

Adult Social Care and Health Committee

Monday, 01 June 2015 at 10:30

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

AGENDA

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|----|--|---------|
| 1 | To note the appointment by the County Council on 14 May 2015 of Councillor Muriel Weisz as Chair of the Committee and Councillor Alan Bell as Vice Chair | |
| 2 | To note the membership of the Committee | |
| 3 | Minutes of the last meeting held on 27 April 2015 | 3 - 6 |
| 4 | Apologies for Absence | |
| 5 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 6 | Deprivation of Liberty Safeguards | 7 - 14 |
| 7 | Carers Information and Advice Hub and Support Service | 15 - 20 |
| 8 | Direct Payments Policy | 21 - 50 |
| 9 | Proposed Revision of First Contact Scheme | 51 - 60 |
| 10 | Social Care Clinics | 61 - 66 |
| 11 | Overview of Departmental Savings and Efficiencies Programme | 67 - 88 |

Notes

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 27 April 2015 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Roy Allan		Pam Skelding
Alan Bell		Stuart Wallace
John Cottee		A Jacky Williams
A Sybil Fielding		Liz Yates
Andy Sissons		

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, ASCH&PP
Sue Batty, Service Director, ASCH&PP
Jackie Brown, Team Manager, Communications, ASCH&PP
Paul Davies, Advanced Democratic Services Officer, PPCS
Jennie Kennington, Senior Executive Officer, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Jane North, Transformation Programme Director, ASCH&PP
Rosamunde Willis-Read, Group Manager, Quality and Market Management

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 30 March 2015 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillor Roy Allan had been appointed in place of Councillor Michael Payne, for this meeting only.

APOLOGY FOR ABSENCE

An apology for absence was received from Councillor Jacky Williams (unwell).

DECLARATIONS OF INTEREST

There were no declarations of interest.

INNOVATIVE PARTNERSHIP MODEL ESTABLISHED FOR MIDDLE STREET RESOURCE CENTRE, BEESTON

RESOLVED 2015/033

That the development of the new partnership between the Council and Beeston Community Resource Charitable Incorporated Organisation be noted.

CHARGES FOR DEFERRED PAYMENT AGREEMENTS AND BROKERAGE OF COMMUNITY BASED SUPPORT FOR SELF-FUNDERS – OUTCOME OF CONSULTATION AND RESPONSE TO CONSULTATION ON THE CARE ACT 2014

RESOLVED 2015/034

- (1) That the views expressed in the public consultation on the introduction of charges for Deferred Payment Agreements and the introduction of charges for brokerage of community based support for self-funders be noted.
- (2) That the proposed charges for Deferred Payment Agreements and brokerage of community based support for self-funders be approved as detailed in paragraph 18 of the report.
- (3) That the summary of the Council's response to the Department of Health's consultation on the Care Act 2014 on the way care and support is funded and the proposed appeals system be noted.

OUTCOME OF SECTOR LED IMPROVEMENT PEER CHALLENGE 2014

RESOLVED 2015/035

- (1) That the work undertaken and plans in progress to respond to the areas for improvement raised in the regional sector led improvement peer challenge process be noted.
- (2) That a further report be presented in October 2015 when this year's peer challenge process is completed.

ESTABLISHMENT OF A TEMPORARY SOCIAL WORK POST FOR THE NEW CROSS SUPPORT TEAM – ASHFIELD DISTRICT COUNCIL

RESOLVED 2015/036

- (1) That the information on the New Cross project be noted;
- (2) That 1 fte temporary Social Worker post, Hay Band B, funded by Ashfield District Council, be established to join the New Cross Support Team.

WORK PROGRAMME

RESOLVED 2015/037

That the Work Programme be noted, subject to a report in October 2015 on the peer challenge, and a progress report on Middle Street Resource Centre.

CARE HOME PROVIDER SUSPENSIONS

RESOLVED: 2015/038

That the overview of live suspensions of care home provider contracts in Nottinghamshire be noted.

EXCLUSION OF THE PUBLIC

RESOLVED: 2015/039

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

CARE HOME PROVIDER SUSPENSIONS

RESOLVED: 2015/040

That the information in the exempt report be noted.

The meeting closed at 12.05 pm.

CHAIR

1st June 2015**Agenda Item: 6****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****DEPRIVATION OF LIBERTY SAFEGUARDS****Purpose of the Report**

1. To update the Committee on the progress with actions being taken to respond to the increasing number of referrals for Best Interest Assessments (BIAs) under Deprivation of Liberty Safeguards (DoLS).
2. To set out proposals to enable the Council to meet its statutory duties in relation DoLS on a longer term basis.

Information and Advice**The National Context**

3. On 19 March 2014, the Supreme Court published its judgment in the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council which further defined the meaning of Deprivation of Liberty. The effect of this is that a much greater number of people in residential care homes, nursing homes and hospitals now come under the Deprivation of Liberty Safeguards (DoLS) than previously and by law they must be assessed under the DoLS procedure.
4. A national review of the legislation is being undertaken by the Law Commission with a timeline of a draft bill being completed in April 2017. It is hoped that this will also address the need for a simpler process for a community DoL (where a person who is deprived of their liberty is not living in a care home or hospital). These do not currently come within the current DoL safeguards and require a different process. Cases have to be progressed to the Court of Protection (CoP) and this work is undertaken by the District Teams with approximately 11 current Nottinghamshire cases. Legal Services have to check and progress the cases. It is estimated that the total potential community DoL population in Nottinghamshire is between 350-450 people, the majority of whom are in supported living. The figures referred to in the rest of the report do not include community DoL work as the work is not currently within this team's remit. The potential work arising from community DoLS requires ongoing monitoring and analysis as there is the potential for these referrals to increase in the future, especially following the proposed national consultation and revised legislation.

5. There has been a clear and significant upward trend in DoLS referrals over the previous financial year. Between April 2014 and April 2015, average weekly referrals increased 125% from an average of 20 referrals to 45 referrals per week. This includes re-authorisations required within the year. 50% of assessments completed result in between 1-3 re-authorisations within a year, which implies an exponential growth to the number of assessments required.
6. Increasing awareness of DoLS by referring agencies results in 'spikes' of referrals e.g. following media coverage, training or CQC Inspection in Care Homes or hospitals. Based on previous years' rates and including re-assessments it is estimated that in 2015/16 the Council will need to undertake 3,200 (re)assessments.
7. Priority is given to assessing people referred by Hospital Trusts, Part 8 Reviews (a challenge to any of the 6 DoLS qualifying criteria) and re-authorisations. This is in line with Association of Directors of Adult Social Services (ADASS) guidelines. At this time, the central DoLS team is keeping pace with hospitals referrals and re-authorisations in the main.
8. Looking at activity levels in other local authorities as well as analysis of patient populations in hospital trusts and residents in care homes, it is anticipated that as a worst case scenario, referrals could potentially rise to approximately 5,000 a year, (including assessments for reauthorisation). At this time, referrals are not increasing at such a significant rate and may not ever reach this level, however, it is believed that incremental increases in referral rates are likely to continue in 2015/16 as awareness amongst care providers increases, with no sign of these reaching a plateau yet.

Establishment of Nottinghamshire's central DoLS team

9. Committee approved the establishment of a central team (Nottinghamshire DoLS Team) consisting of 12.5 temporary social workers, a team manager and 5 fte business support staff up to March 2016. A temporary Principal Social Worker (PSW) post was also established and recruited to. The post holder, in addition to the PSW duties, also manages this central DoLS team and the Central Adult Mental Health Practitioner Team (CAMHP).
10. Currently 6.8 of the 12.5 social worker posts are filled. The remaining 5.7 posts are vacant despite attempts to recruit to these on a temporary basis. With the exception of one, all are filled on a temporary secondment basis. All staff recently stated that if the posts were permanent that they would choose to remain in the central DoLS team rather than return to their substantive posts. The uncertainty as to the future of these posts makes it difficult to recruit and retain sufficient staff with the required Best Interest Assessors (BIA) qualification. The District Teams are also finding it increasingly difficult to recruit and retain staff in the backfill arrangements for the central DoLS posts, with constant change destabilising their expertise and skill mix. It is therefore proposed to offer the current employees in the team permanent appointments following agreement of permanent funding.
11. A further 8 BIAs have, in April 2015, successfully completed their training. The central DoLS team has to mentor newly qualified BIAs, ensuring adequate supervision and support is available until they become more experienced. There are also 15 BIAs

currently practicing and located in the district teams. These staff are required to remain in the locality teams due to the volume of assessments and also to complete other complex activities such as safeguarding interventions.

12. Enquiries have shown that, due to being in high demand, independent and agency BIAs are not available on a full-time basis. Negotiations are therefore underway with Reed agency to agree a specification to deliver additional assessment capacity. The agency would utilise a number of part-time BIAs and the central team duty workers would manage the allocation of work across these, with the Team Manager providing quality checks. The plan is to start the work with Reed in June 2015. The contractual arrangement with Reed will be subject to regular review to ensure it is efficient and effective.
13. In order to manage the increasing numbers of referrals, a number of changes are being made to streamline internal systems and processes to help reduce the time taken to undertake all the work resulting from a referral. This includes:
 - implementing recommendations of the Lean+ review to reduce the length of time some processes can take. DoLS Business Support staff are already saving an average of nearly 30 minutes per referral as a result of initial changes (reducing form checks etc.). This amounts to a potential 500 hours less time required to complete the work currently on the waiting list
 - joint launch of the new shorter ADASS DoLS forms by Nottinghamshire and Nottingham City Council on 29 June 2015
 - mobilisation of the workforce through issuing of tablet devices once the above work is complete and functionality available on the devices by the end of July 2015
 - analysis of workload productivity differences and reasons for this, in line with good practice.
14. In addition to the above, the Council is seeking to offer existing BIAs the opportunity to work over and above their contracted hours on a voluntary basis, and with appropriate financial remuneration, to complete additional BIA work.
15. In order to clear the pending assessments the Council has already made arrangements with our managed agency service provider to supply the capacity assessment of 3 full time equivalent BIA workers.

Benchmarking and performance

16. Councils are asked voluntarily to provide data on number of DoLS referrals to the Health and Social Care Information Centre (HSCIC) who then analyse and share the data nationally. Out of 152 local authorities, 116 submitted full data for 2014/15. The trend nationally reflects Nottinghamshire's local activity and shows that across the country DoLS applications increased in every quarter of 2014/15, with the last quarter increase being higher than the activity in any of the previous three quarterly returns.

17. All local authorities are putting plans in place to meet this significant increase in DoLS assessment referrals. An East Midlands network is in place and the group concur that broadly it takes an average of 6-15 hours to complete an assessment. This is in line with the average number of assessments completed by the central DoLS team.

Demand, capacity and recommended resources

18. Based on data of increases in referrals during the last financial year, the worst case scenario is that there could be up to a further **3,200** DoLS referrals expected during 2015/16. It is possible however, that the numbers of referrals may not rise at the same steep rate as last year and on this basis it is recommended that a mediated projection of 2,500 assessments is used and that the rate is monitored and resources kept under review.
19. In order to manage this on-going increasing demand, it is proposed that staffing levels in the central DoLS team are increased from the current 6.8 fte to 20 fte BIAs on a permanent basis, with an associated increase from 5 fte to 8 fte Business Support posts manage the associated administration. It is recommended that 5 of the Business Support posts are established on a permanent basis and 3 on a temporary basis.
20. In addition to this, in order to clear the existing backlog of referrals, additional temporary funding is also required for 4 fte BIAs.

Key Risks and Mitigating Actions

21. The Council needs to ensure it meets its statutory responsibilities in relation to DoLS. The key risks are potential unlawful deprivations of liberty resulting in the Local Authority being liable for costs, damages and other associated fees. This is because there is a potential breach of Article 5(4) and a right to a timely review of a deprivation of liberty. Currently when awards are made, these are calculated on the basis of "a fair and reasonable award (in so far as a monetary award can compensate) for the loss of liberty. Currently as a guide for damages courts are using an amount of between £3,000 and £4,000 per month, plus court costs. The most recent case was Essex with a total award of £138,000. To date Nottinghamshire County Council has not been subject to court proceedings. Initial contacts have been diverted through urgent sending out of a BIA.
22. It is imperative that DoLS performance is accurately measured around DoLS in order to provide national and local management information and monitor progress. Currently this relies on manual data collection and a number of Framework reports need to be written to be more efficient. This has been identified by Lean + review. It is imperative that performance criteria is inbuilt into the upgraded Framework electronic recording system (Mosaic) at the start when the system goes live and criteria is being constructed for this purpose. Currently this is priority on the Framework report writing work list.

Other Options Considered

23. Alternative options to reduce the time that each referral and assessment takes to complete have been considered and, where appropriate, implemented. These are outlined in paragraph 13. Whilst beneficial, they are not sufficient alone to address the very steep recent rise in demand.

Reason/s for Recommendation/s

24. The additional resource recommended in the report is required in order for the Council to be able to undertake the significant rise in demand for Best Interests Assessments under the Deprivation of Liberty Safeguards. This is a statutory duty of the Council.

Statutory and Policy Implications

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

Financial Implications

26. Committee previously approved £2m to meet increased demand for BIAs, however, only £1m has to date been accessed from reserves.
27. In recognition of the additional unfunded burden the 'Cheshire West' judgement has placed on local authorities in 2015/16, the government is giving consideration to the allocation of £25m nationally to local authorities to support the work. This was announced on 27 March 2015. Nottinghamshire's share of this is unknown at present as no further announcements have been made.
28. Prior to 1 April 2013 the then Primary Care Trusts were also Supervisory Bodies and locally transferred a small amount of funding yearly to Nottinghamshire County Council to fulfil the Supervisory Body functions on their behalf. The Local Authority became the sole supervisory body on 1st April 2013, at which time the funding from Nottinghamshire PCT ceased. It is unlikely that further NHS funding is available given a change in their supervisory body status.
29. Additional resources may be required for Mental Health Assessors, paid representatives and Independent Mental Capacity Advocates (IMCAs). Further work is required to understand demand for these services and costs.
30. Total costs of the plan:

Resource	Per annum	Anticipated cost 2015/16
1 permanent Team Manager (fte)	£50,200 pa	£50,200 Permanent from 1 June 2015

Resource	Per annum	Anticipated cost 2015/16
20 permanent BIAs (fte) in central DoLS team: <ul style="list-style-type: none"> • 5 posts at Band C • 15 posts at Band B 	£852,600 pa	Band C - £171,747 Band B - £491,972
3 agency BIAs <ul style="list-style-type: none"> • 39 assessments per month @ £450 per assessment 	£210,600 pa	Due to commence 1 June 2015 £157,950
4 temp BIAs <ul style="list-style-type: none"> • Band B 	£164,900pa	Due to commence 1 August (8 months) £109,933
5 permanent Business Support Admin at Grade 3	£102,400 pa	£102,400
3 temp Business Support Admin at Grade 3	£60,400 pa	Due to commence 1 July 2015 (9 months) £45,300
	Anticipated cost for 2015/16	£1,129,502
	Anticipated Full Year Cost of permanent staff.	£1,005,200

31. In the first year, the posts will be funded from within the department's reserves and future funding will be considered within the context of the MTFS.

Human Resources Implications

32. Human resources implications are included in the report.

RECOMMENDATIONS

That Committee:

- 1) notes the progress with actions being taken to respond to the increasing number of referrals for Best Interest Assessments (BIAs) under Deprivation of Liberty Safeguards (DoLS)
- 2) approves the permanent establishment of the following posts:

- 1 fte Team Manager, Band D, scp 42-47 (£36,571 - £38,405) and the post allocated an authorised car user status
 - 5 fte Senior Practitioner posts, Band C, scp 39-44 (£33,857 - £38,405) and the posts allocated an authorised car user status
 - 15 fte Social Worker posts, Band B, scp 34-39 (£29,558 - £33,857) and the posts allocated an authorised car user status
 - 5 fte Business Support Administrators, Grade 3, scp 14-18 (£16,231 - £17,714)
- 3) approves the following posts on a temporary basis with effect from 1 August 2015 to 31 March 2016:
- 4 fte Social Workers, Band B, scp 34-39 (£29,558 - £33,857) and the posts allocated an authorised car user status
 - 3 fte Business Support Administrators, Grade 3, scp 14-18 (£16,231 - £17,714)
- 4) receives a progress report in six months.

David Pearson

Corporate Director Adult Social Care, Health and Public protection

For any enquiries about this report please contact:

Sue Batty

Service Director, Personal Care and Support, Mid and North Notts

T: 0115 9774876

E: sue.batty@nottsccl.gov.uk

Constitutional Comments (SLB 19/05/15)

33. Adult Social Care and Health Committee is the appropriate body to consider the content of this report. Changes to staffing structures must be made in accordance with the Council's Employment Procedure Rules which require HR advice and consultation with the recognised trade unions.

Financial Comments (KAS 18/05/15)

34. The financial implications are contained within paragraphs 26 to 31 of the report.

Background Papers and Published Documents

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

Deprivation of Liberty Safeguards – report to Adult Social Care and Health Committee on 12 May 2014.

Deprivation of Liberty Safeguards – report to Adult Social Care and Health Committee on 1 December 2014.

Electoral Division(s) and Member(s) Affected

All.

1 June 2015**Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, MID AND NORTH
NOTTINGHAMSHIRE****CARERS INFORMATION AND ADVICE HUB AND SUPPORT SERVICE****Purpose of the Report**

1. To inform Committee of the outcome of the recent tender for a Carers Information and Advice Hub and approve the extension of 2 Carers Support Service staff posts (currently temporary), and the establishment of 1 permanent Carers Support Service staff post, based within the Adult Access Service.

Information and Advice**Carers Information and Advice Hub**

2. The contract for the provision of a Carers Information and Advice Hub has been awarded to the Carers Trust East Midlands. The service will start on 1 August 2015 and the contract has been awarded for 2 years and 8 months (until 31 March 2018, with an option to extend for a further year). This outcome means that there will be a change of provider from the current contract, for the element of the new contract covering the provision of information and advice for carers. Council staff are supporting the providers to plan and manage the transition. Carers are involved in shaping the new service.
3. The contract will deliver services that will help to identify carers, provide information and advice, training and supported carer assessments. The contract also includes support to enable carer involvement in the design and review of services and future strategy. The contract is constructed so that additional services can be contracted by either the Local Authority or the Clinical Commissioning Groups, should this be required in the future. The service will be available to all carers who are looking after someone who lives within Nottinghamshire (excluding Nottingham City); this includes all carers registered with GPs across the six County Clinical Commissioning Groups.
4. This is part of the joint work between Nottinghamshire County Council and the Clinical Commissioning Groups to achieve the strategic objectives of the Integrated Carers' Commissioning Strategy, the Care Act 2014 and NHS Outcomes Framework 2013-14.
5. The aim of the service is to provide a single point of contact for carers across the County for: advice and information; training and development; and engagement and consultation, with the key objectives being:

- to provide personalised information, advice and appropriate and proportionate support for carers in Nottinghamshire which enables them to feel informed and supported in their caring role
 - to enable carers to exercise choice and control in relation to their caring responsibilities and support them to achieve positive outcomes and independence in both their caring role and their life outside of caring.
6. The Carers Information and Advice Hub will offer a timely, responsive and reliable service to meet the changing needs of the carer, covering:
- provision of information support for carers, signposting to appropriate services and facilitating onward referral
 - assistance to carers to carry out online Carers' Assessments
 - provision of personal development opportunities for carers including training group/community development
 - facilitation of engagement and involvement opportunities for carers with the local Clinical Commissioning Groups and Nottinghamshire County Council.

Carers Support Service, within the Adult Access Service at the Customer Services Centre

7. The Carers Support Service is the first port of call for carers being referred to the Council for an assessment and the service undertakes assessment over the telephone, providing information, advice and signposting when appropriate. This service is delivered directly by the Council, as part of the Adult Access Service.
8. The Carers Support Service has been evaluated and is generally well received by carers, who find telephone assessments less intrusive, more convenient and less stressful for the cared-for person. The establishment of the service has meant that more carers receive their assessment and support much more quickly and the service is also proving cost-effective, as workers are not spending any time travelling.
9. Between June 2013 and April 2015, a total of 1,832 carers contacted the Carers Support Service. Approximately half of these requests were resolved either through the provision of information, advice and signposting to the range of carers services provided by the Council and its partners, or where more complex, requiring a face to face assessment and passed through to the District teams. 918 progressed to have a full carer's assessment completed by the Carers Support Service, resulting in 674 Personal Budgets for Carers.
10. On 12 May 2014, a report entitled 'Carer Triage Service' (now known as the Carers Support Service) was presented to Committee on the outcome of the evaluation of the service and Committee approved the extension of 1 FTE temporary Community Care Officer post and the establishment of a further 2 temporary posts up to May 2015. In order to meet the additional requirements relating to carers arising from the Care Act 2014, funding was also approved by Committee on 30th March 2015 for up to a further additional 2.8 FTE posts to be based within the Carers Support Service, in order to meet the additional demand in the most effective way across the whole county. This will include taking on new pieces of work not done in the past, such as carer reviews and making the final eligibility decision on the new online carers' assessments.

11. The expected increased demand due to the Care Act 2014 and the on-going work with Clinical Commissioning Groups and voluntary sector colleagues to raise the profile of carers, will mean that resources at the 'front door' are essential to help carers find information early, in order to support them in their caring role more effectively.
12. The temporary nature of the funding has led to difficulties retaining staff and two posts are currently vacant. As permanent funding is available for one post it is proposed to make this permanent. Future funding for the two other current posts will be dependent on the national direction and then local decision making regarding the future of the Better Care Fund post March 2016.

Other Options Considered

13. The option of not extending the Community Care Officer posts would be a high risk as carers would need to be seen by locality staff where a waiting list would quickly develop, leading to carer frustration, possibly increased carer breakdown and increased pressure on staff.

Reason/s for Recommendation/s

14. The recommendation to extend/establish the Community Care Officer posts is based on engagement with social care staff, managers, the Carers' Implementation Group and Clinical Commissioning Groups.
15. The evaluation of the Carers Support Service by Joanna Cooper (Public Health) was very positive with carers commenting that they liked the Carers Support Service, appreciated the accessibility and having a central contact point for information and to explain the process and possible opportunities for support.

Statutory and Policy Implications

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

Financial Implications

17. **Carers Information and Advice Hub:** the implications were detailed in the previous report entitled 'Carers Information and Advice Hub' considered at Adult Social Care & Health Committee on 3 November 2014, which is available as a background paper.
18. **Carers Support Service:**
 - by extending 2 FTE Community Care Officer posts (Scale 5, scp 24 – 28) until 31 March 2016, the costs for both posts will be £52,130 - £59,486. Funding for these posts has been agreed jointly with Health as part of the Better Care Fund.

- by establishing 1 FTE Community Care Officer post (Scale 5, scp 24 – 28) on a permanent basis, the cost will be £26,065 - £29,743 including on-costs. Funding is available for this from the Emergency Respite for Carers budget, which has been funding one of the temporary posts to date.

Human Resources Implications

19. **Carers Information and Advice Hub:** TUPE Regulations may apply to staff within the current Information and Advice service. TUPE regulations require the new provider to consider the employment rights of current employees.
20. **Carers Support Service:** there will be 3 FTE Community Care Officer posts who already have office space and line management arrangements within the Adult Access Service

Implications for Service Users

21. The provision of information and advice to carers is by its nature short term. Some carers however return to the current provider and have developed a relationship over the years. A transitions and communications plan is being developed between the two providers and supported by the Council.
22. Evaluation of the Carers Support Service has demonstrated a significant impact on improving the carer experience. Outcomes reported are that carers:
 - receive accurate information and immediate support to enable them to continue caring longer and avoid crisis
 - who can be assessed over the telephone have reduced waiting times, with cases being assessed within an average of a 7 day period
 - experience fewer handovers and an improved customer journey
 - have emergency respite arranged quickly and appropriately
 - are referred for a carers' break provided by the NHS when appropriate
 - are referred and signposted to relevant organisations, supporting prevention
 - are promptly assessed regarding a 'carers' personal budget' (this will then be referred to a manager for authorisation).

RECOMMENDATION/S

That the Committee:

- 1) notes the outcome of the tender and that Carers Trust East Midlands will be the provider of the new Carers Information and Advice Hub
- 2) approves the temporary extension of 2 FTE (full time equivalent) Community Care Officer posts (Scale 5, scp 24 – 28) in the Carers Support Service until 31st March 2016, as detailed in paragraph 18 of the report.
- 3) approves the establishment of one permanent FTE Community Care Officer post (Scale 5, scp 24 – 28) in the Carers Support Service as detailed in paragraph 18 of the report.

Sue Batty
Service Director of North and Mid Nottinghamshire

For any enquiries about this report please contact:

Penny Spice
Commissioning Manager
T: 0115 9773012
E: penny.spice@nottsc.gov.uk

Constitutional Comments (LM 07/05/15)

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

Financial Comments (KAS 12/05/15)

24. The financial implications are contained within paragraph 17 and 18 of the report.

Background Papers and Published Documents

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

Carers Information and Advice Hub – report to Adult Social Care & Health Committee on 3 November 2014

Carer Triage Service – report to Adult Social Care & Health Committee on 12 May 2104

Electoral Division(s) and Member(s) Affected

All.

1 June 2015**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR FOR ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****DIRECT PAYMENTS POLICY****Purpose of the Report**

1. To report back to Committee on the outcome of the consultation exercise on the proposed Direct Payments policy, as agreed at the Committee meeting on 5th January 2015.
2. To invite the Committee to comment on the proposed Direct Payments policy and recommend it to Policy Committee for approval.

Information and Advice**Context**

3. A report was brought to the Adult Social Care and Health Committee in January 2015, seeking approval for a proposed Council policy on Direct Payments. Committee decided that there should be a period of public consultation.
4. Direct Payments are monetary payments made by the Council to individuals who are eligible for social care and request to receive one to purchase their own care and support services. Direct Payments are the Government's preferred way of offering people personalised care and support, as they offer people high levels of flexibility, choice and control over the way in which their support needs are met. By March 2015, 45.2% of people in Nottinghamshire who use social care services and have a personal budget chose to take a Direct Payment to arrange to purchase all or some of their care.
5. Increasing the use of Direct Payments supports objectives within the Council's Strategic Plan and Adult Social Care Strategy: to promote independence and develop individual and community resources to prevent, delay and reduce the need for care and support. In working with people, the Council will always consider their needs, choice and preferences. The Council must however be able to demonstrate that the support is achieving the outcomes people need and offers value for money.
6. This proposed policy builds on previous guidance available and sets out how the council will interpret its duties and responsibilities in relation to Direct Payments within the Care Act 2014. For the benefit of staff and people using services it aims to set out clearly the Council's position and the different roles and responsibilities. The proposed policy is included at **Appendix 1**.

7. The consultation process sought the views of the people of Nottinghamshire, staff, providers and those receiving a Direct Payment on the proposed policy.
8. The recommendations in this report are informed by the recent consultation, as well as those made following the slightly earlier consultation undertaken on the increased use of pre-paid debit card, as part of budget savings proposals approved by Full Council on 26 February 2015.
9. As part of the process of developing the proposed policy, advice has been sought from Legal Services. The consultation period has given the Council time to listen to opinion and it has helped to identify some issues which, upon reflection, have prompted some recommended changes to the draft policy.

Consultation

10. The consultation exercise ran for a 4 week period from 13th April to 15th May 2015. The strategic commissioning team has worked closely with the Council's marketing and engagement team to develop and deliver an appropriate consultation process through:
 - Survey Monkey
 - social media such as Twitter
 - face to face meetings with service users, families and carers who have a direct payment
 - face to face meetings with social care staff
 - face to face meetings with accredited Direct Payment support service providers
 - mailing of the consultation documents and survey (with prepaid envelope) to a sample group of 40 service users known to have a direct payment
 - the provision of paper copies of the documents and survey (with prepaid envelope) to people on request
 - promotion of the consultation through key groups as listed in **Appendix 2**.
11. The consultation ensured a wide group of people had the opportunity to give their views on the policy including people known to receive a Direct Payment:
 - 142 responses to the Survey Monkey questionnaire were received, including 21 paper copies. There was a range of supporting comments received as part of this process
 - Representatives of 5 Direct Payment support service providers (representing the majority of the market share) attended meetings
 - 3 key operational staff members attended a meeting
 - 4 family members and carers of people with disabilities attended a meeting at Portland College in Ravenshead
 - 6 members of the Learning Disability and Autism Partnership Board Service User Forum attended a meeting.

Summary of Survey Monkey results

12. The survey asked respondents to state the extent to which they agreed or disagreed with nine statements, corresponding to the nine themes covered in the proposed policy. In relation to all statements a significant majority of respondents either agreed or strongly agreed with the Council's position as set out in the policy. Across all areas

more respondents agreed with the policy than disagreed.

13. The areas in which there was the most disagreement or a neutral response were in relation to the recouping of funds that have accrued in an individual's Direct Payment account and the use of pre-payment cards.
14. A summary of the responses to the Survey Monkey can be found at **Appendix 3**.
15. Respondents were also asked to comment on the nine policy areas. Some common themes included:
 - a) The importance of ensuring that people are properly supported to use direct payments, especially in relation to acting as an employer
 - b) In relation to the recouping of surplus funds held in bank accounts a more flexible and individualised approach to this
 - c) Mixed views about the requirement to carry out Disclosure and Barring Service (DBS) checks, divided between those who felt that it is an important safeguard for vulnerable people and those who felt it denies choice
 - d) Reservations on the part of some people about the use of pre-payment cards, balanced by a view amongst others that they are a valuable option
 - e) Concerns amongst some respondents that the policy on who can be employed is restrictive and limits legitimate choice, balanced by a view from others that the policy serves to protect people from potential abuse and difficulties resulting from not meeting employer responsibilities.

Meetings with Direct Payment Support Service Providers

16. The meetings provided an opportunity for Council officers and provider representatives to discuss the proposed policy and more general issues around the use of Direct Payments in Nottinghamshire. One provider also gave a more detailed written response. The main issues raised were as follows:
 - a) In relation to the recouping of surplus funds held in bank accounts, a more flexible and individualised approach to this was recommended, including work with individual service users to ensure that they understand the nature of any outstanding commitments before returning money. One provider took the view that a six week limit restricts choice and control
 - b) For some service users a pre-paid debit card is a very good way of managing the direct payment, but it is not the best option for everyone. A view was expressed that the Council's use of one provider of debit card services restricted choice in the marketplace
 - c) It is critically important that people choosing to become an employer are properly supported to understand and meet their responsibilities. The extent to which this is happening needs to be a part of the review process. It was suggested that an accreditation process should be extended to include providers who offer the employment related elements of a Direct Payment support service

- d) A view that the policy on employing people who also act in another capacity in relation to a service user's finances should be moderated to allow for this in some circumstances, subject to a risk assessment being carried out
- e) It was suggested that the Council's proposed process for seeking DBS checks may not be in line with current legislation and regulations in this area.
- f) A view was expressed that that the policy on using only accredited providers for third party managed accounts restricts choice and control.

Meeting with operational staff

- 17. A meeting with operational staff from a physical disability team, countywide reviewing team and the direct payments team within Adult Care Financial Services raised a number of key issues:
 - a) it would be helpful to develop the policy to incorporate some areas that are not currently addressed, particularly in relation to the recovery of money from service users in the event of misuse of funds
 - b) the implementation of some aspects of the policy places extra demands on front line staff, e.g. the completion of the HMRC tool to check employment status
 - c) the value of developing further staff guidance to help staff to implement the policy, e.g. in relation to criteria for awarding funding for administrative support from close family members.

Portland College Meeting

- 18. Attended by four family members/carers, the group raised a range of questions which offered discussion and clarification of the policy and how this might affect their family members' use of a Direct Payment. One question raised the issue of using bank accounts that do not attract interest. It was felt that this was a missed opportunity to put extra money back into services.
- 19. The group found the session helpful and had the opportunity to respond individually to the consultation via paper copies of the survey. The group felt similar discussion sessions would be good with the opportunity to ask questions

Learning Disability and Autism Partnership Board meeting

- 20. Attended by six service users, the overall response to the policy is that the group agreed or strongly agreed with the areas covered by the survey. The group acknowledged that the policy met the needs of the individual and the needs of the Council. The group commented that people and family members/carers taking a Direct Payment needed more information and advice on roles, responsibilities and what the Direct Payment is for.
- 21. The groups' response to the requirement of DBS checks was mixed, with some disagreement. In particular it was seen as a contradiction between law and policy and that it is wrong to stop a Direct Payment if a DBS check is not done.

Care Act

22. Through the consultation process issues have been raised which relate to the Council's interpretation of its duties and responsibilities under the Care Act. These include the degree of choice and control that the Council must provide in relation to different elements of service, including pre-paid debit cards and Direct Payment Support Services. An issue was also raised in relation to the requirement for all people employed by the Personal Assistant to be DBS checked, in terms of the proposed process to be used.
23. The Care Act came into force on 1st April 2015 and the interpretation of the statutory guidance has not been tested before the courts. In relation to the specific issue of Disclosure and Barring Service checking, the rationale for the proposed process is to ensure that the Council can balance freedom of choice with its own safeguarding responsibilities. The proposed process reflects current practice within Children's Services.
24. In these circumstances it is recommended that the risk of future challenge will be mitigated by continuing to seek advice and support from Legal Services as the policy, once approved, is implemented. The Council's offer in relation to direct payment will continue to develop on the basis of future legal clarification and case law.

Summary of proposed changes

25. The proposed policy is included at **Appendix 1**. As a result of the feedback received during the consultation it is suggested that changes be made to the proposed policy as follows:
 - a) Changes to paragraphs 6 and 6.1, relating to the recouping by the Council of any funds in an individual's Direct Payment account in excess of six weeks' worth of Direct Payment. This will be changed to state that the amount that an individual can accrue will be agreed and recorded as part of the support, planning and review processes, based on individual circumstances
 - b) Changes to paragraphs 11-11.7 in relation to the requirement for DBS checks for all people being employed as personal assistants to carry out regulated activity. This section will be changed to provide the discretion to waive the requirement in exceptional circumstances if and where it is determined that the individual service user is considered not to be at risk of financial or other forms of abuse
 - c) Changes to paragraph 7.2 in relation to the use of pre-payment cards. This will be changed to state that the use of the pre-paid debit cards is the Council's preferred option for managing a Direct Payment. This will better reflect the Care Act requirement that pre-paid cards should not be provided as the only option.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Safeguarding of Children and Vulnerable Adults Implications

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

RECOMMENDATION/S

That the Committee:

- a) comments on the proposed Direct Payments policy and recommends it to Policy Committee for approval
- b) agrees that the policy be kept under review and further developed in line with emerging legal and operational issues, subject to approval of the policy by Policy Committee.

Sue Batty

Service Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Malcolm Potter
Commissioning Officer, Strategic commissioning
T: 0115 9772531
E: malcolm.potter@nottscg.gov.uk

Constitutional Comments (SMG 21/05/15)

29. The proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 12/05/15)

30. There are no financial implications contained within this report.

Background Papers and Published Documents

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

Direct Payments Policy – report to Adult Social Care and Health Committee on 5 January 2015

Electoral Division(s) and Member(s) Affected

All.

Policy Library Pro Forma

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

Title: Direct Payments Policy

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

Document type (please choose one)

Policy	X	Guidance	
Strategy		Procedure	

Approved by:

Version number:

Date approved:

Proposed review date:

Subject Areas (choose all relevant)

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

Author: Malcolm Potter

Responsible team: Strategic Commissioning Unit

Contact number: 0115 9772531

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

Please include any supporting documents

1.

2.

3.

Review date

Amendments



Direct Payments Policy

Section A - national and local policy context

1. National and local policy context

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

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

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

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

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

1.4 The legislative context for direct payments is set out in the Care Act, Section 117(2C) of the Mental Health Act 1983 (the 1983 Act) and the Care and Support (Direct Payments) Regulations 2014. Care and Support Statutory

Guidance 2014 sets out how the Council should go about performing its care and support responsibilities.

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

2. Scope of this policy

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

Section B – Principles and Commitments

3. Principles and Commitments

- 3.1 This policy upholds the following principles:
 - a) Direct Payments will enable people to experience choice and control over how their care and support needs are met.
 - b) Service users and any children and/or vulnerable adults who are part of their households will be safeguarded from abuse.
 - c) People receiving Direct Payments who choose to become employers will meet all of their legal responsibilities.

- d) Direct Payments will only be used for arrangements that the Council is fully satisfied are legal and safe, on the basis of the full disclosure of any information requested in order to determine this.
- e) Arrangements that are made to manage and use Direct Payments will avoid any potential conflicts between the best interests of the service user and those of others who are party to the arrangements.
- f) The use of Direct Payments and any arrangements made to support people to manage Direct Payments will represent an effective and efficient use of resources.
- g) Service users will be encouraged and supported to be as independent as possible in managing their Direct Payments.
- h) People will be enabled to manage the risks inherent in independent living.
- i) The Council will share responsibility with individuals, families and communities to maintain their health and independence.
- j) Personal assistants will be well trained and supported.

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

4.1 The Council will:

- a) Carry out assessments of need, and produce support plans for individuals that identify the outcomes of care and support services that are to be provided.
- b) Set the personal budget that is to be made available as the Direct Payment.
- c) Provide information about Direct Payments and ensure that service users who choose to receive a Direct Payment understand their roles and responsibilities.
- d) Help service users to obtain any support that they need to manage the Direct Payment safely and effectively.
- e) Review service users' needs and the way that Direct Payments are used to meet assessed need.
- f) Monitor the status of Service User accounts
- g) Carry out financial audits of Service User accounts.
- h) Take steps to recoup money paid out as a Direct Payment as determined in the individual support plan.

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

Section C - The Direct Payment Agreement

5. Agreement to receive a Direct Payment

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

Section D – How much money can be held at any time

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

- 6.1 The amount that is included in a Direct Payment must be sufficient to meet the assessed needs that the Council has a duty or power to meet. This may

include an amount that is not needed on a week by week basis, but is required to meet additional costs that arise periodically, for example to employ alternative staff, to cover for periods when regular staff are using their statutory leave entitlements. People who receive direct payments may accrue money in their direct payment accounts up to an amount that will be agreed as part of the individual support planning process and recorded in their support plan. The Council will recoup any funds that are in addition to this amount and are not required to meet assessed needs, in line with the support plan.

- 6.2 Any legitimate costs that cannot be paid for from the amount held in the service user's Direct Payment account will normally be met through the provision of a one-off payment. Such one-off payments must be authorised by a Team Manager and recorded in the support plan.

Section E – Using a pre-paid debit card account

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

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

Section F - Using a direct payment to employ someone

8. Self-employed Personal Assistants

- 8.1 The Council will not make Direct Payments available in cases where the prospective recipient proposes to employ an individual who claims to be self-employed without evidence being supplied to demonstrate that the self-employed status is authentic in relation to the specific job role in question.

8.2 In order to demonstrate the employment status of the proposed working relationship, the individual must complete the HMRC Employment Status Indicator (ESI) Tool with the Council's assessment worker. The answers given must accurately reflect the job description and the terms and conditions under which it is proposed the services are to be provided at the relevant time of the contract, therefore these must be provided to the assessment worker at the time of completing the ESI tool. HMRC will be bound by the ESI outcome where the employer or their authorised representative provides copies of the printer-friendly version of the ESI Result screen, bearing the 14 digit ESI reference number, and the Enquiry Details screen.

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

9.1 People who are acting in the capacity of nominated or authorised person for the purpose of the Direct Payment, or who otherwise have formalised control or influence over the recipient's financial affairs (for example property and financial affairs lasting power of attorney) may not also be employed to provide care and support services that are paid for through the Direct Payment.

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

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

Section G - Using Disclosure and Barring Service (DBS) Checks

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

11.1 For service users intending to use their direct payment to employ a Personal Assistant (PA) for the first time, the provision of the direct payment will be subject to;

- a) The requirement to carry out a "right to work" check and an enhanced check with adults barred list check on the prospective employee by the Disclosure and Barring Service (DBS) using the County Council as the "umbrella organisation" through which small employers can submit applications for checks.
- b) The sharing of any disclosed information included on certificates issued to prospective employees by the DBS with nominated Council Officers.

- c) Completion of a risk assessment process and sign off at Team Manager level where disclosed information is included on a DBS certificate issued to a prospective employee.
- 11.2 In order to use a Direct Payment to employ people to provide their care and support, prospective recipients must sign a form of agreement with the Council, which includes details of the Council's requirements in relation to DBS and "right to work checks".
- 11.3 Where service users are already in receipt of a direct payment and employing a PA, the status of any DBS check will be established at review and service users will be required to sign the agreement relating to Council requirements for DBS checking. Subject to sight of the certificate by a nominated Council Officer, service users with existing PAs for whom checks were made in relation to their current job role within the last 3 years will not be required to take any further action, but may request that a new DBS check is carried out.
- 11.4 Existing service users whose PAs do not have a relevant DBS certificate or whose certificate is more than 3 years old will be required to undertake DBS checks for these PAs.
- 11.5 Service users who start to employ a PA who already has a DBS certificate that was applied for through the Council's Environment and Resources Department within the previous three years will not be required to apply for a new check, but may request that a new DBS check is carried out.
- 11.6 DBS checks for all PAs must be renewed after 3 years at most.
- 11.7 The Council will maintain a record of all people who are employed by Direct Payment recipients for the purpose of ensuring that current DBS checks are in place and are renewed as necessary.
- 11.8 The requirement for DBS checks to be carried out can be waived in exceptional circumstances if and where it is determined that the individual service user is considered not to be at risk of financial or other forms of abuse.

Section H – What direct payments can be used to buy

12. The use of Direct Payments to purchase residential care

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

13. The use of Direct Payments to purchase health services

- 13.1 Local authorities must not meet needs by providing or arranging any health service or facility which is required to be provided by the NHS. However, local authorities can commission health services on behalf of clinical commissioning

groups (CCGs), therefore, where CCGs provide funding for this purpose for individuals as part of a joint funding agreement to provide health and social care services, the health element will always be funded by the CCG.

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

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

15 Using Direct Payments to purchase local authority services or contracted services

- 15.1 Direct payments may be used to purchase services provided directly by the County Council:
- a) If the use of such services is an appropriate way to meet an individual's needs and;
 - b) The need to use such services arises on a one off or irregular and infrequent basis.
 - c) It is less burdensome for the Council to accept the direct payment amount, rather than providing the service and then reducing the personal budget and direct payment accordingly.
- 15.2 Otherwise, where an in-house service has been chosen these will be provided via a managed personal budget.

Section I – Direct Payment Support Services

16. The use of Direct Payment Support Services

- 16.1 Direct Payment Support Services are organisations that are paid to provide help to the Service User or the nominated or authorised person, to manage the Direct Payment. Support should only be made available after an assessment of an individual's capability to manage the various tasks associated with managing the Direct Payment has been completed and it has been established that help is necessary. The support that is provided should be the minimum that is required to enable the Direct Payment to be managed effectively and the level of support must be reviewed at least annually.
- 16.2 The Council will maintain a list of accredited providers of Direct Payment Support Services. The accreditation process will establish standards in relation to service provision and the working relationships between providers, service users and the Council.

- 16.3 Service users can use any support provider organisation they choose, unless a managed account is to be provided (see 15.4 below). The costs associated with support must be agreed in advance, be affordable from the personal budget and be recorded in the support plan.
- 16.4 Service users who need a Direct Payment Support Provider to manage the money on their behalf (to act in the capacity of a nominated person) must use one of the Council's accredited providers for this purpose.

Direct Policy Consultation April/May 2015

Appendix 2 – Consultation Methods and Groups Consulted

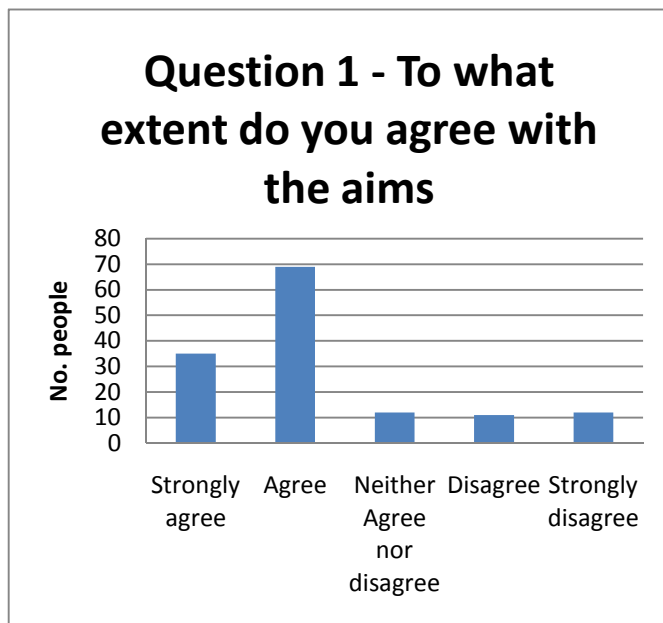
Consultation Method	Groups Consulted	Numbers contacted (numbers attended Face to Face in brackets)
Survey Monkey	Nottinghamshire Public, Service Users, Family & Carers promoted in 'email me' bulletins, what's on and libraries bulletins	11,500
Social Media - Twitter	Nottinghamshire Public, Service Users, Family & Carers	Unknown
Face to Face	Learning Disability Partnership Board - Service User Members	8 (6)
	Portland College – service users, family members and carers	47 (4)
	Accredited Direct Payment Support Service Providers (2 events)	7 (5)
	Social Care operational staff	21 (3)
	Citizens Panel & Service Users	1
Targeted Email	Nottinghamshire Deaf Society	Unknown
	My Sight	Unknown
	Citizens Panel	1150
	Social Care Staff	Unknown
	Public Health	67
	Portland College	47
	Older Peoples Advisory Group	25
	Ageing Well Network	206
	Carers Implementation Group	32
	Visual Impairment Access Group	16
	External Day Services Forum	48
	Long Term Neurological Conditions Network	48
	Disability Nottinghamshire	Unknown
	Nottinghamshire County CCG's	Unknown
	Bassetlaw CCG	Unknown
	Healthwatch	Unknown
Mailing of hard copies of consultation documents	Selected group of service users known to receive a Direct Payment	40 (1% of people receiving a DP) (15 returned at 11/5/15)
	Visual Impairment Access Group members as required	1
	Individual request for paper copies	5

APPENDIX 3 SUMMARY OF RESPONSES FROM SURVEY MONKEY

Section A – National and Local background

This section describes the main national and local policies relating to direct payments and how these influence what we are aiming to do in Nottinghamshire. In broad terms the Council aims to balance two things: Giving people individual choice and control over how their needs for care and support are met, Using public money effectively, efficiently and to be accountable way.

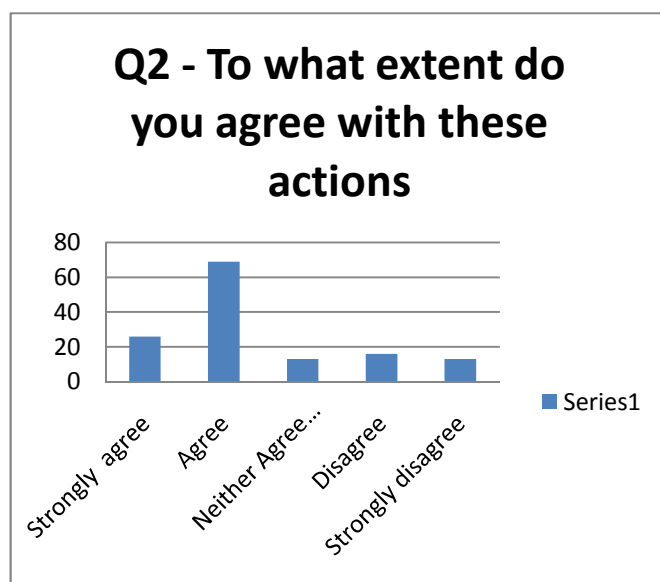
Q1 To what extent do you agree with these aims?	No. people	% of total
Strongly agree	35	25
Agree	69	50
Neither Agree nor disagree	12	9
Disagree	11	8
Strongly disagree	12	9
Total	139	



Section B - Principles and commitments

This section describes the ten most important things that the Council wants the policy to achieve; for people who use direct payments; for the council, and for people who may be employed using a direct payment. It also describes the key actions that the Council will take to achieve these things.

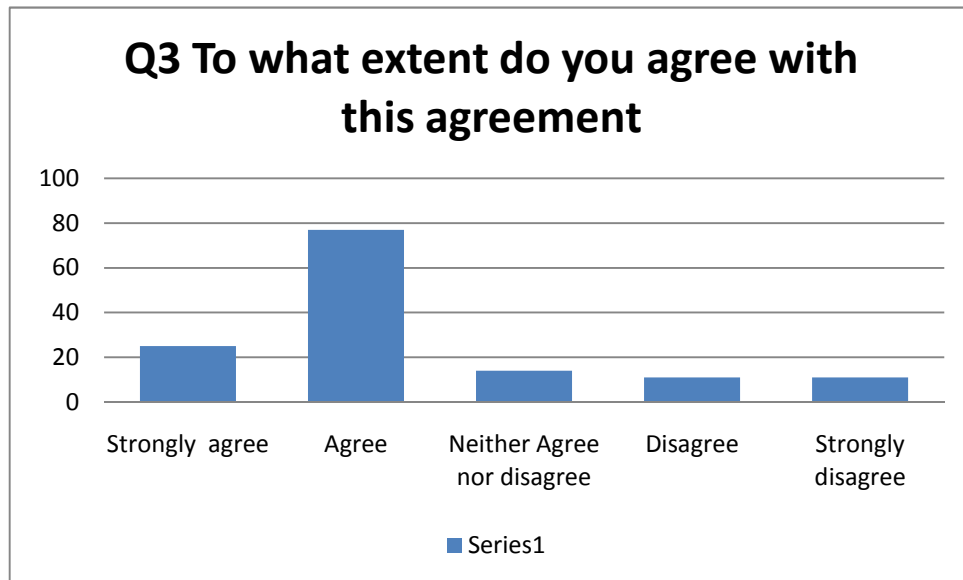
Q2 To what extent do you agree with these actions?	No. people	% of total
Strongly agree	26	19
Agree	69	50
Neither Agree nor disagree	13	9
Disagree	16	12
Strongly disagree	13	9
Total	137	



Section C – The Direct Payment Agreement

This section describes a three-party agreement between the person receiving a direct payment, any other person providing support to manage the direct payment and the Council. This agreement is signed by all parties as a condition of the direct payment being made. It sets out the roles and responsibilities of all parties.

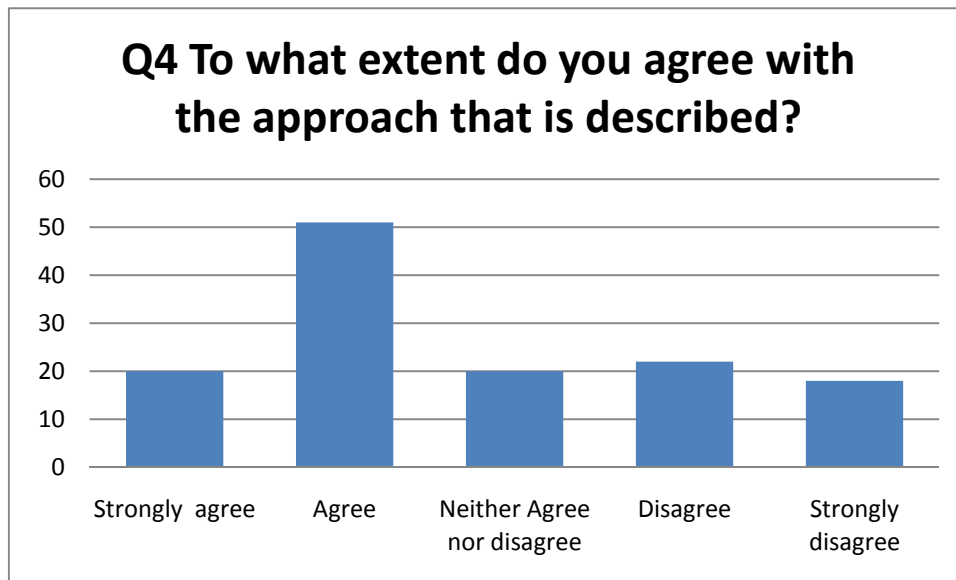
Q3 To what extent do you agree with this agreement	No. people	% of total
Strongly agree	25	18
Agree	77	56
Neither Agree nor disagree	14	10
Disagree	11	8
Strongly disagree	11	8
Total	138	



Section D – How much money can be held at any time

This section describes the Council's position on how much money a recipient can build up in their direct payment account (up to six weeks' worth). The Council will normally ask for anything over this amount to be paid back, unless it is agreed otherwise.

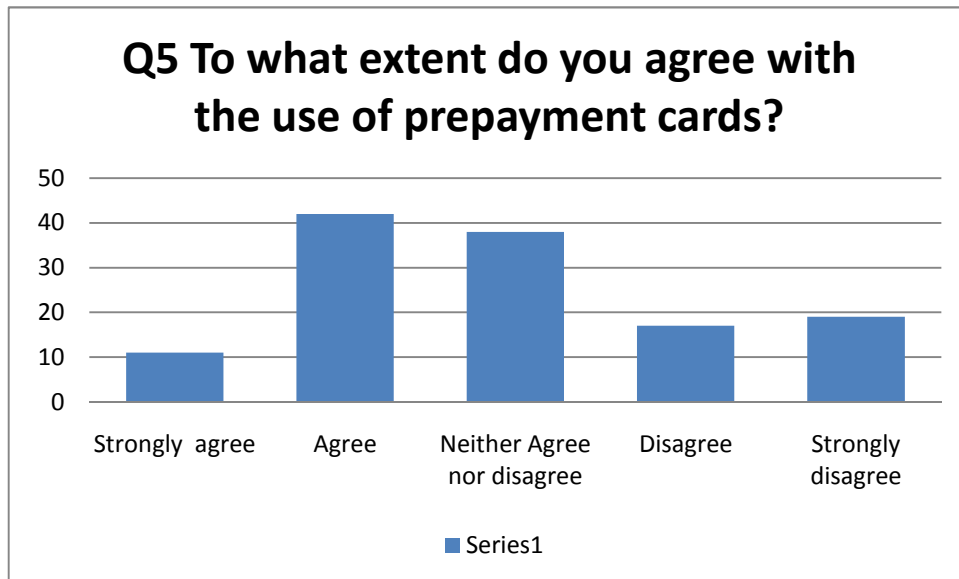
Q4 To what extent do you agree with the approach that is described?	No. people	% of total
Strongly agree	20	15
Agree	51	39
Neither Agree nor disagree	20	15
Disagree	22	17
Strongly disagree	18	14
Total	131	



Section E – Using a pre-paid debit card account

This section describes the Council's preference for people to use a pre-paid debit card account to manage their direct payment, but recognises that people can use other bank accounts if they wish to do so.

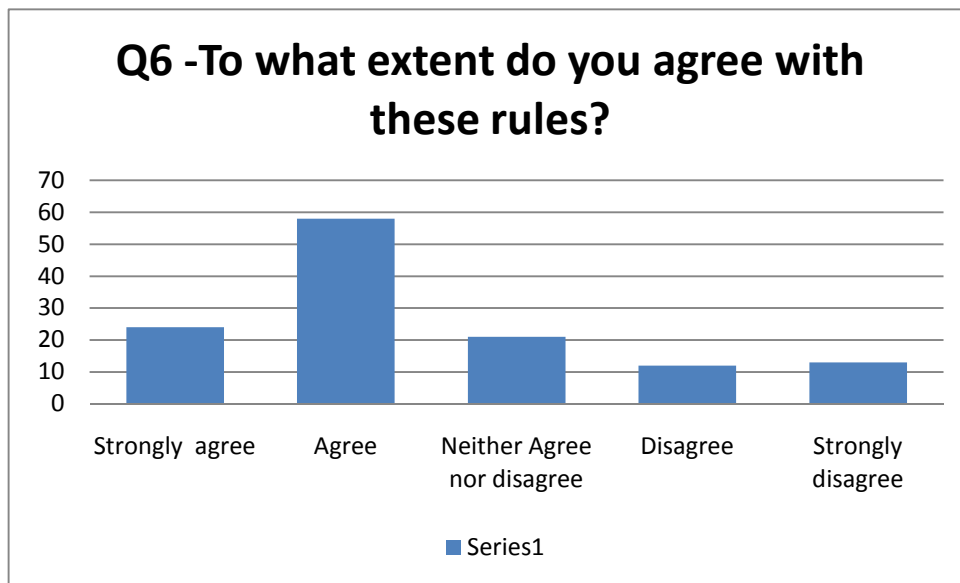
Q5 To what extent do you agree with the use of prepayment cards?	No. people	% of total
Strongly agree	11	9
Agree	42	33
Neither Agree nor disagree	38	30
Disagree	17	13
Strongly disagree	19	15
Total	127	



Section F- Using a direct payment to employ someone

This section sets out the Council's position on using a direct payment to employ people in different circumstances:

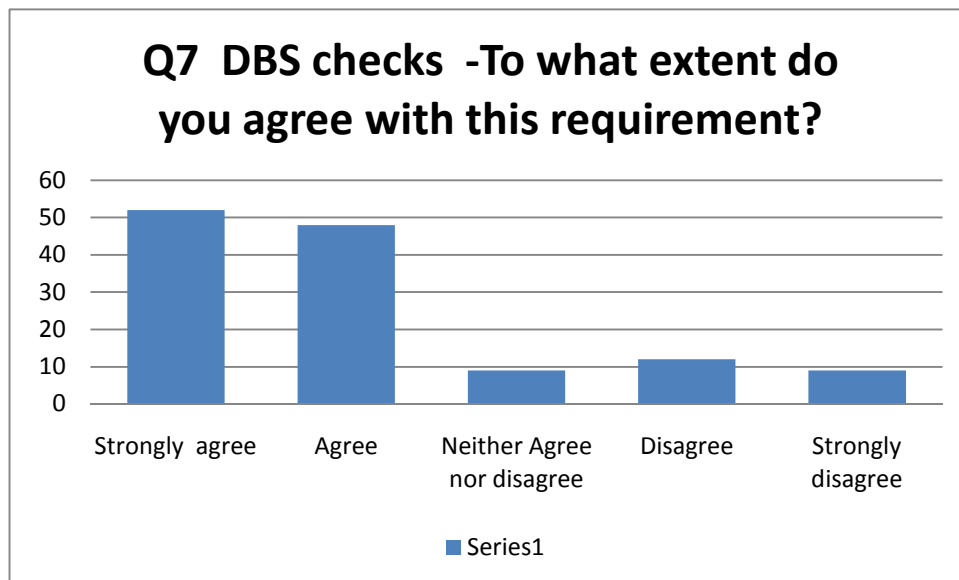
Q6 -To what extent do you agree with these rules?	No. people	% of total
Strongly agree	24	19
Agree	58	45
Neither Agree nor disagree	21	16
Disagree	12	9
Strongly disagree	13	10
Total	128	



Section G - Using Disclosure and Barring Service (DBS) Checks

This section describes the Council's requirement that people who are directly employed by someone receiving a direct payment must have a check carried out by the DBS Service.

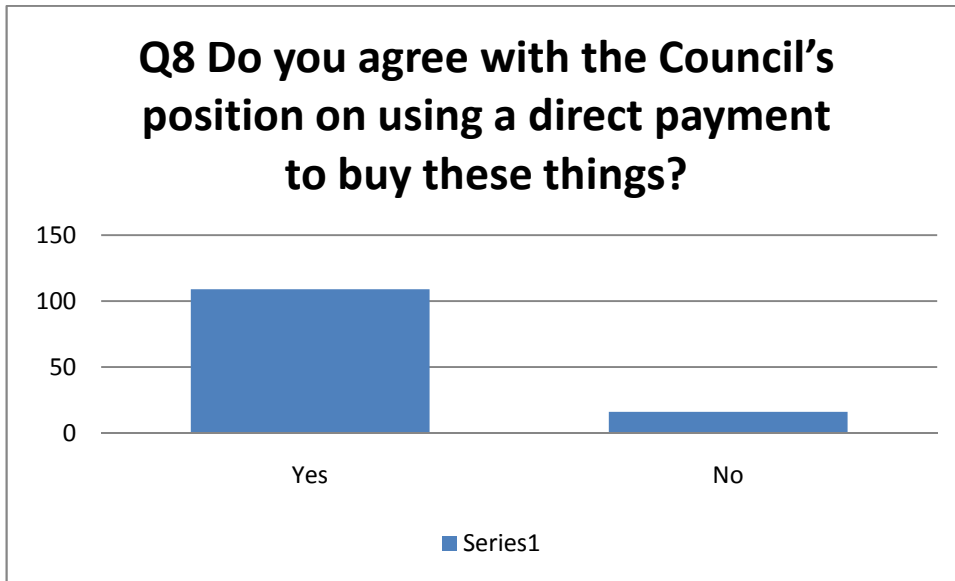
Q7 DBS checks - To what extent do you agree with this requirement?	No. people	% of total
Strongly agree	52	40
Agree	48	37
Neither Agree nor disagree	9	7
Disagree	12	9
Strongly disagree	9	7
Total	130	



Section H – What direct payments can be used to buy

This section describes the Council's position on how a direct payment can be used to buy certain things,

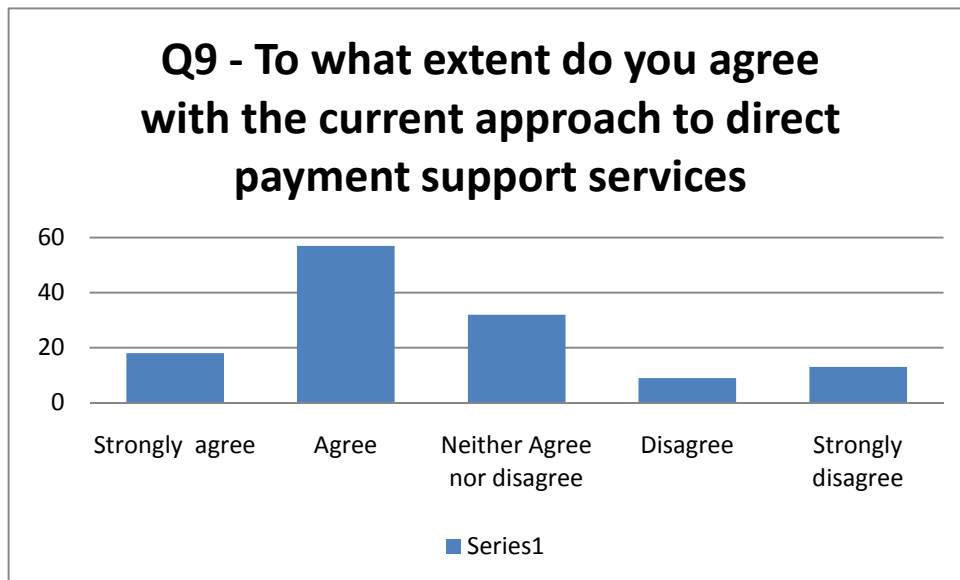
Q8 Do you agree with the Council's position on using a direct payment to buy these things?	No. people	% of total
Yes	109	87
No	16	13
Total	125	



Section I –Direct Payment Support Services

This section describes the current use of Direct Payment Support Services. If people want a Direct Payment Support Provider to manage a bank account for them, they must use one of the accredited providers.

Q9 - To what extent do you agree with the current approach to direct payment support services	No. people	% of total
Strongly agree	18	14
Agree	57	44
Neither Agree nor disagree	32	25
Disagree	9	7
Strongly disagree	13	10
Total	129	



1st June 2015**Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE,
HEALTH & PUBLIC PROTECTION****PROPOSED REVISION TO THE FIRST CONTACT SCHEME****Purpose of the Report**

1. This report seeks approval to progress changes to the service and funding model for the First Contact Scheme. The proposed changes would seek to maintain the benefits to service users whilst improving efficiency and delivering savings.

Information and Advice**Current Service Arrangements**

2. First Contact is a well-recognised scheme that has been in operation for a number of years. It is delivered via a multi-agency checklist enabling staff, volunteers and older people to access a range of preventative services through a single gateway. The main benefit of the current scheme is that a wide range of people can be identified where they have a range of low level needs whenever they come into contact with a participating professional. These needs can then be addressed through a process that is relatively simple for both the participating professional and the service user.
3. The scheme is aimed at people aged over 60 years, although Newark and Sherwood have extended this to include vulnerable adults aged over 18 years.
4. The scheme is operated by a number of participating agencies, as detailed in **Appendix 1**, whose staff complete and submit the First Contact checklist upon encountering a service user who would benefit. The checklist asks questions about the need for services and support in relation to 10 domains, including falls, warmth, home repairs, fire safety and home security. 'Pathway agencies' have agreed to deliver specific services in response to the identified needs upon receiving a referral through the First Contact process.

5. The scheme is supported by 5 Co-ordinator posts, hosted by:

Delivering body	District / Borough	Funding
Our Centre	Ashfield	£21,970
Bassetlaw Action Centre	Bassetlaw	£23,875
Rushcliffe CVS	Broxtowe, Gedling and Rushcliffe	£52,000
Mansfield CVS	Mansfield	£23,420
Newark and Sherwood DC	Newark and Sherwood	£29,862

6. The scheme is further supported through a 0.5 post within the Council's Customer Service Centre, and through ICT resources to centrally process the completed checklists. Newark and Sherwood District Council operate differently inasmuch as they deliver the processing system themselves. Oversight of the scheme is provided by the Council's Strategic Commissioning team.
7. The scheme currently costs around £151,000 per year in external contract costs plus internal costs incurred in respect of commissioning and Customer Service Centre input. The costs are met from scheme partner contributions as follows:

Partner	Contribution
Ashfield District Council	£9,270
Mansfield District Council	£9,270
Newark & Sherwood District Council	£9,270
Rushcliffe Borough Council	£9,270
Nottinghamshire Fire & Rescue Service	£12,000
Public Health	£65,129
Nottinghamshire County Council	£64,396
Total available funding	£178,605

8. Public Health has identified a need to make savings of up to £24,000 against their current contribution.

Proposed Service Model

9. It is recognised that there is an inherent risk to the First Contact Scheme as it is currently reliant on partnership contributions from several different public sector budgets. There is identified inefficiency within the current service model and a recent review has shown that the average cost of a First Contact Checklist being completed is over £50. An alternative service model has now been identified that would retain the benefits of the service at a much reduced cost, allowing the risks and inefficiencies to be addressed.
10. **Appendices 1 and 2** set out the service elements within the current First Contact Scheme model and the proposed new model.
11. Under the proposed model, the co-ordinator role would be removed. This role currently demands the majority of the partnership funding but delivers the least critical part of the service process. It would be possible to remove this role since:
- elements of this role overlap with the commissioning role and could be brought into the Council's Strategic Commissioning Unit. (e.g. promotion, guidance & training)

- other functions overlap with the Customer Service Centre role in a way that is not clear or efficient (e.g. chasing outstanding actions that have not been completed)
 - work carried out by co-ordinators in relation to DWP pension claims can be picked up by the providers of new early intervention support services currently being commissioned by the Council.
12. Further work is planned to ensure that each question included on the checklist leads to a real service offer. Opportunities would be explored to include new areas not currently asked about, such as carer roles, loneliness and healthy eating, and links explored with Notts Help Yourself (the County's new online information system). Work will also be done to develop digital alternatives to the current paper forms and make better use of web-based solutions for the delivery of information, advice and guidance to partner organisations and service users.
 13. The proposed model could be delivered for an estimated £52,000. If the on-going scheme costs were shared between Adult Social Care, Health & Public Protection (ASCH&PP) department and Public Health this would deliver savings of £38,396 and £39,129 respectively and remove the need for £9,270 contributions from each of four Districts and £12,000 from the Fire & Rescue Service.
 14. Since the First Contact Scheme operates on the basis of a single contact with a service recipient, there would be no measurable impact on service users. In general terms, the customer experience should improve as a result of the proposed changes. The checklist review will ensure that a broader range of prevention need (loneliness, healthy eating, carer responsibilities etc.) is identified, thereby supporting the Care Act duty to identify carers and those who could benefit from preventative services. Through reducing process and increasing digitalisation, the scheme will also become more efficient.
 15. Funding for the Co-ordinator posts is currently provided through a Grant Aid Service Level Agreement. It will be renewed for 2015/16 but providers are aware that changes to the scheme are being considered and that the future of on-going funding is not secure.
 16. Although it is recognised that, through updating the current arrangements, the scheme can contribute to the delivery of a requirement under the Care Act to identify people with prevention needs, there is no legal requirement to provide a First Contact Scheme. Statutory consultation would not therefore be necessary. Should this proposal be progressed, however, it would be prudent for the management of reputational risk, reasonable and fair to the voluntary sector & district authority Co-ordinator providers affected, and in keeping with the spirit of the Compact with the Voluntary Sector, to carry out some consultation and discussions with the provider organisations prior to making a decision on the withdrawal of funding.
 17. Initial discussions regarding this proposal have been positively responded to by Public Health on the grounds that a scheme is retained whilst savings requirements met. The response was similarly positive when discussed at the Nottinghamshire Strategic Housing Managers Group. A separate conversation has been held with Newark and Sherwood District Council's Business Manager – Housing Options, Energy and Home Support, who manages the Co-ordinator based at Newark & Sherwood District Council. She agreed that the proposed change was a logical, more resource conscious shift. More formal partner feedback is yet to be sought.

18. Subject to agreement to further this proposal, a period of consultation would be entered into in order to fully engage with all Co-ordinator provider organisations and scheme partners. It is proposed that a further report including the consultation feedback is brought to Committee in September for consideration and a final decision. If agreed at that stage, the revised model could be implemented within a six month notice period for the providers of the Co-ordinator posts. This notice period takes account of the likelihood of redundancies within provider organisations.

Other Options Considered

19. First Contact Schemes operating in a range of other authorities have been considered as part of this review. Other options looked at included integrating the Co-ordinator role within early intervention support services.

Reason/s for Recommendation/s

20. The model outlined appears to offer the best balance in terms of retaining service benefits whilst reducing service costs.

Statutory and Policy Implications

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

Financial Implications

22. It is estimated that the proposed changes would deliver a scheme saving of around £126,000. This saving is across all partners and would include savings of £38,396 and £39,129 for ASCH&PP department and Public Health respectively. This is based on some estimates of future costs and assumes no requirement for on-going ICT maintenance/licence costs. Further work will enable confirmation of future costs.

Human Resources Implications

23. If agreed, it is possible that this proposal would result in redundancies within the five external provider organisations.

Public Sector Equality Duty Implications

24. This proposal would impact a scheme that is currently targeted at older people; however there is no anticipated negative impact on the target user group.

Implications for Service Users

25. People benefiting from the First Contact Scheme do so on the basis of a one-off checklist and then follow through on identified areas of need. There is not therefore any on-going service user group. Following a review of the checklist and service offers, people should benefit for a broader range of interventions.

Ways of Working Implications

26. Work with the Customer Service Centre and the Digital Team will seek to introduce more efficient ways of working.

RECOMMENDATION/S

- 1) That Committee approves the plan to progress the proposed changes to the First Contact Scheme in order to:
 - a) enable consultation with providers and partners; and
 - b) proceed with further work to scope requirements for replacement processes.

David Pearson

Corporate Director of Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Lyn Farrow

Commissioning Manager, Adult Social Care, Health & Public Protection

T: 0115 9772503

E: lyn.farrow@nottscc.gov.uk

Constitutional Comments (LM 08/05/15)

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

Financial Comments (KAS 12/05/15)

28. The financial implications are contained within paragraph 22 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

APPENDIX 1: First Contact – Current Scheme Model					
Function:	Form completion	Co-ordination	Triage/Processing/ Data collection signposting on	Pathway agency (Provider) offer	Strategic/Operational Review & update
Description	<p>When front-line workers from a range of partner organisations come into contact with an older person they complete a checklist to identify potential benefits of signposting to a FC service pathway offer – Completed forms are sent to CSC for processing. Partners include</p> <ul style="list-style-type: none"> • Notts. Fire & Rescue Service • Handyperson schemes • Falls Prevention services • Council housing departments or providers • Notts. CC • Registered social landlords • Primary care trusts • Crime reduction managers • The Pension Service • Other voluntary and community sector agencies 	<p>5 Co-ordinators, one in each of the district bases (Bassetlaw, BGR, Mansfield, Ashfield and Newark and Sherwood), Promote the service to partner agencies</p> <ul style="list-style-type: none"> • Train professionals how to complete the checklist • Encourage partners to complete checklists • Meet with local partners quarterly (steering group) • Triage of DWP referrals (currently takes up quite a large proportion of some of the Co-ordinators time, particularly Rushcliffe CVS) • Chase outstanding referrals that have not been actioned / closed 	<p>A 0.5 FTE advisor post in the NCC Customer Service Centre deals with First Contact duties – receiving forms, inputting details of each SU/ question responses onto LAGAN. Any pathway agencies that are needed are contacted and SU details are passed on. If the agency does not contact the CSC to let them know contact has been made then chaser emails are sent to the agency until they notify the CSC of the case being closed. A CSC analyst generates monthly activity reports from the LAGAN system. Quarterly outcomes spreadsheets are sent to pathway agencies for completion. These are collated by CSC</p>	<p>When SU details are received from CSC the pathway agency contacts them. Once contact is made the pathway agency informs CSC who close the contact on LAGAN</p> <p>There are 10 referral pathways, which are agreed each year as the end point for checklist questions.</p> <p>Pathway agencies complete quarterly outcomes monitoring forms.</p>	<p>Review working arrangements, provider offers, utilisation and take up.</p>
Current cost	negligible	C £150k	£20k	variable	£8k
Costs met by	The completing organisations	NCC (ASCH and Public Health), Notts. Fire & Rescue, 4 Councils (Mansfield, Ashfield, N&S, Rushcliffe)	NCC – CSC. There is no separately identified funding from the FC budget. Costs are absorbed within main CSC budget.	Pathway agencies	NCC – Strategic Commissioning-there is no separately identified funding from the FC budget but the scheme generates a small surplus overall
Priority for retention (1-5)	5	1	5	5	5
Rationale for priority ranking	Ensures that a wide range of people can be identified as having a range of low level needs whenever they come into contact with a participating professional.	Most costly element of the scheme. No clear rationale to retain as a discreet role.	Scheme cannot function without co-ordinated information processing	No point without this – provides information advice and support to service users.	Scheme at risk of fragmentation without central oversight.

APPENDIX 2: First Contact Scheme - Proposed Service Model

Function:	Form completion	Benefits support	Triage/Processing/ Data collection signposting on.	Pathway agency (Provider) offer	Strategic/Operational Review & update
Description	As in current model. When front-line workers from a range of partner organisations come into contact with an older person they complete a checklist to identify potential benefits of signposting to a FC service pathway offer – Completed forms are sent to CSC for processing. Partners include	NCC commissioned Early Intervention and Prevention Service deals with DWP referrals	<p>As in current model. CSC receive forms, inputting details of each SU/ question responses onto LAGAN. Any pathway agencies that are needed are contacted and SU details are passed on. If the agency does not contact the CSC to let them know contact has been made then chaser emails are sent to the agency until they notify the CSC of the case being closed.</p> <p>A CSC analyst generates monthly activity reports from the LAGAN system.</p> <p>Quarterly outcomes spreadsheets are sent to pathway agencies for completion. These are collated by CSC</p>	<p>As above. When SU details are received from CSC the pathway agency contacts them. Once contact is made the pathway agency informs CSC who close the contact on LAGAN</p> <p>There are 10 referral pathways, which are agreed each year as the end point for checklist questions.</p> <p>Pathway agencies complete quarterly outcomes monitoring forms.</p>	<p>Functions to be carried out within the NCC Strategic Commissioning Unit;</p> <p>Review and develop working arrangements, provider offers, utilisation and take up.</p> <p>Monitor and review performance</p> <p>Develop ICT resources, e.g. on-line forms – links to Nottinghamshire Help Yourself</p>
New cost	Negligible	Estimated at £9k	Approximately £20k	variable	Approximately £32K – (0.4 FTE Commissioning Officer @£20k + 0.5 FTE Data Analyst @£12k).
Costs met by	The partner organisations	Absorbed by NCC commissioned Early Intervention and Prevention Service	<p>NCC-specific funding for this function would be identified from the First Contact budget to cover the existing 0.5 W.T.E resource plus management costs within CSC</p> <p>Page 59 of 96</p>	Pathway agencies	NCC -specific funding for these functions would be identified from the First Contact budget.

1 June 2015**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR FOR MID AND NORTH
NOTTINGHAMSHIRE****SOCIAL CARE CLINICS****Purpose of the Report**

1. To update the Adult Social Care and Health Committee on progress with developing social care clinics as part of the Adult Social Care Strategy. Social care clinics are one of several new ways of working that are being piloted to manage demand which include workforce mobilisation and auto-scheduling of fieldwork appointments.

Information and Advice**The National Context**

2. The Care Act states that an assessment must be provided to all people who appear to need care and support, regardless of their finances or whether the local authority thinks their needs will be eligible. This change means that there will be an increased demand for assessments to be undertaken. In Nottinghamshire it is anticipated that the Care Act will result in the following numbers of assessments (including eligibility, self-funders, carers and reviews):

2015/16	5,110
2016/17	9,066
2017/18	7,645

3. In order to meet this expected growth in demand it will be necessary to identify different ways in which the Local Authority can offer assessments to service users, as outlined within the Adult Social Care Strategy. Developing a clinic based assessment approach will help to alleviate some pressures of increased assessment demand by allowing fieldworkers to complete a greater number of assessments.
4. Nationally there has been a commitment to the ambition of a joined-up and coordinated health and social care system by 2018. The successful development of a clinic based assessment approach will offer opportunities for working closely with health partners, ensuring a customer centric approach to reduce multiple assessments on the service user.

Local Context

5. Performance information has highlighted a need to reduce the waiting times for service users from first contact with the customer service centre to receiving an assessment of their needs. It has been identified that social care clinics could help to reduce waiting times by service users being seen more quickly.
6. Occupational Therapy (OT) Assessment Clinics were piloted around the County in 2011/12. The learning from these has been used to inform the development of social care clinics across OT and social work. Learning included:
 - having access to suitable free locations which are easily accessible to service users
 - resolving inconsistent 3G/4G coverage required for updating records
 - administrative support to help make the appointments.
7. New technology and new working practices are now in place which will support the set-up of clinics and the process that sits around and within them much better than in previous attempts. Close monitoring of risks and quick resolution of any issues are imperative for the pilots to be successful.

Evidence Base

8. Research into other local authorities who utilise a clinic based assessment approach has been undertaken, specifically looking at Kent and Lincolnshire County Councils.
9. A visit was made to Kent County Council to gain information on a number of initiatives they have in Adult Social Care including OT clinics. Through introducing clinics Kent has found that, in terms of performance, bathing referrals are now 69% cheaper to complete and productivity has increased by 48%. The process has also reduced handoffs (the number of people involved in the assessment process) by up to 36%.

Benefits

10. Benefits for service users/carers once clinics are fully operational will be:
 - reduced waiting times for assessments – previously service users were seen within two weeks when booked into an OT Clinic
 - service users will know when they are to be assessed (date/time) earlier in the process than currently.
11. The Council will also experience benefits through workers spending less time travelling and therefore being able to utilise their time more efficiently to support service users.

Pilots

12. The department is planning to establish two pilots, one for Occupational Therapy clinics and one for Social Work clinics. This will provide an insight into how clinics can / could operate across different types of social care assessments.

13. Planning is now underway with the agreed teams, with the OT clinic pilot initially focussing on Mansfield and Ashfield and the Social Work pilot in Rushcliffe and Bassetlaw Older Adult Teams. A geographical spread across the County was seen as a key plan for the pilots and will provide an opportunity to test the effectiveness of the clinics.
14. A working group of senior practitioners and team managers from across social work and OT have been involved in the initial planning for the pilots. More detailed work with the teams involved in the pilots is currently being undertaken as operational input is vital to the success of clinics.
15. Clinics for Occupational Therapy and Social Work assessments will take place in a location easily accessible by service users such as a GP surgery, Health Centre or Day Centre.
16. Pilot clinics will not require extra staffing resource and will be delivered through existing staff within the chosen pilot teams.
17. It is planned that during the pilot phase clinics will primarily be run by experienced Community Care Officers with access (via phone) to a social worker. This reflects the complexity of the cases envisaged that will be chosen for the pilot clinics. Going forward the member of staff running the clinic will continue to be dependent on the complexity of case requiring assessment.
18. Through providing staff with a ThinkPad device and the correct functionality through Total Mobile software, the requirement for ICT support should be minimal.
19. A reminder of the appointment will be provided to the service user and/or named person 2-3 days prior. If service users do not attend their clinic appointment contact will be made with the service user and / or named person to ascertain why and whether an assessment still needs to be undertaken.

Service User engagement

20. In order to gain views from service users, social care clinics, workforce mobilisation and auto-scheduling of fieldwork appointments were all taken to the Department's Lay Involvement Group on 10th March 2015. The Group accepted the concept of clinics as a good way of seeing appropriate service users in an efficient manner.
21. Engagement is also taking place with the Arnold Golden Eagles, a meeting of 25 service users/carers in May.
22. Views of service users who attend clinics will be sought as part of the ongoing evaluation of the pilots.

Evaluation

23. An evaluation of the pilot will be undertaken after six months. It is aimed that within six months at least 100 service users will have been assessed in a clinic environment across

social care. This will ensure a large enough sample to provide an evaluation of which service user views will provide a key insight.

Key Risks and Mitigating Actions

24. The key risk is the requirement to find the right sized room in an easily accessible location. Day Centres are seen as an ideal internal location but all sites are being considered.
25. In the longer term this will ideally be alongside Health and deliver an integrated approach to clinic assessments. There are also planned conversations with Health partners over the possibility of utilising space in Health buildings around the County.

Clinic Approach with Health Partners

26. A clinic based approach has long been used in Health and the key is getting the right profile of people and ensuring that the correct service users are being seen.
27. There are early conversations ongoing with Health colleagues around a future integrated approach to social care clinics as part of the wider health and social care integration.

Timelines

28. The timelines are as follows:

Timeline	Activity
March 2015	Engagement with Group and Team Managers through local management meetings. Engagement with staff and service users.
May 2015	Engagement with Health clinical leads.
May 2015	Clinic pilots to begin.
November 2015	Pilot evaluation report and recommendations to ASCH Committee.

Reason/s for Recommendation/s

29. There is likely to be significant benefit to service users relating to reduced waiting times for assessments and to the organisation by helping to meet increased demand for assessment through the Care Act.

Statutory and Policy Implications

30. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults,

service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

31. The OT equipment required to operate OT clinics will be purchased from the Integrated Community Equipment Loan Service (ICELS) pooled budget.
32. The staffing for the social care clinics is expected to be met from within current or already agreed resourcing for the Care Act.

Implications for Service Users

33. Service users should see reduced waiting times for assessments as well as receiving an assessment date/time earlier in the process.

RECOMMENDATION/S

- 1) That progress on the development of social care clinics be noted.

Sue Batty

Service Director, Personal Care and Support, Mid and North Nottinghamshire

For any enquiries about this report please contact:

Phil Cooper
Project Manager – Transformation Team
T: 0115 9772523
E: phil.cooper@nottsccl.gov.uk

Constitutional Comments

34. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 12/05/15)

35. The financial implications are contained within paragraphs 31 and 32 of the report.

Background Papers and Published Documents

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

Adult Social Care Strategy

Electoral Division(s) and Member(s) Affected

All.

1 June 2015**Agenda Item: 11****REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE****OVERVIEW OF DEPARTMENTAL SAVINGS AND EFFICIENCIES
PROGRAMME – ADULT SOCIAL CARE, HEALTH AND PUBLIC
PROTECTION****Purpose of the Report**

1. To update the Committee on progress with budget savings projects being delivered by the Adult Social Care, Health and Public Protection (ASCH&PP) Department over the period 2014/15 to 2016/17.
2. The report also seeks Committee approval for the extension of a temporary part-time (0.8 FTE) Grade 4 Direct Payments Finance Officer (Personal Health Budgets) post in the ACFS (Adult Care Financial Services) Team for up to one year, from April 2015 to March 2016. This will cost £21,000, to be funded by Bassetlaw Clinical Commissioning Group (CCG).

Information and Advice

3. This report updates Committee on progress with the following:
 - the 33 savings and efficiency projects falling under the remit of the Adult Social Care and Health (ASCH) Committee approved by Full Council on 27 February 2014, which total £32.072 million across the period 2014/15 to 2016/17; and
 - the savings that the Department is still required to achieve in the final year of delivery of the 2011/12 to 2014/15 savings programme. These total £3.479m million, relating to 5 projects. Three of these have been merged into some of the 33 projects referenced above, meaning that overall there are 35 projects.
4. The report excludes progress on the three savings projects falling under the remit of the Community Safety Committee approved by Full Council on 27 February 2014, which total £0.569 million across the period 2014/15 to 2016/17.
5. The report also looks ahead at the revised savings target that the Department must deliver from 2015/16 as a result of the new projects approved by Policy Committee on 12 November 2014 (Category A proposals) which total £2.332 million, and Full Council on 26 February 2015 (Category B and C proposals), which total £12.007 million.

6. Excluding the new projects approved for delivery from 2015/16, the composite level of savings target for the Department to deliver during 2014/15 was £16.197m, and the total savings across all three years from 2014/15 to 2016/17 was £35.551m, profiled as follows:

Planned Savings for Existing Projects

2014/15	2015/16	2016/17	Total
£16.197m	£13.207m	£6.147m	£35.551m

7. The 35 Adult Social Care projects have been categorised into high, medium/low and 'non project' governance requirements, depending on their level of strategic significance, savings targets, risk and complexity. 'Non projects' are those that, in the main, just require budget transfers.
8. In addition, projects have been categorised into themed Delivery Groups which are responsible for overseeing delivery of savings projects falling under the following themes:
- Lean/Transformational and Organisational Redesign
 - Direct Services
 - Younger Adults Community Care and Residential Care Spend
 - Older Adults Community Care and Residential Care Spend
 - Market Management
 - Access and Public Protection.
9. These are chaired by relevant Service Directors of ASCH&PP or their nominated representatives. All projects are listed as per their governance category and delivery grouping in **Appendix 1**. Details of progress reports for each Delivery Group taken to ASCH Committee to date are included in the background papers to this report.
10. As the majority of the projects relating to Access and Public Protection are low/medium governance overseen by separate reporting arrangements, and the *Major Redesign & Restructure of Business Support Function* project is overseen by a separate cross-departmental project board, there is no Access and Public Protection Delivery Group. The Redesign of Home Based Services project is overseen by a separate Board.
11. A Savings and Efficiencies Delivery Group, chaired by the temporary ASCH&PP Transformation Programme Director, oversees delivery of all of the Department's savings and efficiency projects. A Finance Group, involving ASCH&PP Senior Leadership Team and the ASCH&PP Senior Finance Business Partner, oversees delivery of 'non projects' and those that only require budget monitoring.
12. All high governance projects report progress of delivery on a monthly basis to the Programme Management Office of the Transformation Team and the Corporate Leadership Team. Medium/low and 'non projects' are monitored monthly through budget monitoring information. The current statuses of all projects, as at Period 12 2014/15, are provided in **Appendix 2**.

13. The following table summarises those projects reporting exceptions in **Appendix 2:**

Summary of Project Exceptions

Project	Exception
Redesign of Home Based Services	The project has an 'at risk' status due to various issues, as outlined in Appendix 3 . However, all of the project's target savings have been realised.
Living at Home	Slippage of some savings from 2014/15 into 2015/16. The amount is being determined by the Finance Team.
Reduction in supplier costs – Older Person's Care Homes	£2.335m savings determined undeliverable during 2015/16. These have been written-off and taken into account in the Medium Term Financial Strategy.
Reduction in supplier costs – Younger Adults	£1.537 million savings determined undeliverable over 2014/15 to 2016/17. These have been written-off and taken into account in the Medium Term Financial Strategy.
Reduction in Younger Adult long term care placements	Slippage of £150,000 savings from 2014/15 to 2015/16.
Business Support Services Review (ASCH&PP and CFCS)	Slippage of £2.3 million savings into 2016/17.
Various options to reduce the cost of the intermediate care service	The project has an 'experiencing obstacles' status as although the Clinical Commissioning Groups and community health providers have been informed of proposed funding arrangements for 2015/16, there remains an element of risk that this cannot be delivered.

14. More information on the reasons leading to these exceptions and subsequent mitigating action is provided in **Appendix 3**. The Care Act Programme has no savings associated with it so is excluded from the above exceptions.
15. For 2015/16 the Department is also required to deliver additional savings assigned to the new projects approved by Policy Committee on 12 November 2014 (Category A proposals) and the County Council on 26 February 2015 (Category B and C proposals). The savings profile associated with these is provided in **Appendix 4**, together with their governance category and delivery grouping.
16. The report also seeks Committee approval for the extension of a temporary part-time (0.8 FTE) Grade 4 Direct Payments Finance Officer (Personal Health Budgets) post in the ACFS (Adult Care Financial Services) Team for up to one year, from April 2015 to March 2016. This is an existing post that has been in place since July 2014 and is funded by Bassetlaw Clinical Commissioning Group (CCG). The extension is required to support the continued delivery of a model of integrated health and social care Personal Budgets in Bassetlaw. Bassetlaw CCG funding of £10,500 has been secured from April 2015 to September 2015. Any extension from October 2015 to March 2016 would be subject to a review of the post requirement and conditional on the CCG approving further funding of £10,500.

Other Options Considered

17. There are no other options to outline in relation to the savings and efficiency elements of the report as this aims to update Committee on existing budget saving projects currently being delivered by the Adult Social Care, Health and Public Protection (ASCH&PP) Department.
18. In relation to the approval to request the extension of the Direct Payments Officer post, this is required to support the continued roll out of Personal Health Budgets in Bassetlaw. CCG funding for the post's extension has already been secured until September 2015. Therefore, the post could be extended for six months instead of twelve months.

Reason/s for Recommendation/s

19. Approval to extend the Direct Payments Officer post for twelve months and not six is recommended as any extension from October 2015 to March 2016 will be subject to a review of the post requirement and conditional on the CCG approving further funding of £10,500.

Statutory and Policy Implications

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

Financial Implications

21. Each project's progress in achieving its 2014/15 savings target is detailed in **Appendices 2 and 3**. The financial implications of the Direct Payments Finance Officer post are outlined in Sections 2 and 16. Funding for the post is underpinned by a Section 75 agreement between the Council and Bassetlaw CCG, which includes financial arrangements.

Human Resources Implications

22. The Direct Payments Officer post will continue to be hosted by the Council's ACFS Team and will be based at Trent Bridge House. Existing line-management arrangements will apply.

Public Sector Equality Duty implications

23. The equality implications of the savings and efficiency projects were considered in Equality Impact Assessments undertaken, published and considered as part of the 2014/15 budget consultation process.

Implications for Service Users

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

RECOMMENDATION/S

That the Committee:

- 1) notes the progress over 2014/15 on budget saving projects being delivered by the Adult Social Care, Health and Public Protection Department.
- 2) approves the extension of a temporary part-time (0.8 FTE) Grade 4 Direct Payments Finance Officer (Personal Health Budgets) post in the ACFS (Adult Care Financial Services) Team for up to one year, from April 2015 to March 2016.

Caroline Baria
Service Director, South Nottinghamshire

For any enquiries about this report please contact:

Ellie Davies
Project Manager, Transformation Team
T: 0115 9773211
E: ellie.davies@nottsc.gov.uk

Constitutional Comments (LM 30/04/15)

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

Financial Comments (KAS 12/05/15)

26. The financial implications are contained within paragraph 21 of the report.

Background Papers and Published Documents

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

- Report to Full Council, 27 February 2014: *Annual Budget 2014/15* and associated published Outline Business Cases and Equality Impact Assessments.
- Report to Adult Social Care and Health Committee, 12 May 2014: *Direct Services Delivery Group Update Report*.
- Report to Personnel Committee, 21 May 2014: *Revised Service Offer and Staffing Structure for Business Support Across Adult Social Care, Health and Public Protection and Children, Families and Cultural Services*.
- Report to Adult Social Care and Health Committee, 9 June 2014: *Quality and Marketing Management Delivery Group Update*.

- Report to Adult Social Care and Health Committee, 7 July 2014: *Community and Residential Care for Younger Adults Savings Projects*.
- Report to Adult Social Care and Health Committee, 7 July 2014: *Integrated Pilot – Personal Health Budgets*.
- Report to Adult Social Care and Health Committee, 8 September 2014: *Organisational Redesign Board Update Report*.
- Report to Adult Social Care and Health Committee, 3 November 2014: *Overview of Departmental Savings and Efficiencies Programme*.
- Report to Policy Committee, 12 November 2014: *Redefining Your Council: Transformation and Spending Proposals 2015/16 – 2017/18* (including Appendix A).
- Report to Adult Social Care and Health Committee, 1 December 2014: *Direct Services Delivery Group Update Report*.
- Report to Adult Social Care and Health Committee, 5 January 2015: *Progress Update – Commissioning and Efficiency Projects*.
- Report to Adult Social Care and Health Committee, 2 February 2015: *Organisational Redesign & Resources Required for Care Act Implementation*.
- Report to Full Council, 26 February 2015: *Annual Budget Report 2015/16* and associated published Options for Change and Equality Impact Assessments.

Electoral Division(s) and Member(s) Affected

All.

Appendix 1: Delivery Grouping of ASCH Committee Savings Projects Approved by Full Council on 27 February 2014 (33 projects) and those projects in their final year of delivery of the 2011/12 to 2014/15 savings programme (2 projects).

Delivery Grouping	Project Title	Governance Status	TOTAL SAVINGS £000	14/15 Savings £000	15/16 Savings £000	16/17 Savings £000
Lean/ Transformational and Organisational Redesign	Assessment and Care Management - Older Adults	High	659	165	494	0
	Reduce no. of social care staff in hospital settings by 15%	Low/Medium	196	49	147	0
	Younger Adults Assessment & Care Management (A&CM) and Structural Changes	High	1,000	50	700	250
	Changes to the delivery structure of the Safeguarding Adults Team	Low/Medium	172	172	0	0
	Group Manager Restructure	Low/Medium	200	0	200	0
			2,227	436	1,541	250
Direct Services	Reduction in cost of Transport Services	High	0	0	0	0
	Residential Short Breaks Services	High	500	0	250	250
	Day Services	High	1,060	350	220	490
	Employment Services	Low/Medium	160	160	0	0
	Cease NHS short breaks service (Newlands)	Low/Medium	460	0	460	0
			2,180	510	930	740
Younger Adults - Community Care & Residential Care Spend	Reducing the average community care personal budget - Younger Adults	High	2,804	925	1,178	701
	Reduction in long term care placements	High	1,523	550	550	423
	Development of reablement in Physical Disability services	Low/Medium	300	150	150	0
	Managing Demand in Younger Adults	Low/Medium	375	175	200	0
			5,002	1,800	2,078	1,124
Older Adults - Community Care & Residential Care Spend	Reducing Community Care Spend - Older Adults	High	2,664	902	1,762	0
	Targetting Reablement Support	High	1,510	0	755	755
	Various options to reduce the cost of the intermediate care service	Low/Medium	1,080	540	540	0
	Living at Home	High	1,377	425	555	397
			6,631	1,867	3,612	1,152

Delivery Grouping	Project Title	Governance Status	TOTAL SAVINGS £000	14/15 Savings £000	15/16 Savings £000	16/17 Savings £000
Market Management	Reduction in supplier costs - Older Person's Care Homes	High	2,335	0	2,335	0
	Reduction in supplier costs - Younger Adults	High	2,537	1,184	761	592
	Dementia Quality Mark	Low/Medium	500	500	0	0
			5,372	1,684	3,096	592
Access & Public Protection	Major Redesign & Restructure of Business Support Function in ASCH&PP	High	811	411	400	0
	Notts Welfare Assistance Fund (NWAF)	Low/Medium	2,130	2,130	0	0
	Reduction in staffing in the Framework Development Team	Low/Medium	79	79	0	0
	Restructure of Adult Care Financial Services (ACFS) and a reduction in posts	Low/Medium	214	93	121	0
			3,234	2,713	521	0
Finance Group	Learning Disability Commissioning - Review of Service Level Agreements	Non Project	11	11	0	0
	Various contract changes by the Joint Commissioning Unit	Low/Medium	500	131	179	190
	Reduction in staff posts in the Joint Commissioning Unit	Low/Medium	183	34	0	149
	Savings from the Supporting People budget	Low/Medium	5,230	2,030	1,250	1,950
	Reduction in staff posts in the Performance Improvement Team	Low/Medium	92	92	0	0
	Use of NHS social care funding to offset budget pressures	Non Project	1,912	1,912	0	0
	Use of NHS social care funding to offset pressures	Non Project	1,912	1,912	0	0
	Benefits Advice Team	Non Project	0	0	0	0
	Use of Public Health funding	Non Project	200	200	0	0
			10,040	6,322	1,429	2,289
RHBS Project Board	Redesign of Home Based Services	High	865	865	0	0
			865	865	0	0

Totals	35,551	16,197	13,207	6,147
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Appendix 2: ASCH Committee Project Statuses as determined by 2014/15 Period 12 Budget Monitoring Information

Consultation Ref.	Committee	Dept	Veto Code	Title	Previous Status	Current Status	Cashable Benefits				At Risk			
							2014/15 £000	2015/16 £000	2016/17 £000	TOTAL £000	2014/15 £000	2015/16 £000	2016/17 £000	Total £000
TRANSFORMATION PROGRAMME PROJECTS														
N/A	ASCH	ASCH&PP	ASC - 105	Redesign of Home Based Services	A	A	865	0	0	865	0	0	0	0
B01 / B07	ASCH	ASCH&PP	ASC - 303	Redesign of Assessment and Care Management Functions & Organisational Re-design	G	G	215	1,194	250	1,659	0	0	0	0
A01	ASCH	ASCH&PP	ASC 401	Living at Home Phase II	G	Y	425	555	397	1,377	0	0	0	0
B04	ASCH	ASCH&PP	ASC 405	Reduction in supplier costs - older person's care homes	B	B	0		0	0	0	0	0	0
B05	ASCH	ASCH&PP	ASC 406	Reduction in supplier costs - Younger Adults	B	B	900	100	0	1,000	0	0	0	0
C01	ASCH	ASCH&PP	ASC 408	Reducing Community Care Spend - Older Adults	G	G	902	1,762	0	2,664	0	0	0	0
C02	ASCH	ASCH&PP	ASC 409	Reducing the average community care personal budget - Younger Adults	G	G	925	1,178	701	2,804	0	0	0	0
C03	ASCH	ASCH&PP	ASC 410	Reduction in long term care placements	Y	Y	550	550	423	1,523	150	-150	0	0
C04	ASCH	ASCH&PP	ASC 411	Reduction in cost of transport services	G	G	0	0	0	0	0	0	0	0
C07	ASCH	ASCH&PP	ASC 412	Day Services	G	G	350	220	490	1,060	0	0	0	0
C13	ASCH	ASCH&PP	ASC 415	Targeting Reablement Support	G	G	0	755	755	1,510	0	0	0	0
C06	ASCH	ASCH&PP	ASC 417	Residential Short Breaks Services	G	G	0	250	250	500	0	0	0	0
N/A	ASCH	ASCH&PP	ASC 418	Care Act	A	A	0	0	0	0	0	0	0	0
A07 & A15	ASCH & CYP	Cross Cutting	HOR - 307	Business Support Services Review (ASCH&PP and CFCS)	A	A	911	2,330	0	3,241	140	2,190	-2,330	0
OTHER SAVINGS														
A02	ASCH	ASCH&PP		Dementia Quality Mark	G	G	500	0	0	500	0	0	0	0
A03	ASCH	ASCH&PP		Use of Public Health funding	B	B	200	0	0	200	0	0	0	0
A04	ASCH	ASCH&PP		Development of reablement in Physical Disability services	G	G	150	150	0	300	0	0	0	0
A05	ASCH	ASCH&PP		Reduction in staff posts in the Joint Commissioning Unit	B	B	34	0	149	183	0	0	0	0

Consultation Ref.	Committee	Dept	Veto Code	Title	Previous Status	Current Status	Cashable Benefits				At Risk			
							2014/15 £000	2015/16 £000	2016/17 £000	TOTAL £000	2014/15 £000	2015/16 £000	2016/17 £000	Total £000
A06	ASCH	ASCH&PP		Reduction in staff posts in the Performance Improvement Team	G	G	92	0	0	92	0	0	0	0
A08	ASCH	ASCH&PP		Reduction in staffing in the Framework Development Team	G	G	79	0	0	79	0	0	0	0
A09	ASCH	ASCH&PP		Restructure of Adult Care Financial Services (ACFS) and a reduction in posts	G	G	93	121	0	214	0	0	0	0
A12	ASCH	ASCH&PP		Group Manager Restructure	B	B	0	200	0	200	0	0	0	0
B02	ASCH	ASCH&PP		Use of NHS social care funding to offset budget pressures	B	B	1,912	0	0	1,912	0	0	0	0
B03	ASCH	ASCH&PP		Reduce no. of social care staff in hospital settings by 15%	G	G	49	147	0	196	0	0	0	0
B06	ASCH	ASCH&PP		Use of NHS social care funding to offset pressures	B	B	1,912	0	0	1,912	0	0	0	0
B08	ASCH	ASCH&PP		Changes to the delivery structure of the Safeguarding Adults Team	G	G	172	0	0	172	0	0	0	0
B09	ASCH	ASCH&PP		Reduction in Benefits Advice staff - withdrawn	G	G	0	0	0	0	0	0	0	0
C05	ASCH	ASCH&PP		Managing Demand in Younger Adults	G	G	175	200	0	375	0	0	0	0
C08	ASCH	ASCH&PP		Employment Services	G	G	160	0	0	160	0	0	0	0
C09	ASCH	ASCH&PP		Various contract changes by the Joint Commissioning Unit	G	G	131	179	190	500	0	0	0	0
C10	ASCH	ASCH&PP		Savings from the Supporting People budget	B	B	2,030	1,250	1,950	5,230	0	0	0	0
C11	ASCH	ASCH&PP		Cease NHS short breaks service (Newlands)	G	G	0	460	0	460	0	0	0	0
C14	ASCH	ASCH&PP		Various options to reduce the cost of the intermediate care service	Y	Y	540	540	0	1,080	0	0	0	0
C15	ASCH	ASCH&PP		Notts Welfare Assistance Fund (NWAF)	B	B	2,130	0	0	2,130	0	0	0	0

Consultation Ref.	Committee	Dept	Veto Code	Title	Previous Status	Current Status	Cashable Benefits				At Risk			
							2014/15 £000	2015/16 £000	2016/17 £000	TOTAL £000	2014/15 £000	2015/16 £000	2016/17 £000	Total £000

Key for Status

On Target	Successful delivery of the project to time, cost and quality is achievable and there are no major outstanding issues at this stage that threaten delivery
Experiencing Obstacles	Successful delivery is probable, however, there are minor issues which need resolving to ensure they do not materialise into major issues threatening delivery
At Risk	Based on available evidence, successful delivery still appears feasible but significant issues exist with scope, timescales, cost, assumptions and/or benefits. Issues appear resolvable, but action is required
Compromised	Based on available evidence, successful delivery of the project appears to be at significant risk. There are major issues with project scope, timescales, cost, assumptions and/or benefits. Immediate action required to resolve issues.
Completed	Project benefits have been achieved, or there has been an official change to the benefits profile (through change control) so the project is complete or declared undeliverable
No Status	Awaiting major points of clarification / decision-making to enable PID and plan to be completed

Reconciliation to Appendix A to C of Feb 2014 Budget Report

	2014/15 £000	2015/16 £000	2016/17 £000	TOTAL £000
Appendix A totals	15,569	7,605	4,646	27,820
Appendix B totals	13,558	11,341	6,516	31,415
Appendix C totals	6,007	8,719	5,939	20,665
Redesign of Home Based Services B/Fwd (ASC - 105)	865	0	0	865
Living At Home B/Fwd (ASC 401)	425	0	0	425
Linkage Service B/Fwd (ASC 408)	148	0	0	148
Supporting People B/Fwd (ASC 413)	2,030	0	0	2,030
ANNUAL BUDGET 2014/15 PROJECTED SAVINGS	38,602	27,665	17,101	83,368
Adjustment to savings profile for A07 & A15 (Business Support Services Review)	0	600	-600	0
Savings determined undeliverable for B04 (Reduction in supplier costs - older person's care homes)	0	-2,335	0	-2,335
Savings determined undeliverable for B05 (Reduction in supplier costs - Younger Adults)	-284	-661	-592	-1,537
Savings determined undeliverable for B13 (NB: this relates to a CF&CS project)	0	-350	0	-350
Savings determined undeliverable for B28 (NB: this relates to a PPCS project)	0	-250	0	-250
ADJUSTMENTS TO PROJECTED SAVINGS	-284	-2,996	-1,192	-4,472
REVISED PROJECTED SAVINGS	38,318	24,669	15,909	78,896

Appendix 3: Reasons for Exceptions and Mitigating Actions – ASCH Committee Savings Projects 2014/15 to 2016/17

Project	Summary Description	Level of Slippage / Non-Delivery/ Savings at Risk	Reasons for Slippage / Non-Delivery / Savings at Risk	Mitigating Actions
Redesign of Home Based Services	<ul style="list-style-type: none"> Expanding the range of services, including quicker response times and planned night time care. Reducing the number of home care organisations that the Council contracts with and awarding contracts geographically. Replacing the current electronic monitoring system (EMS), that records the amount of care provided) with a modern and efficient system. 	N/A. All of the project's target savings have been realised.	<p>Various, including:</p> <ul style="list-style-type: none"> Timescales for the tendering exercise had to be extended. Providers' full implementation of the new contracts has been delayed due to issues with mobilisation, capacity and differences in the consistency of calls (times and workers). In part this is due to recruitment and retention issues, which is a national problem. Subsequently, this delayed the implementation of the new EMS until all existing service users had been transferred to the new core providers. Take up of Direct Payments during the transfer between providers was higher than anticipated. Delays to the implementation of a new provider portal which will allocate new work to the new core providers. This needs to be embedded with providers and assessment staff before being launched. Subsequently, this delayed the release of Service Organiser staff 	<p>Remedial Action Plans are in place with relevant core providers and regular progress meetings are taking place.</p> <p>The Council is supporting providers with a Countywide recruitment campaign to help attract and retain homecare staff. This includes joint work with Nottingham Trent University's Business School.</p> <p>The new Provider Portal is now due to be launched during the summer of 2015.</p>

Living at Home	To reduce the number of Older Adults living in long term care who are financially supported by the County Council by assisting people to live as independently as possible at home for as long as possible, and thus diverting them from long term care.	Slippage of some savings from 2014/15 into 2015/16. The amount is being determined by the Finance Team.	The number of admissions into long-term care is currently higher than the target required to achieve the project's full savings.	<p>Work is being undertaken by Finance, the Transformation Team and the Performance Improvement Team to calculate the financial impact, which will inform:</p> <ul style="list-style-type: none"> • Amendments required to the admissions targets for the next two years, so that overall savings can still be achieved. • A revised monthly admissions target for Group Managers working across Older Adults, to ensure that the necessary reductions in long term care placements are met.
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Reduction in supplier costs - older person's care homes	To work with older persons' care home providers to reduce their costs by: seeking ways to reduce their cost base; using methods that seek joint advantages; or re-design of service delivery to reduce costs.	£2.335 million savings determined undeliverable during 2015/16.	Low level of market appetite for the project, and hence provider engagement. Alternative approaches were explored but discounted.	Savings deemed undeliverable have been written-off and taken into account in the Medium Term Financial Strategy.
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Reduction in supplier costs - Younger Adults	To reduce supplier costs through: re-tendering of services in Supported Living; reviewing the supplier cost base; and improved provider relationship management with all key Younger Adult care providers (including residential and nursing care, and supported living).	£1.537 million savings determined undeliverable over 2014/15 to 2016/17.	<p>As above. However, a different approach was taken with Supported Living providers. A new tender established a new maximum hourly rate and existing providers were asked to reduce their prices accordingly to avoid current work being included in the tender.</p> <p>Providers were also encouraged to work in partnership with other providers to deliver services more efficiently and effectively. This approach has yielded £900,000 saving for 2014/15 and is expected to yield another £100,000 during 2015/16.</p>	Savings deemed undeliverable have been written-off and taken into account in the Medium Term Financial Strategy.
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Reduction in Younger Adult long term care placements	<p>Identifying 120 people currently living in long-term care who would benefit from a move to alternative provision.</p> <p>Developing alternative models to residential / nursing care (including more supported living, more use of Shared Lives, more interim step up / down solutions for those leaving hospital and emergency cases).</p>	Slippage of £150,000 savings from 2014/15 to 2015/16.	<p>The 2012 Department of Health report on <i>Transforming Care: A National Response to Winterbourne View Hospital</i> identified a range of actions required at a national and local level to drive up the quality of support provided to people with learning disabilities, particularly those identified as having challenging behaviour, so they could receive high quality healthcare and be supported to live in the community. Meeting these requirements has absorbed a great deal of project staff time and reduces the amount of suitable Supported Living accommodation available to facilitate project moves out of long-term residential care.</p> <p>It has taken more time than expected to develop an effective list of approved housing providers.</p> <p>Whilst NCC capital funding to develop new larger schemes will help to increase the availability of suitable Supported Living accommodation, these take time to develop.</p> <p>A number of people moved towards the end of the financial year (2014/15). Therefore the financial benefit is mainly accrued in 2015/16.</p>	<p>Extensive work has been done to engage with housing providers to develop new clusters of flats. A number of new larger developments will come on line in 2015/16.</p> <p>40 people were supported to move out of residential care during 2014/15. The savings forecast for 2015/16 looks strong, assuming that people can continue to be maintained in lower cost settings. Therefore, the slippage of £150,000 from 2014/15 will be made up in 2015/16.</p>
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<p>Various options to reduce the cost of the intermediate care (IC) service</p>	<p>1) Reducing the amount of residential IC and Assessment Beds funded by the Council by targeting the service on those that are likely to be eligible for long term social care support and decommissioning the beds.</p> <p>2) Exploring if the Clinical Commissioning Groups (CCGs) will increase their contribution to the cost of running the schemes.</p> <p>3) Reducing the number of Social Care staff at Community Hospitals by reviewing social work function and targeting support on those that are likely to be eligible for long term support.</p>	<p>2014/15 savings have been achieved. Still an additional £540,000 to be delivered over 2015/16.</p>	<p>Although CCGs and community health providers have been informed of proposed funding arrangements for 2015/16, there remains an element of risk that this cannot be delivered.</p>	<p>A review of the plans for achieving the project's 2015/16 savings target, plus the additional savings target of £1.6 million associated with the <i>Review of Intermediate Care Services</i> project (agreed in February 2015), is being undertaken.</p> <p>Plans have been developed for the creation of more assessment bed capacity within the Council's Care & Support Centres. These plans are currently being implemented across the County.</p>
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<p>Business Support Services Review (ASCH&PP and CFCS)</p>	<p>To make efficiency savings by undertaking a major redesign of both departments' business support structure and reducing the business support complement overall.</p> <p>The business cases in respect of business support for Adults and Children's were amalgamated in 2014 and the establishment of a new combined business support service was approved by Personnel Committee in May 2014.</p>	<p>The overall outstanding amount for the combined business support service stands at £2.330 million.</p>	<p>Various reasons. Most relevant to ASCH&PP is:</p> <ul style="list-style-type: none"> • Due to the significant transformational activity that is being undertaken within the Department there is a need to review business support availability to assist with this process. • The requirements of the Care Act. One implication of the Act is that additional practitioner posts are required across the Department, which will need business support. This means that the original estimates of the number of business support posts that could be dis-established within the Department need to be reconsidered. 	<p>The Corporate Leadership Team met on the 31st March 2015 to consider the issues that have been highlighted and agree a way forward for the project. CLT made the decision to close down the current business case and has requested the development of a new business case that re-profiles the remainder of the savings to be achieved. This is to be presented back to CLT at the end of May 2015.</p> <p>The business support review reports through Personnel Committee (at the request of the Trades Unions) and any arising recommendation to review the profile of efficiency delivery for business support will obviously need to be approved there.</p>
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Appendix 4: ASCH Committee Savings Projects Approved by by Policy Committee on 12 November 2014 (Category A proposals) and Full Council on 26 February 2015 (Category B and C proposals)

Delivery Grouping	Project Title	Governance Status	TOTAL SAVINGS £000	15/16 Savings £000	16/17 Savings £000	17/18 Savings £000	18/19 Savings £000
Lean/ Transformational and Organisational Redesign	To Create a Single Integrated Safeguarding Support Service for the Council	Low/Medium	70	0	70	0	0
			70	0	70	0	0
Direct Services	Increased Income for Short Breaks	Low/Medium	212	212	0	0	0
	Gain alternative paid employment for remaining Sherwood Industries Staff	Low/Medium	70	0	35	35	0
	Development of a Single Integrated Meals Production and Delivery Service	Low/Medium	293	0	293	0	0
	Ensuring Cost Effective Day Services	Low/Medium	200	50	150	0	0
			775	262	478	35	0
Younger Adults - Community Care & Residential Care Spend	Expansion of Community Based Care and Support Options	Low/Medium	250	50	100	100	0
			250	50	100	100	0
Older Adults - Community Care & Residential Care Spend	Review of Intermediate Care Services	High	1,600	0	800	800	0
	Development of Extra Care Housing and Promotion of Independent Living in place of current	High	4,346	0	677	1,810	1,859
	Promoting Independence through the use of Assistive Technology	High	1,567	458	606	503	0
	Direct Payments	High	1,769	98	1,671	0	0
	Short Term Prevention Services	Low/Medium	200	0	200	0	0
			9,482	556	3,954	3,113	1,859
Market Management	Older Adult Care Home Fees	High	750	0	750	0	0
	Reducing the average cost of Younger Adult Residential Placements	High	2,500	500	1,000	1,000	0
	Quality Assurance and Mentoring Package	Low/Medium	75	0	75	0	0
			3,325	500	1,825	1,000	0
Finance Group	Partnership Homes	Non Project	208	-84	0	292	0
	Handy Persons Preventative Adaptation Service	Non Project	100	100	0	0	0
	Strategic Commissioning - Review of Contracts	Non Project	129	86	43	0	0
			437	102	43	292	0
Totals			14,339	1,470	6,470	4,540	1,859

1 June 2015**Agenda Item: 12****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2015/16.

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

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

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
1st June 2015			
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals	Service Director, South Nottinghamshire	Ellie Davies
Social Care Clinics	Report to inform and update the Committee on the progress of developing social work clinics for social work and Occupational Therapy assessments	Service Director, Mid Nottinghamshire	Ashleigh Quinn
Direct Payments policy	Report on outcomes of consultation and recommendations for action	Service Director, Mid Nottinghamshire	Gill Vasilevskis
Carers Information, Advice and Engagement Hub	Outcome of the tender with regard to the Carers Hub	Service Director for South Nottinghamshire/Service Director, Mid Nottinghamshire	Penny Spice
Proposed changes to the First Contact Scheme	Report proposes some changes to the scheme in order to improve efficiency	Service Director, Access and Public Protection	Lyn Farrow
Deprivation of Liberty Safeguards	Update on progress with actions to respond to increasing number of referrals and proposals to enable the Council to manage these in the longer term	Corporate Director, Adult Social Care, Health and Public Protection	Sue Batty
29th June 2015			
Organisational redesign update report	Progress report on Organisational Redesign within Assessment and Care Management	Service Director, Mid Nottinghamshire	Stacey Roe
Independent Living Fund update	Progress report on transfer of funding and fund users to the Council	Service Director, South Nottinghamshire	Paul Johnson
Direct Payment Support Service	Approval to consult on the model and specification for the Direct Payment Support Services	Service Director, Mid Nottinghamshire	Gill Vasilevskis
Update on progress with personal budgets for	Progress report to review situation one year on from project with Alzheimer's Society to increase	Service Director, Mid Nottinghamshire	Jane Cashmore

Updated 21/05/2015 – PDM

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
people with dementia	no. of people with dementia who have personal budgets and direct payments		
Younger adults residential and community care delivery group update	Report on progress with savings programmes within this delivery group	Service Director, South Nottinghamshire	Ellie Davies
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections	Corporate Director, Adult Social Care, Health and Public Protection	Anne Morgan
Update on progress for the ICELS tender and review team	Progress report regarding the ICELS review team work on improving returns	Service Director, Mid and North Nottinghamshire	Jessica Chapman
Health and Social Care Integration in Nottinghamshire	Summary and agreement on plans regarding progression with integration across the county	Corporate Director, Adult Social Care, Health and Public Protection	Caroline Baria/Sue Batty
Older adults residential and community care delivery group update	Report on progress with savings programmes within this delivery group	Service Director, Mid and North Nottinghamshire	Cherry Dunk
Universal Credit	Impact of implementation in Bassetlaw and whether any other areas of the county will be affected in tranche 2	Service Director, Access and Public Protection	Paul Stafford
Appropriate Adults Service		Service Director, South Nottinghamshire	Gill Vasilevskis
7th September			
Update on work of Health and Wellbeing Board	Summary report on work of HWB over last 6 months	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
SCOPES and Pre-Elective Surgery		Service Director, Access and Public Protection	Yasmin Raza/ Steve Jennings-Hough
Development of an	Report on the proposal to develop an employment	Interim Service Director, North	Jane McKay

Updated 21/05/2015 – PDM

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
employment and training hub at the County Horticultural Service	and skills training hub to support people to develop skills in the fields of horticulture, retail and administration work	Nottinghamshire and Direct Services	
Market management delivery group update	Report on progress with savings programmes within this delivery group	Service Director, Access and Public Protection	
Transforming Care-Response to Winterbourne View Report	6 monthly update to include Finance information as detailed in 2 March report	Service Director South Nottinghamshire	Cath Cameron-Jones
Services to Carers	Progress report regarding work commissioned by the department for carers	Deputy Director for Adult Social Care, Health and Public Protection	Penny Spice
Proposed changes to the First Contact Scheme – outcome of consultation	Report on outcomes of consultation and recommendations for action	Service Director, Access and Public Protection	Lyn Farrow
Just Checking pilot project			Mark Douglas
Care home & home care provider contract suspensions update	Overview of live suspensions of care home & home care provider contracts in Nottinghamshire	Service Director Access and Public Protection	Rosamunde Willis-Read
Outcome of Peer Challenge – Commissioning for Better Outcomes	Report on the outcome of the Peer Challenge in March 2015 and draft action plan to respond to identified areas of improvement	Corporate Director, Adult Social Care, Health and Public Protection	Cherry Dunk
Update on the development of Members' visits to care homes (tbc)	Update on the development of the process for involving Members in audit visits to residential and nursing care homes	Service Director, Access and Public Protection	Rosamunde Willis-Read
5th October			
Organisational redesign board update	Progress report on Organisational Redesign within Assessment and Care Management	Corporate Director, Adult Social Care, Health and Public Protection	Stacey Roe

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Progress report on development of alternative models of delivery within Direct Services		Interim Service Director, North Nottinghamshire and Direct Services	Jennifer Allen
Progress report on delivery of single meals production and delivery service	Update on progress with this programme of work.	Interim Service Director, North Nottinghamshire and Direct Services	Lorraine Mills
Progress report on Care Act – six months on	Update on implementation of first phase of the reforms under the Care Act.	Service Director, South Nottinghamshire	Bronwen Grieves
2nd November			
Savings and efficiencies delivery group update	Report on progress with savings programmes within this delivery group		Ellie Davies
Direct Services delivery group update	Report on progress with savings programmes within this delivery group		Ian Haines/Jennifer Allen
30th November			
Care home & home care provider contract suspensions update	Overview of live suspensions of care home & home care provider contracts in Nottinghamshire	Service Director Access and Public Protection	Rosamunde Willis-Read
Care Act – final guidance for 2015/16		Service Director, South Nottinghamshire	Bronwen Grieves
Social Care Clinics	Report on the outcome of the pilot and propose recommendations for action	Service Director, Mid Nottinghamshire	Ashleigh Quinn
11th January			
8th February			
7th March			
Care home & home care provider contract	Overview of live suspensions of care home & home care provider contracts in Nottinghamshire	Service Director Access and Public Protection	Rosamunde Willis-Read

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
suspensions update 18th April			
16th May			
13th June			
Care home & home care provider contract suspensions update 11th July	Overview of live suspensions of care home & home care provider contracts in Nottinghamshire.	Service Director Access and Public Protection	Rosamunde Willis-Read

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