95/$file/R10_aiming%20for%20excellence.pdf)

- c) 25th February 2010 – Aiming for Excellence - Council report (published):

[http://dominoapps.nottsc.gov.uk/apps/ce/memman/memman.nsf/AEB0F3B095DA5E80802575FD0031ED98/\\$file/11_aiming%20for%20Excellence.pdf](http://dominoapps.nottsc.gov.uk/apps/ce/memman/memman.nsf/AEB0F3B095DA5E80802575FD0031ED98/$file/11_aiming%20for%20Excellence.pdf)

[http://dominoapps.nottsc.gov.uk/apps/ce/memman/memman.nsf/AEB0F3B095DA5E80802575FD0031ED98/\\$file/11_Aiming%20for%20Excellence%20App1.pdf](http://dominoapps.nottsc.gov.uk/apps/ce/memman/memman.nsf/AEB0F3B095DA5E80802575FD0031ED98/$file/11_Aiming%20for%20Excellence%20App1.pdf)

- d) Equality Impact Assessment.

- e) ITT documentation for “Aiming for Excellence – Tender for Extra Care Housing.

Electoral Division(s) Affected

All.

ASCH30

29th October 2012**Agenda Item: 7****REPORT OF SERVICE DIRECTOR, PERSONAL CARE AND SUPPORT
YOUNGER ADULTS****DAY SERVICES MODERNISATION PROGRAMME - UPDATE****Purpose of the Report**

1. The purpose of the report is to inform the Committee of achievements to date by the Day Service Modernisation project, provide a summary of planned activity and to seek approval for future work to progress the modernisation project.

Information and Advice

2. Work to modernise Day Services was agreed by full Council on 30th June 2011. At this time, the authority spent £22 million on day services (net budget £17.8million), 75% of which was spent on Council-run provision, and 25% or £4.6 million per annum was spent on external day services.
3. Prior to the development of the modernisation proposals a review of services had already resulted in three day services being merged into one building. This showed the potential to develop multi-purpose facilities able to meet the needs of people with a broad spectrum of needs.
4. Approximately 3,000 people attended all the day services, with support needs due to learning disabilities, mental health issues, physical disabilities and older people with disability or social isolation. Few day service clients had been allocated a Personal Budget at this time.
5. The directly provided County Council-run services were operated as four separate client group services; with separate arrangements for management, staffing, transport provision, services and building utilisation. There were 35 buildings in total, including 262 places per day provided by the day services attached to Council-run Older Persons Care Homes. These buildings showed significant under-occupancy. The combined services had 407 full-time staff posts established, managed by 16 management posts. Transport services operated through 58 internal fleet vehicles as well as 20 smaller vehicles driven by day service staff, additional contract coaches and numerous taxis for individual clients. Catering services were subsidised by the Council with a budget subsidy of £264,000 per annum.

6. In addition there was little consistency in the policies, practices and operational frameworks within which services were delivered, for example learning disability day services were only open for 46 weeks per year, whilst other day services opened for 52 weeks. Day services for older people were open at weekends but other services were not. People with a learning disability could receive five days a week day care whilst also receiving seven days a week residential care but other groups could not, and prices for services were based upon client group categories, producing a wide range of prices.
7. Since July 2011, implementation of the Programme has resulted in the following outcomes:
 - a. Of the original 35 buildings, 20 buildings are still in use for Council-run day services and 15 have closed. **Appendix 1** gives further details on the buildings no longer in use and the extent of the refurbishment programme to date. By the end of the project, 14 buildings will be used for the provision of day services.
 - b. The new staffing structure within Council-run day services has been established with 193 full-time equivalent staff and additional funding for cover and weekend opening. Single-line management of staff across Districts and common job descriptions have been introduced with a reduction to 7 management posts. This restructure was achieved without any compulsory redundancies.
 - c. Ten vehicles have been released so far across the County and new transport routes have been introduced at Gedling, to integrate clients onto fleet transport. This has released day service staff time from driving duties and reduced taxi costs.
 - d. All day services are now operated over 50 weeks per year.
 - e. A co-production model¹ of support for people with mental health issues has been developed across the County as a preventative service and to support people's recovery. This model commenced operation in June 2012.
 - f. Revised prices for council-run day services were introduced across all clients by March 2012 based upon their level of need not their form of disability, and all day service clients have been allocated a Personal Budget.
 - g. New information systems have been introduced across Council-run and external day services which has improved performance monitoring, enabled client contributions to be paid via invoice (rather than cash) and provided a payment process for external providers based on booked sessions

¹ a Co-produced Model of day services, is to be implemented across the County. This will allow people who may be assessed as not eligible for social care services to continue to receive support, whilst at the same time they use their experience and expertise to help others and also to have a say in how services are run.

- h. An accredited provider list is now in place with 26 organisations providing 48 external day services. All accredited providers have submitted service specifications and have agreed contracts with the Council. New applications are welcome.
 - i. Price negotiations with accredited providers have released £257,000 per annum, using internal day service prices as benchmark.
 - j. Individual reviews to reduce duplication of day care and residential care has reduced the day service sessions used by this group of people by 50% in council-run day services and 42% in external day services.
 - k. The overall efficiency savings to date equate to £1.7 million per annum.
 - l. In addition to the savings identified, additional temporary resources have been utilised through funding from the NHS Support for Social Care transfer monies to support community activity as an alternative to day services to enhance current provision as follows:
 - i. £ 200,000 per annum investment in reablement in Mental Health teams
 - ii. £ 350,000 per annum to develop reablement services in Physical Disability teams
 - iii. £100,000 per annum to develop, within each district, a Cognitive Stimulation Therapy² provision (specifically for people with dementia-type symptoms) in council-run day services.
8. The modernisation project will be completed in 2013/14. There are a number of areas where work is progressing and some areas where specific scheduled work is yet to take place. Within the internal day services, the following activities remain to be completed by the end of the project:
- a. Remaining building refurbishment work is to be completed in Broxtowe, Bassetlaw, Newark and Sherwood, and Ashfield. Following the completion of this work, a further 6 day service buildings will be released and the day service provision transferred to other multi-purpose bases.
 - b. Development of revised operational budgets.
 - c. Integration of all separate day service operational guidance for staff into one overall policy.
 - d. Introduction of integrated fleet transport routes across all Districts.
 - e. Opening up of refurbished day service buildings for public use.

² CST, or 'Cognitive Stimulation Therapy', is a brief treatment for people with mild to moderate dementia. Sessions aim to actively stimulate and engage people with dementia, whilst providing an optimal learning environment.

- f. Remodelling of the day service catering service to reduce the size of the Council subsidy.
 - g. External procurement of some internal day service provision.
 - h. Ongoing review of attendance data to ensure effective use of resources.
 - i. A further review of the level of staffing and management will be undertaken in 2013/14 when the services are fully provided.
9. In relation to opening up the refurbished day service buildings for public use, a procedure has been drafted to provide a structure for the hiring out of buildings (**Appendix 2** of this report). The procedure details which buildings are available for community use, the equipment and facilities available and the costs of hiring the buildings. Approval by this Committee is sought to implement this procedure.
10. The consultation carried out for the Day Service Review in October 2010 – January 2011 asked people to comment on the introduction of a new pricing policy for refreshments and service arrangements, to ensure that the service operated on a break even basis and that the provision was consistent across all day services directly provided by the Council. The catering service was seen as important. People wanted to keep the current service, with both a range of freshly cooked food and lighter lunches or snacks, and thought it was fair to pay the true costs of the meals.
11. The Business Case for Day Service Modernisation identified a target saving of £70,000 pa. However, the total level of budget subsidy for all day service catering is £264,000 pa. In order to develop a catering service which breaks even on cost this higher level of saving would need to be achieved, but further analysis is needed to consider the practicality of doing so and the various options available to the Council. In order to undertake this analysis, colleagues from the Catering and Facilities Management Service will work with the day service from November 2012, to determine market demand, establish an appropriate cost basis and assist in the compilation of a specification and standard for the future. When the work has been completed, the outcomes will be reported back to the Adult Social Care and Health Committee including the options for the future delivery of the catering service.
12. The overall vision for the remodelled catering service is to allow choice for clients in the range and type of food and refreshments available, deliver more flexible access to drinks and food during the day, and ensure prices reflect the costs more accurately, so that the subsidy on this service can be reduced or removed in full.
13. Each of the large multi-purpose day services will offer a freshly cooked meal at lunchtime and a range of lighter meals. In addition, each service now has a coffee bar so people are able to buy a range of drinks and snacks during the day. Water will be freely available but other drinks will be charged at a reasonable and

standardised cost. Currently the charges for drinks are variable across the service.

14. People will continue to receive support from staff to choose healthy options, and staff will continue to support the needs of people who have a specialist diet.
15. People will still be able to bring their own lunch and drinks into the service, but they will be able to buy from the service as well, if they want to.
16. Approval from the Committee is sought to proceed with the analysis required to implement this vision and pilot the approach.
17. Alongside the planned activity in the directly operated services, the following developments are underway with external day service providers:
 - Reviewing options for developing culturally appropriate day services in south Nottinghamshire, for people from black and ethnic minority communities which are currently purchased from the City Council
 - Discussions with external day service providers regarding transport costs
 - Negotiations with smaller non-accredited providers regarding their cost per day
 - Delivery of improved quality monitoring and audit
 - Establishing a day service provider forum, to enhance engagement with accredited providers to discuss future intentions in service delivery, commissioning and procurement.
18. A reduction in day service usage was forecasted at around 11% of sessions attended between April 2011 and 2012. The graph at **Appendix 3** shows the trend in actual day service sessions provided since December 2011, which was the point at which a new software system was introduced to capture weekly attendance. The graph shows an overall reduction in sessions attended of 13% between December 2011 and July 2012. By July 2012, an average of 1,500 people were attending internal day services.
19. The second graph shows the attendance patterns for the different client groups; most change has been seen for older people (15% reduction) and people with learning disabilities (7% reduction).
20. This level of change has not been seen in the number of people attending external day services.
21. The Business Case developed for the Day Service Modernisation Project included a savings target of £730,000 per annum set against the external procurement of some transport and day service, currently provided by the Council. The transport element of this savings target is on course to be delivered within the current timescale for the project end.
22. However, it is recommended that Committee defer the market-testing and planning needed to outsource some Council-run day services, until the summer of

2013. The reason for this is that the services should not be market-tested until they are in their final configuration and the service is running as effectively and efficiently as possible. As already mentioned previously in this report:

- Building refurbishment is still underway and will not be completed until the spring of 2013
- The development of the external market is still in progress
- The staffing restructure needs more time to become established and work smoothly
- Client and carer anxiety is high due to the current changes to services being made. It is likely that this would be heightened even further during a period of market testing, and a period of stability would benefit service users.

23. The implications of deferring this work stream is that £590,000 of savings realisation will be delayed until 2014/15, as it is anticipated that the external procurement process could take 9-12 months to complete.

Other Options Considered

24. This report updates members on activity commenced to modernise services as approved by full Council in June 2011, as such no alternative options are appropriate. However, where further work is required the options for this work are outlined within the report, and members will receive further information in due course on these activities.

Reason/s for Recommendation/s

25. Members are asked to approve the recommendations to ensure the completion of the day service modernisation project which will enhance the services available to disabled people and older people across the county, whilst ensuring a financially robust service which is sustainable in the future.

Statutory and Policy Implications

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

Implications for Service Users

27. The completion of the day services modernisation project will provide service users across all service areas with improved day service facilities, a standardised universal service and improved transport and catering.

Financial Implications

28. The overall efficiency target for the day service modernisation project is £4.9m per annum. To date, £1.7 million has been achieved. The catering provision options appraisal will identify how the Council can realise a further £264,000 per annum, by changing the way that this service operates. The realisation of remaining efficiencies will be undertaken in the areas of procurement, commissioning, staffing, supplies and services and rebasing of budgets.

29. Delaying the external procurement of some Council-run day service provision will delay the planned release of £590,000 until 2014/15.

Equality Implications

30. The Equality Impact Assessment has been reviewed and updated, to show all equality implications.

RECOMMENDATION/S

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

- a) note the progress of the Day Service Modernisation Programme to date.
- b) support the procedure on Day Services Asset Use attached as Appendix 2
- c) approve the strategic direction for catering provision and the delivery of a report to members identifying how best to realign the service (as at paragraphs 10-16)
- d) agree to defer implementation of market-testing and outsourcing for some Council-run day service provision until 2013/14 (as set out in paragraph 22).

JON WILSON

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Constitutional Comments (LMc 19/10/2012)

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

Financial Comments (TMR 19/10/2012)

32. The financial implications are as contained in 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. Updated Equality Impact Assessment for Day Service Modernisation.
- b. [Day Services Modernisation Report to Full County Council](#) – 30th June 2011.

Electoral Division(s) and Member(s) Affected

All.

ASCH58

Update on Refurbishment Programme (as at October 2012)

New name for day service base	Previous name for day service base	Client Group using the day service base now	Includes clients from the following services which have closed	Location	Ownership of site	Refurbishment status	Status of base by project end	Comment
Ashfield day service (Main)	Willow Wood	LD, PD, OP and MH	Thornhills, Dallas St, Jubilee, Kirklands, Beauvale, New Outlook	Sutton in Ashfield	NCC	In progress	Retained	Refurbishment programme started 20th August and will be complete at Christmas.
Ashfield day service (Full Bloom)	Full Bloom	LD		Sutton in Ashfield	Private lease	N/A	Not required	The horticultural project will transfer to the Mansfield day service site in October 2012. At this point, the Full Bloom site will close.
Ashfield day service (Hucknall)	Spring Street	LD		Hucknall	Private lease	N/A	Not required	Service due to transfer to the main Ashfield site after Christmas.
Ashfield day service (Selston)	Selston	OP		Selston	Leased from school	N/A	Not required	The service will transfer to the main Ashfield site after Christmas.
Bassetlaw day service (Main)	Eastgate	LD, PD, OP and MH	James Hince, Greenacre, West Wood, New Outlook	Worksop	NCC	Completed	Retained	Refurbishment completed September 2012. The service transferred from Greenacre on 9th October.
Bassetlaw day service (Library)	The Library, Worksop	LD, MH		Worksop	NCC	N/A	Retained	No refurbishment required.
Bassetlaw day service (St MV)	St Michaels View	OP		Retford	NCC	N/A	Uncertain	The day service here is still a transitional arrangement.
Bassetlaw day service (Retford)	Grove Street	OP		Retford	Private lease	Under discussion	Retained	Details of the programme of works and licence is still being determined.
Broxtowe day service (Main)	Barncroft	LD, OP, BME	Bramwell, Beauvale, Scalby Close	Beeston	NCC	Completed	Retained	
Broxtowe day service (Beeston)	Middle Street	LD, MH and base for the MH Co-production model (South)		Beeston	NCC	In progress	Retained	Works started 15th October and will be completed in January 2013.
Gedling day service (Main)	Ernehale Lea	LD, OP	Leivers Court	Arnold	NCC	Completed	Retained	
Gedling day service (Netherfield)	Ley Street	LD		Netherfield	NCC	Completed	Retained	
Mansfield day service (Main)	Redoaks	LD, OP, MH	Hollybrook, Rokerfield, Maun View	Rainworth, Mansfield	NCC	Completed	Retained	
	Rokerfield	LD, OP, MH		Sutton in Ashfield	NCC	N/A	Not required	refurbishment has been completed at the Ashfield main base.

Newark and Sherwood day service (Friary)	Friary	LD		Newark	Private lease	N/A	Not required	The building will be released once refurbishment is completed at the N & S (Ollerton) site.
Newark and Sherwood day service (Main)	Whitewater	LD, OP	Bishops Court	Boughton, Newark	NCC	In progress	Retained	Due for completion in January 2013.
Newark and Sherwood day service (Southwell)	Three Spires	OP		Southwell	Private lease	Not started yet	Retained	Minor works to redecorate will be completed in the early part of 2013.
Newark and Sherwood day service (Newark)	Balderton	LD, OP, PD	Woods Court, New Outlook	Newark	NCC	Completed	Retained	
Rushcliffe day service (Bingham)	Moorlands	OP		Bingham	NCC	Completed	Retained	
Rushcliffe day service (Main)	BGR	PD, OP	Braywood Gardens, Leawood Manor	West Bridgford	NCC	Not started yet	Retained	Minor works to toileting areas and kitchen will take place in 2013, in conjunction with works required for the Heyman School development.

Day service buildings which are no longer in use, due to the Day Service Modernisation Programme (as at October 2012)

Client Group	Day Service name	Date closed	Address 1	Address 2	Town	County	Postcode
Older Persons	Bishops Court	Sep-11		Tuxford Road	Boughton, Newark	Nottinghamshire	NG22 9HY
Older Persons	James Hince Court	Sep-11	Windsor Gardens	Carlton in Lindrick	Worksop	Nottinghamshire	S81 9BH
Older Persons	Westwood	Sep-11		Talbot Road	Worksop	Nottinghamshire	S80 2PG
Older Persons	Woods Court	Sep-11		Walker Close	Newark	Nottinghamshire	NG24 4BP
Older Persons	Jubilee Court	Sep-11		Nabbs Lane	Hucknall	Nottinghamshire	NG15 6HB
Older Persons	Kirklands	Sep-11		Farhaven	Kirkby in Ashfield	Nottinghamshire	NG17 7FW
Older Persons	Maun View	Sep-11		261 Chesterfield Road	Mansfield	Nottinghamshire	NG19 7EL
Older Persons	Bramwell	Sep-11		Bramwell Drive	Bramcote	Nottinghamshire	NG9 3ST
Older Persons	Braywood Garden	Sep-11		Milbrook Drive	Carlton	Nottinghamshire	NG4 3SR
Older Persons	Leawood Manor	Sep-11		Hilton Crescent	Westbridgford	Nottinghamshire	NG2 6HY
Older Persons	Leivers Court	Sep-11	Douro Drive	Killisick Estate	Arnold	Nottinghamshire	NG5 8AX
Learning Disabilities	Stephen House	Jun-12		40 Chapelgate	Retford	Nottinghamshire	DN22 6PJ
Older Persons	New Outlook	Jun-12		38 Kirkby Road	Sutton in Ashfield	Nottinghamshire	NG17 1GH
Older Persons	Beauvale Court (a)	Jul-12		Scalby Close	Eastwood	Nottinghamshire	NG16 3QQ
Learning Disabilities	Greenacre	Oct-12	Wingfield Avenue	Prospect Hill	Worksop	Nottinghamshire	S81 0TA

Day service buildings which are no longer in use, due to the Day Service Modernisation Programme (as at October 2012)

Client Group	Day Service name	Date closed	Address 1	Address 2	Town	County	Postcode
Older Persons	Bishops Court	Sep-11		Tuxford Road	Boughton, Newark	Nottinghamshire	NG22 9HY
Older Persons	James Hince Court	Sep-11	Windsor Gardens	Carlton in Lindrick	Worksop	Nottinghamshire	S81 9BH
Older Persons	Westwood	Sep-11		Talbot Road	Worksop	Nottinghamshire	S80 2PG
Older Persons	Woods Court	Sep-11		Walker Close	Newark	Nottinghamshire	NG24 4BP
Older Persons	Jubilee Court	Sep-11		Nabbs Lane	Hucknall	Nottinghamshire	NG15 6HB
Older Persons	Kirklands	Sep-11		Farhaven	Kirkby in Ashfield	Nottinghamshire	NG17 7FW
Older Persons	Maun View	Sep-11		261 Chesterfield Road South	Mansfield	Nottinghamshire	NG19 7EL
Older Persons	Bramwell	Sep-11		Bramwell Drive	Bramcote	Nottinghamshire	NG9 3ST
Older Persons	Braywood Gardens	Sep-11		Milbrook Drive	Carlton	Nottinghamshire	NG4 3SR
Older Persons	Leawood Manor	Sep-11		Hilton Crescent	Westbridgford	Nottinghamshire	NG2 6HY
Older Persons	Leivers Court	Sep-11	Douro Drive	Killisick Estate	Arnold	Nottinghamshire	NG5 8AX
Learning Disabilities	Stephen House	Jun-12		40 Chapelgate	Retford	Nottinghamshire	DN22 6PJ
Older Persons	New Outlook	Jun-12		38 Kirkby Road	Sutton in Ashfield	Nottinghamshire	NG17 1GH
Older Persons	Beauvale Court (at Scalby Close)	Jul-12		Scalby Close	Eastwood	Nottinghamshire	NG16 3QQ
Learning Disabilities	Greenacre	Oct-12	Wingfield Avenue	Prospect Hill	Worksop	Nottinghamshire	S81 0TA

Modernising Day Services: Asset Use Policy Statement

Context

1. The County Council, as reflected in its Strategic Plan is committed to:
 - § Delivering good quality and affordable services
 - § Ensuring that services are organised around the customer
 - § Ensuring that maximum value for money is achieved from all assets, including buildings
2. County Council agreed on 30 June 2011 a programme of transformation to create a modern flexible Day Service that meets the needs of service users. This included a policy commitment on the use of Day Services assets aimed at maximising the use of the Council's assets and to benefit the community without adversely affecting service provision.
3. This Policy Statement is an extract from County Council's resolution and is supported by procedure which includes actions to implement the Council's policy.

Scope of this policy

4. This policy applies to all County Council directly provided Day Services buildings as outlined in the procedure.

Commitments

5. To make all retained County Council [Day Services] premises available for community, voluntary and external organisation to utilise the buildings during evenings and weekends, and when the buildings are not being used for Day Services provision, thereby maximising the resource available to the local community.
6. The Council will review its costs in order to charge a realistic rent.



Procedure on Day Services Asset Use

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1. Purpose

1.1 County Council agreed on 30 June 2011 a policy commitment to maximise the utilisation of County Council Day Services buildings by making them available to local communities during times when the County Council is not making use of them.

1.2 Below outlines procedural actions to implement this policy commitment.

2. Buildings available to be hired out

Broxtowe	Main base (Chilwell) and Beeston site
Gedling	Main base (Arnold) and Netherfield site
Rushcliffe	Main base (W. Bridgford) and Bingham site

Procedure on Day Services Asset Use

N & S	Main base (Ollerton) and Newark site
Bassetlaw	Main base (Worksop) and the Community Resource (Worksop)
Ashfield	Main base (Sutton-in-Ashfield)
Mansfield	Main base (Mansfield)

3. Who can hire rooms and facilities within Day Service Buildings, for what purposes?

3.1 The following parties will be able to hire rooms and facilities:

- NCC staff
- Other public sector organisations
- Community and voluntary sector organisations or groups
- Private individuals
- Private or independent sector companies

3.2 Approved purposes for hire are:

- Work purposes related to NCC business
- Voluntary sector activities including charitable fundraising events
- Delivery of services and activities to vulnerable adults or children
- Social events

3.3 The buildings will not be available for events involving alcohol.

3.4 The Team Manager for the day service will have the ultimate discretion about whether to hire out any part of the day service building to any particular individual or organisation who meets the above conditions.

3.5 Specialist rooms will not normally be available for hire (ie AV, training kitchens, pottery, and beauty salon). These rooms will be locked to prevent access.

4. Booking procedures

4.1 Details of the facilities available at each building and prices will be on the County Council internet. There will be an on-line form which an interested party could complete, to request a viewing or booking for a particular date. This will be sent to the Customer Service Centre (CSC) for action. Alternatively, people will be able to contact the Customer Service Centre, who will take details of the enquiry.

4.2 The CSC will then arrange for the appropriate day service staff to contact the person and arrange a visit or discuss further details and pricing. All bookings must be approved by the appropriate Team Manager or other staff by agreed delegation, prior to confirmation with the applicant.

4.3 All out of hours, weekend and Bank holiday bookings are subject to availability of necessary staff (eg Caretaker).

Procedure on Day Services Asset Use

4.4 Once approved, the room will be booked on the Stopford system (already in use across NCC) by day service business support staff.

4.5 Payment processes will be developed to include :

- payment of a deposit in advance over the internet
- generation of an invoice for payment after the event

5. Prices to be charged for rooms:

6. Price categories

Price categories are proposed as follows:

Private individuals and commercial organisations Full price

Community and voluntary sector groups 25% Discount

NCC members and officers FREE during normal working hours

7. Price to hire during normal working hours

During normal opening hours of the service, the only costs to be covered are for time linked to the booking process and cleaning.

Whatever the size of room, the costs will be as follows:

Discounted cost per hour: £ 9

Full price per hour: £ 12

In order to safeguard vulnerable adults accessing day services, only venues which have separate areas away from normal delivery of service and with separate toilet facilities will be available for hiring to public, voluntary or commercial organisations during the day.

Where hirers are members, officers or partner agencies known to the Council, it may be possible for space in other buildings to be made available.

8. Price to hire in the evening or weekend

For a booking that will use the room outside normal working hours, the costs to be covered are :

- time linked to the booking process
- cleaning of the room after use
- caretaking and security during the booking

Procedure on Day Services Asset Use

- heating of the building (as the whole building will have to be heated, whatever the size of room booked by the hirer)

Day service buildings are banded into groups, for size and cost purposes.

Band	Building	Discounted price per hour	Full price per hour
Band A	Gedling (Main base and Netherfield site), Rushcliffe (Bingham site), Community Resource (Worksop), Broxtowe (Beeston)	£ 15.00	£ 20.00
Band B	Newark and Sherwood (Newark site), Broxtowe (main base)	£ 18.00	£ 24.00
Band C	Newark and Sherwood (main base), Mansfield, Rushcliffe, Bassetlaw (main base), Ashfield (main base)	£ 21.00	£ 28.00

9. Rates for specialist equipment or additional services

Item	Price per unit
Television with video/DVD	£ 5
Overhead projector with screen	£ 5
Flip chart (with paper and pens)	£ 5
Use of training kitchen	£ 5 per hour additional to room hire
Coffee bar equipment and crockery etc	£ 20

The details about each building on the internet will clarify what equipment is available for hire at each location.

Use of the day service coffee bar is permitted only where the hirer has the necessary skills and expertise to be able to use the equipment safely, in the opinion of the Team Manager, Day Services.

10. Other conditions related to bookings

Procedure on Day Services Asset Use

All bookings are based on an hourly rate, or part thereof, and any additional time required will be charged on an hourly basis or part thereof. Booking start and finish times must include all setting up and clearing away.

The person in charge of the event must be 18 years or above. ID may be requested at the time of booking.

It is the responsibility of the hirer to ensure that there is adequate first aid cover at the event. Please discuss this at the time of booking.

11. Catering

Catering may be available on request, dependent on service staff availability. This would be additional to the hire rates above and costs would be individually negotiated with regard to food requirements and staffing time.

Catering would either be provided by the Day Service catering staff or by NCC catering staff from the County Hall Catering service.

Catering can be brought in as part of the event, but the organisation concerned must hold a basic food hygiene certificate. All food left over from the event must be cleared away and removed from the premises.

Refreshments may be available, dependent on the service, to be agreed at the point of booking. Charges will be as follows :

- Tea, Coffee, and Biscuits £1.00 per head
- Jug juice £2.00 per litre
- Water Free

Alternatively, hirers can buy drinks and snacks from the Coffee Bar, where this is open at the time of hiring.

12. Toilets and personal care facilities

All toilet and personal care facilities must be left in the same condition as they were provided at the start of the booking, otherwise additional cleaning charges will be levied. These charges will be equal to the cost of the additional cleaning materials and hourly rate of staff carrying out the cleaning.

Hoisting equipment and adult changing beds will not normally be available.

13. Standard terms and conditions for contract between NCC and with hirer

14. Changes to rates

Procedure on Day Services Asset Use

The Authority will review hire rates after the first 6 months of introducing the hiring out proposals. After this period, the Authority exercises the right to vary the hiring fee to cover an increase in hiring charges.

15. Payment for one-off events

Where the cost of the booking will exceed £ 100, the Authority will take a deposit of £ 25 at the time of booking, unless the event is a large function in which case a cash bond of up to £300 may be required prior to the function and will be returned on inspection afterwards.

The hirer shall pay the charge / outstanding balance requested by the Authority within 14 days of receiving an official invoice.

16. Payment for regular bookings

A deposit of £ 25 will be taken at the commencement of a regular booking. This will be repaid when the hiring arrangement comes to an end, or refunded through the final invoice, whichever is most convenient to the hirer.

Charges will be invoiced by the Authority on a monthly or quarterly basis, as appropriate. The minimum charge invoiced will be £30. Cash payments are not acceptable.

The hirer shall pay the charge requested by the Authority within 14 days of receiving an official invoice.

17. Cancellations

Cancellation policy is as follows :

Cancellation 4 weeks or more before the date	No charge
Cancellation 2 – 4 weeks before the date	25% of booking fee
Cancellation 0 – 2 weeks before the date	50% of booking fee

Cancellations must be received in writing (including hard copy or email).

The Authority reserves the right to cancel a booking at any time but will give at least 3 full working days notice unless in emergency situations. Any deposit paid will be returned in the event of a cancellation by the Authority.

18. Damage and loss

Procedure on Day Services Asset Use

The Authority will not in any circumstances be responsible for any damage or loss to goods or property brought to the premises by the hirer or persons attending the function.

The Authority does not have any insurance cover for hirers of Day Service buildings so anyone hiring should provide evidence of their own public liability, to an indemnity level of £ 2m where activities are low risk.

The hirer must ensure that they have Public Liability Insurance (in the sum of £5m) in place prior to letting taking place if the hirer is using it for any of the following purposes :

- For meetings organised by political parties
- For professional entertainment purposes
- For commercial or business functions which involve bringing into the premises equipment which operates by means for the application of heat
- For martial arts activities
- For any sporting activity but only in respect of personal injury or property damage suffered by one participant that was caused by another participant

The Public Liability Certificate must be received by the venue prior to the hirer using the room. If this is not received, the hirer will be liable for the full cancellation charge as detailed elsewhere.

All damages or breakages must be reported immediately at the end of the event. The hirer of the premises is liable for any costs to effect repair or replacement to the premises or the equipment therein. The costs will be taken from the deposit in the first instance, if one has been paid.

19. Conduct within the building

The hirer shall ensure that activities carried out at the premises are conducted in an orderly manner unlikely to cause any annoyance or inconvenience or become a nuisance to the owners or occupiers of any adjoining or neighbouring property or to the public.

The hirer is not permitted to install fixtures or decoration of any kind requiring nails or screws to be driven into the property.

It is a condition of hire that if you use your own electrical equipment in the premises, the equipment must be connected to the premises electricity supply via a portable plug or portable adapter fitted with a residual current device and that these devices should be tested prior to use by a qualified electrician. If a residual current device is not provided in the room which you are hiring, you are required to provide your own. The devices are available from major do-it-yourself stores.

The hirer shall obtain, at their own expense, all the necessary licences required in connection with the use of the premises and shall observe and comply with all the conditions attaching thereto.

Procedure on Day Services Asset Use

A licence is required for the public performance of any sound recordings. A licence covering most makes can be obtained from the Photographic / Performance Limited of Ganton House, 14-22 Ganton Street, London, W1U 1LB and from the Performing Right Society, 2 Wren's Court, 55 Lower Queen Street, Sutton Coldfield, West Midlands, B72 1RT. Applicants are advised that failure to obtain such a licence is an offence and against the Copyright Act. 1956.

The hirer is responsible for the Health and Safety of any children and adults attending the event at the premises.

The hirer agrees not to use or store dangerous/explosive materials on site.

Nottinghamshire County Council premises and grounds are strictly no smoking.

The premises must be left in a clean and tidy condition by the hirer. Failure to do so will result in a charge for cleaning to the hirer.

Furniture and equipment must not be removed from the premises.

All children and vulnerable adults must be cared for at all times by fit and proper adults.

Where the hirer is using the day service building at the same time as the operation of the day service, the following conditions apply :

The Team Manager will explain which areas of the building are not to be accessed by the Hirer or any people connected with the Hirer, under normal circumstances. This may need to be waived in the event of fire or other emergency evacuation.

The correct use of security arrangements must be followed at all times, as explained to the Hirer by the Team Manager.

20. Provision of catering

Requests for catering to be provided should be discussed with the Team Manager responsible for the building being hired.

Hirers are permitted to bring their own food into the building providing that food falls within a "low risk" category and is consumed 2-3 hours of being chilled – see attached list.

Use of the day service main kitchen by external organisations will not be permitted, due to Health and Safety regulations.

All responsibility for food health and hygiene rests with the hirer and the Council will not accept any liability for personal illness or injury to any person caused by the hirers' own food provision.

Procedure on Day Services Asset Use

21. In the event of fire

The hirer is responsible for ensuring that persons attending a function under their control are cleared from the building in the event of a fire, and must ensure that the routine to be followed in the event of fire is known to at least two of the persons attending.

Every visitor must sign in at the base in order to ensure full and safe evacuation in the event of fire. If a fire is discovered, the alarm must be sounded using the nearest break glass point situated around the building. People must be directed to leave the building via the nearest fire exit. People should not stop for coats and bags etc. People with disabilities may need to be escorted / assisted. Hirers must inform a member of staff if they have brought any combustible items into the premises e.g. spray paint cans. People should make their way to the assembly point and wait for further instructions / information.

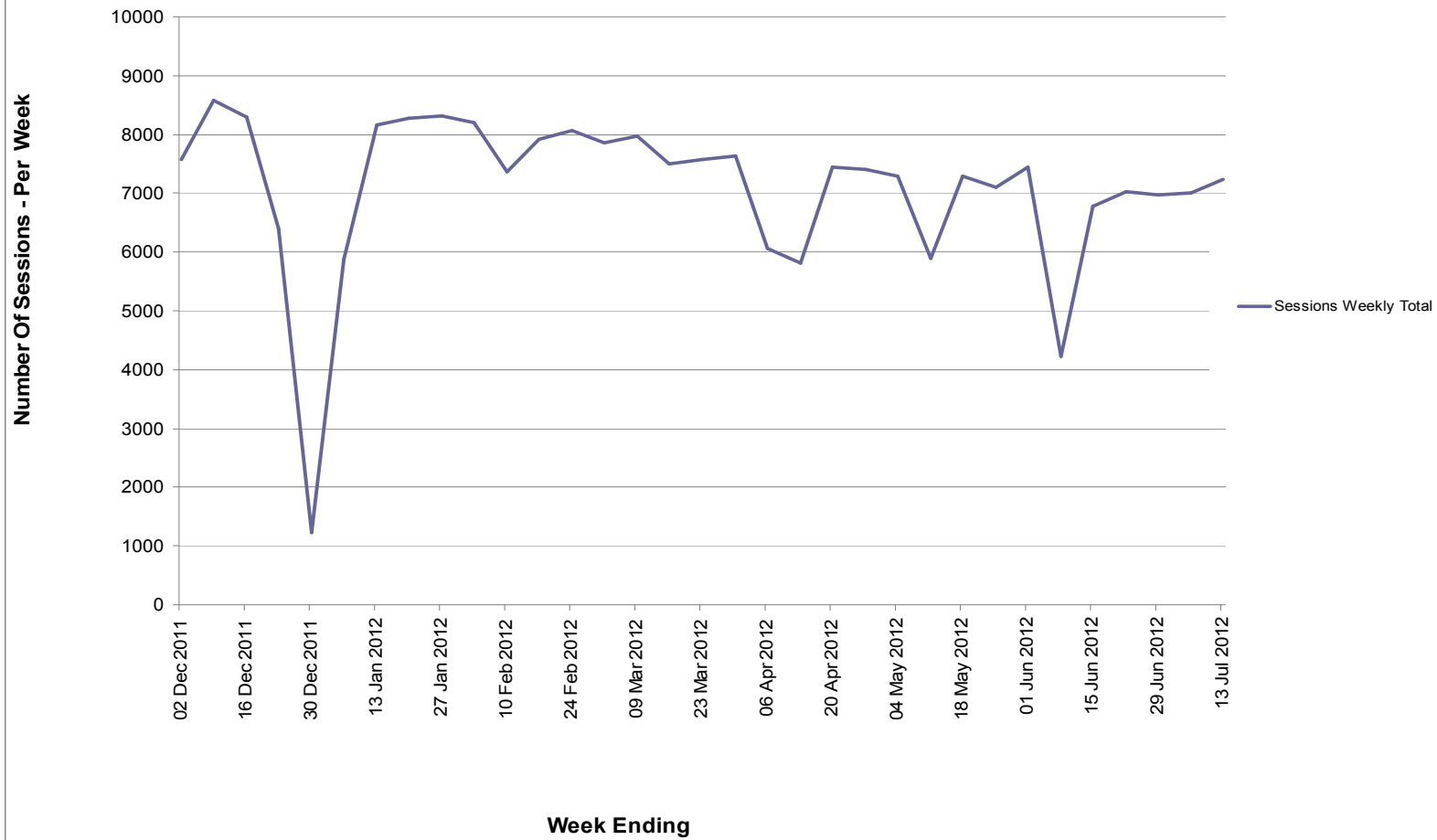
22. Parking

The Authority does not accept liability in respect of the parking of any vehicle at the premises connected in any way with the applicant or the letting of the premises during the letting period.

23. In the event of any accident or emergency

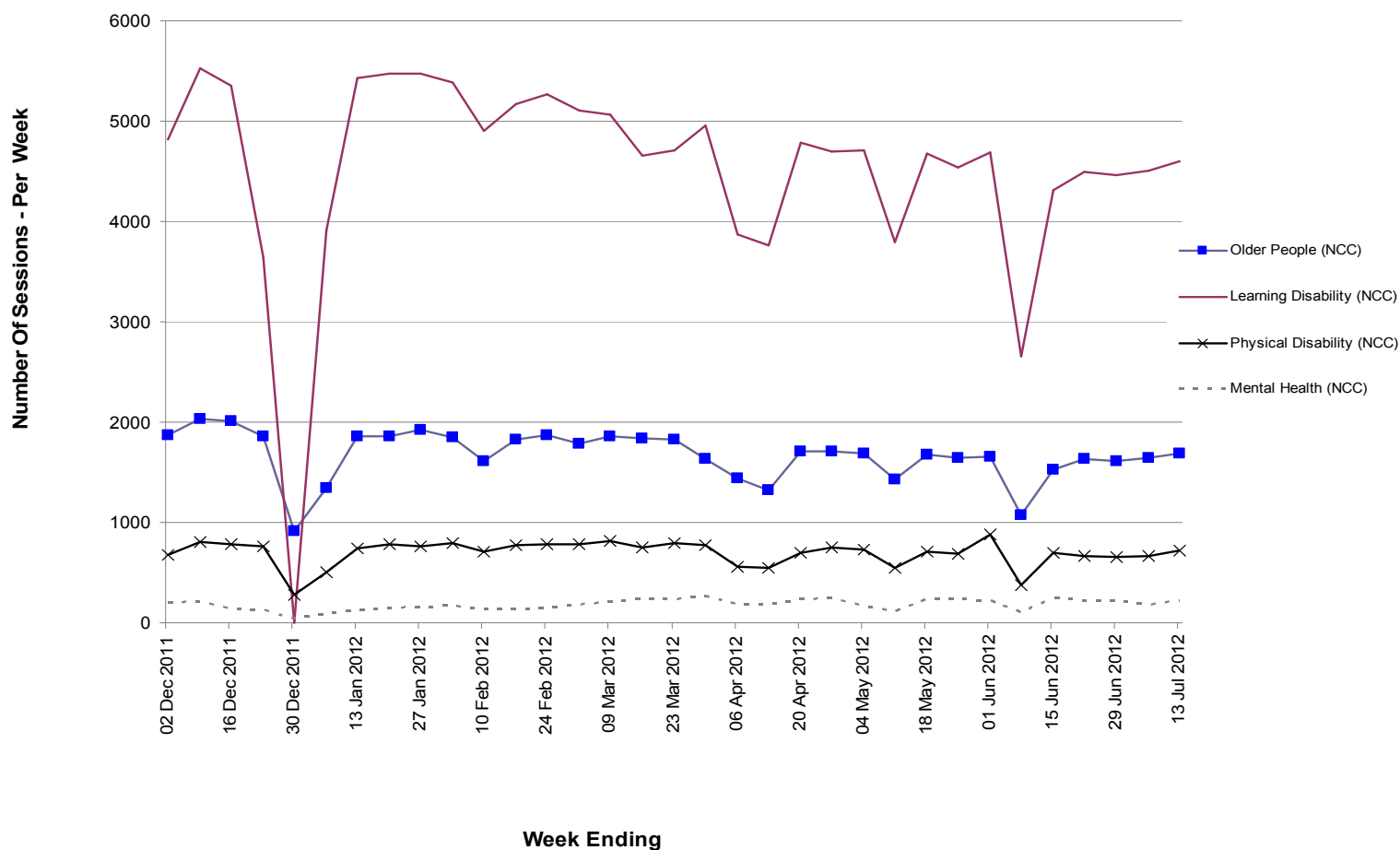
Hirers are requested to speak to the Caretaker as soon as possible, if on duty during the event. Otherwise contact the on-call Manager.

**Appendix 2 - Graph Showing Total Number Of NCC Day Service Sessions Attended
Between
02-Dec-2011 & 13-Jul-2012**



Note - attendance dips are due to
service closure and Bank Holidays

**Appendix 2b - Graph Showing NCC Day Service Sessions Attended Per Client Group
Between 2-Dec-2011 & 13-Jul-2012**



Note - attendance dips are due to service closure and Bank Holidays

29th October 2012**Agenda Item: 8****REPORT OF SERVICE DIRECTOR FOR JOINT COMMISSIONING, QUALITY
AND BUSINESS CHANGE****NOTTINGHAMSHIRE COUNTY COUNCIL'S ADULT SOCIAL CARE MARKET
POSITION STATEMENT****Purpose of the Report**

1. To note Nottinghamshire County Council's draft Market Position Statement (MPS) and to approve publication.

Information and Advice**Background**

2. On 11th June 2012 Committee agreed a report recommending that a local MPS be developed, taking up the offer of guidance from the Institute of Public Care (IPC), Oxford Brookes University as part of an East Midlands Joint Improvement Partnership programme.
3. A MPS is a brief analytical document aimed at giving key information useful to both existing providers who want to plan their future business, as well as new providers who may want to enter the local market. It is not aimed at the general public and should direct to other plans and sources of information rather than repeating them. It includes the Council's view of the current provision in the social care market, what the gaps are, the types, quality and what it believes is a fair price for services needed for the future. It should act as a calling card, giving providers one point of contact for further information and discussion.

Policy Context

4. For several years Government policy has set out the expectation that local authorities will significantly reduce their role as direct providers of care and also take considerably less of a direct purchasing role. 'Caring for our Future; Reforming Care and Support' July 2012, strengthens this and sets out the intention to introduce a duty upon local authorities to promote diversity and quality in the range of local provision available. This means ensuring there are enough of the right types of services at the right price for people who have to pay for their own care and support, as well as those eligible for local authority funding. Critical to this is the availability of relevant and up-to-date information to providers of social care services regarding the Council's commissioning intentions and

requirements. This will also assist the Council to respond to the many enquiries received from care and support providers in a more accurate and consistent way.

5. The Government has announced that it will provide support to all local authorities to fulfil this market development role through a new initiative; 'Developing Care Markets for Quality and Choice'. This programme is being delivered by the Institute of Public Care (IPC), Oxford Brookes University who developed the original MPS toolkit <http://ipc.brookes.ac.uk/publications>. As indicated in paragraph 2 above, Nottinghamshire County Council has already benefited from support provided by IPC in the development of our local MPS and received positive feedback on the attached draft (**Appendix**). This further work will enable the Council to strengthen its approach to market development across the various social care service areas.

Moving forward

6. The MPS does not set policy; it records a summary of decisions made with relevance to their impact on and opportunities on offer to providers. In order to keep the MPS as a live document it is recommended that it is placed online in such a way that any section can be up-dated separately as and when Members approve policy changes or as services develop. This will keep it more timely and useful than a yearly review of the full document.
7. Links will be made to ensure consistency with the refreshed Joint Strategic Needs Analysis (JSNA), Health and Wellbeing Strategy (HWS) and emerging joint commissioning priorities for 2012/13.
8. This first MPS is aimed primarily at the social care market, whilst taking into account the role of wider local government and partners, for example, housing, education, leisure services and health. This includes services that the Council commissions in partnership with Health, but is essentially focusing on services commissioned by Nottinghamshire County Council. The value of completing a joint MPS in the future will be explored with Health partners.

Governance and Resources

9. The work reports in to the ASCH&PP Senior Leadership Team and is being undertaken within existing resources in the Joint Commissioning Unit, with information being collated and analysed from across the local authority.

Other Options Considered

10. It is anticipated that the MPS will bring significant benefits to the Council and providers of social care services so that services can be developed and configured to meet the needs of local people. This is considered to be the best means of informing providers of social care services of the Council's plans for service development.

Reason/s for Recommendation/s

11. This report is for information purposes only and there are no specific recommendations.

Statutory and Policy Implications

12. 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

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

- 1) approve the final version of Nottinghamshire's Market Position Statement
- 2) note future work planned with providers to develop the local market.

CAROLINE BARIA

**Service Director for Joint Commissioning, Quality and Business Change
Adult Social Care, Health and Public Protection**

For any enquiries about this report please contact:

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Sue.batty@nottscc.gov.uk

Constitutional Comments

13. The report is for noting only.

Financial Comments (RWK 09/10/2012)

14. There are no financial implications arising from 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. Caring for our future: reforming care and support – White Paper July 2012
<http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/>

Electoral Division(s) and Member(s) Affected

All.

ASCH63

Nottinghamshire County Council, **Adult Social Care Market Position Statement**

October 2012

Purpose of this market position statement

This document is aimed at existing and potential providers of a broad range of social care and support services for adults. It aims to provide key market intelligence that will be useful to providers in making proactive business and investment decisions and to act as a starting point for further discussion between providers and Nottinghamshire County Council.

It includes information on current and potential future demand, supply, quality and models of care the Council wishes to purchase in the future, which includes opportunities arising from self-directed support and the increasing up-take of Direct Payments.

This document consolidates and builds on a range of previous work that the Council has undertaken with current and potential new providers coming into Nottinghamshire. It covers services funded by the Nottinghamshire County Council, including those commissioned jointly with Health and other partners.

'Caring for our Future' July 2012, strengthens the need to share market intelligence with providers as part of the Government's intention to introduce a duty upon local authorities to promote diversity and quality in the provision of services¹. This includes services which the Council contracts directly with providers, as well as those for people who will arrange their own care and support either through a Direct Payment provided by the Council, or by funding their own support (self-funders). This document therefore encompasses all of these.

About Nottinghamshire – key facts

Nottinghamshire covers an area of 805 sq miles, with seven District/Borough councils, six Clinical Commissioning Groups (CCGs) and two NHS Commissioning Clusters. The largest concentration of people found in the Greater Nottingham conurbation (including Nottingham City), the suburbs of which lie mostly outside the city boundary. Nottinghamshire County Council is the 11th largest County Council in the UK and it employs over 27,000 people.

The towns of the county are Mansfield (population 87,500), Kirkby-in-Ashfield (27,000), Sutton-in-Ashfield (45,400), Newark-on-Trent (26,700), Worksop (43,500) and Retford (21,700).

¹ Department of Health (2012) *'Caring for Our Future – reforming care and support'*

Nottinghamshire has an ethnically and culturally diverse population with areas of affluence and deprivation; some of the northern parts of the county are ex-mining communities. There are three very distinct areas:

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

Less than 3% of the County's population are from ethnic minority groups, with the larger percentage in the areas close to Nottingham. The largest ethnic minority group in Nottinghamshire is Indian. There has also been a substantial increase in the number of migrant workers in the County since 2004, although the number of entrants has decreased more recently.

About a fifth of the population live in rural areas, mostly in small towns and villages (less than 10,000 population size). This can give rise to challenges due to length and costs of travel for individuals and staff, as well as the viability of providing local services due their size. Currently, there are three areas where this is impacting on ability to provide sufficient capacity to meet demand for community based services; Bassetlaw, Newark and Rushcliffe.

Further detailed information can be found in Nottinghamshire's Joint Strategic Needs Assessment:

www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment

Current and estimated future demand for social care

The population of the county (779,000 in 2010) is projected to grow by almost 24% by 2031, compared to an England growth of just over 19% in the same period, with this growth being faster in some areas than others. The population of Newark and Sherwood is predicted to grow by 30% by 2031, whilst Gedling shows growth is expected to be less than 17%².

The highest levels of social care need in Nottinghamshire are currently concentrated in; Mansfield, Ashfield, Newark and Sherwood (particularly in Newark town), and Worksop in Bassetlaw. Each district in the County has at least one area experiencing significant

² Our Strategy for Health & Wellbeing in Nottinghamshire: Early Priorities for 2012-13

social need, often with this being alongside areas with comparatively low levels of need, such as Broxtowe, Gedling and Rushcliffe

The number of people in Nottinghamshire provided with publicly funded adult social services rose by 4% between 2007-2010. Although birth rates have risen recently, the longer term projected decline in the number of children and young people and rising numbers of older people mean greater demand for services for older people in the future.

18.1% of the population are aged over 65 years, with a predicted increase of 31% by 2020. Newark & Sherwood and Gedling Boroughs currently have the highest numbers of older people.

The numbers of people funding their own care is forming an increasingly large part of Nottinghamshire's social care market. Ensuring that there is sufficient service capacity and information for people who fund their own care is becoming increasingly important. In the future the Council aims to have better information to share with providers on this sector.

For 2011/12 the Council has set its Fair Access to Care eligibility threshold to include the categories 'substantial' and 'critical' for Council social care funding.

Table 1

Primary reason for care and support need	Numbers receiving social care (as at March 2012)
Older people (aged 65 plus)	13,891
Learning disabilities (aged 18 plus) (including Profound and multiple learning disabilities)	2,135
Mental health (aged below 65)	591
Physical disabilities (aged below 65)	1,798
Visual impairment (aged below 65)	175
Hearing and Dual Sensory impairment (aged below 65)	54
Informal/family carers (18 plus)	1,265
Total	19,909

Further detailed information can be found in Nottinghamshire's Joint Strategic Needs Assessment:

Strategic direction

Nottinghamshire's vision for health and wellbeing is set out in its 2012/13 strategy (<http://www.nottinghamshire.gov.uk/caring/yourhealth/health-and-wellbeing-board/strategy/>). The key desired outcome is 'to improve health, the length and quality of life for people in Nottinghamshire'.

The County Council's Strategic Plan 2012-2014 (<http://www.nottinghamshire.gov.uk/thecouncil/plans/councilplansandpolicies/strategicplan/>) aims for 'Nottinghamshire to be a place where people enjoy life, are healthy, safe and prosperous; and where business is able to thrive'.

The Council's adult social care and health commissioning plans (both individual and with partners) are developed within this context to deliver these ambitions. It is recognised that faced with long term demographic change leading to an increase in the number of service users with complex care needs, the current system and culture of community care provision will need to be radically transformed to meet these higher levels of demand at a time when funding for public services is considerably limited and has reduced in the past two years nationally by unprecedented levels of 25-30%.

Whilst working to deliver an adult social care efficiency programme of £63.395 million from 2011/12 to 2014/15, the Council has also allocated £42.8 million additional funding across all client groups over the period 2011/12 to 2014/15 to account for rising demand for services due to increased demographic pressures. The programme is looking at the ways to deliver value for money and more efficient services, for example, through reducing bureaucracy, at the same time as re-investing the additional money in services targeted at those with most need.

Although the Council will continue to identify and implement projects that enable departments to do what they already do more efficiently and faster, the scale of the challenge is such that there needs to be more focus on evidence based and innovative ways of reducing demand for services and seek to work with providers in partnership to achieve this.

People want to maintain their independence, health and wellbeing and a considerable amount of care needs can be avoided, delayed or significantly reduced through intervening earlier. The Council currently purchases a range of services whose primary focus is to prevent, postpone or reduce the need for care and support. These can be used both by people who are at risk of requiring social care support, as well as those already receiving it in order to maintain their health and prevent the need for more intensive levels of support. The Council seeks to work with providers to develop models that are evidence based and can demonstrate outcomes of reduced demand.

The Council is also keen to see principles of re-ablement and enablement underpin all services it provides and not just apply when a person is using a specific short term service. When people's health does deteriorate with associated care and support needs, the first priority should be to restore or develop an individual's independence, confidence, autonomy and community support, as far as possible, to its maximum state.

Adult social care is also aiming to improve the quality of services and make them more personalised, offering individuals greater choice and control over their support. 'Think Local, Act Personal' www.thinklocalactpersonal.org.uk is a sector led group of over thirty national partners committed to the goal of better lives for people through them having greater choice and control over the support they use and this being provided in ways that help people to stay healthy, active, contributing members of supportive communities; often also referred to as "personalisation".

One element of this is self directed support and the Council has made good progress in the last two years, redesigning processes and services to enable everyone who is eligible for social care to know how much money is available for their care and support needs (a personal budget) and have the option to take this money themselves (a Direct Payment) to creatively plan and arrange their own package of support, with help to do this if needed. The Council's position is that a Direct Payment is the preferred way of offering a personal budget to eligible service users, because it enables increased choice and control. For long term care and support, the aim is that all adults who are eligible will have an indicative personal budget by March 2013. This includes all new and existing people in residential settings.

At the start of April 2011, 1,709 adults using social care services in Nottinghamshire chose to take all or part of their personal budget as a Direct Payment. At the end of August 2012, 2,529 service users received a Direct Payment with a further 664 carers in receipt of a direct payment. The total number is 3,193. Currently this equates to 1 in 3 people on a personal budget taking this as a Direct Payment. Total spend on Direct Payments is approximately £509,000 per week, with the average value being £215 per week.

The Council's aim is that within 5 years, Direct Payments will be the main way in which people choose to arrange their social care. The Council is constantly searching ways to make this easier and welcomes innovative ideas from providers. Recently, pre-payment cards were introduced that mean people can pay providers directly for their support via pre-loaded cards, without the need for complicated transactions or a bank account.

The rate at which people will take up the option of Direct Payments impacts on both Council commissioning plans and provider business models, however, this is not easy to make accurate predictions on. The Council encourages providers to consider the future options for their services, including; opportunities to diversify and offer a range of flexible support options, marketing services directly to individuals and transparent reasonable, unit costs which should not cost people more to buy with their Direct Payment than through a directly managed contract with the Council.

Achieving the above will be evidenced overall by:

- more people who need care being supported to live in their own homes
- reduced numbers of people in residential care
- increased self care and condition management
- a reduction in the number of emergency admissions to hospital
- swift and safe discharges from hospital to home
- a shift in support planning emphasis and use of resources, to prevention and early intervention wherever possible
- people having more say over where, how and by whom their support is delivered (i.e. a person centred service, focused on outcomes)
- better access to information that helps people make their own choices
- more people taking up the option of Direct Payments
- people using services being more satisfied with their overall experience of care
- efficient, value for money services.

Community Based Care and Support Services

Assistive technology and telecare

The Council utilises telecare and other assistive technology to help support the independence of vulnerable older and disabled people. Equipment used includes twenty-four hour monitored environmental sensors (e.g. smoke, carbon monoxide and flood alarms) and personal sensors to automatically detect a range of risks to health, including falls, epilepsy, 'wandering' and enuresis. Lifestyle monitoring systems are also used by the authority to assist with assessments of how well people with dementia are managing in their own home.

Nottinghamshire County Council awarded its main contract for telecare equipment and monitoring services in August 2011, following a mini competition within the terms of the Government Procurement Service Framework agreement for Telecare, Telehealth and Telecoaching.

Evaluation in Nottinghamshire and across the East Midlands has shown that when targeted at the right people, it can be a cost effective way to maintain quality of life and independence. Plans are being developed to increase the use of telecare and enhance its potential to enable people to stay at home longer. This includes extending the current pilot night time response service, to establish the availability of a twenty-four hour emergency social care response service to telecare alerts. This will be tendered for as part of the overall Home Based Care contracts in 2013.

The Council seeks to work with providers who will use telecare proactively and effectively in their own services as well as being aware when supporting people in their own homes of when it might be appropriate to refer someone for an assessment for assistive technology. For further information about types of equipment, please go to:

[\(http://www.nottinghamshire.gov.uk/caring/adultsocialcare/supporttoliveathome/equipmentadaptations/sensorsalarms/\)](http://www.nottinghamshire.gov.uk/caring/adultsocialcare/supporttoliveathome/equipmentadaptations/sensorsalarms/)

Integrated Community Equipment Service (ICES)

Nottinghamshire County Council is the lead commissioner for an integrated community equipment service partnership for adults and children. The arrangements are made under a section 75 agreement of the 2006 National Health Service Act and include Nottingham City Council, NHS Nottingham City, NHS Nottinghamshire County and NHS Bassetlaw. The partnership awarded the current provider a three year contract which started in April 2011 at a value of £5,360.123 per annum, with the option of extension for a further two years.

Carers Services

Carers play a vital role and Nottinghamshire County Council is committed to enabling people to continue caring as long as they wish and are able to, whilst having a life of their own outside of their caring role. As part of the package of support for the 'cared for' person the Council has a number of directly contracted Approved Framework contracts in place with a range of providers, such as respite, day services and sitting services. All services are listed in:

<http://www.nottinghamshire.gov.uk/caring/adultsocialcare/supporttoliveathome/communitysupport/social-care-directory>

In 2011/12, 3,386 carers received an assessment of their needs in their own right. If they meet the eligibility criteria, carers can receive their own personal budget of up to £200, as a one-off payment, to help them look after their own health and wellbeing. In 2011/12, 603 carers received a personal budget up to the £200 limit. This 'one-off' payment goes to the carer (Direct Payment) and they can choose to spend the money on a range of different services to meet their needs, some of which are mainstream or trade services and some more tailored to carers which smaller or micro-enterprises may be interested in developing. Examples of the type of services and support carers chose include; home improvements, gardening, domestic help, short breaks, days out, spa days, equipment to help caring, e.g. washing machine, dishwasher and support to return to work.

Two specific 'carers' services were commissioned in 2011/12. A block contract valued at £100,000 to provide Universal Carer Services was awarded in October 2011 for one year with the possibility to extend up to two years. The second service commissioned is a block contract for one year from May 2012 for a Crisis Prevention Service providing cover for twenty-four hours a day, seven days per week on a temporary basis. When this current contract for the Crisis Prevention service ends it is likely to be re-tendered along side the home-based services for older adults in 2013.

Handyperson Adaptation Service

The Handyperson Adaptation Service (HPAS) is available to people living in Nottinghamshire who are aged 60-plus, or who have a disability. The service is commissioned through a partnership of Nottinghamshire County Council, NHS Nottinghamshire, Nottinghamshire Fire and Rescue Service, NHS Bassetlaw and all the district and borough councils in Nottinghamshire.

Individuals, their families, a volunteer or a professional can make a referral to the Customer Service Centre

(<http://www.nottinghamshire.gov.uk/thecouncil/contact/customerservices/>) on 0300 500 80 80. If eligible, the work is allocated to a trader who has been approved under the Council's 'Buy with Confidence' scheme (<http://www.nottinghamshire.gov.uk/living/business/tradingstandards/buy-with-confidence/>). Under this scheme, traders are trained to fit adaptations, conduct basic home safety checks and give winter warmth advice.

The Buy with Confidence approved trader list includes builders, plumbers, gardeners and other businesses. All the companies have been vetted by trading standards officers to ensure they are solvent, adequately insured and don't have a history of financial fraud. The scheme is open for traders to apply for at any time. HPAS uses the Buy with Confidence scheme to find traders for an average of 3,000 jobs per annum on a rolling schedule. Traders are paid at £20 per hour, with most work taking between one to four hours.

Homecare Re-ablement:

The Council directly provides a short-term (maximum six weeks) homecare re-ablement service for older people, including those living with dementia, who are either living in the community or being discharged from hospital. This service aims to ensure people are as independent and well as they can be, so that they either no longer need social care support or their support needs are minimised. There are no current plans for this service to be provided by an external agency.

Homecare

Nottinghamshire County Council Adult Social Care, Health and Public Protection Department currently purchases homecare services for 3,700 people, totalling approximately 30,000 hours per week from the independent and voluntary sector. In 2011/12 the Council spent approximately £18 million a year on these services. There are currently 30 Approved Providers, contracted under a joint framework agreement with Health, from which homecare services mainly for older people are spot purchased. Services commissioned by the Council for people with a physical disability tend to be smaller packages as people with larger packages are increasingly taking up the option of a Direct Payments to purchase their services themselves. Many of these include 'live in' twenty-four hour support. The average actual cost of standard homecare per hour is £13.40, with rates ranging from £12 - £17 per hour. Some of the higher costs are associated with higher travel costs in rural areas.

A centralised Electronic Monitoring System (InfoCare) connected to individual's telephone land line is currently used to record and pay providers for actual time delivered, to the minute. This is now an old system and will be replaced with a more modern method in 2013.

Nottinghamshire's supply and demand across the seven districts varies, but generally in rural areas, especially Rushcliffe, there are difficulties meeting demand. Providers state the reasons for being unable to provide sufficient capacity as; not being able to recruit staff due to the carers not wanting to travel, rising fuel costs and generally difficulties in finding workers from those areas. Discussion with providers is underway to identify a cost effective way to address these issues as part of the re-tender of existing contracts required in 2013. Some urban area providers have available capacity and at times when there is reduced demand for services. Ashfield/Mansfield districts rarely have any capacity issues, however in Hucknall which is in the area of Ashfield there are times when capacity is an issue and demand for homecare can be high and supply is not often available to meet this demand.

The current domiciliary care contracts within the Approved Framework Agreement are due to expire and they will be re-tendered during 2013.

Initial consultation and analysis of possible quality and value for money models is underway to identify the way to best address:

- limited capacity in rural areas and associated high costs,
- changing culture and processes to deliver more personalised, flexible services that work to meet individual's outcomes, rather than focusing on time and task
- supporting timely hospital discharge
- streamlining the Council's internal administrative systems where possible
- ensuring a sustainable local provider market
- managing the shift to more people taking a Direct Payment to arrange and purchase services themselves
- issues raised by people using services, including; greater consistency of worker and workers arriving within a reasonable time of when they had arranged to

Extra Care Housing

One of the services that the Council is seeking to develop further is Extra Care Housing. Two new build schemes have recently been completed in Southwell and Edwalton and a number have been developed with partners in what was traditional sheltered housing accommodation. £12.65m capital funding has been secured to develop the strategy further by increasing the number of units of accommodation by 160. It is anticipated that contracts will be awarded for Phase 1 in October 2012. In total Nottinghamshire currently have seven Extra Care schemes:

- Moorfield Court in Southwell
- Abbeygrove in Worksop
- Westmorland House in Harworth
- Spring Meadows in Cotgrave
- Cricketers Court in Cotgrave
- Hilton Grange in Edwalton
- Vale View in Newark.

The Council has nomination rights to 152 places across these and operate 5 extra care block contracts for the specific care provision. The 5 blocks fund a total of 1,729 hours of care per week (1,288 daytime, 441 night time care)

The care and support elements are currently provided through block hourly contracts based on variations of the current Home Care service specifications, with some of variances in service models:

- Moorfield Court operates a system which endeavours to balance service user needs into a High, Medium or Low banding across 43 tenancies
- The hours for the Rushcliffe schemes can be used at any of the 3 schemes which helps to maintain flexibility in service delivery
- Vale View does not have night care services which can impact on the level of need of service users it is able to work with.

There is a formal procurement process planned for 2013 to identify a partner, or partners, to design and implement the build of a number of extra care housing schemes across the County. The schemes will provide purpose built accommodation for people aged 55 years and over. Each scheme will always have at least one member of staff on-site. There will be a range of services and facilities available on-site dependent on the size of the schemes, such as a café, fitness room, flexible space that can be used for wellbeing clinics, hairdressing etc. The award of the contracts for the buildings is likely to be in October/November 2012 with the first schemes being built at least 12-18 months beyond that dependent on planning

The care and support elements for the extra care housing schemes are being commissioned separately and will form part of the tender of home based care and support services for older people (described at *ref*)

The Council will have nomination rights to a number of units of accommodation at each scheme and these will be available to people with appropriate needs within the existing social care eligibility criteria.

Care Support and Enablement (CSE) for younger adults

The Council selected 23 providers in 2011 to provide countywide CSE support. This is a closed Approved List with contracts running until March 2014 and the potential for a one year extension. The council spot purchases from this list and being on the list does not guarantee a provider any ongoing volume of work. In 2011-2012 the total CSE spend was £21m. The tender resulted in the following number of providers delivering in specific service areas:

Services for people with:

- Learning Disabilities - 16 approved providers
- Aspergers Syndrome - 13 approved providers
- Physical Disabilities – 9 approved providers
- Hearing Impairment/Deaf Services – 5 approved providers
- Mental Health Services – 6 approved providers.

Nottinghamshire is also a partner in the East Midlands Centre of Excellence (EMCOE) Approved Provider list for services for people with Learning Disabilities and complex needs. This list has two providers of specialist support services, as well as two residential care providers. The terms of the contract enabled it to be extended for one year until December 2012, with the option of a further extension until December 2013.

Overall there is reasonable choice, capacity and good quality across the different service areas. There are very few geographic gaps in provision in the County, with occasional exceptions in the very north and in Rushcliffe. This is due to some parts of these areas being extremely rural, associated transport costs and difficulties attracting appropriate care staff to a minimum wage job.

Current trends show that the relatively small number of people with a hearing impairment are choosing to arrange their own care and support with a Direct Payment and are not using services from the approved providers.

Only one of the approved providers offering a service to people who have a hearing impairment is currently able to also provide appropriately trained staff to work with people with a learning disability.

There is often a lack of availability and insufficient capacity within mental health support services in rural locations, especially where the packages required are small. There is often a lack of provision and the right type of care for people with complex care needs. There is a shortage of male workers, which is an issue for all community based services. It is difficult to put services in place at short notice (for example, to aid hospital discharge). Increased provision will be needed in the future, as increasing numbers of people are supported to live at home.

Between April 1st 2011 and March 31st 2012, overall 74 packages of support were commissioned from the Approved Provider list. Of these, 54 were successfully provided within that period, 11 were withdrawn or were partially delivered and 9 were still in the commissioning process. The average hourly rate was £13.46, with a price range of between £12.21 and £13.98 and a minimum of £12.21.

Housing-related support services

Nottinghamshire funds a substantial number of housing related support services, aimed at supporting a wide range of people to either maintain or gain their own tenancies. A three year improvement and efficiencies programme (2011-14) means that these services are currently under-going change, with a commitment to:

- maintain a mix of accommodation based services throughout the county;
- target resources more effectively at where it is most likely to deliver positive prevention outcomes;
- achieve more for less by procuring for economies of scale, designing services more flexibly and contracting with providers who have been able to demonstrate ways to achieve efficiencies whilst maintain quality;
- jointly commission where it makes sense to do so.

In pursuit of these goals, domestic violence services, mental health support services and homelessness prevention floating support services (includes gypsy and travellers, offenders, substance misuse, generic, single homeless and young people's floating support) have all been redesigned and competitively tendered. New contracts are expected to commence in the second half of 2012. In 2014/15 Nottinghamshire will fund £12.6 million of housing related support services.

Redesigned housing related support services for older people will go out to tender in 2013. They will seek to address:

- increasing capacity for short term, preventative support
- ensure Countywide coverage
- tackling social isolation and its impact.

Providers will be sought who can demonstrate an understanding of and commitment to the goal of supporting vulnerable adults to develop the skills required to attain the greatest level independence achievable and addressing the issues that may put the sustainability of that independence at risk in the absence of formal support.

Housing provision

The Council is currently tendering for an approved housing provider list in order to be able to develop more appropriate properties for supported living for younger adults, with the aim of completing this by October 2012. Whilst finding appropriate housing for supported living is difficult across the whole county, it is extremely difficult in the south, for example Rushcliffe area, due to the high market value of housing.

Nottinghamshire County Council's Supported Living Co-ordinators work with private landlords, registered social landlords and the District and Borough Councils to source appropriate housing. As more people are moving into supported living, however, it is getting increasingly hard to find the right kinds of property and supply is unable to meet demand for all groups of people. Ideally properties should be near public transport and shops to enable people to easily engage with their community. It also is important that the authority considers the vulnerability of the people living in supported living when considering appropriate areas for them to live in.

In some cases there are no special requirements for people who are seeking individual properties, though consideration should be given for the need for a second room for sleep-in staff and sufficient space inside and out for people with challenging behaviours or physical disabilities.

One current model of supported housing is 'core and cluster', where people living in a group of individual flats or bedsits near to each other are overseen by a 'core' staffed unit or visiting support staff. Provision of this form of accommodation has increased greatly in the past ten years.

Increased numbers of buildings that are appropriate for shared supported living are also currently needed. The Council welcomes the opportunity to discuss cost efficient, innovative ideas for supported living models that enable people to be part of their local communities.

Day services

The Council is running a day service modernisation project until March 2013 as part of its improvement and efficiency programme. This includes the establishment in 2012 of an open Approved List for external providers, refurbishment of fourteen multi-purpose Council managed centres and ensuring equitable countywide service coverage. The project plan is on track, has achieved its milestones and £1,705,000 savings to-date, with a remaining target of £2,731,000 to realise by the end of March 2014.

As at end July 2012, 2,224 adults attended a day service; 1,419 of these people use day services provided by the Council. 805 people use day services run by external providers, with an approximate £3,884,000 year associated external purchasing budget.

The Council encourages new applicants at any time onto Nottinghamshire's approved list of day service providers, which currently has 45 providers. The Approved Day Service list is the way by which the Council is able to spot purchase services for people opting for a managed personal budget and it does not guarantee any ongoing, set level of funding or purchasing of services.

People who are eligible for social care are assessed by the Council as coming within one of the following bands. Services are spot purchased at this fixed price per session (a session is defined as half a day) for a maximum of fifty weeks per annum. Costs for additional one-to-one support are in addition to this; the benchmark price being £ 9.50 per hour.

Band	Price per Session
Complex Needs	£32.00
High Needs	£16.50
Medium Needs	£11.00
Low Needs	£7.50

Within this price range, the Council seeks a local market that offers different models of day service that support people to re/gain their skills and independence and also offer increased choice in the range of support that people can purchase to enable them to have daytime opportunities e.g. to take part in sport, meet people, have hobbies etc.

Specific development areas for the future are:

- local services appropriate for Black and Minority Ethnic Group elders. Current options are mainly provided in the City
- developing more services for older people in the south of the county where there is currently limited choice
- offering more options for people requiring dementia specific care and support
- the Council is working in partnership with service users and local community organisations to develop and run a supported volunteering service for people with

mental ill-health to offer an alternative to more traditional, building-based day services. Additionally more community based provision is needed in the north of the county, with most provision currently being in the south.

- increased range of cost effective alternatives and geographic bases for people who have very complex needs due to autism spectrum disorders
- increased range of cost effective alternatives and geographic bases for to support people with head injury related needs
- reducing the long distances that some people have to travel to go to day services, as well as exploring alternative forms of more cost effective transport.

Residential Care

In September 2012 the Care Quality Commission website indicated that there were 295 registered care homes (with and without nursing) providing services to both younger adults and older people.

The strategic intentions of the Council are to support people in the community for as long as is reasonably possible, and to reduce the number of overall admissions into residential care. There is a history of positive partnership work with care home providers to ensure both quality of service provision and a financially viable market place.

Increasing publicity, regarding standards of care (Castlebeck etc) and the market failure of Southern Cross, has lead to an increased public awareness of the residential care market and the Council remains committed to promoting, and supporting, the continued development of high quality care within Nottinghamshire.

The Council employs a team of staff (the Market Development and Care Standard Unit) who are specifically responsible for undertaking annual audits, following up on any reported concerns and working pro-actively with providers to improve service quality.

Residential Care for Older People

As of March 2012 the Council held contracts with 169 independent sector care homes in Nottinghamshire and directly managed a further 6:

	Count	%
Number of Care Homes within Nottinghamshire (including Council managed services)	175	
Number of Care Homes	106	60.6
Number of Care Homes with Nursing	69	39.4
Total number of beds	6765	
Number of Council funded beds (January 2012)	3098	45.8

Number of Band 1 homes	35	20
Number of Band 2 homes	26	14.9
Number of Band 3 homes	46	26.3
Number of Band 4 homes	35	20
Number of Band 5 homes	33	18.9
Number of Providers	120	
Number of homes providing dementia care	124	70.9
Number of homes not providing dementia care	51	29.1

Whilst ownership of care homes is split between large national organisations and smaller independent local companies/sole providers the number of providers within Nottinghamshire would indicate a large percentage of the latter. Overall the number of care homes in Nottinghamshire has remained fairly static over the past 5 years – a number of care homes have exited the market but have been replaced elsewhere by ‘new-build’ developments.

In 2012 the Council sold 6 of its previously owned/managed homes to an independent sector provider and currently retains 6. The Council is now investing resources, to improve the environment of the remaining homes, and is currently developing plans for more flexible use of the homes, e.g. provision of short term care/respite care etc., whilst continuing the provision of longer term care to existing residents.

Whilst the Council funds less than 50% of the beds available within Nottinghamshire current research indicates that occupancy levels are running on average at 83³%. It is known that approximately 70 care homes (40%) have contracts for the provision of continuing health care funded patients. It is known that Nottinghamshire homes close to the border of Nottingham City Council and close to other neighbouring authorities have residents funded directly by them. It is also known that there are a number of homes across Nottinghamshire that have high levels of self-funding residents. As of July 2012 the ‘bed monitoring system’ (<http://www.nottinghamshire.gov.uk/findacarehome/>) indicated that there were 887 people funding their own care living in Nottinghamshire care homes.

Service Quality and Funding arrangements:

Nottinghamshire County Council has worked closely with the local Nottinghamshire Care Homes Association to develop a ‘local fair price for care’ funding model for the use with older persons care homes. An initial model was introduced in October 2008 and comprises of 5 quality bands with associated fee rates for Care Homes, Care Homes (dementia), Care Homes with Nursing, and Care Homes with Nursing (dementia). Details of current rates, which can be found in the Nottinghamshire Care Services Directory,

³ Fair Price for Care Survey 2012

(<http://www.nottinghamshire.gov.uk/caring/adultsocialcare/somewheretolive/care-homes/find-a-care-home/>) are as follows:

Nottinghamshire County Council – Banded Fee Rates 2012/13

Band	OP Residential	OP Residential Dementia	OP Nursing	Op Nursing Dementia
1	303/348.00	359.00	376.00	386.00
2	391.00	438.00	439.00	480.00
3	417.00	464.00	465.00	506.00
4	443.00	489.00	491.00	532.00
5	469.00	515.00	516.00	558.00

* Please note – the nursing rates above do not include the £108.70 free nursing care contribution

The estimated annual Council spend on independent sector long term residential care for older people for 2010/11 was £54.9 million, of which approximately £4.4 million was spent on out of county placements.

The last 4 years has seen an overall general increase in the quality of provision within Independent Sector Care Homes for Older People with an overall decrease in the number of Band 1 homes (lowest quality) and quite a considerable increase in the number of Band 4 and 5 homes (higher quality).

	08/09		09/10		10/11		11/12		12/13	
Band 1	39	23.5%	29	17.8%	31	18.9%	26	15.9%	35	20%
Band 2	46	27.7%	39	23.9%	43	26.2%	38	23.3%	26	14.9%
Band 3	57	34.3%	43	26.4%	36	21.9%	43	26.4%	46	26.3%
Band 4	22	13.3%	38	23.3%	37	22.6%	29	17.8%	35	20%
Band 5	2	1.2%	14	8.6%	17	10.4%	27	16.6%	33	18.9%
	166		163		164		163		175	

* Please note the figures for 2012/13 include 6 Council care homes sold during 2012 and the 6 Council retained care homes.

The current local 'Fair Price for Care' model was phased in over a period of 5 years and is currently being reviewed. One of the drivers for introducing this model was to improve service quality and, whilst the number of homes in the lower bands has been reduced the Council would like to see a more significant reduction. The Council would also like to see further improvements in the delivery of dementia care.

People living with Dementia

Due to increases in the aging population more people are now being diagnosed with dementia and, due to changes in the Care Quality Registration system more care homes are now registered for the provision of dementia care. Whilst some improvement in the delivery of dementia care has been noted, analysis of data indicates that a significant amount of dementia care is still being provided by the lower banded homes.

Dementia care placements:

	Residential Dementia				Nursing Dementia			
	2009/10		2010/11		2009/10		2010/11	
Band 1 & 2	-	46%	331	45%	-	57%	90	41%
Band 3,4 & 5	-	54%	405	55%	-	43%	127	59%
			736				217	

As part of the review of the current 'local fair price for care' funding model the Council will be considering options for the development of improved models for the delivery of dementia care provision.

Older Persons Residential respite care

Due to current vacancy levels there is generally sufficient capacity in the market. The current local 'Fair Price for Care' initiative will conclude at the end of March 2013. The Council is currently consulting with care home providers to support the development of proposals for a replacement process.

The projected increase in elderly service users (85+) and those living with dementia will change the market profile, e.g. increased levels of needs, service users supported under continuing healthcare arrangements etc. It is, however, the intention of the Council to

reduce the overall number of people going into residential care so it is anticipated that there will be a reduction in the need for basic residential care but an increased for high quality dementia care and nursing care.

Residential Care for people with learning disabilities

In 2011/12 the Council spent over £30 million on residential care for people with learning disabilities for approximately 498 people. This is a higher proportion of total spend in relation to community based services than desired and the Council aims to reduce this and instead purchase more services to support people in their own homes and local communities.

As of July 2012, there were approximately 100 care homes in Nottinghamshire registered by the Care Quality Commission for the provision of care to adults with a learning disability. In 2010 the Council initiated an accreditation process for homes wishing to provide care to Nottinghamshire funded residents. This process was undertaken to try and stabilise the market in respect of both quality and the cost of placements. Care homes are able to apply at any point and, to date, 80 providers have been through this process.

Current supply of beds exceeds current demand. This is especially so in the North of the County (Ashfield area predominantly) with the predominant reasons possibly being the availability of cheaper land and accessibility to other Counties or travel links e.g. the M1.

Thirty-seven new residents moved into residential care in 2011/12 but by the end of the year there was a net reduction of 10 people – this was down from 508 in 2010/11 to 498 in 2011/12. Of these, 15 people moved into supported living services.

Residential respite care for adults with a learning disability

The Council currently run four short break units for people with learning disabilities which provide 41 beds and give sufficient provision for residential based respite care:

- Wynhill Lodge, Bingham
- Holles Street, Bassetlaw
- Kingsbridge Way, Beeston
- Helmsley Road, Mansfield.

Some places are set aside for emergency placements.

In 2012/13 the Council will be undertaking a process to standardise the terms and conditions of all its residential care contracts for younger adults.

In the future the Council aims to:

- move at least 15 people a year from residential care into supported living
- offer supported living as the first option to new service users, especially those coming through into adults services from children's services
- move Nottinghamshire people currently living in residential care out of the County back into the County and avoid further placements that take people away from their families/local networks
- develop the current Local Authority learning disability adult placement scheme of trained and approved carers who offer accommodation as well as care and support within their own households, into a more flexible Shared Lives scheme for all adults offering a wider range of different types of support. This will include developing support options for younger adults in the Broxtowe/Rushcliffe area

(<http://www3.nottinghamshire.gov.uk/caring/adultsocialcare/somewheretolive/adultplacementscheme>)

- An increase is predicted in people with Learning Disabilities reaching the age 65+ needing residential care. Increasing numbers of these service users are also being diagnosed with dementia.

Residential care for people with physical and sensory disabilities

There are currently 82 care homes in Nottinghamshire registered with the Care Quality Commission for the provision of care to adults with a physical disability but this covers both older people and younger adults. There are, however, few 'specialist' homes for younger adults with these being predominantly situated in the North of the County. Younger adults with a physical disability are being placed into Older Person nursing homes due to this limited availability.

Residential respite Care

People with a physical disability are increasingly choosing to have 'live-in' carers for both longer term packages but also for respite. People now have more choice and control over services and are now choosing from a wider range of respite care options.

Residential care for people with mental health conditions

As at September 2012 there are 36 care homes in Nottinghamshire registered with the Care Quality Commission for the provision of care to adults with a mental health condition but this includes both younger and older people.

The Council currently funds approximately 170 long term mental health care placements at an overall cost of approximately £100,000 per week.

Supporting providers

The Council is committed to offering a range of support to external providers:

Public Web Based Directory

In 2013 the Council plans to develop a public web based directory for the wide range of services people may choose from, whether they are eligible for Council funding or fund their own care and support. Providers will be able to advertise their services on this and show any accreditation standards they have achieved. The public will be able to give simple feedback on services and also let both the Council and interested providers know if there are services they would like to purchase, but are not able to find.

Developing micro providers

In partnership with Community Catalysts C.I.C the Council offers specific support to micro-providers (who have five or less paid or unpaid workers) to enable local people to provide local support that:

- Provides personal, flexible and responsive support and care.
- Gives local people more choice and control over the support they get.
- Offers an alternative to more traditional services.

Micro-providers are independent of any larger organisation and can be very different to each other. They include; sole traders, partnerships, small businesses, social enterprises and not-for-profit, charity or voluntary organisations.

The micro-provider project co-ordinator ([web link to be inserted](#)) has worked with over forty providers, to-date, offering:

- advice and practical information on regulation, training and insurances
- sign posting to other organisations who can help
- support to understand legal requirements and any care regulations that might apply to what you plan to do
- professional feedback on ideas.

Quality development

The Council has a dedicated Market Development and Care Standards team based within the Joint Commissioning Unit. This team work in partnership with current and new providers to develop new services where needed and to support in increasing the quality of service where needed.

Training

The Nottinghamshire Partnership for Social Care Workforce Development ([web link to be inserted](#)) designs and delivers workforce development initiatives to continually develop the knowledge, skills, attitudes and behaviours of the social care workforce in all settings across Nottingham City and Nottinghamshire County Councils. The intelligence on which the initiatives are based come nationally from the Department of Health as well as lead specialist organisations such as the Alzheimer's Society and Age UK. At a local county-wide level the adult social care training needs are identified in the Joint Adult Social Care Workforce Strategy and are informed by the local Joint Strategic Needs Assessments and quality initiatives led by the local authorities.

Provider Forums

The Council facilitates a range of provider forums to share information and discuss future ideas.

'Tender ready' sessions

The Corporate Procurement team offer open sessions to help providers better understand the Council's procurement procedures and process.

Your views?

This Market Position Statement (MPS) is published electronically to allow us to update different sections in a timely way and can be found on:

www.nottinghamshire.gov.uk/

The authority recognises that providers would like more detailed information about volumes and values of purchasing described at a more local level. This is a high priority for improving the Market Position Statement but is a complex task.

The authority hopes to provide this information in later versions of the Market Position Statement in a statistically relevant and reliable way.

We are also keen to work with the Provider Engagement Network to allow us to include market intelligence and important learning from providers.

Contact us

To discuss any of the areas within this Market Position Statement further, or give feedback on how it can be improved, please contact:

Market development and Care Standard Team [generic e-mail address](#)



29th October 2012

Agenda Item: 9

**REPORT OF THE SERVICE DIRECTOR, PERSONAL CARE AND SUPPORT
(YOUNGER ADULTS)**

**PROGRESS REPORT ON DELIVERY OF THE LEARNING DISABILITY AND
MENTAL HEALTH COMMUNITY CARE EFFICIENCY PROJECT**

Purpose of the Report

1. This report is for information purposes and updates on the progress of the Learning Disability & Mental Health Community Efficiency Care project. It compares the project's actual savings achieved to date against its savings target, the challenges in delivering efficiencies, and key achievements. It also outlines the targets to be met by the project during 2012/13 and beyond.

Information and Advice

2. The budget approved by the County Council on 24th February 2011 required the ASCH&PP Department to make savings and efficiencies totalling £63.827 million for the period 2011/12 to 2014/15. Over £27 million of these were to be delivered in the 2011/12 financial year, through delivery of various projects spanning across both the Adult Social Care and Health and Community Safety.
3. One of these projects is the Learning Disability and Mental Health Community Care Efficiency programme, which has a target to make savings and efficiencies totalling £5.124 million for the period 2011/12 to 2014/15 (£1.281 million each year), through delivery of 11 workstreams that together aim to:
 - a. Reduce the demand for services,
 - b. Review the commissioned level of service,
 - c. Deliver alternatives to residential care,
 - d. Implement new ways of working,
 - e. Tender for new care arrangements,
 - f. Reduce the cost of supplying services,
 - g. Implement equitable, affordable and transparent pricing,
 - h. Apply more robust management controls.
4. A short description of each project workstream is outlined in **Appendix I**.
5. The project is overseen by a Project Sponsor, the Service Director for Personal Care and Support (Younger Adults), supported by a Project Manager and various

Workstream Leads which make up a Project Board that meets monthly to review progress.

6. As at the end of March 2012, the project had achieved its entire Year 1 (2011/12) savings target of £1.281 million, and had already begun to deliver some of its Year 2 (2012/13) savings target ahead of schedule. This includes the full year effect of savings where activity started to generate savings part way through 2011/12. This put the project in a strong position for its second year of delivery.
7. Already in 2012/13, the project has achieved savings in excess of £1.2m, and once again is projected to deliver some of its Year 3 (2013/14) savings target ahead of schedule.

Key Project Achievements to Date

8. Notable project achievements to date includes:

- The majority of savings achieved so far have focused on delivery of efficiencies by changing the way in which services are delivered, fee negotiations with external providers and recommissioning services. As a result, the impact to date on front-line services has been minimised.
- Dedicated staff time has helped to build positive relations with residential care and supported living providers, who have successfully worked together to ensure services delivered represent value for money, benefiting both the authority and Health partners, where they contribute towards placement costs.
- 28 adults have been successfully supported to move from residential care into supported living. This provides them with more housing security, and gives them more control over where they live, who they live with and how they wish to be supported. This work has also resulted in positive work with district councils, in order to ensure there is a suitable supply of supported living properties in Nottinghamshire.
- In addition, there have been a number of successful transitions of younger adults from residential care into supported living. One such case, which involved providing support and accommodation for twin brothers with autism who were approaching age 18, has been promoted as a case study example externally to the local press.
- The project leads have successfully worked together as 'One-Council' with other departments and corporate functions in order to bring mutual benefits. For example, closer working with colleagues in Corporate Procurement in the re-commissioning of the former in-house supported living service and eight Partnership Homes.
- Similarly, officers have worked with external partners to achieve efficiencies and bring improvements. For example, two joint projects are being undertaken with Health commissioning colleagues around people leaving

out of area treatment services and moving back into the local community. One is for people with a learning disability and the other for people with mental health problems:

- The learning disability work has involved developing a jointly agreed commissioning process with two approved providers to deliver supported living options. Set hourly rates have been agreed with the providers, who are assured of the business regardless of which commissioner leads on the support packages.
- The mental health work involves working with health colleagues to develop new cost effective supported living alternatives for individuals with high needs who have historically been accommodated in residential care when they leave out of area treatment, leading to better outcomes for service users.

Challenges Encountered

- Managing the capacity pressures faced by staff involved in implementing the changes, including both service staff and those working in finance, procurement, human resources, pensions, legal services, IT and communications. This has included providing training and guidance, and securing additional temporary support, when required.
- Managing the fast pace of change within the Division, especially at the same time when the Council as a whole is implementing other large-scale changes, such as the new Business Management System, which brings together the former financial, human resources, payroll and procurement systems.
- Developing robust methodologies and processes for measuring, monitoring and reporting on the cashable benefits stemming from the project's workstreams.

Savings and Efficiency Targets for 2012/13 Onwards

9. Moving forward, during 2012/13 savings achieved as a result of cost reduction work with external providers will continue to be the main focus of the project. As the project moves into Years 3 and 4 of delivery (13/14 and 14/15), the following will begin to be the main areas of focus:
 - a. Savings stemming from modernisation work (e.g. moving suitable individuals from residential care into supported living); and
 - b. Reviews of support packages (i.e. identifying where existing care packages need to change in response to changing service user needs and through the use of Assistive Technology) will begin to be the main areas of project focus.
10. A pictorial representation of this shift of focus is provided in **Appendix II**.

11. Notable challenges moving forward include:

- a. Continuing to negotiate fee reductions with external providers, where appropriate.
- b. Working with the new provider of the Partnership Homes to remodel some of the existing eight homes to ensure they will continue to deliver appropriate services for existing service users, whilst being able to meet the demands of the market going forward.
- c. Continuing to work with staff and Supported Living providers to see if there are opportunities for the use of Assistive Technology, where appropriate.
- d. Accurately predicting the number of individuals requiring access to learning disability and Aspergers services over the coming years, to inform budget planning and help to pre-plan appropriate support packages for service users.
- e. Developing person centred support packages for each individual in the *Challenging Behaviour* pilot that are appropriate to their needs, that deliver good outcomes (such as more community presence, more contact with family members and friends, and less physical interventions), and present value for money.
- f. Continuing to identify opportunities to reduce the number and cost of residential placements for service users, by developing suitable alternative options (such as supported living), where appropriate.

Other Options Considered

12. The Project Board, through its monthly meetings, has continued to scrutinise the way in which services are arranged and delivered with a view to identifying further opportunities for achieving efficiencies and improving services. For example:

- a. Identifying improvements needed to the department's Framework system, on which social care staff information and activity relating to individual service users is recorded.
- b. Undertaking a business process review on the annual development of future Transitions / Predicted Needs lists, in order to identify any improvements that can be made to the process to improve budget forecasting.

Reason/s for Recommendation/s

13. This report is for information purposes only and there are no recommendations stemming from it.

Statutory and Policy Implications

14. 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) It is recommended that the report be noted.

JON WILSON

Service Director for Personal Care and Support – Younger Adults

For any enquiries about this report please contact:

Ellie Davies (ellie.davies@nottsccl.gov.uk)

Constitutional Comments [NAB 10.07.2012]

15. This report is for information purposes and noting only by the Adult Social Care and Health Committee. Constitutional Comments are not required.

Financial Comments (RWK 05/10/2012)

16. There are no financial implications arising from 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.

- 24th February 2011 County Council – Budget meeting. The budget report can be found at: 11-12 Budget Report

Electoral Division(s) and Member(s) Affected

17. All.

ASCH 31

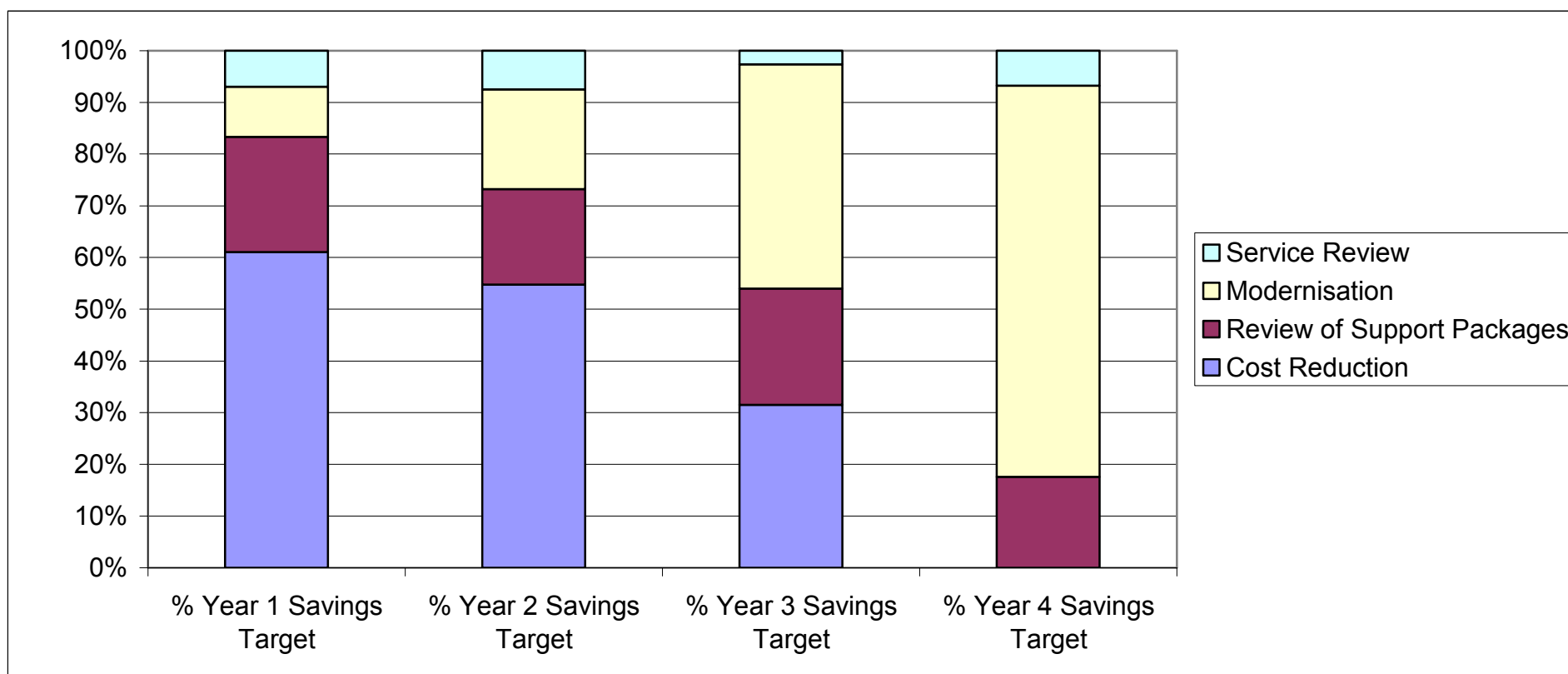
Appendix I: *Learning Disability & Mental Health Community Care Project* – Description of each Workstream

Workstream Name and Total Savings Target Across Project Lifetime	Description
Transitions / Predicted Needs (NB: no savings target assigned to this workstream)	<p>The project is informed by two enabling workstreams, which do not have any savings targets assigned to them:</p> <p>a). The <i>Transitions</i> strand aims to identify all young people approaching 18 years, including those approaching the end of full time education, who are eligible to receive Nottinghamshire County Council commissioned Learning Disability and Aspergers services in adulthood. Estimated costs are identified.</p> <p>b). The <i>Predicted Needs</i> strand involves considered estimates of additional resource requirements to support adult service users with learning disabilities and Aspergers (who have previously been cared for via other sources, eg families / carers / NHS) over the next 12 months in order to meet predicted demand.</p> <p>Both the <i>Transitions</i> and <i>Predicted Needs</i> work aims to result in a reduction in the number of unexpected / unidentified cases of individuals requiring access to learning disability and Aspergers services, and a more effective response to demographic changes. This helps to ensure that appropriate support packages for service users are pre-planned and the re-investment of savings, which in turn will benefit a wider cohort of service users with eligible needs.</p>
Care Funding Calculator (£990,000)	<p>Applying a 'care funding calculator' (CFC) to all learning / physical disability and mental health residential care placements where current weekly fees are high. The CFC is an Excel spreadsheet, developed by South East REIP (Regional Efficiency and Improvement Programme), and used by several local authorities to provide transparency in the negotiation and placement of service users in residential care. Social workers are involved in the process, to ensure that provision remains appropriate to service users' needs.</p>

Supported Living Alternatives to Residential Care (£1,205,000)	<p>Supporting suitable younger adults (aged 18-65) with learning disabilities who are currently living in residential care to move into supported living*. This will provide a greater degree of choice and control for service users in settled accommodation, and is part of a national drive to reduce reliance on residential care and encourage more independent living.</p> <p>* The Supported Living Service provides support to people with learning disabilities aged 18 or over to help them live as independently as possible in their own homes – on their own, with a partner or with a small group of friends.</p>
Partnership Homes (£300,000)	Re-commissioning care and support services within eight residential care homes that house residents who have a moderate or severe learning disability (commonly known as 'partnership homes'). The successful provider, who took over responsibility for delivery of the service in July 2012, is required to remodel some or all of the homes in order to better meet the needs of current and future service users.
PCT Funding Transfer (£200,000)	Achieving efficiency savings from a £10.2 million budget that transferred to the County Council in April 2011 from the Primary Care Trust.
Developing Assistive Technology Solutions (£200,000)	Using assistive technology to promote the independence of care of younger adults (aged 18-65) with learning disabilities (either living in their own homes, in supported living tenancies or residential care homes) and to reduce the need for other forms of support, such as staff cover at night. The technology will also improve the dignity of care for service users and the quality of life for carers.
Reduction in Supported Living Costs (£750,000)	Working with current providers of supported living to review existing expenditure and identify opportunities to reduce their rates.
Review of Supported Living Hours (£850,000)	Working with providers of supported living to identify whether service user needs have reduced over time, or whether support can be provided in a different way. If the need to change existing packages of care is identified, any changes are agreed with providers, service users and families.
Re-commissioning the former in-house Supported Living Service (£454,000)	Re-commissioning supported living and supporting people services that have previously been delivered in-house to external providers who are approved under the authority's supported living framework agreement.
Challenging Behaviour Pilot (£50,000)	Piloting a process, working with five individuals with learning disabilities who are also labelled as having 'challenging' behaviour, to test how we can better commission alternative support for them, whilst also delivering good outcomes and value for money. This work is being led by the authority and

	delivered in partnership with the Challenging Behaviour Foundation, Health colleagues, service users, families and providers.
Mental Health Residential Care Spend (£125,000)	Identifying opportunities to reduce the number and cost of residential placements for mental health service users.

Appendix II: How Savings are to be Achieved across the Lifetime of the Project



29th October 2012**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND
SUPPORT – OLDER ADULTS****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 2012/13 NHS support for social care (s256) funding from NHS Bassetlaw and NHS Nottinghamshire County.

Information and Advice

2. In the Comprehensive Spending Review (CSR)¹ covering period 2011 to 2015 the Coalition Government allocated an additional £2 billion per annum for adult social care. £1 billion of this sum was included in the Local Government Settlement and was distributed to local authorities using the allocation formula. The other £1 billion was included in NHS funding and distributed to Primary Care Trusts but with the prerequisite that this funding has to be spent on activity which benefits both health services and local authorities and is specifically for activity around the interface between the two organisations.
3. The Department of Health subsequently informed Primary Care Trusts through the 2011/12 'NHS Operating Framework'² that of the £1 billion they had been given they had to transfer £650 million in 2011/12 and £622 million in 2012/13 to local authorities. The Department of Health stipulated that the funding should be used for 'social care services to benefit health and to improve overall health gain'; this is known as 'NHS Funding for Social Care'. The Primary Care Trusts retained the remaining £378 million in 2012/13 and this is known as 'Reablement Funding'. The Primary Care Trusts can choose to spend the Reablement money themselves or can transfer to other bodies, including local authorities for them to spend.
4. Whilst the Government has confirmed commitment to the £2 billion per annum for the duration of CSR it has not yet given any indication as to how the NHS £1 billion may be split in 2013/14 and 2014/15.

¹ [Spending Review 2010](#).

² [NHS Operating Framework 2011/12](#) – Department of Health – 15th December 2010

5. Nottinghamshire County Council's share of the national allocations in 2011/12 and 2012/13 are £9.624 million and £9.262 million respectively. The County Council has permanently committed £5.5 million of this sum (£4.0 million to fund demographic pressures and £1.5 million to reduce the required saving on Supporting People) leaving sums of £4.124 million and £3.762 million available for additional spend.
6. NHS Funding for Social Care allocations for 2012/13 have already been transferred from Primary Care Trusts under section 256 agreements (s.256). These allocations are intended for additional activity which is not already budgeted for.
7. Additionally, a departmental reserve of £2 million was created at the end of 2011/12 from underspending on NHS Funding for Social Care allocations for 2011/12. The total funding available is therefore £5,761,656.
8. Discussions with Primary Care Trust's Chief Executives, prior to last year's funding award, identified the three areas below as priorities for spend:
 - a. To meet the needs of the growing population of older people
 - b. To temporarily support other services to avoid immediate pressure on health and social care and
 - c. To develop targeted services designed to prevent or reduce the need for more intensive health and social care input.

Allocation of Resources

9. The overall aim, as already stated, is to develop targeted services that will 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.
10. The services will also achieve the following outcomes:
 - Reduced 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.

11. Priorities for developments have been those identified as leading to:

- Increased uptake of direct payments
- Greater use of Telecare and, where appropriate, links to Telehealth
- Projects that actively offer alternatives to care home placements
- The roll out of successful pilots that contribute to the achievement of the outcomes above
- Initiatives that assist the delivery of national strategic objectives, e.g. National Dementia Strategy, Stroke Strategy
- Increased multi-agency/integrated ways of working
- Delivery of cost avoidance and efficiencies.

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 s256 funding.

12. The following key developments are proposed for the use of this funding, solely or alongside funding streams available to the Health service 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 identified a national allocation for the following two years. Where longer term commitments are identified the funding source is identified in the event that the NHS Support to Social Care funding is reduced.

13. As funding has been separately allocated by both Nottinghamshire County and Bassetlaw Primary Care Trusts, the Bassetlaw allocation has been separated out from that for the rest of the county so that they can be separately accounted for to the Primary Care Trusts.

14. All of these proposals meet one or more of the key objectives set. Some of these services also enhance the support to older people with mental health problems, including dementia, and carers.

Specific Service Developments

Mental Health Intermediate Care Service (MHICS)

15. Specialist Intermediate Care Teams for older people with mental health problems and dementia have been developed in Nottinghamshire over the past four 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. Both Primary Care Trusts have made a commitment to extending this service into all districts. From October 2012 the existing teams of Rushcliffe, Newark and Sherwood, and Broxtowe will be joined by teams in Bassetlaw, Mansfield and Ashfield, and Gedling. These teams are funded mainly through the Primary Care Trusts with annual team costs at around £400,000 per team, with the social care contribution being one social work post per team.

16. A further £42,800 per annum is required to support the existing social work post in the newly established Broxtowe MHICS team plus funding for an additional 3.5fte posts for the teams in Bassetlaw, Gedling, and Mansfield and Ashfield.

17. It is therefore proposed to extend the already established temporary 1 fte Social Worker post in the Broxtowe MHICS team until 30th September 2013 and establish 3.5 fte temporary Social Worker posts in Bassetlaw, Gedling, and Mansfield and Ashfield for 12 months from the date of appointment.

Total Funding required: £214,000

Dementia Intensive Care Unit (DICU)

18. A new in-patient service for people with dementia and complex needs is being developed at Highbury Hospital by Nottinghamshire Healthcare Trust. This will be a county-wide service which will offer a short-term, intensive and specialist support to people who have very difficult to manage behaviour. It is likely that many of the people using this service will require assessments for NHS Continuing Healthcare for their ongoing services. This may create additional work for the social care teams who will be required to partake in multi-disciplinary team meetings and detailed care planning. Additional social care support for this service is requested to cover the additional work which is likely to arise from this specialist unit.

Total Funding required: £45,000

Social Care Support to Memory Assessment Services (MAS)

19. Early diagnosis of dementia is one of the key aims of the National Dementia Strategy³ 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. Some funding from 2011-12 was transferred to this financial year so only part year funding is required for 2012-13. Currently the service is provided by the Alzheimer's Society.

Total Funding required: £72,000

Home Care In-reach Pilot for People with Dementia in Hospital

20. There is evidence that people with dementia remain in hospital longer with an increased risk of moving onto residential and nursing care. A small scale pilot

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

project has been introduced this year to improve services to people who have dementia and are in hospital. The pilot project has been established to see whether the experience of being in hospital can be improved and the stay shortened by maintaining the links with any already established home care service. The project is being undertaken in a couple of wards at Bassetlaw and the Queens Medical Centre Hospitals with a limited number of home care agencies.

Total Funding required: £10,000

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

21. 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.
22. 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 and to extend it into other parts of the county funding is required for physiotherapy support.
23. 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.
24. Over the period of the pilot which ran from October 2011 - March 2012 the assessment beds proved to be so successful in some areas that an additional eight beds were established in two of the remaining Nottinghamshire County Council care homes. The pilot project demonstrated that approximately 40% of service users who access the assessment beds service return home rather than moving into a long-term residential placement. Of the other 60% of people some are readmitted to hospital, some move into long term care, some transfer to residential intermediate care or short term care and a few die. For the 40% returning home this is a good outcome, both for the service user and the County Council as it enhances peoples' quality of life, maximises independence and reduces the number of people in long term care.
25. In order to maintain and expand these services continued funding is required.

Total Funding required:

Assessment beds - £400,400

Non-weight bearing fracture beds - £200,000

Services to improve hospital discharge arrangements

26. Hospitals across the county are experiencing 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. The extension of the temporary posts and the other initiatives are being recommended to meet some of these demands.

Total Funding required:

Nottingham University Hospital - £368,965

Sherwood Forest Hospital Trust - £185,600

Bassetlaw Hospitals - £257,835

START transformation

27. In order to build on the Councils START service⁴ and improve the capacity and speed of access to the service further investment is required. It is proposed that a contribution of £150,000 is made through reablement funds to contribute to START developments but that the bulk of funding, which would extend the work into Bassetlaw and enable extension into 2013/14, should be from the s256 transfer. Additionally, there is a specific need for START developments to address supporting people with dementia. Consequently, the cost of this development may change alongside development of the solution.
28. It is proposed that the existing temporary posts are extended until 30th September 2013 and that the additional temporary posts are established for a period of 12 months from the date of appointment funded from Reablement funds and s.256 transfer. The remaining £10,600 will be used for training, equipment etc.

Total Funding required:
£428,400 from Section 256
£150,000 from Reablement funding.

Community Equipment and Occupational Therapy Services

29. 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.
30. In addition to the increase in demand there is also a need to extend access to equipment services at weekends to facilitate timely hospital discharge. The cost of this will be borne by all partners but will require a contribution of around £20,000 from Nottinghamshire County Council.
31. A need has been identified for specialist occupational therapist assessments for seating and complex pieces of equipment so it is recommended that a 1 fte temporary Occupational Therapy post is established for 12 months to work across health and social care to undertake these types of assessments whilst further work is undertaken to resolve this long-term.
32. Six additional permanent Occupational Therapists are also required to respond to the demand for occupational therapy assessments and equipment.
33. The department has used temporary locum posts to address the increase in demand for occupational therapy services. It has been concluded that the ongoing demand for services will increase as older people continued to be diverted away from long-term care and assist them to live more independently at

⁴ Short-term Assessment and Reablement (START) works with people to help them regain the skills and confidence to live as independently as possible.

home. It is therefore, more cost effective to invest in permanent positions for the future.

34. The currently available funding of £5.7 million is sufficient to fund the costs of 6 permanent Occupational Therapists until 31st March 2016. It is anticipated that the County Council will receive further allocations of NHS Funding for Social Care in 2013/14 and 2014/15. Such allocations would provide further funding to support these permanent posts. In the event that there is a reduction in NHS Support to Social Care funding in the future the cost would be met from the Community Care budget. However, it has become increasingly difficult to recruit and retain temporary staff.
35. In addition to enable additional capacity whilst recruitment takes place it is proposed to make available a sum of £120,000 on a one-off basis from an external agency to provide additional capacity in the interim.

Total Funding required:

Additional equipment - £200,000

Weekend access to equipment- £20,000

Temporary OT Post for specialist assessments - £42,800

Additional permanent Occupational Therapists x 6 - £834,600

Agency OT provision - £120,000

Assistive Technology

36. Assistive technology plays an important part in supporting people to remain as independent as possible in their own homes. The County Council and health partners are keen to expand the range of assistive technology services available to people across the county and particularly those offering Telecare⁵ and Telehealth. National studies have shown that where local authorities and the NHS have invested in Telecare and Telehealth services the outcomes both for service users and statutory services have been very positive. In order to expand the range of assistive technology services available further investment of £120,000 will be required.

Total Funding required: £120,000

Medicines Management

37. Nottinghamshire County Council currently commissions a small amount specialist part-time support from a pharmacist advisor to ensure that Nottinghamshire County Council's policies and guidance on medicines management are up to date and in-line with clinical standards and practice. The County Council wishes to maintain this support so is recommending continuing funding at £30,000.

Total Funding required: £30,000

Temporary Commissioning Officer

⁵ Telecare – a range of home safety and personal hazard sensor in a vulnerable persons home to a 24 hour monitoring centre.

38. This temporary post will provide short-term support to the Commissioning Manager Older People to assist with some of the development activity identified above and project manage a number of these new developments. This post has already been approved under delegated authority ([AH/2012/00032](#)) until 31st March 2013. As there have been delays in recruitment and approval is required to extend the post to cover 12 months from date of appointment. The post will be managed by the Commissioning Manager Older People and will be part of the Joint Commissioning Unit.

Total Funding required: £48,500

Care Homes

39. As older people are being supported to live at home for longer there is an emerging trend or shift from residential to nursing home admissions. Some older people are entering care homes at a later stage when they are often more frail and requiring nursing care or are living longer in residential care and over time becoming more dependent eventually requiring nursing care. This shift is adding additional cost as nursing home care is more expensive than residential care. A reduction in residential care placements is being experienced due to the alternative community services being provided as well as an increase in nursing care placements as eventually some people need this higher level of care. It is recommended that s.256 is used to provide a contingency of £1,000,000 to cover this increase in demand.

Total Funding required: £1,000,000

Independent Sector Partnership and Workforce Development

40. 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. NCC 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 31st October 2014. .
41. 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.

42. However, this funding will cease on 31st March 2013 so it is recommended that the current temporary 0.7 fte (26 hours) Workforce Development Officer, post is funded from S256 monies when Health funding ceases on 31st March 2013 for a further year.

Total Funding required: £378,352

Direct Payments

43. It is anticipated that there will be an increasing shift towards the use of direct payments; this may be accelerated as a result of the increased activity through START and the redesign of the home based services. It is therefore recommended that funding be allocated to mitigate against any increased costs.

Total Funding required: £500,000

Advocacy Services

44. Independent Mental Health Advocacy is a statutory service where an advocate is granted specific roles and responsibilities under the Mental Health Act 2007. This service is currently commissioned by the NHS; locally the service is included within a multi-agency advocacy contract for the whole of Nottinghamshire for which NCC is the lead agency. The Health and Social Care Act 2012 indicates commissioning responsibility will pass to local authorities in 2013. Funding for this service will be required on a permanent basis in the future as it is a statutory requirement.

Total Funding required: £115,767

Support to Carers

45. Nottinghamshire County Council already provides a number of carer specific services but sometimes identifying carers and ensuring access to services is problematic. It is important therefore that the Adult Access Team at the Customer Service Centre (CSC) is fully equipped to identify and support carers so a temporary Carers Triage Worker post has been created to work within the existing Adult Access Team for 12 months. This post is to be part funded through carers' specific funds and part from s.256.

Total Funding required: £23,236

Other Options Considered

46. Other options have been considered for some of the above developments as they are part of pre-existing business cases, other projects are short term to trial new initiatives.
47. Additional projects/services may well be considered during the year which will require funding from the support to social care funding. It is suggested therefore that an update report is presented as required or in 12 months time.

Reason/s for Recommendation/s

48. The 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

49. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

50. 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

51. The services and developments described in this report will be funded from money transferred to the local authority from NHS Nottinghamshire County and NHS Bassetlaw Primary Care Trusts under ‘Funding for Social Care’ (s256) until 31st March 2013.

Equalities Implications

52. 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

53. 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

54. 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

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

RECOMMENDATION/S

It is recommended that the following funding requests are approved from s.256 funding for 2012-13 and that funding be carried forward for requests that extend beyond 31st March 2013.

1) Mental Health Intermediate Care Service (MHICS) - **£214,000**

- i. 1 fte (37 hours) temporary Social Worker, Pay Band A/B, scp 29-39 (£24,646 - £32,800) be extended until the 30th September 2013, be based in the Broxtowe MHICS team and the post be allocated approved car user status.
- ii. 3.5 fte (129.5 hours) temporary Social Workers, Pay Band A/B, scp 29-39 (£24,646 - £32,800) be established for 12 months with effect from the date of appointment, be based in the Bassetlaw, Gedling and Mansfield/Ashfield and the posts be allocated approved car user status.

2) Dementia Intensive Care Unit (DICU) - **£45,000**

3) Social Care Support to Memory Assessment Services (MAS) - **£72,000**

4) Home Care In-reach Pilot for People with Dementia in Hospital - **£10,000**

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

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

Assessment Beds - **£400,400**

To extend the following temporary posts until 30th September 2013

- i. 3 fte (111 hours) Social Workers, Pay Band A/B, scp 29-39 (£24,646 - £32,800) to cover Broxtowe, Gedling, Rushcliffe, Newark, Mansfield and Ashfield and the posts to carry approved car user status.
- ii. 0.5 fte (18.5 hours) Team Manager, Pay Band D, scp 42-47 and the post be allocated car user status in Bassetlaw.
- iii. 0.5 fte (18.5 hours) Community Care Officer, Grade 5, scp 24-28 in Bassetlaw and the posts to carry approved car user status.

and establish the following temporary posts for 12 months from date of appointment to support an additional 5 assessment beds across Broxtowe,

Gedling and Rushcliffe, 5 assessment beds in Mansfield and Ashfield, and additional beds in Newark and Sherwood:

- iv. 0.5 fte (18.5 hours) Social Worker, Pay Band A/B, scp 29-39 (£24,646 - £32,800) to cover Broxtowe, Gedling, Rushcliffe and the posts to carry approved car user status.
- v. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, scp 29-39 (£24,646 - £32,800) to cover Broxtowe, Gedling, Rushcliffe and the posts to carry approved car user status.
- vi. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, scp 29-39 (£24,646 - £32,800) to cover Mansfield and Ashfield and the post to carry approved car user status.
- vii. 1 fte (37 hours) Occupational Therapist, Pay Band A/B, scp 29-39 (£24,646 - £32,800) to cover Bassetlaw, Newark and Sherwood and the post to carry approved car user status.

6) Services to improve hospital discharge arrangements:

Nottingham University Hospitals (NUH) £368,965

- i. 2 fte (74 hours) temporary Social Workers, Pay Band A/B, scp 29-39 (£24,646 - £32,800) be extended until 31st March 2013 to cover Broxtowe, Gedling, Rushcliffe, and the posts to carry approved car user status.
- ii. 2.2 fte (81.4 hours) temporary Service Advisors, Grade 4, scp 19-23 (£17,802 - £20,198) be established for a period of 12 months from date of appointment to cover Broxtowe, Gedling, Rushcliffe.
- iii. 1 fte (37 hours) temporary Community Care Officers, Grade 5, scp 24-28 (£20,858 - £23,708) be established for a period of 12 months from date of appointment to cover Broxtowe, Gedling, Rushcliffe, and the posts to carry approved car user status.
- iv. To provide additional cover for weekends and winter pressures funding is being requested.
- v. 1 fte (37 hours) temporary Social Worker (Younger Adult with Physical Disabilities), Pay Band A/B, scp 29-39 (£24,646 - £32,800) be established for 12 months from the date of appointment to cover Broxtowe, Gedling, Rushcliffe, and the post to carry approved car user status.
- vi. 1 fte (37 hours) temporary Social Worker, Pay Band A/B, scp 29-39 (£24,646 - £32,800) be established for a period of 12 months with effect from date of appointment to work within any new project team created through the Frail Elderly programme of 'Productive Notts'.

- vii. 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 initially been commissioned until April 2013. However there may be a need to extend it beyond April 2013. Funding is being requested for 12 months.

Sherwood Forest Hospital Trust (SFHT) £185,600

- viii. 2 fte (74 hours) temporary Social Workers, Pay Band A/B, SCP 29-39 (£24,646 - £32,800) be established for a period of 12 months with effect from date of appointment to work within a new project team created through the Frail Elderly and Enhanced Delayed Transfers of Care programmes at Kings Mill Hospital. The posts to carry approved car user status.
- ix. Social care support to admission avoidance services operating across all SFHT hospital sites. Funding is being request to extend some rapid response services based in the Accident and Emergency centre at Kings Mill Hospital for a period of 12 months.

Bassetlaw Hospitals Trust £257,835

- x. 1 fte (37 hours) temporary Social Worker, Pay Band A/B, SCP 29-39 (£24,646 - £32,800) be established 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. The post to carry approved car user status.
- xi. 1.5 fte (55.5) temporary Community Care Officers, Grade 5, scp 24-28 (£20,858 - £23,708) to established for 12 months with effect from the date of appointment to cover Bassetlaw and the posts to carry approved car user status.
- xii. 1 fte (37 hours) temporary Social Worker, Pay Band A/B, scp 29-39 (£24,646 - £32,800) 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 3 years of funding; part year 2012-13, full year 2013-14 and 2014-15, part year 2015-16. The post will carry approved car user status.

- xiii. A temporary rapid response homecare service to support people being discharged from Bassetlaw Hospital has been commissioned. Funding is being requested for 12 months.

7) START Transformation - £428,400 Section 256/ £150,000 Reablement

- i. 1 fte (37 hours) temporary Senior Practitioner post, Pay Band C SCP 39-44, (£32,800 - £37,206) be extended until 30th September 2013 and the post to carry approved car user status. £48,500
- ii. 1 fte (37 hours) temporary Commissioning Officer post, Pay Band C SCP 39-44 (£32,800 - £37,206) be extended until 30th September 2013 and the post to carry approved car user status. £48,500
- iii. 11 fte (407 hours) temporary Social Workers / Occupational Therapists Pay Band A/B, SCP 29-39 (£24,646 - £32,800) be established for a period of 12 months with effect from the date of appointment and the posts to carry approved car user status. £470,800
- iv. the remaining £10,600 will be used for training, equipment etc.

8) Community Equipment and Occupational Therapy Services:

ICES additional equipment - **£200,000**

ICES weekend access - **£20,000**

Additional OTs x 6 - **£834,600**

Temporary OT Post for specialist assessments - **£42,800**

Agency Occupational Therapy provision - **£120,000**

- i. 1 fte (37 hours) Occupational Therapist (seating assessments), Pay Band A/B, SCP 29-39 (£24,646 - £32,800) be established for a period of 12 months with effect from the date of appointment to cover the county and for the post to carry approved car user status. This post may be hosted by social care or health.
- ii. 6 fte (222 hours) Occupational Therapists, Pay Band A/B, scp 29-39 (£24,646 - £32,800) be established on a permanent basis and the posts be allocated approved car user status.

9) Assistive Technology - **£120,000**

10) Medicines Management - **£30,000**

11) Temporary Commissioning Officer - **£48,500**

- i. 1 fte (37 hours) temporary Commissioning Officer post, Band C scp 39-44 (£32,800 - £37,206) be extended for a further 12 months, be allocated approved car user status and based at County Hall.

12) Care Homes - **£1,000,000**

13) Independent Sector Partnership and Workforce Development - **£378,352**

- 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 (£35,430 - £39,855) be established for 2 years up to the 31st October 2014 and the post be allocated approved car user status
- iii. 1 fte (37 hours) Training Co-ordinator, Grade 5, scp 24-38 (£20,858-£23,708) be established for 2 years up to the 31st October 2014 and the post be allocated approved car user status
- iv. 0.7 fte (26 hours) temporary Workforce Development Officer, Band A, scp 29-39 (£24,646 - £28,636) be extended and funded from money received from the Strategic Health Authority until 31st March 2013 and then s256 to 31st March 2014. The post will be allocated approved car user status and based at County Hall.

14) Direct Payments - **£500,000**

15) Advocacy Services - **£115,767**

16) Support to Carers - **£23,236**

Total Expenditure = £5,765,455

Funding

NHS Funding for Social Care

2012/13 Allocation £3,761,656

Departmental Reserve £1,853,799

Total £5,615,455

NHS Contribution (Reablement Funding) £ 150,000

Total Funding £5,765,455

2. A further update report to be presented to Committee as required or in 12 months time.

DAVID HAMILTON

Service Director for Personal Care and Support – Older Adults

For any enquiries about this report please contact:

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Constitutional Comments (LMC 19/10/2012)

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

Financial Comments (RWK 18/10/2012)

57. The report proposes total expenditure of £5,765,455. This will be funded from NHS Funding for Social Care in the sum of £3,761,656 which has been transferred from PCT's to the County Council, a contribution of £150,000 from PCT's from funding they have been allocated for Reablement, and £1,853,799 from departmental reserves created from 2011/12 underspending on NHS Funding for Social Care. The estimated phasing of expenditure and funding is set out below:

	2012/13	2013/14	2014/15	2015/16
	Total			
	£'000	£'000	£'000	£'000
	£'000			
Expenditure	3,465	1,631	387	282
	5,765			
NHS Funding for Social Care (3,761)	(3,315)	(446)	-	-
NHS Reablement Funding (150)	(150)	-	-	-
Departmental Reserves (1,854)	(-)	(1,185)	(387)	(282)
Total Funding	(3,465)	(1,631)	(387)	(282)
(5,765)				

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.

Electoral Division(s) and Member(s) Affected

All.

ASCH37

29th October 2012**Agenda Item: 11****REPORT OF SERVICE DIRECTOR JOINT COMMISSIONING, QUALITY
AND BUSINESS CHANGE****ACCESS TO GOOD INFORMATION AND WEB-BASED INFORMATION
DIRECTORY****Purpose of the Report**

1. This committee previously considered a report on Fostering Aspirations 11th June 2012 in which it was agreed that £126,000 funding is required for a social care web-based information directory, this report provides further detail of the project and requests approval to progress.

Information and Advice

2. A project has been established jointly with corporate communications and adult social care to deliver access to good information throughout the customer journey. The group is also working with Nottingham City, as it would be of benefit to have one system across both. The project was started because citizens of Nottinghamshire, staff within the County Council and also external agencies, have consistently raised the fact that although there are a lot of services available to support people's independence, health and well-being across the County, it is very difficult to know what they are, what they do, who they are for and whether there is a cost. National examples have been considered and learning from these has informed the development of a specification for a local web based information directory.
3. The key objective is to make it easy for people to go to a single place to get the right information at the right time, to help them stay independent, healthy and actively involved in their local services wherever possible. It is important that people can find this information without even having to contact the Council. The focus is on helping people who are able, to navigate through the wide range of services available that can help them, where possible, avoid or delay the need for costly social care services. Some people will need help to access and understand the information and the directory will be used by County Council staff who are a first point of contact, for example, the Council's Customer Service Centre, as well as Health, District Councils the independent and voluntary sector. Staff will be also be able to direct people with higher eligible support needs to the directory, including when advising people who will fund their own care and if

needed, help people to use the site to make choices when planning their care and support.

4. Effective provision of joined up information is a key requirement of '[Think Local, Act Personal](#)' to deliver on personalisation and a leaner, more outcome focussed and outward facing role for the public sector. The Council's role in the provision of effective information and developing a diverse local market with a range of options for people to choose from is further reinforced in the recent White Paper, Caring for our future: reforming care and support¹, July 2012.
5. A public information directory supports the development of diverse local markets. As more people start to arrange and purchase their own services, both through local authority Direct Payments as well as paying for them their selves, an up-to-date directory will be an important way that:
 - providers can tell people about what they offer
 - the Council can have an overview of the wider range of available provision
 - the Council and providers can find out what services local people want, but they can't find, as the system will include a simple way to do this
6. People choosing to receive a Direct Payment for their care and support, may now select from the same wide range of alternatives as people who fund their own care. This is more diverse in nature and of a greater volume than the range of providers contracted and monitored directly by the Council for people who want or need this. There is a need to develop new ways of sharing information about the quality of this very broad range of services to help people with their choices. Following legal advice on appropriate approaches to this, the design of the directory will therefore include:
 - a simple rating system to enable people who use the services on the site to give feedback on their experience
 - providers who have attained accreditation from a range of different agencies will be able to show this publicly on the site, alongside clear information on the type of checks that have been undertaken.
 - a simple document check that an appropriate level of any relevant requirements have been met e.g. appropriate insurance cover, will be part of registering on the site.
7. A web-based information directory will meet the need to provide universal information advice and guidance and also support more effective use of staff time. Staff will spend less time searching for information, more members of the public and people who use services will be able to search and locate support themselves and if a proportion of people are able to find what they need via the web based system, less people will contact the Customer Service Centre. Providers will be able to directly keep their information on the directory up-to-date. The Customer Service Centre will benefit from having more accurate and

¹ [Caring for our Future](#): reforming care and support – July 2012.

consistent information available to relay and advise customers; with a reduction in time taken and less duplication.

8. The White Paper, Caring for our Future: reforming care and support, July 2012 sets out the Government's intention to establish a new national information website, to provide a clear and reliable source of information on care and support. This will not duplicate nor detract from the need for information about local services. There will also be a national government allocation of £32.5 million for better local online services which may help to attract funding for Nottinghamshire County Council to continue and develop the web-based information directory in the future. The Government have also committed to work with a range of organisations to develop comparison websites that make it easy for people to give feedback and compare the quality of care providers.
9. Feedback from other areas implementing similar initiatives stressed the need to have a dedicated temporary resource to establish the system successfully. The establishment of a temporary one year commissioning officer post (grade C (£41,434 - £47,106 including on-costs, per annum) is therefore requested. The post will co-ordinate the establishment of the system with the new provider and the Council's IT department and launch the web-based directory with providers, staff and members of the public. Existing public and internal social care information directories will be reviewed, with the aim of having one system.

Options Considered

10. An options appraisal was presented to the Adult Social Care, Health and Public Protection's Senior Leadership Team on 6th August 2012. The option of not progressing was discounted due to the benefits of a web-based directory as outlined in this report. The following approach was recommended:
 - Preference was to join the partnership contract for the already established Choose My Support directory www.choosemysupport.org.uk, once assured that it can meet all the requirements of Nottinghamshire's specification.
 - If the above does not meet the Council's requirements, the specification will go through a competitive tender process to identify a provider to establish the system.

Reason/s for Recommendation/s

11. Choose My Support was initially established with capital regional efficiency improvement money via the East Midlands Joint Improvement Partnership. Current partners are Leicester City and Leicestershire County Council. Any Council's joining the contract subsequently benefit from this investment which offset initial implementation costs. The directory has been running for one year and as such has already undergone a number of improvements to the system and process, settling in problems have been resolved and the consortium has already made any changes that they did not foresee when they designed the specification.

12. Choose My Support is a system that is demonstrated to work and has already established credibility in the East Midlands. Initially providers were slow to sign up, but once a critical mass was reached and people were contacting services through the site the benefits could be seen. Numbers are growing steadily, with over 400 providers signed up. Some of the providers will also work across the boundary into Nottinghamshire and will therefore already be on the directory.
13. Nottingham City Council is also considering the system as their preferred option which would promote consistency to local providers and citizens across Nottingham and Nottinghamshire. The current overall yearly contract price is set until March 2014 and is shared between however many Councils join the partnership. It is therefore a feasible, cost effective option which could deliver in a relatively short time-scale.
14. In the future there may be benefit to extending the directory to other Departments and having a single Corporate Directory for services across the County. Health is also trialling a database, but this is currently accessed by the public only through a 111 non-emergency number, with a focus on medical advice.

Statutory and Policy Implications

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

Implications for Service Users

16. A web-based information system will enable people who can, to find out what is available themselves, thus avoiding or delaying the need to come to social care. It will also make it easier for people with greater needs to choose the right services. Staff across a range of agencies will be also be able to access the information and support to people with this if needed.

Financial Implications

17. It is recommended that £126,000 is required to fund the contract for developing and maintaining the web-based directory for two years and the temporary commissioning officer for one year. Is to be funded £50,000 from Social Care Reform Grant and £76,000 from Departmental Reserves. There is potential for future funding for the project highlighted in the White Paper, Caring for our future: reforming care and support, July 2012.

18. The breakdown of funding is as follows:

	Year 1 (2012/13)	Year 2 (2013/14)	Total
Commissioning	11,700	35,500	47,200

Officer			
Mileage	300	1,050	1,350
Initial IT Set Up	5,000	0	5,000
Maintenance	33,000	33,000	66,000
Promotional Activity		6,450	6,450
	50,000	76,000	126,000

Equality Implications

19. A web-based system aims to provide the most relevant and accurate information in the easiest format possible. Information will be able to be printed off for people without access to a computer. The system will not discriminate and intends to meet needs and encourage participation. Within the project plan steps will be taken to meet the needs of those who cannot access the web based system, including working with the Customer Service Centre and libraries to support members of public.

Human Resources Implications

20. It is recommended a temporary Commissioning Officer be assigned to the web-based directory for one year.

Implications for Sustainability and the Environment

21. An increased use of a web-based system may reduce the use of paper and printed products across the county.

RECOMMENDATION/S

It is recommended that Members approve:

- 1) The purchase of an appropriate web-based information directory costing up to £77,000.
- 2) The establishment of a temporary 1 fte (37 hours) Commissioning Officer post, Pay Band C, scp 39-44 (£32,800 - £37,206 per annum) for one year with effect from the date of appointment, based in the Joint Commissioning Unit at County Hall and the post be allocated an approved car user status.

CAROLINE BARIA

**Service Director for Joint Commissioning, Quality and Business Change
Adult Social Care, Health and Public Protection**

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Constitutional Comments (LMc 18/09/2012)

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

Financial Comments (SC 18/10/2012)

23. The financial implications are set out in 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. Caring for our future: reforming care and support – White Paper July 2012
<http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/>

Electoral Division(s) and Member(s) Affected

All.

ASCH50

29th October 2012**Agenda Item: 12****REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE
AND PUBLIC PROTECTION****USE OF ASSISTIVE TECHNOLOGY TO SUPPORT VULNERABLE PEOPLE
AND CARERS****Purpose of the Report**

1. The purpose of this report is to update the Committee on the Adult Social Care, Health and Public Protection department's use of assistive technology to support the independence of vulnerable service users and their carers.

Information and Advice

2. Nottinghamshire County Council first began to provide a mainstream assistive technology service, when it launched a telecare scheme in 2007 to support vulnerable older people. The scheme formed part of a national Department of Health initiative to increase the number of older people provided with telecare by 160,000 by April 2008.
3. Telecare is a more advanced version of the community alarm or 'Lifeline' service which has existed primarily in sheltered housing for a number of decades. Telecare links a range of home safety and personal hazard sensors in a vulnerable person's home to a 24-hour monitoring centre. The monitoring centre staff can receive alerts from the sensors and arrange an appropriate response, such as contacting the person through the main telecare unit in their home to provide advice and reassurance, calling an ambulance if there is a medical emergency, or asking a nearby friend or relative to call round.
4. Telecare sensors are available to monitor a range of risks in the home, including:
 - Falls
 - 'Wandering' by people with dementia or other cognitive impairment
 - Night time incontinence
 - Poor medication compliance
 - Night Time epileptic seizures
 - Flood, fire and carbon monoxide gas.
5. The Nottinghamshire County Council's telecare service was initially only available in five of the seven Nottinghamshire districts (Gedling and Rushcliffe had no

service provision), but following a tender process a contract was awarded to Tunstall Healthcare Limited to provide a countywide service from October 2011. Since 2007 over 2,000 people in Nottinghamshire have benefited from telecare.

6. In addition to the telecare service, a new service, 'Assistive Technology for Carers' was launched in October 2011. The scheme provides similar equipment to the telecare service, but alerts from the sensors are received by a portable pager used by the carer, rather than being directed to a 24-hour monitoring centre. The scheme is targeted at carers who provide regular and substantial care to a loved one in their own home, and helps to reduce carer stress by enabling the carer to go about their day-to-day activities at home, or sleep soundly at night, safe in the knowledge that they will be automatically alerted if the person they care for requires assistance. Fifty-five carers have benefited from this service since it was launched. A similar scheme aimed at using technology to improve the dignity of people with learning disabilities in supported living schemes has also provided significant benefits both for the authority and service users. In one scheme, efficiencies of £44,000 per annum were achieved by using assistive technology to alert on-site staff to risks, rather than using more intrusive one-to-one supervision.
7. A further assistive technology service provided by the department, 'Just Checking', uses movement and door opening sensors placed around the home to log the daily living activities of a person with dementia. The system can show what time a person went to bed and got up, their use of the kitchen and bathroom, and any periods when they left the property. Unfortunately, in cases where people have more advanced dementia the person may be unable to accurately convey how they are managing at home, and decisions about their future care needs are made on the basis of information provided from neighbours, family members and professionals. The 'Just Checking' system provides a voice to people with dementia by enabling objective information to be collated about their daily living activities at home.
8. An initial pilot scheme, which was funded jointly by Nottinghamshire Teaching Primary Care Trust and ASCH in 2009/10, was evaluated by Nottingham University. The researchers concluded that in 11 out of 14 cases the use of Just Checking had delayed admission to residential care and helped to inform the provision of more appropriate community care support. On the basis of the positive findings of the report, the system was rolled out from April 2011 to all of the department's older person's care management teams, and also to most community mental health and specialist intermediate care teams for older people with mental health problems. Between April 2011 and the end of June 2012, 213 individuals with dementia had been assessed using 'Just Checking'.
9. A number of other studies of telecare and other assistive technology have demonstrated that it can help to provide more cost effective care for vulnerable older and younger disabled adults. 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. A more recent

analysis of Nottinghamshire cases where telecare had been provided between October 2011 and August 2012 showed that in 23 cases, equipment had been provided to prevent an immediate admission to residential care, saving £108,000 on long-term residential care costs, compared to the actual cost of supporting those individuals in their own home with community care services and telecare.

10. Due to the success of telecare and other assistive technology the County Council will be expanding its use to support vulnerable individuals during the second half of 2012/13, and also streamlining some of the current referral processes, which prevent timely referrals by occupational therapists and colleagues in the NHS. A new fast-track telecare assessment process for people who are eligible for assistance from the Council is being introduced. The department is also working in partnership with the Council's telecare service provider, Tunstall Healthcare Limited¹, to enable service users who do not meet the Fair Access to Care Services eligibility criteria² to access the telecare monitoring service, as self-funders. This will form an important part of the department's preventative approach to social care, by ensuring people can access telecare to help prevent the need for ongoing health and social care support.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

12. Greater access to assistive technology will enable more vulnerable older and younger disabled people to maintain their independence at home, remove or delay the need for residential care, prevent the need for more intensive community care support, and facilitate safe and timely discharge from hospital. Assistive technology will also reduce carer stress and provide reassurance.

Financial Implications

13. Designated grant funding in departmental reserves is being used to fund assistive technology services in 2011/12; £180,000 of funding has been allocated from reconfiguration of existing budgets from 2012/13 to fund assistive technology equipment. The impact on reducing community care and residential care expenditure will be monitored to ensure that savings offset the costs of providing assistive technology services.

Crime and Disorder Implications

¹ Tunstall Healthcare is a market leading provider of telehealthcare solutions.

² [Prioritising need in the context of *Putting People First: A whole system approach to eligibility for social care - Guidance on Eligibility Criteria for Adult Social Care, England 2010*](#)

14. Telecare bogus caller buttons 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. The use of movement activated playback devices can remind vulnerable people to take extra precautions when opening the door to an unknown caller by playing an advice message when the householder moves towards their front door. A Home Officer evaluation of these devices, showed that there was an 80% improvement in good doorstep practice in a trial involving 1,300 homes.

RECOMMENDATION/S

It is recommended that:

- 1) the contents of this report are noted.
- 2) a further report is presented to the Adult Social Care and Health Committee in September 2013 to update on the progress of assistive technology use in maintaining the independence of vulnerable people.

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments

15. Because the report is for noting only, no constitutional comments are required.

Financial Comments (RWK 05/10/2012)

16. There are no financial implications arising from 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) Telecare and Telehealth Progress and Opportunities in the East Midlands - May 2011 (Updated July 2011) Realising the potential of Telecare and Telehealth in East Midlands.

Electoral Division(s) and Member(s) Affected

All.

ASCH59

29 October 2012**Agenda Item: 13****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2012/13.

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 Chairman and Vice-Chairman, 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 new committee arrangements, 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. It may be that the presentations about activities in the committee's remit will help to inform this.
5. The work programme already includes a number of reports on items suggested by the committee.

Other Options Considered

6. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

8. 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>
29 October 2012			
Service overview – Personal Care and Support, Older Adults	Information overview of service area responsibilities and key issues and current service developments.	Service Director – Personal Care and Support – Older Adults	David Hamilton
2012 Welfare Reform Act and Social Fund changes	Update of the changes to the Welfare Reform Act.	Service Director for Promoting Independence and Public Protection	Paul McKay
Aiming for Excellence - Extra Care Strategy - Procurement update	Progress and outcome of extra care procurement process.	Service Director – Personal Care and Support – Older Adults	Cherry Dunk
Operation of Modernised Day Services	Update on operation of refurbished and new day services.	Service Director – Personal Care and Support – Younger Adults	Wendy Lippmann
Market Position Statement	To present completed MPS to the committee.	Service Director – Joint Commissioning, Quality and Business Change	Sue Batty
Use of Assistive Technology to Support Vulnerable People and Carers	Overview and progress update on development of technology and telecare to provide services and support to people within their homes.	Service Director – Promoting Independence and Public Protection	Jane North
Progress update on ASCH high governance projects	Update on biggest projects currently in progress within ASCH - Learning Disability Community Care	Relevant Service Director	
Use of NHS Support to Social Care funding	Overview of plans for use of NHS Support to Social Care funding.	Service Director – Personal Care and Support – Older Adults	David Hamilton
Access to Good Information	To seek approval to the establishment of a temporary	Service Director for Promoting	Jane North/

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
and Web based Directory	project coordinator post.	Independence and Public Protection	Kelly Wallace
26 November 2012			
Overview of Adult Social Care and Health savings and Efficiencies Programme	Update on progress of projects in dept and savings made to date.	Service Director – Joint Commissioning, Quality and Business Change	Kate Revell
Guardianship Panel arrangements	To update members on the Guardianship policy of the County Council.	Service Director – Personal Care and Support – Younger Adults	Jon Wilson
Safeguarding adults at risk – update report	Update from Chair of Nottinghamshire Safeguarding Adults Board (6 monthly).	Corporate Director	Alan Breeton
Monitoring Quality and Standards in Care Homes	Update report on the department's involvement and role in monitoring care home standards	Service Director – Joint Commissioning, Quality and Business Change	Di Clayton
Shared Lives Services – update	Update on the development of the Shared Lives Services	Service Director – Personal Care and Support – Younger Adults	Cath Cameron Jones
Mental Health CQC Report	To present a report on CQC outcomes.	Service Director – Personal Care and Support – Younger Adults	Jon Wilson
Revised Staffing Structure for County Enterprise Foods	To seek approval for a revised staffing structure.	Service Director – Joint Commissioning, Quality and Business Change	Judith Horsfall
7 January 2013			
Progress update on 2 of ASCH high governance projects	Update on biggest projects currently in progress within ASCH	Relevant Service Directors	
Update on Substance Misuse Services	To provide an update on substance misuse services within the Council.	Service Director – Personal Care and Support – Younger Adults	Tessa Diment

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Future Fee Levels for Older Person Care Homes	To approve the levels of funding.	Service Director – Joint Commissioning, Quality and Business Change	Paul Swift
Proposals for redesign of community based services	Update on redesign of community based care services.	Service Director – Joint Commissioning, Quality and Business Change	Kate Revell
Update on ASCH performance	Overview of current performance in ASC including key performance indicators, and including review of quality dashboard.	Service Director – Joint Commissioning, Quality and Business Change	Anne Morgan
Think Local, Act Personal – Expenditure Plan for 2013/14	To seek approval for of the Think Local, Act Personal expenditure plan for 2013/14	Service Director for Promoting Independence and Public Protection	Jane North
Update on Supported Living Team (Mental Health Utilisation Review)	To provide an update on work of the SL team set up to support people leaving mental health rehabilitation services in hospital.	Service Director for Personal Care and Support – Younger Adults	Tessa Diment
Young Carers Strategy	To present the Young Carers Strategy	Service Director for Personal Care and Support – Younger Adults	Sue Foster
4 February 2013			
New rates for independent sector care homes, homecare and other community based support services and new charges for services	Review of contract prices and charges to service users – for decision	Service Director – Joint Commissioning, Quality and Business Change	Caroline Baria
Reablement for Younger Adults	Update on the Reablement services being provided to younger adults.	Service Director for Personal Care and Support – Younger Adults	Jon Wilson
Overview of Adult Social Care and Health savings and Efficiencies Programme	Update on progress of projects in dept and savings made to date.	Service Director – Joint Commissioning, Quality and Business Change	Kate Revell

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Update on homeless prevention services	Overview and update on services provided to people who are homeless.	Service Director – Joint Commissioning, Quality and Business Change	Beth Cundy
4 March 2013			
Progress update on 2 of ASCH high governance projects	Update on biggest projects currently in progress within ASCH (Alternatives to residential care – including extra care developments)	Relevant Service Directors	
Personalisation and Promoting Independence – progress report	To provide an update on progress on personalisation and promoting independence.	Service Director for Promoting Independence and Public Protection	Jane North/ Nicola Peace
April 2013			
ASCH Budget update	To provide a regular update on the ASCH budget.	Corporate Director	Robert Knott
Update on ASCH performance	Overview of current performance in ASC including key performance indicators, and including review of quality dashboard.	Service Director – Joint Commissioning, Quality and Business Change	Anne Morgan
Services to Support Young People in Transitions - Update	Update on the work taking place on the transition from Children's to Adult Services.	Service Director for Personal Care and Support – Younger Adults	Jon Wilson
May 2013			
June 2013			
Project to develop the Nottinghamshire partnership for social care workforce development training function to shape the independent social care	Update on progress of the Social Care Workforce Development	Service Director for Personal Care and Support – Older Adults	Anita Astle/Richard Burke

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
workforce			
July 2013			
September 2013			
update on the progress of assistive technology use in maintaining the independence of vulnerable people	Update on the progress on the Assistive Technology	Service Director for Personal Care and Support – Older Adults	Mark Douglas

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