

Adult Social Care and Health Committee

Monday, 12 May 2014 at 10:30

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

AGENDA

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| 1 | Minutes of the last meeting held on 31 March 2014 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
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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 31 March 2014 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)

	Alan Bell	Andy Sissons
	Steve Carroll	Pam Skelding
	John Cottee	Stuart Wallace
A	Dr John Doddy	John Wilkinson
	Michael Payne	Jacky Williams

A Ex-Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, Personal Care and Support, South Nottinghamshire
Paul Davies, Democratic Services Officer
David Hamilton, Service Director, Personal Care and Support, North and Mid Nottinghamshire
Jennie Kennington, Senior Executive Officer
Paul McKay, Service Director, Promoting Independence and Public Protection
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection
Jon Wilson, Temporary Deputy Director, Adult Social Care, Health and Public Protection

MINUTES OF THE LAST MEETING

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

MEMBERSHIP

It was reported that Councillors John Wilkinson and Steve Carroll had been appointed in place of Councillors Yvonne Woodward and Sybil Fielding, for this meeting only.

APOLOGY FOR ABSENCE

An apology for absence was received from Councillor Dr John Doddy (other reason).

DECLARATIONS OF INTEREST

There were no declarations of interest.

ADULT SOCIAL CARE PERFORMANCE UPDATE

RESOLVED: 2014/025

That the report on performance in Adult Social Care be noted.

THINK LOCAL, ACT PERSONAL: WHAT NEXT FOR PERSONALISATION

RESOLVED: 2014/026

That the achievements of Think Local, Act Personal be noted.

UPDATE ON CARE QUALITY COMMISSION (CQC) INSPECTIONS OF COUNCIL REGISTERED SERVICES IN ADULT CARE

Members discussed the frequency for future reports on CQC inspections, and concluded that they should be reported quarterly, as part of the regular performance reports to Committee.

RESOLVED: 2014/027

- (1) That the report be noted.
- (2) That the findings of CQC inspections of the County Council's regulated adult care services be reported to Committee quarterly, as part of the regular performance reports.

ADULT SOCIAL CARE TRAVEL POLICY

RESOLVED: 2014/028

- (1) That the changes to the Adult Social Care Travel Policy be endorsed and recommended for approval by Policy Committee.
- (2) That the implementation dates for the transport savings proposals be approved.

DISABLED PERSONS REGISTRATION CARD

RESOLVED: 2014/029

That approval be given to the proposed option for change to the Council's disabled person's registration card.

NEW RATES FOR INDEPENDENT SECTOR CARE AND SUPPORT SERVICES

RESOLVED: 2014/030

- (1) That an index linked inflationary increase of 0.616% be applied for all council funded older persons' care home placements for 2014/15, commencing from 7 April 2014.
- (2) That 0% inflation be applied to home care, extra care, supported living services and external care services.
- (3) That cost negotiations continue for younger adults home care placements and Shared Lives schemes based on individuals' needs.

ORGANISATIONAL REDESIGN IN THE ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION DEPARTMENT

Jon Wilson introduced the report, and offered to brief members separately about the details of the structure.

RESOLVED: 2014/031

- (1) That the changes to the interim management structure at Group Manager level be noted.
- (2) That the proposed structure for Tier 5 be approved.
- (3) That the 4.95 fte temporary transformation posts listed in paragraph 9 of the report be extended from 1 April 2014 to 31 March 2015.

NOTTINGHAMSHIRE WELFARE ASSISTANCE FUND

RESOLVED: 2014/032

- (1) That the closure of the Nottinghamshire Welfare Assistance Fund be noted.
- (2) That it be noted that the new name for the pathway for advice is the Emergency Advice Service.

WORK PROGRAMME

RESOLVED: 2014/033

That the work programme be noted.

The meeting closed at 12.30 pm.

CHAIR

12 May 2014**Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR SOUTH NOTTINGHAMSHIRE****WINTERBOURNE VIEW PROJECT UPDATE REPORT****Purpose of the Report**

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

Information and Advice

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

Work with service users

3. The below table indicates the position as at 5th March 2014 regarding each individual service user identified as being as part of Nottinghamshire's Winterbourne cohort. The table shows the status of patients remaining in inpatient settings, the numbers of patients already discharged and new admissions to locked rehab and secure inpatient settings. There are currently 55 patients with learning disabilities in inpatient settings (this excludes new admissions to ATU).

CCG	Not ready for discharge	In active treatment or on s37/41 – may be ready for discharge soon	Ready for discharge by 1 June 2014	Already discharged	New Admissions
Bassetlaw	2	2	3	3	1
Newark and Sherwood	3	3	3	2	
Rushcliffe	0	2	0	1	3 (one from low secure and one Asperger's case added)
Nottingham North and East	1	0	0	1	
Nottingham West	1	1	0	0	
Mansfield and Ashfield	2	0	7	0	1
Low, medium and High Secure	18		0	1	2
Total	27	7	13	8	7

4. There were a total of 28 patients originally identified in the 'ready for discharge' category from locked rehab and ATU. One of these patients has stepped up to low secure and 8 have been discharged to date. Three of these are unable to leave hospital by June 2014 due to their Section 37/41 status. The criminal courts can use section 37 if they think a person should be in hospital rather than prison. A section 41 is a restriction order which can be added to a section 37 if there are concerns about public safety. These people will need Ministry of Justice agreement before they can move back to the community and this has not been granted yet. There have also been three patients who it was thought would be ready by June but who are still benefitting from active treatment and are not yet ready to leave locked rehab.
5. There are currently a total of 13 patients identified as 'ready for discharge' by 1st June 2014. It is currently expected that 12 of these individuals will leave hospital before the 1st June 2014. Together with the 8 that have already moved out this is 20 people who will have moved out of hospital back into the community as part of the Winterbourne work and this is all of the people who are currently deemed ready to leave with the exception of 1 person. This discharge is likely to be delayed by about two weeks, to mid-June, at the request of the family who have only recently been in agreement that he should be discharged.
6. There have been three new patients with a learning disability admitted to locked rehabilitation out of area placements since the start of the project. There has been one new patient admitted to low secure and one to medium secure since 31st March 2013 as far as our information indicates but there is no recent information from NHS England to confirm the position in secure services. This is due to information sharing restrictions between NHS England and the CCGs which are currently being addressed.

7. To meet the June 2014 deadline four service users will move to an interim residential care placement whilst they wait for their supported living accommodation to be built and this is expected to be ready in October 2014.
8. The 4 individuals moving into the interim residential placement in May are piloting a new type of service where the future supported living provider is seconding staff to the residential care home so that they will move with the service users to their permanent placement. If this is a success, then we are likely to repeat this way of working in future with up to 8 bed spaces.

Reducing hospital admissions/length of stay going forward

9. Transforming Care highlighted the need to reduce the number of inappropriate admissions to hospital and, once admitted, ensure that an appropriate standard of care is being delivered. Patients should then be discharged in a timely manner as soon as it is appropriate to do so.
10. Following the discharge of patients from hospital as part of the Winterbourne View work there will be the need to support more complex people in the community. We need to ensure we have enough resources in place to do this as well as the correct range of services. A piece of work is being carried out to assess the ability of community services to meet the needs of the increased numbers of people with challenging behaviour in the community.
11. By June 2014 there will be net increase of 16 people with complex needs who need to be supported in the community following discharge from hospital since March 2013. Going forward there will be an estimated net increase (i.e. more people leaving hospital than going in) for the next 2-3 years of about 3 people per year and it is likely that there will also be 3 people per year on average who are new to community services (either because they were previously funded by another authority or because they are coming through transitions or because they were previously living with carers with low or no support packages). Therefore we are estimating an additional 34 people with challenging behaviour and complex needs who will be new users of community services in Nottinghamshire by 2017.
12. There are already a range of services in Nottinghamshire that address the issues identified in Transforming Care. (Community Learning Disability Teams, Community Assessment and Treatment Team, Asperger's team, residential care and supported living and day services). However, there are some areas we need to strengthen that have been identified which are detailed below.
 - Make sure all patients at risk of being admitted to hospital have had involvement from the CATT team to avoid this outcome wherever possible.
 - Ensure that there is health input into meeting the needs of people with Autism in relation to diagnosis, occupational therapy and speech and language therapy.
 - Ensure all patients placed out of area continue to have involvement from their Care Co-ordinator. The Care Co-ordinator is key to ensuring the development of appropriate discharge plans so this can potentially delay discharge.

- Ensure availability of suitable housing as the length of time it can take to set up an appropriate community package can lead to lengthy delays in discharge or the admission of someone to hospital simply because they have nowhere else to go.
- Ensure improved quality monitoring of placements and care co-ordination of patients that are 100% funded by health (through Continuing Care arrangements) in the community and in hospital. It is not usual practice for patients to be funded in hospital through Continuing Care but this does sometimes happen.
- Ensure the continuation of skilled care managers to meet the needs of people with behaviours which challenge following the changes to adult social care teams.

13. A joint strategy for meeting the needs of people with challenging behaviours is being written and a first draft will be available shortly. It will address future accommodation and provider development; resources required and early intervention to prevent admission where possible, including the development of a trigger system to identify people who may be most at risk from admission to hospital, including people coming through transitions from Children's Services.

14. Work is being undertaken to develop Providers who have key skills and knowledge for working with people with challenging behaviours and complex needs. Bids are currently being sought via the Care, Support and Enablement tender to run Supported Living Plus services which are specifically aimed at supporting individuals with complex and challenging needs. Work has also been undertaken to identify residential homes who have the capacity and skills required to work with service users with challenging behaviour.

Case-studies of service users

15. The attached document is enclosed to give members an idea of the needs of people moving out of hospitals.

Financial implications

16. Work is on-going to agree the baseline costs for inclusion in a pooled budget. To date, the proposal is that the following budgets will be included in the pooled budget:

- The costs of people in locked rehabilitation beds not funded as part of the contract with Notts healthcare trust.
- The costs of people living in the community who are under a section 117 (this means they have previously been in hospital under a section).

17. Individuals are being identified and the cost of their care in hospital or the community for 13/14 will be put into the pooled budget.

18. It is proposed that the proportion of the funding identified in the initial pot for each partner will be in the same proportion as each partner would contribute for any over or underspends going forward. This has yet to be agreed between the CCGs as there is the potential for them to use their risk sharing arrangements.

19. Nottinghamshire Adult Social Care have identified a potential risk around this proposal in that there are a number of people with no health funding currently on a s117 who may either be entitled to health funding or should no longer be on a s117. Therefore it is proposed that there is a review of these individuals before the final contribution proportions are agreed.
20. While there have been savings made by moving people from hospital settings to the community, where people are moving out of Notts NHS Trust services or low secure, currently commissioned by The East Midlands Specialist Commissioning Group the funding will not follow the individual as there are block contracts in place. While the local Trust units will be used in preference to private providers in future as the amount of people in hospital at any one time is expected to reduce, there is likely to be an on-going cost pressure due to this and the net increase in people in the community requiring this level of support. Work is being carried out over the next 3 months to give a more detailed prediction, however, agreeing the proportion of contribution to the pooled budget is crucial to enable partners to financially plan for these cost pressures. This issue will also be raised nationally regarding the specialist commissioning contract.
21. It is proposed that joint funding will also be agreed for a half time project manager to continue the work relating to Winterbourne and to oversee the pooled budget. This is likely to be total cost of approximately £21,000 per annum.
22. There will also need to be agreement between the parties regarding the finance resource required by Notts County Council as the host for the budget.
23. There is the potential in future to include any additional funding required for the Community Assessment and Treatment Team and social care case management which is directly related to meeting the needs of more complex patients in the community.
24. A full financial report will be available by the end of May to enable each organisation to understand the initial contributions required for the pooled budget. It is anticipated that the initial pooling arrangements will be agreed by 1 July 2014.
25. The development of specialist accommodation in the community is not a straight forward process due to the need for bespoke accommodation adapted to meet the individual needs of people with complex behaviours and disabilities. To help support this process the Council has allocated up to £3m towards capital costs of new accommodation, some of which will be used to develop accommodation for present and future Winterbourne people. The new supported living accommodation is anticipated to be more cost efficient for some service users against the cost of residential care and this will bring savings to the Council over 25 years which will more than offset the original capital cost. These savings will on average amount to £728,000 per year for 25 years for all service users who are moved from institutional care to supported living.

Statutory and Policy Implications

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

RECOMMENDATION/S

It is recommended that the Health and Wellbeing Board:

- 1) notes the content of the report and progress being made to commission suitable care and accommodation for people currently placed in hospital settings
- 2) agrees to receive an update report in July 2014 more financial details around the pooled budget, including cost pressures going forward, and the Strategy for People with Behaviours which Challenge Services.

DAVID PEARSON

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (SG 17/12/13)

27. The Board is the appropriate body to decide the issues set out in this report.

Financial Comments (ZKM 18/12/13)

28. The financial implications are outlined in paragraphs 24-28 of this report.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

Winterbourne Case Studies

Mr A

Mr A is a 50 yr old white male from Nottinghamshire. He was detained under section 2 of MHA in 2007 after assaulting a relative and exhibiting challenging behaviours when in psychiatric hospital. This was transferred to a section 3. Mr A was moved from low secure to locked rehabilitation accommodation in 2010. He has consistently refused to engage with clinical input or treatment.

Barriers to discharge: lack of engagement with professionals; risk of over use of alcohol which impacts on his MH and behaviours; threats of harm to others; vulnerability from others due to his offensive comments. Mr A has stated that he wants to go to prison.

In May 2013, as part of the 'Transforming Care' agenda, Mr A was assessed as not gaining anything from being in hospital and therefore ready for discharge. Mr A has started to engage in the discharge process and says that he wants to leave hospital. He is going to live in a core and cluster service supported by an enhanced supported living provider. It is near to his family. Significant risks continue to exist and Mr A will need very careful management and ongoing risk assessment.

Mrs B

Mrs B is a 26 yr old woman diagnosed with: Learning Disability; unstable personality disorder; epilepsy; substance misuse; history of depression. She is considered to be vulnerable to sexual and financial exploitation. Mrs B has a history of drug and alcohol misuse. She has epilepsy and the medication she takes for this reacts badly to alcohol. Attempts to discuss the affects of alcohol on her health generally end in Mrs B reacting violently and refusing to listen to professional advice. Mrs B has self harmed significantly in the past and this remains a high risk. It is likely that if she is discharged from a section Mrs B will disengage from services would be vulnerable to self neglect in terms of personal care, medication, food/drink intake etc.

Mrs B has been considered for supported living services in Nottinghamshire. She is a young woman who has some life skills but, due to a disruptive past, needs ongoing support with her mental health.

Barriers to discharge: previous landlord is reluctant to offer Mrs B another tenancy; concerns amongst professionals about the impact Mrs B will have on other service users in a core and cluster environment; Mrs B's lack of engagement with professionals; Mrs B's vulnerabilities from herself and others.

Mrs B has not been assessed as ready to leave hospital by June 1st 2014 but she will need to be discharged shortly after. She is currently engaging in some treatment, which is a positive sign, but it is unclear how much this will change her overall presentation and needs. Her discharge pathway is still unclear as she presents a complicated picture of a spirited young woman with her own views who, nonetheless, has little insight into either her physical or mental health needs.

Miss C

Miss C is a 40 yr old woman who has been diagnosed with Learning Disabilities and Cerebral Palsy. Miss C's mother died when she was young and she was removed from the family home shortly after. Miss C has a long history of self injurious behaviours and aggressive behaviours towards others and her environment. Miss C's behavioural difficulties are thought to be linked to Attachment Issues resulting

from her disrupted childhood. These issues have jeopardised residential placements in the past as Miss C has found it difficult to cope when staff move on. Miss C's need for attention sometimes results in the use of destructive behaviours.

Miss C was admitted to an assessment and treatment unit in 2009 and subsequently to a locked rehabilitation unit. Miss C engages well with treatment but her emotional difficulties are very engrained and needs ongoing sensitive management. A core and cluster service was identified for Miss C in February 2013 with the initial aim of the new build being completed by Sept 2013. Due to planning issues this has been significantly delayed and will now not be ready until October 2014. To ensure that Miss C is discharged in a timely fashion alternative accommodation has been found as a temporary measure. This is a shared environment where she will live for a few months with her fellow residents in the core and cluster service, two of whom she knows well. There are risks to this plan as Miss C's ideal accommodation is an independent flat with the opportunity to mix with others when she chooses. However, given the need to discharge Miss C sooner than October 2014 this is felt to be a suitable compromise.

12th May 2014

Agenda Item: 5

REPORT OF DEPUTY CORPORATE DIRECTOR ADULT SOCIAL CARE AND HEALTH AND PUBLIC PROTECTION

DEPRIVATION OF LIBERTY SAFEGUARDS

PURPOSE OF THE REPORT

1. This report seeks to inform members of a Supreme Court Judgment and what the implications of this may be for the authority.

INFORMATION AND ADVICE

2. The Deprivation of Liberty Safeguards is an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraint and restrictions to be used, but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.
3. The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can be asked if a person can be deprived of their liberty. Care homes or hospitals must ask the local authority if they can deprive a person of their liberty.
4. On the 19th March, 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.
5. Whilst the ramifications of the judgment are still being explored it is clear that there are a number of implications for the local authority in respect to resource utilisation, policy and practice.

What now constitutes a deprivation of liberty?

6. The Supreme Court has clarified what is known as the "acid test" that a person is deprived of their liberty if:

"The person is under continuous supervision and control and is not free to leave and the person lacks capacity to consent to these arrangements"

7. The effect of this change in test is that a much greater number of people in registered care homes (residential homes, nursing homes) and hospitals come under the Deprivation of Liberty Safeguards (DoLS) than previous case law indicated, and by law they must now be assessed under the DoLS procedure.
8. The DoLS procedure includes assessment by specially trained staff, that is, a Best Interests Assessor (BIA) and a doctor specifically trained in DoLS. The local authority has a statutory duty to make sure that the DoLS process is followed and that these assessments are undertaken within the legal timescales.
9. The Supreme Court has also clarified that Deprivation of Liberty can occur in domestic settings if the State (e.g. the Local Authority or NHS) is responsible for the arrangements. This means that a person could be deprived of their liberty in their own home, or in supported living. These Deprivations of Liberty do not come under the DoL Safeguards, but do have to be assessed with the same rigour and would have to be authorised by the Court of Protection.
10. This all means that assessments will now need to be done on a greatly increased scale compared with previous practice. The value of the safeguards will be severely compromised if the process for assessment becomes an administrative and bureaucratic adjunct to the wider Health and Social Care assessment and review processes. It is hard to see how this can in fact be avoided, if practitioners are to ensure that people who lack capacity with regard to decision making around accommodation receive a timely service.

- (1) **Registered care home and hospital settings:** For every admission into a registered care home or hospital for a person who lacks, or may lack capacity to make a decision in this regard, an assessment will need to be carried out by a BIA and an appropriately trained doctor. The capacity to do this is not in place. To implement the DoLS procedures correctly would run the risk of delaying treatment and paradoxically putting the patient at risk of harm.

The same would apply with hospital discharge to step down facilities, respite care and long term residential care. Again, if the DoLS procedures are to be implemented properly, within the current resources, hospitals would quickly become log-jammed and the system would collapse.

- (2) **Respite care and residential college:** for adults who lack capacity, they would need to be subject to a fresh assessment upon each and every admission/new term. Such a process would run the risk of becoming a paper exercise, adding no value but adding cost and professional time
- (3) **Supported Living:** Individuals who lack capacity, and are under continuous supervision and control, and are not free to leave will now need to be assessed and referred to the Court of Protection. The language of the court application process is adversarial and involves the Local Authority taking an action against the person, to deprive them of their liberty. The individual will also be entitled to legal aid to have a solicitor appointed for them, presumably so that they can contest what everybody wants for them as being in their best interests. A perverse consequence of the current situation is that supported living no longer becomes a realistic option, with a return to residential care as the main community care default service.

Analysis

11. It is clear that no local authority in the country will be able to meet the requirements that this change in Deprivation of Liberty definition places on them. In effect, every Local Authority will not be meeting its statutory obligations, and each Council will have to decide how closely they can meet with them, given the current constraints of cost, staff resources and the scarcity of doctors who are qualified to undertake assessments.
12. To begin to understand the potential volume of referrals it is helpful to consider the amount of provision and those using it that may lack capacity to make decisions in relation to their care.

Care Setting	Numbers
Older Adults Residential and Nursing Homes based on the total number of beds at care homes who take people with dementia	5,000
Hospitals	500*
Supported Living accommodation	850
Younger Adults Inc. Learning and Physical disability, Autism, Mental Health	1000
Domiciliary (ie own home)	500**

*These numbers are pure estimations and this number could be far greater (or far less).

** This is an area requiring further interpretation. At this stage our assumption is that where individuals are being cared for within their own homes by close family members and without paid carer support, it will not be necessary to carry out an assessment

13. **NB:** These figures are estimates and obviously not all of these will lack capacity. Therefore, there is further work to be undertaken to ascertain which people we might need to assess. However, there will clearly need to be some work undertaken to understand the scale of the issue to ensure we have the relevant resources to deal with these referrals.
14. Of those who may require assessment, we know that 10% of people in care homes who have previously been assessed will require reassessment under the new guidance. In addition, as the new guidance is less restrictive and more encompassing, we may estimate that a further 10% of people will require assessment. Therefore we need to assess and potentially make provision for 1200 assessments. It follows therefore that we will have a recurrent responsibility to review any of those individuals who meet the DoLS criteria.
15. We are aware that one of our largest supported living providers is seeking legal advice following the Supreme Court Judgement. People in Supported Living and other domiciliary environments cannot have their assessments authorised by the local authority but must be referred to the Court of Protection. We may assume that 20-30% of these individuals will also require assessment and court decision; this could equate to 250 assessments per year.
16. It is difficult to estimate the number of assessments which may be required for people entering hospital for treatment and therefore we can only make a best guess at this stage but it would be prudent to suggest at least 250 to 500 assessments will be required

17. Respite care is currently provided to over 300 families per year within local authority managed short breaks services and additional respite care is provided to older adults and adults with disabilities in the independent sector. If fresh assessments are required on each admission of over three days then it may be determined that between 300 and 500 assessments would be required

Capacity Requirements

18. We currently undertake about 185 assessments per year with our current staffing and the Supported Living cases would not need a trained BIA. Therefore the working hypothesis is we may need to undertake an additional 2000 DoLS assessments per year.
19. This tenfold increase in activity will require additional staffing and financial resources to ensure the authority can meet its statutory obligations. It may be that the Government may determine that legislative changes are required and over time further guidance will be developed, however in the immediate, short term and medium term the Council needs to ensure sufficient capacity is in place.

Additional staffing costs

20.

Mental Health Assessors (£196.00 per assessment plus travel)	£390,000
An additional FTE Team manager and 12.5 FTE BIAs – this is based on undertaking 160 assessments per year. This has been worked out by assuming four assessments per week over a 40 week period (i.e. full year minus annual leave, bank holidays and sickness absence)	£675,000
Additional business support	£100,000
Management 1 FTE Group Manager /Principal Social Work post	£65,000
An additional Legal Practitioner will be required to undertake the increased volume of cases referred to the Courts and to deliver advice and guidance on matters relating to the DoLS	£50,000
Additional workforce development, training and accommodation costs	£40,000
TOTAL	Approximately £1,320,000

Supported Living/Domiciliary Care

21. Supported Living cases would need to go to the Court of Protection to have their DoLS authorisation granted. Each case will require an application fee to the Court and an additional cost of authorisation which together amount to £1,000.00 per individual.
22. In complex cases where families, providers or others contest the application, there can be very significant legal costs incurred of up to £30,000.00 per case.

23. Therefore if we assume that 90% of cases will be straightforward and 10% may require additional legal requirements we may estimate:

25 x £15,000	=	£375,000
225 x £1,000	=	£225,000
Total Court fees and costs=		£600,000

The total cost to the authority to implement the Supreme Court Judgement (noting the conservative estimates of numbers requiring assessments) may therefore be in excess of £1.8m.

24. The Council currently employs 41 FTE BIAs , of whom 9 are not currently in practice, 7 are not able to practice due to other commitments, and a further 5 are absent from the workplace.

25. Due to the large increase in activity anticipated, it is not thought possible to distribute out the work across the department as was proposed through the recent consultation on the budget and agreed by members at Council in February. Therefore a central BIA team will be required to provide assessment capacity backed up with a locality based rota of staff. This model is tried and tested in relation to Mental Health Act Assessment activity where similar numbers of referrals and assessments may be required.

26. In order to manage the new central BIA team it is suggested that a post of Group Manager Principal Social Work post is established the post would be a new post and subject to job evaluation. The post would be responsible for managing the central BIA team, and the Central Approved Mental Health Professional team alongside other duties in relation to Social Work practice and policy as required by the Munro Report.

OTHER OPTIONS CONSIDERED

27. If there was availability, we could buy in BIAs at a cost of £600 per assessment but this would be more costly.

- (1) Total to undertake the BIA work - approximately £1,200,000
- (2) Plus the same level of Mental Health assessors, business support and some of the management costs and training/accommodation costs – an additional cost of around £550,000
- (3) Plus the Supported Living/Domiciliary Care costs of £600

= **approximately £2,350,000**

REASONS FOR RECOMMENDATIONS

28. In order to ensure the County Council is working toward compliance with the law in responding to the new test for Deprivation of Liberty, it will be necessary to take action in the immediate, short, and medium term. In the longer term it is assumed that the Government will need to make a response both to the Judgment of the Supreme Court and the House of Lords report on the implementation of the Deprivation of Liberty Safeguards.

STATUTORY AND POLICY IMPLICATIONS

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

CRIME AND DISORDER IMPLICATIONS

30. None

FINANCIAL IMPLICATIONS

31. The total cost to the authority to implement the Supreme Court Judgment (noting the conservative estimates of numbers requiring assessments) may be in excess of £1.8m. The department will need to identify a contingency sum to provide temporary financial resources to deliver services to meet the new requirements. In 2014/15 it is estimated that £500K will be required.

HUMAN RESOURCES IMPLICATIONS

32. It is proposed to establish a temporary team to consist of

- FTE Group Manager/ Principal Social Worker (to be evaluated) the posts will be allocated authorised car user status
- FTE Team Manager – Band D the posts will be allocated authorised car user status
- 12.5 FTE BIA Assessors (Band C or Band B) the posts will be allocated authorised car user status
- 5 FTE Business Support Officer (Grade 3)

1. Due to the uncertainty of the demand and activity level in relation to the impact of the judgment. it is proposed initially to recruit to 6 of the BIA posts , 5 business support posts, 1 team manager post and the group manager post all of which will be subject to an ongoing review.

HUMAN RIGHTS IMPLICATIONS

33. Deprivation of liberty legislation arises from the “Bournewood” case which was heard by the European Court of Human Rights. The case decided that where a person is deprived of their liberty without any legal authority then it is a breach of Article 5 of the European Convention of Human Rights: “No one should be deprived on their liberty unless it is prescribed by law”. Therefore, when a person needs to be deprived of their liberty there must be safeguards in place in order to ensure we uphold their human rights

SAFEGUARDING OF CHILDREN AND VULNERABLE ADULTS IMPLICATIONS

34. The value of the new safeguards will be severely compromised if the process for assessment becomes an administrative and bureaucratic adjunct to the wider health and social care assessment and review processes. It is hard to see how this can in fact be avoided, if practitioners are to ensure that people who lack capacity in regard to decision making around accommodation receive a timely service. There will need to be a balanced approach based on risk. Managers will need to ensure our experienced practitioners are not all taken away from safeguarding adults work to avoid any perverse and unintended consequences putting people at more risk of abuse or neglect. Where individuals are unlawfully deprived of their liberty it has been considered to be a Safeguarding Adults issue.

IMPLICATIONS FOR SERVICE USERS

35. Service users who do need to be deprived of their liberty will have protection to ensure it is undertaken in the least restrictive manner possible.

IMPLICATIONS FOR SUSTAINABILITY AND THE ENVIRONMENT

36. None

RECOMMENDATION/S

38. Committee are asked to

1. Note the contents of this report and have regard to the new test for Deprivation of Liberty safeguards and the increased demand on the resources of the local authority
2. Approve the establishment of a temporary central BIA service for a period of 12 months which will co-ordinate activity, undertake assessments and provide advice to managing authorities and the County Council. To include:
 - 1 FTE Group Manager/ Principal Social Worker (to be evaluated) the posts will be allocated authorised car user status
 - 1 FTE Team Manager – Band D the posts will be allocated authorised car user status
 - 12.5 FTE BIA Assessors (Band B or Band C) the posts will be allocated authorised car user status
 - 5 FTE Business Support Officer - Grade 3
3. Approve the use of additional legal services to support the potential increase in court related activity and requests for advice, guidance and interpretation of the law. This may be achieved in the short term through external provision with a view to increasing the in-house establishment in the medium term if demand is forthcoming.

4. Approve a Lean Plus review of the business support and administrative arrangements which support the process of application, authorisation and review.
5. Approve the Development of revised guidance and information for providers of social care and health services to aid understanding of the new test.
6. Receive a further report in six months to provide information to the Adult Social Care and Health Committee in relation to activity and resource demands.
7. Approve the request for a budget pressure allocation of £2m to meet the recurrent cost of implementation from 2015/16.

Jon Wilson

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Claire Bearder, Group Manager

Constitutional Comments (LM 29/04/14)

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

Financial Comments (KAS 17/04.14)

40. The financial implications are contained within the body of the report, and summarised in paragraph 31.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

- All

12 May 2014**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR OF NORTH AND MID
NOTTINGHAMSHIRE****CARER TRIAGE SERVICE****Purpose of the Report**

1. To seek approval for the continuation of the Carer Triage Service within the Social Care Adult Access Service.

Information and Advice

2. The Carer Triage Service was established in May 2013 with a Social Worker, and latterly a Community Care Officer, to provide information, advice and signposting to carers calling the Customer Service Centre.
3. The aim of piloting the Carer Triage Service was to ensure that carers contacting the Adult Social Care and Health Department would access timely and accurate information, and services to support them in their caring role. Whilst people requesting social care support are 'triaged' through the Adult Access Service (AAS), carers were not. Prior to the pilot, they were either provided with brief advice/information from Customer Service Advisors or referred to district teams for a carer assessment. The Carer Triage Service pilot has considered options for the most effective use of Council staff time to support this work.
4. A snapshot survey in 2013 showed that the system and priorities for allocating the high number of referrals into the district teams, were resulting in carers having to be contacted and if appropriate, assessed. The Carer Triage Service was put in place to address this, and also to understand and address any issues leading to the limited uptake of the Crisis Prevention Service for carers (also known as Carers' Emergency Respite).
5. Carers requesting social care support are now 'triaged' through the Adult Access Service. The pilot team was established with a full time Social Worker and a full time Community Care Officer. Following a carer's telephone assessment, carers are provided with advice/information and/or referred on to other agencies. If appropriate, a full carer assessment is completed over the telephone with the carer and if they are eligible, a one off personal budget can be arranged for either £150 or £200.
6. The telephone assessment takes an average of 20-30 minutes to complete. If there are communication issues or other complexities identified, such as a cognitive or hearing impairment, the referral will be sent to the district team for a face to face assessment.

7. The Carer Triage Service also ensures that carers receive information regarding training, prevention and direct access services; for example local support groups in their area. It also identifies whether carers would benefit from other preventative support such as the Carers' Emergency Card, the Carers Universal Information and Advice Service, and the Crisis Prevention Service.
8. The Carer Triage Service pilot has been available across all older people's teams, but not younger adult teams. It is therefore proposed to extend the service - to offer it to carers of younger adults and evaluate the benefits of this. An additional 2 Community Care Officer posts would be required to undertake this, which would also enable joint work with Clinical Commissioning Groups on ways to best manage the significant number of carer referrals received from GPs.

Evaluation

9. The Carer Triage Service has been evaluated using information from carers receiving the service and by staff in the district teams. Public Health completed a Qualitative Evaluation of the impact on district teams in January 2014.
10. In summary, the Carer Triage Service is viewed as very successful both by staff and carers. The process is a leaner and more efficient way of meeting carers' needs. The service has developed positive relationships with, and relieved pressure on, the district teams.
11. In the "Report of Findings from the Personal Social Services Survey of Adult Carers in Nottinghamshire, 2012-13", 66% of carers said that information was very easy or fairly easy to find. 34% said that it was fairly or very difficult to find. The Carer Triage Service is supporting improvements for carers to get better information more quickly and from one place.
12. To date, the Carer Triage Service has completed 411 assessments over the telephone. From 17 May 2013 to 7 February 2014, only 50 referrals (12%) have been forwarded to district teams. These referrals were made because workers were already involved and/or the assessment had started, or a telephone assessment was not feasible due to the carer having communication issues or other complexities e.g. a cognitive or hearing impairment.
13. The Team manager for the service supported the evaluation recommendations that a Social Work grade post was not required to undertake the work, which could be completed by Community Care Officers. It is therefore recommended that the Carer Triage Service is extended for one year, provided by 3 Community Care Officers.

Other Options Considered

14. Retaining a social work post (as included in the pilot structure) was considered, but is not appropriate due to higher costs and it not being required to complete the work. The option to cease the service was also considered, however, it is likely that waiting lists and times would again build up.

15. The option of two CCO posts focusing only on older adults was considered. This would not, however, enable the potential benefit of extending the service to younger adults to be evaluated.

Reason/s for Recommendation/s

- 19 The Carer Triage Service is a cost effective way to respond promptly to requests for information and assessments from carers and therefore better assist them to sustain their caring roles. The Care Bill will make it a duty for carers to receive an assessment, regardless of their needs for support or their financial resources, or those of the adult they care for. This places carers' rights to an assessment on an equal legal footing to those they care for based on the appearance of need, with the previous requirement to be providing 'substantial' and 'regular' care removed. This could lead to significant additional contacts and assessments for the Council to respond to.

The Carer Triage Service supports the Corporate strategy of 'channel shifting' away from face to face contact towards telephone and online interactions where appropriate and as such will both make best use of staff time, as well as delivering a better service to more carers. The extension of the Carer Triage Service to May 2015 would enable a robust evaluation of the Service in advance of the Better Care Fund, which will oversee the S256 carers' monies from April 2015.

Statutory and Policy Implications

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

Implications for Service Users

17. Evaluation of the Carer Triage 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 crises
 - can be assessed over the telephone and 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)
 - are reviewed over the phone where appropriate

Financial Implications

18. The cost of the current model is £71,177. The restructuring of the service to three Community Care Officer posts would cost £89,229 per annum, for which funding is available from within existing ASCH carer budgets to May 2015.
19. The Council receives a high proportion of carer referrals from GPs and other health professionals. In 2014-15 it is planned to explore best pathways for the service to respond to these and consider with CCGs whether it would be appropriate for Carers NHS monies to part fund the service in the future.

Human Resources Implications

20. This report proposes to:

- Extend for 12 months from 1st June 2014 to 31st May 2015, 1 FTE Community Care Officer post, NJE Grade 5, scp 24-28, £26,065 - £29,743 including on-costs
- Establish on a temporary basis to 31st May 2015, 2 FTE Community Care Officer posts, NJE Grade 5, scp 24-28, (£26,065 - £29,743 including on-costs for 1 post), £52,130 - £59,486 including on-costs for 2 posts.

21. The existing social work post was a fixed term contract which ended on 31st March 2014.

Ways of Working Implications

22. Existing staff will remain in the same location. Office accommodation will be required for the extra post.

Equalities Implications

23. The Carer Triage Service currently is only available to carers of older people across the County. The recommended option will extend the service to carers of younger adults.

RECOMMENDATION/S

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

- 1) Agree to a continuation of the Carer Triage Service to May 2015.
- 2) Agree to the following changes to the establishment:

Extend for 12 months from 1st June 2014 to 31st May 2015, 1 FTE Community Care Officer post, NJE Grade 5, scp 24-28, £26,065 - £29,743 including on-costs

Establish on a temporary basis to 31st May 2015, 2 FTE Community Care Officer posts, NJE Grade 5, scp 24-28, (£26,065 - £29,743 including on-costs for 1 post), £52,130 - £59,486 including on-costs for 2 posts.

DAVID HAMILTON

Service Director for Personal Care and Support – Older Adults

For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments

25. The financial implications are contained in paragraph 18 and 20 of this report.

Background Papers

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

- a. Report to the Adult Social Care and Health Committee – Carers’ Strategy 2013-2014 – 6 January 2014

Electoral Division(s) and Member(s) Affected

All



12 May 2014

Agenda Item: 7

REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE

IMPLEMENTATION OF THE CARE BILL 2014 – IMPLICATIONS AND RESOURCE REQUIREMENTS FOR NOTTINGHAMSHIRE COUNTY COUNCIL

Purpose of the Report

1. To update Committee on the changes that are required arising from the Care Bill and to highlight the implications for the Council in relation to care and support for adults.
2. To seek approval for funding a dedicated programme of resources to plan, design and implement the changes.

Information and Advice

Introduction

3. The Care Bill represents the greatest change in the way social care is delivered for decades and the changes will have a huge impact on local authorities. The Bill places new duties and responsibilities on local authorities as well as extending existing responsibilities. The Bill is currently going through the final stages in parliament and the release of draft social care regulations and guidance expected at the end of May 2014 for consultation and then finalised in October 2014. Draft regulations and guidance on the financial reforms will be released in Autumn 2014 for consultation.
4. The majority of the changes are set to take place in April 2015, along with the funding reforms arising from the Dilnot recommendations.
5. The Care Bill also places a duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS and other health related services including housing, to be in place by 2018.
6. On 25 November 2013, Adult Social Care and Health Committee agreed to fund a dedicated programme manager to complete an early assessment of the Care Bill for the Council to inform the resources required to deliver the changes. The report identified the need for a programme team to assess the financial and resource implications and then to plan and implement the required changes. Given the wide ranging scope of the Care Bill and exceptionally challenging timescales for implementation, the programme manager started on 6 January 2014 to commence this work.

7. This report considers the benefits of the Care Bill to the residents of Nottinghamshire; then an early assessment of the Council's current position in readiness to meet statutory requirements with early consideration to the significant financial and resource implications.

Background to the Care Bill

8. The Bill represents a landmark piece of legislation to modernise and consolidate social care law (which is based on thirty Acts including the 1948 National Assistance Act) to meet the recommendations from the Law Commission.

The benefits

9. Below highlights some of the key benefits of the Bill and later the report will explore the implications of this in further detail.

Wellbeing, prevention and access to advice and information

10. There is a strong emphasis on improving all people's overall wellbeing, including people who are self-funders, and there is a new requirement on councils to 'provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will prevent or reduce needs of adults requiring care or carers among their local population. This means that if people are not eligible for locally funded care and support, then the local authorities are required to provide information, in a range of formats, on access to 'universal services'.

National eligibility criteria

11. For the first time the reforms set a national *minimum* eligibility threshold, which is intended to help achieve more consistency and fairness across the country by putting an end to a postcode lottery where one local authority may set their eligibility threshold at critical and another at moderate. It is intended the national eligibility threshold will make it easier for people with support needs to move into a new local authority area and have the same outcomes with their new package of support.

Rights for carers

12. 'At last carers will be given the same recognition, respect and parity of esteem with those they support' ¹
13. For the first time carers will be recognised in the law in the same way as service users. The Bill gives local authorities the responsibility to assess a carer's own needs for support and does away with the requirement that the carer must provide 'a substantial amount of care on a regular basis'.

¹ Dame Phillippa Russell, Chair of Standing Commission on Carers

The Dilnot Reforms

14. 'For the first time individual liabilities will be limited, protecting people against the worst aspects of the current care lottery.'²
15. About three quarters of people will need some support as they get older, but while half of people can expect to pay about £20,000 in care costs, one in ten will spend over £100,000. The Bill aims to protect people from the risk of very high costs of care and ensure people can plan ahead to meet the cost of care in a fair and sustainable way. ³
16. The Bill seeks to address this problem through a number of measures:
- a new cap on care costs at £72,000, which means that the Council will become responsible for reasonable care costs for eligible needs once an individual reaches the cap (this excludes general living costs for example)
 - increase in the upper threshold for means tested support to £118,000 or less (currently it is £23,250 in assets)
 - a universal 'Deferred Payments Scheme' so people who own their own home are able to make an arrangement whereby they do not have to sell their home during their lifetime to pay for the care home costs
 - a requirement to provide access to independent financial advice so people can plan ahead for how their care costs will be met.

Integration with health and other related housing services

17. Underlining the reforms is a vision of a more integrated approach to the design and delivery of social, housing and health care services.

Response to the Francis Inquiry on failings at Mid Staffordshire Hospital

18. This Bill sets out Ofsted-style ratings for hospitals and care homes so that people can compare and make choices about where to go for their care and support. It will also make it a criminal offence for health and care providers to supply false or misleading information in order to protect vulnerable people.

Implications for Nottinghamshire County Council

19. Below is an early assessment of the main new duties and responsibilities on local authorities and what this means for Nottinghamshire County Council. This is based on information currently available and will be refined as the detail of the changes is released from late May 2014 onwards.

² Kings Fund

³ Commission of Funding of Care and Support, Final report.

Prevention

20. This requires local authorities to be pro-active to prevent, delay or reduce the need for social care support and this applies to the whole population, including users and carers. This is about how the local authority works with other organisations to identify people who might have support needs that are not being met and to make available services that will enable a person to stay independent.
21. In Nottinghamshire, the Council is working with District Councils in developing a prevention and early intervention strategy to optimise preventive resources available. Nottinghamshire needs to consider the implications arising from the responsibility for ensuring there are sufficient preventative services which delay people's need for long term care and support.

Providing Information, Advice and Advocacy

22. The provision of good quality information and advice by the local authority in partnership with others, underpins the reforms. There is a new requirement to pro-actively identify people who have unmet needs and provide advice, information and support. Information must be accessible to and proportionate to the needs of the person. Where people are not eligible for support there is an additional requirement to provide a written statement of need and an offer of advice and information. There is also a requirement to provide information on how to access independent financial advice. For people who require it, there is a duty to provide advocacy.
23. In Nottinghamshire, the Council has an Advice, Information and Advocacy Strategy and an effective access point via the Customer Services Centre. The Council's approach to how information is accessed is through the website and the Customer Services Centre will need to be reviewed in light of the requirement to both pro-actively identify and offer advice and information to the public, and in a way that is appropriate to the individual, which will range from the web through to face to face and advocacy. The Council has a partnership with 'Paying for Care' to provide financial advice which will need to be reviewed in light of the new requirements for financial advice. The impact of the additional requirements for meeting new advice, information and advocacy needs, including providing the written statement of need, will need to be modelled to identify the financial and resource implications. Early work to pilot new approaches will inform the most cost effective way of delivering this.

Promoting the quality and diversity of local services

24. Local authorities will have a duty to develop a market that has a range of high quality providers that can meet the needs of all residents and allow them choice. This includes local authorities developing a market position statement to provide a powerful signal to the market by identifying care and support needs across the community and explain how the local authority intends to buy in services in the future. There is also a temporary duty to ensure continuity of service in the event of provider failure – this includes care home provision, community based care and support services and for all people receiving care including self-funders.

25. In Nottinghamshire, the Council publicised its web based Market Position Statement in Spring 2012 and received a positive response following a provider survey. This also identified areas requiring further work to provide information on self-funders and intentions regarding the role of housing in supporting vulnerable people. There are well established relationships and forums in place with existing contracted providers. However, further work is required to broaden this out to other providers. A project to increase numbers of small micro providers has successfully worked with 53 new providers. The additional resource to complete the work has ended and now requires capacity to both maintain and broaden the scope within current resources. Whenever a provider with whom the Council funds services exits the market for whatever reason, the Council works with that provider and partners to manage risks and ensure appropriate care and support is provided during the change. The Council has a duty of care to all vulnerable people, however further assessment is needed to understand the scope of the temporary duty in relation to self-funders. The full potential impact of the Care Bill to alter the local market requires further work to fully understand, for example, the potential likelihood and implications of self-funders requesting the Council to arrange and purchase care on their behalf.

Assessment and eligibility

26. The Bill creates the requirement for a single, consistent route to determining people's entitlement to care and support and extends the same entitlement to carers.
27. The Bill sets a national minimum threshold for eligibility at which local authorities must meet a person's care and support needs. The description of eligible needs within new regulations will replace existing local thresholds and current statutory guidance called Fair Access to Care Services.
28. In Nottinghamshire, the eligibility threshold for Fair Access to Care is set at substantial. Although the intention is to set the new national threshold at a similar level, it is being viewed by local authorities as a significant extension of current scope and responsibilities. Early modelling on some scenarios confirmed that the current draft regulations would result in more individuals being eligible for support. The financial impact of the regulations will need to be assessed once there is a further iteration of the draft regulations. Carers will also be entitled to an assessment in line with current practice, though the extension of non-chargeable support services for them, in addition to increased requests for carers' assessments, needs to be fully understood and costed.

Funding reforms

29. The financial reforms will require significant changes in charging for social care and will require local authorities to assume financial responsibility for people who have eligible needs where they fund their own social care and support, once they reach a cap. The reforms also increase the upper threshold for means tested services.
30. The cap on care costs sets a maximum amount that people will have to pay for their care (set at £72,000 in April 2016 and adjusted annually thereafter for people aged 65 and over). People living in a care home will need to contribute to their 'hotel' costs – general living costs that are included in the overall cost of residential care. In April 2016 these will be approximately £12,000 per year and will not count towards the cap on care costs.

31. People under 65 who develop care needs will have a lower cap on care costs.
32. People who have care needs before the age of 18 will be entitled to free care and have all of their care funded by the local authority.
33. A universal Deferred Payment Scheme (to be implemented from April 2015) means that people will not have to sell their home during their lifetime to pay for their care. Local authorities will be required to pay for their care services and accrue the debt until such time that the service user, or their family, are able to repay the debt – local authorities will be able to charge interest on these payment arrangements.
34. An increase in the test capital threshold for people in a care home will change from £23,250 in savings or capital to £118,000 for people whose capital/savings includes property and £27,000 for people whose capital/savings do not. The lower threshold of £27,000 reflects that the value of a person's home is not being considered as part of their assets.
35. People with an eligible need will have a 'care account' which shows the care costs that they have accrued and which tracks their progress towards the costs cap - this will enable local authorities to identify the point at which they will need to assume funding responsibilities for the individuals' eligible needs. The costs associated with the design, implementation, review and monitoring of care accounts for all eligible service users has significant cost implications which will need to be identified and planned for.
36. In Nottinghamshire, work has commenced on the first stage of modelling the financial reforms to understand:
- the impact of the cap for people who currently fund their own support
 - the changes to the rules about charging, including an increase in people who will receive funding and a loss of income from people who currently contribute to their care costs, but will pay less under the new threshold level.
37. To inform the modelling, the Council require local information about self-funders, not just in care homes, but also those with eligible needs who are purchasing community based support services and to this end a survey was completed during February 2014. It is anticipated that a large number of people not previously in contact with adult social care will approach the Council for an assessment in order to start the calculation of their care costs towards the cap and then once the person has reached the cap, the Council will be responsible for funding their ongoing costs, minus hotel costs. The complicated 'rules' around the reforms are not well understood by the public and there is a risk that high numbers of people will approach the Council who are not eligible or unlikely ever to reach the cap. Hence, the financial and demand modelling is critical to understand the financial and resource implications.
38. The national impact assessment established there would be an increase of between 180,000 and 230,000 additional assessments in 2016/17 and between 440,000 and 530,000 extra reviews in 2016/7 for people already receiving care. The local information on self-funders will inform the resource modelling. Work is advanced in developing more proportionate assessments and with an 'asset based' approach, such as using their own resources or resources in the community. Further, the Council need to consider alternative

approaches to assessment, such as on line assessment and 'trusted assessors' with partner organisations.

39. In Nottinghamshire, there is already an established deferred payments scheme with 52 people who have a deferred payment agreement, although this is largely aimed at people in long term care. The scaling up of a discretionary scheme to a universal scheme has resource, legal and financial risks, including the potential increase in bad debt, which will be considered in full once the regulations become available. Central government has committed to meeting the costs of the scheme, but local authorities are awaiting further detail. There could be an option of developing a regional scheme with interested local authorities in the East Midlands.

Safeguarding

40. The Bill requires each local authority to have in place a multi-agency Safeguarding Adults Board and to instigate and oversee Safeguarding Adults reviews where somebody experiencing abuse or neglect dies or there are concerns about how the local authority acted. Boards will also be required to have a work plan and publish an annual report. There is a new duty to carry out enquiries (or ask others to do so) where it is suspected an adult is at risk of abuse or neglect.
41. In Nottinghamshire, the Council is well placed to meet these new requirements with a Safeguarding Adults Board in place with membership from an extensive range of statutory and voluntary agencies and the Board already has a Serious Case Review process. Board members oversee the development and implementation of a work plan and produce an annual report. Until the regulations are published, it is unclear what further implications there are around extension of responsibilities and eligibility. However, there is a concern that the duty to carry out enquiries for adults at 'risk of abuse or neglect' extends our current responsibilities with the current threshold set at '*significant* abuse or neglect'.

Continuity of care around transitions

42. The Bill sets out a range of new duties to support transitions from children's to adults' services including the power to assess a child as well as the need of a young carer in advance of their 18th birthday. The Bill places a new duty to assess the adult carers of children to identify any support needs. There is also a new requirement to ensure continuity of care around transition so that if a young person is receiving services under the Children Act 1989, then these services must continue until adult care and support is ready to take over.
43. In Nottinghamshire there is a transitions team that works with 220 young people from the age of 14 and upwards who have a substantial disability. However, the new requirements have considerable resource implications on a small team and the additional numbers of young people who will require an assessment and/or a statement of information and advice (on what the young person can do to prevent or delay support needs) needs to be modelled. Further work with the Pathfinder team is required to determine how this can be taken forward in the context of the new Education, Health and Social Care Planning process.

Summary of implications for the Council

44. The Bill represents opportunities for significant improvement and change in adult social care. It will transform the way the current adult social care system operates and will require the Council to change processes, systems, practice and culture.
45. Nottinghamshire is well placed to respond to many areas proposed in the Bill and will draw upon existing work that is underway.
46. However, the Bill also presents great challenges with risks arising from the new duties and extended responsibilities and with a very tight timescale for implementation. These can be summarised as the following:
- increase in care costs following the introduction of the cap
 - increase in costs and loss of income arising from the revised financial thresholds for accessing social care funding
 - increase in demand for assessments, support plans and reviews at a time of reducing front line assessment staff
 - potential increase in number of service users and carers following changes to assessment entitlement and eligibility
 - deferred payments, financial risks, liabilities
 - unknown impact of the changes to the market with higher fees traditionally paid by self-funders
 - a tight schedule for implementation with regulations and statutory guidance not finalised until October 2014 with implementation of most of the Bill by April 2015
 - a reducing workforce when there will be additional pressures in social care by April 2015 onwards in the areas of:
 - assessment and care management
 - financial assessments, set up and monitoring of care accounts and deferred payments
47. The Authority is currently working on the financial impact of the implementation of the bill. However at this time it is too early to quantify the financial impact.

Programme resources to plan, design and implement the changes

48. The extent of the new and extended responsibilities arising from the Bill have been scoped out with an early assessment of each of the clauses against our current position, the local policies and practices, and the timescale to inform the impact on the Council to meet the requirements.
49. The programme is complex and will require a fundamental change to our processes, systems, policies and practices. Implementation of the reforms will have a significant bearing on the cost of the delivery of social care, and failure to prepare for and meet the new statutory requirements and duties will pose a substantial financial risk to the Council.
50. Work-streams have been scoped out based on identifying a new area of work or risk, re-scoping of existing projects or business as usual. The work-streams are as follows:

- Finance and resource modelling
- Assessment, eligibility and personalisation
- Carers
- Law reform/legislation
- Strategic market development
- Paying for support
- Charging for support
- Advice, information and advocacy
- Safeguarding
- Quality and risk
- Prevention and housing

51. The enabling or cross cutting work-streams are:

- Communications and co-production
- Cultural change
- Performance framework
- Workforce
- ICT
- Policy and legal
- Integration with health

52. The programme will need to draw upon a range of expertise and knowledge to deliver key elements of the Care Bill. For example, staff from Adult Care Financial Services will need to make a strong contribution to new work-streams – both Charging for Support and Paying for Support. In other areas, such as Strategic Commissioning, there is work underway and these work-streams will need to be re-focused using existing resources. For example, there is an Information and Advice Strategy that is being revised in light of the Care Bill.

53. The programme team will co-ordinate work across the work-streams, ensure infrastructure work-streams are in place and manage inter-dependencies. There are a number of enabling or cross cutting work-streams where operational expertise will need to be committed to the project at key points from across departmental resources, including ICT, legal, Children's services, workforce modelling and development.

54. The composition of the programme team is based on the requirements to deliver key areas of work and is front loaded recognising that the majority of the planning and preparation needs to take place in 2015/6 with under a year before the majority of the Bill becomes enacted.

55. The Programme Manager post and the Business Support Post is already established in the committee report dated the 25th November 2013, but is included in the overall resources to cover the full programme of work:

Programme Manager: 1.0 FTE, F Grade
Funding agreed Nov 2013

In Post

56. The Programme Manager's responsibility is to ensure the successful delivery and the efficient functioning of the programme and realisation of the benefits defined by its objectives. To ensure the delivery of programme objectives to the appropriate levels of quality, time, budget and performance in accordance with the programme plan. The Programme Manager will have line management responsibilities for the Programme Team.

Project Manager: 1.0 FTE, D Grade (12 months)

57. The Project Manager will have day to day responsibility for the Programme Team and for the delivery of the work-streams within the Care Bill programme. They will be responsible for ensuring that effective project management practices are adhered to and that risks, issues and interdependencies are identified and managed effectively. The Project Manager will oversee pilots and developments. This role will lead on communications and co-production. The Project Manager will have line management responsibilities and deputise for the Programme Manager.

Finance Business Partner: 1.0 FTE, C Grade (12 months)

58. The Finance Business Partner will lead on the Finance Modelling work stream and contribute to work on Paying for Support and Charging for Support work-streams which include; financial cap, care account, charges and charging framework.

Commissioning Officers: 3.0 FTE, C Grade (9 months)

59. The Commissioning Officers will be allocated specific work streams to lead on within the Care Bill programme of work to ensure clear ownership and accountability and to promote attainment of the specialist knowledge required to deliver the objectives of the programme. They will also act as the Care Bill team liaison with interdependent projects within ASCH including; carers, advice, information and advocacy, prevention and housing. The Commissioning Officer role will also provide the necessary expertise in the extensive changes to the end to end process, including assessment and care management and financial assessment systems.

Programme Officer: 1.0 FTE, B Grade (9 months)

60. This role will link to the Transformation Team; it will support the Programme Manager and Project Manager in ensuring the Care Bill programme of work is set up, monitored and delivered to the required standard and within the constraints of time, cost and legal requirements. They will also be required to work in conjunction with the team's Finance Business Partner to ensure that finance systems are aligned with business developments and workflows.

Business Support Officer: 0.5 FTE, Grade 3
Funding agreed Nov 2013

61. The purpose of this role is to ensure that effective programme office processes and mechanisms are in place to support the programme team and their activities. This post has been reduced to a 0.5 post to meet the overall costs of project within the funding available.

Governance Arrangements

62. The Care Bill implementation will be overseen by the Adult Transformation Board and will form a key programme of activity within the County Council Transformation Programme as described in the document, Redefining the Council.
63. The Council will need to co-operate across departments and with partner organisations to deliver the changes within the Care Bill and consideration should be given to the following areas: Transformation (changes to the end to end social care process); Children's Services (Transition); IT (Informatics); Finance (Deferred Payments and Cap on Care Costs); Communications and Website (Information and Advice, Communicating the Changes); Public Health (Wellbeing and Prevention); CCGs (Integration with Health) District and Borough councils (Wellbeing and Prevention); and community and voluntary organisations (Wellbeing and Prevention).

Other Options Considered

64. The Care Bill is currently going through Parliament and at the same time, the underpinning statutory guidance and regulations are being drafted. Once the Bill is passed, there will be an expectation on local authorities that they meet the required timeframes for implementation. Given that the majority of the changes will need to be implemented with effect from April 2015, it is prudent to undertake the work necessary to consider the financial implications for the Council and to develop the programme of implementation, including establishing member oversight.
65. Consideration has been given to whether the programme of work can be contained within the ASCH&PP Department's existing resources. However, given the wide ranging changes and the financial implications for the Council, it is not considered feasible to complete this work without dedicated resources. There are significant financial and resource risks for the Council if the financial modelling is not completed and is comprehensive in its assessment.

Reason/s for Recommendation/s

66. The majority of the new duties and responsibilities will need to be implemented with effect from April 2015 with the major financial reforms implemented in April 2016. There are considerable financial and resource implications for the Council arising from this complex and wide ranging programme of work. It is imperative that the Council gains a detailed understanding of the implications; to fully plan and prepare for the implementation of the new duties and responsibilities, including resource modelling; and deliver the new legislative changes in order to be compliant.

Statutory and Policy Implications

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

Implications for Service Users

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

Financial Implications

69. The total costs for the programme resources in 2014/15 are £328,956.

70. At the ADASS Spring Conference Norman Lamb, announced £23 million nationally to support local authorities this year to meet some of the implementation costs during 2014/15. Letters to local authorities with the detail of how and when this support will be available is pending. In 2015/16, Care Bill implementation funding is within the Better Care Funding (BCF), with £135 million available nationally.

Diagram 1: Programme costs

Post	Period	Nos.	Grade	Cost
				Year 1
Programme Manager	Two years (agreed in committee report 2013/081)	1.0 fte	F	£69,038
Project Manager	One year (extension subject to future funding from BCF)	1.0 fte	D	£51,234
Finance Business Partner	One year	1.0 fte	C	£47,784
Commissioning Officers	9 months (extension subject to future funding from BCF)	3.0 fte	C	£107,514
Programme Officer	9 months (extension subject to future funding from BCF)	1.0 fte	B	£31,543
Business Support	Two years (agreed in committee report 2013/081)	0.5 fte	3	£10,864
Communications				£800
Travel, phones and IT				£7,000
1% pay increase				£3,179
TOTAL				£328,956

Equalities Implications

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

Human Resources Implications

72. There are likely to be significant human resource implications both in relation to planning the programme of work and in the implementation of the Care Bill. Further reports will be brought to Committee for consideration once these resource implications have been fully scoped.

RECOMMENDATION/S

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

- 1) Note the new and extended responsibilities for local authorities arising from the Care Bill and the assessment of Nottinghamshire County Council's current position
- 2) Agree the funding for dedicated programme team to plan, design and implement the changes including the establishment of the following posts:

Programme Manager	1.0 FTE	Grade F
Project manager	1.0 FTE	Grade D
Finance Business Partner	1.0 FTE	Grade C
Commissioning Officer (9 months)	3.0 FTE	Grade C
Programme Officer (9 months)	1.0 FTE	Grade B
Business Support	0.5 FTE	Grade 3

CAROLINE BARIA

Service Director for South Nottinghamshire

For any enquiries about this report please contact:

Jane North

Programme Manager

Email: jane.north@nottsc.gov.uk

Constitutional Comments (LM 29/04/14)

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

Financial Comments (KAS 24/04/14)

74. The financial implications are contained in the report.

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All

12th May 2014**Agenda Item: 8**

REPORT OF THE SERVICE DIRECTOR FOR SOUTH NOTTINGHAMSHIRE COMMISSIONING HOME BASED CARE AND SUPPORT SERVICES – PROGRESS REPORT

Purpose of the Report

1. This report provides an update on the retender for home based care and support services. These services enable people to remain living independently in their own home for as long as possible. The majority of services are provided for older people, including people with dementia.

Information and Advice

2. Increasing numbers of people are arranging and managing their own care and support services through a Direct Payment, however it is recognised that there are a number of people who will continue to require, or prefer, the service to be arranged and managed by the Council on their behalf. The Council is required to tender for these services on a regular basis in accordance with its Financial Regulations and EU procurement rules.
3. On 26 September 2013, Council approved proposals for a new model of home based care and support services including changing the way in which the contracts for the home care services are configured and approved commencement of the tender process. The new model of service has sought to address the need for further capacity to meet increased need whilst at the same time enabling providers to deliver more efficient and cost effective services through economies of scale. The key changes include:
 - a reduction in the number of contracted providers from 24 to 8
 - providers having responsibility for ensuring sufficient capacity to deliver all the required services in a given geographic boundary
 - strengthening preventative work and increasing capacity for hospital avoidance and prompt hospital discharges
 - providing more flexible services that give people greater choice and control over the ways in which their services are delivered to meet their specific outcomes
 - a new, more effective, electronic monitoring system to ensure providers continue to be paid and service users are charged, based on actual delivery
 - streamlined internal processes to enable further cost efficiencies

4. The County Council is the lead commissioner of the services but they have been commissioned jointly with the six county Clinical Commissioning Groups (CCG). The CCGs will commission some of the generic home care and support services but they will be the sole commissioners of the specialist health care services.
5. The procurement process has involved two stages and has included dialogue with the tenderers throughout. Whilst this has resulted in the process taking a longer period of time to complete, it has meant that the Council and health commissioners have been able to consider and take into account the providers' ability to meet their legal responsibilities as employers whilst at the same time being able to recruit and retain sufficient care staff to meet increasing demand for these services. Some of the key issues that have been discussed with the tenderers and taken into account as part of the selection process has included:
 - fixed hour contracts of employment with care staff
 - breakdown of costs, including payment for travel and for travel time
 - recruitment and retention practices
 - choice and involvement of service users and carers in support planning and in delivery of flexible services
 - quality assurance, including the role of service users and carers
 - providers' role in facilitating avoidable admissions and prompt hospital discharges
6. The table below shows which providers have been awarded contracts in each of the geographical areas:

District/s	Provider of the generic home care service	Provider of the specialist complex health care service
Newark & Sherwood	City and County (Sterling)	Castlerock
Bassetlaw	City and County (Sterling)	Ark
Rushcliffe	Agincare	Castlerock
Gedling	Agincare	Ark
Broxtowe	Direct Health	Allied Health
Mansfield & Ashfield	Care UK	Mihomecare

7. The majority of home based services will be delivered by four providers for all social care and most health care packages. Three of the providers are currently delivering services in the county under the existing contracts and the new provider already has a base in Nottingham City.

8. The hourly rates of these providers range from £12.70 to £13.20. Prior to these new contracts being awarded, the average hourly rate with contracted providers was £13.74. The configuration of the new contracts in specific geographical areas means that providers are able to achieve economies of scale, this coupled with the assurance that of all new managed services will be commissioned by that single provider, has enabled the average hourly rate to come down to £12.88.
9. In addition, a further four providers have been awarded contracts to deliver the lower volume specialist, complex healthcare packages which are funded by the Clinical Commissioning Groups. The hourly rates for these services range from £13.63 to £15.98.
10. As indicated in paragraph 5 above, through the tender process providers were required to submit a breakdown of costs. This included the proportion allocated to direct staffing costs and required providers to give assurance on staff pay, including for travel time, at, or above, the minimum wage. This will be one of the areas monitored regularly by the Council.
11. All existing providers have been offered a six month contract extension from the 1st April 2014. This is in order to support as smooth a transition as possible of current service users to the new providers over the next six month period. If there are people receiving services remaining on any of the current contracts thereafter, individual temporary arrangements will be put in place with relevant providers only, for the minimum period required.
12. Detailed transition planning is under way with all providers, to ensure that sufficient notice of any change is given to service users and carers to enable a safe, phased, handover that causes minimum disruption. The Council has also facilitated the exchange of information between providers to inform their discussion and to enable the transfer of staff between organisations as, and where, appropriate under TUPE regulations.
13. The Council continues to support and facilitate a diverse market of social care, including for those who fund their own care, or arrange and purchase their care through a Direct Payment from the Council. The Care Bill will make this role a statutory duty for Local Authorities. As such, the transition planning includes discussions with those providers that did not submit a tender or were not successful in being awarded a new contract to confirm and support their future intentions for their business in Nottinghamshire. These providers are being advised of options that may support their future business plans, for example ability to advertise their services across the county at no charge through the Council's ChooseMySupport online directory.
14. It is evident that the demand for home based care and support services continues to increase with high demand attributable to pressures from the acute sector particularly facilitating prompt hospital discharge but also in avoidable hospital admissions hospital avoidance. This, coupled with the extensive tender process, has led to greater recruitment difficulties than usual for providers. To mitigate, this a plan is in place to deliver additional home care capacity in a variety of ways, including individual contract arrangements with providers who do not already have a contract with the Council and accessing Winter Pressures funding from health to purchase additional interim home care services to enable hospital discharges. Current capacity across all independent sector providers and the

Council's START reablement team is monitored on a weekly basis and prioritised for those individuals with the highest need.

15. The Council has recently completed a tender and is in the process of awarding the contract for a new Electronic Monitoring System (EMS) to CM2000. The EMS tracks the time home care staff enter and leave service users' homes. This then triggers payments to providers and charges to service users based on the actual time staff have spent with the individual service users. Implementation of the new system is being phased for the new home care providers from April 2014.
16. It would not be cost effective to replace the current Infocare system with the new CM2000 system for those existing providers who will not have new contract post April 2014 but who will continue to deliver home care to existing service users over the transition phase. These providers will therefore be required to continue to use Infocare in order to receive payment for the services they deliver. Running two electronic monitoring systems over the 6 month transition period will support monitoring of all the services and ensure that:
 - new and existing providers continue to be paid based on actual hours delivered and the Council does not pay providers for a service that people are not receiving
 - the Council is able to accurately charge service users following assessment of their finances
 - the Council is not required to set up and maintain alternative manual systems, with associated high staffing costs
 - existing providers are not required to change systems at the risk of additional costs

Other Options Considered

17. This report is a progress update only.

Reason/s for Recommendation/s

18. This report is for noting only and there are no recommendations arising from this report.

Statutory and Policy Implications

19. 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

20. As part of the Council's Corporate Efficiency Programme, an annual savings and efficiencies target of £865,000 has been identified to be delivered as of 2014/15. This is to be achieved through a combination of reduced hourly costs due to economies of scale and through streamlining internal commissioning and external operating processes. Due to the initial additional work to manage the transition in 2014-15, these savings will not be fully realised until 2015-16. In 2014-15 it is estimated £700,000 savings will be achieved.

21. An organisational review is redesigning the process and structures required for internal commissioning and administration of the new model of service. As outlined in the report to Council in September 2013, an element of the overall savings associated with this programme of work includes a reduction in staff posts. Relevant staff and Unions are involved in the consultation process.

Implications for Service Users

22. The new model of home based services will offer service users greater flexibility and choice about how their services are delivered and will promote independence. It is anticipated that providers will be able to offer sufficient capacity to meet increasing demand.

23. As part of developing the new home based services model, the Council supported service users and carers to form an expert lay group. This group was also part of the evaluation team that selected the new providers. They specified some of the questions to ask bidders, as well as being involved in assessing the bids. The group wishes to continue to be involved and will work with the Council to monitor the quality of services and influence their future development.

24. On 25th March a letter was sent to service users and carers to tell them which organisations were awarded contracts in their area. It included information on what the change will mean for them and how the Council will work with them to manage the transition as smoothly as possible. In extending the contracts with the existing providers for a period of six months, service users and carers will continue to receive the services that are currently available to them, until the new providers are established to enable a smooth transition and to minimise disruption wherever possible.

RECOMMENDATION/S

It is recommended that:

(1) Members note the award of contracts for home based care and support services to the 8 providers and the plans and progress to date in the implementation of the new home based care and support services.

Caroline Baria
Service Director for South Nottinghamshire

For any queries about this report please contact:

Sue Batty
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Constitutional Comments

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

Financial Comments (KAS 15/04/14)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

All.

12th May 2014**Agenda Item: 9**

REPORT OF THE SERVICE DIRECTOR ACCESS AND PUBLIC DIRECTION REVISION OF THE SAFEGUARDING ADULTS PROCEDURES AND GUIDANCE

Purpose of the Report

1. This report asks Committee to endorse the revised Safeguarding Adults procedures and guidance which will go for approval by Policy Committee on 4th June 2014.

Information and Advice

2. The Nottinghamshire Safeguarding Adults procedures were last revised in 2010. Since that time there have been some significant developments in this area of work. In addition to the Care Bill, which will make it a legal requirement for local authorities to 'make enquiries', the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) have begun shifting the focus of adult safeguarding work towards a person centred approach in recent years.

The development of the 'Making Safeguarding Personal' agenda was '*drawn up in response to feedback from people using safeguarding services, stakeholders and practitioners that the focus of safeguarding work was on process and procedure. People using safeguarding services wanted a focus on a resolution of their circumstances, with more engagement and control*' (Making Safeguarding Personal, Sector Led Improvement, LGA ADASS, April 2013).

Additionally, Nottinghamshire participated in national research to identify best practice around Making Safeguarding Personal which explored the best ways of working with people in this way.

Taking account of the Care Bill and the Making Safeguarding Personal agenda, a Lean Plus approach was taken to inform the review. This involved extensive consultation with a full range of staff, partner agencies and service users which has resulted in a less bureaucratic system (both in terms of the procedure & guidance and the Framework-i process).

3. In practice, this will mean:
 - Working towards outcomes that the person wants to help them manage the risk of abuse and/or neglect;
 - Greater emphasis on ensuring that the person is fully involved with all decisions;

- Greater autonomy for practitioners to determine the best approach;
 - More tools to help provide the relevant response;
 - A proportionate response to allegations of abuse, meaning gathering evidence to ascertain whether abuse has occurred or not, will be required less frequently;
 - Where investigative work is required, there is greater clarity around partner agency roles and responsibilities;
 - Better recording of safeguarding work;
 - A process that is easier to navigate, making it easier to complete appropriately and within timescales.
4. Feedback from the consultation along with the working group of managers and practitioners, has been extremely positive.
5. The revised procedures and guidance are listed as background papers to the report, and can be viewed on the County Council website on this link:

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3294/Committee/480/SelectedTab/Documents/Default.aspx>

Other Options Considered

6. Consideration was given to a less robust review of the procedures and retaining much of the same process. However, revising the procedures in line with the Making Safeguarding Personal agenda better serves those vulnerable individuals who have been subjected to abuse.

Reason/s for Recommendation/s

7. The recommendations are as a result of the Care Bill, and the LGA ADASS work stream in relation to 'Making Safeguarding Personal'.

Statutory and Policy Implications

8. 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.

Crime and Disorder Implications

9. Adult abuse is often a crime and this proposal strengthens our approach to allegations of abuse.

Financial Implications

10. Implementation of this process will be done by existing staff and replaces the existing system. Therefore, there are no financial implications to agreeing the revised procedures and guidance.

Human Resources Implications

11. Guidance has been produced to support staff to use the revised procedures. There will be an implementation plan which will include supporting staff in a variety of ways including new development opportunities.

Human Rights Implications

12. Adult abuse is an infringement of an individual's human rights. This proposal strengthens our approach to allegations of abuse, ensuring that the person is always at the centre of all the work we do.

Public Sector Equality Duty implications

13. Please see the Equality Impact Assessment for 'Updating the Adults Multi-Agency Safeguarding Policy, Procedures and Guidance'.

Safeguarding of Children and Vulnerable Adults Implications

14. By its very nature, this procedure and guidance aims to reduce the risk to vulnerable adults. It also makes reference to the safeguarding of children and informs staff of their duties in respect to this.

Implications for Service Users

15. This procedure and guidance aims to have a positive impact on service users as it changes the emphasis of the approach staff will take in relation to dealing with safeguarding concerns. This will result in an approach which focuses on the views of the service user throughout the process and works towards outcomes identified by them, enabling them to manage the risk of future abuse and/or neglect.

RECOMMENDATION/S

The Adult Social Care and Health Committee are asked to:

- 1) Endorse the changes to the multi-agency safeguarding adults procedures and guidance which will go to Policy Committee for approval on 4th June 2014.

Paul McKay
Service Director – Access and Public Direction

For any enquiries about this report please contact: Stuart Sale, 0115 977 4594.

Constitutional Comments (LM 29/04/14)

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

Financial Comments - None

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.

The following documents can be viewed on the County Council website at:

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3294/Committee/480/SelectedTab/Documents/Default.aspx>

- Nottinghamshire Safeguarding Adults at Risk Procedures - FINAL DRAFT
- Nottinghamshire Safeguarding Adults at Risk Procedural Guidance - FINAL DRAFT
- Making Safeguarding Personal, Sector Led Improvements (*LGA ADASS, April 2013*)
- Making Safeguarding Personal 2013-14 – Executive Summary (*LGA ADASS, April 2014*)

Electoral Division(s) and Member(s) Affected

- All

12 May 2014

Agenda Item: 10

REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE AND HEALTH AND PUBLIC PROTECTION

OVERVIEW OF SAVINGS PROJECTS TO BE DELIVERED 2014/15 TO 2016/17 BY THE ADULT SOCIAL CARE AND HEALTH DEPARTMENT

Purpose of the Report

1. To provide Members with an overview of budget saving projects to be delivered by the Adult Social Care and Health Department (ASCH&PP) over the period 2014/15 to 2016/17, and associated resource requirements.
2. To seek Member approval for either the establishment of new temporary posts or the extension of existing temporary posts that will support project delivery, where such approval is not already in place.

Information and Advice

3. The budget approved by the County Council on 27th February 2014 required the ASCH&PP department to make savings and efficiencies totalling £32.641 million for the period 2014/15 to 2016/17, through delivery of 36 projects spanning across both the Adult Social Care and Health and Community Safety committees.
4. This is in addition to the savings that the Department is still required to make in the final year of delivery of the 2011/12 to 2014/15 savings programme. These total £3.479m million, related to 5 projects, all of which fall under the remit of the Adult Social Care and Health Committee. Three of these will be merged into 'Phase II' projects, ie those to be delivered over the period 2014/15 to 2016/17, meaning that overall there will be 38 projects.
5. In tandem, the composite level of savings that the Department must deliver during 2014/15 is £16.571m, and the total savings across all three years is £36.120m, profiled as follows:

	14/15 Phase I	14/15 Phase II	15/16	16/17	Total
ASCH	£3.479m	£12.718m	£13.207 m	£6.147 m	£35.551m
Public Protection	£0	£374k	£195k	£0	£569k
Total	£3.479m	£13.092m	£13.402m	£6.147m	£36.120m

6. The 38 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. All projects are listed as per their governance category in Appendix I.
7. The total value of proposals per governance category is as follows:

No of Proposals by Governance Category				Value (£000) of Proposals By Governance Category			
High	Low/Med	Non Projects	Total	High	Low/Med	Non Projects	Total
15 (39.5%)	18 (47.5%)	5 (13%)	38	24.875 (69%)	7.210 (20%)	4.035 (11%)	36.120

8. In order to ensure that all projects are well positioned to deliver savings a deliverability self-assessment was conducted during February 2014 to assess:
- Risks and barriers to achieving savings, and action / resource required to mitigate these.
 - Confidence levels in delivering overall savings, as things currently stand, with particular attention to the 2014/15 profile.
9. As a follow-up to the deliverability assessment, the Transformation Team (formerly the Improvement Programme Team) has worked extensively with the Department to ensure that high governance projects are set-up for success and that critical project documentation is in place (for example, project plans and resources secured to deliver projects). Arising from this work are a series of actions that will need to be taken over the coming months to better assure the deliverability of some of the highly complex projects within the ASCH&PP project portfolio.
10. Resource requirements identified to date to support delivery of the Department's savings programme, particularly its highly complex projects, include:
- Additional temporary ASCH&PP staff.
 - Transformation Team resource support.
 - Corporate enabling services such as: HR and the Customer Services Centre; Finance and Procurement; ICT; Property; Legal; and Communications and Marketing.
 - ICT development and mobilisation costs.
 - Investment in specialist equipment, including Assistive Technology.
 - Capital investment, for example to develop supported living alternatives to residential care.
11. ASCH Committee approval is already in place for some of the additional temporary ASCH&PP posts required to support programme delivery (please refer to Background Papers). Approval is now sought for the creation or extension of the posts as outlined in Appendix II, which includes details of costs, timescales and funding sources.

12. All high governance projects will report progress in delivery on a monthly basis. In this way, there will be early visibility and warning of any issues arising so that these can be addressed.
13. A monthly Commissioning and Efficiencies Delivery Group will oversee delivery of the Department's entire savings programme over 2014/15 to 2016/17, chaired by the Deputy Director for ASCH&PP. In addition, project delivery will be managed by Delivery Groups responsible for overseeing delivery of savings projects falling under the following themes: Lean/Transformational; Direct Services; Younger Adults Community Care and Residential Care Spend; Older Adults Community Care and Residential Care Spend; Market Management; and Access and Public Protection. These will be chaired by relevant Service Directors. The Department will report progress on delivery of the 2014/15 to 2016/17 Programme to ASCH Committee twice yearly.

Other Options Considered

14. Instead of using temporary additional posts, officers from the Department's existing staffing establishment could be utilised to deliver projects. However, this will divert staff from core duties and will put delivery of project savings at risk.

Reason/s for Recommendation/s

15. Approval of the extension of existing temporary posts that have already been undertaking activity to support delivery of savings and efficiencies (as part of the 2011/12 to 2014/15 programme) means a retention of knowledge and smooth transition to the delivery of additional savings as part of the 2014/15 to 2016/17 programme.
16. The extension of existing temporary posts and the creation of additional temporary posts will fill capacity that could not otherwise be met by staff in the permanent establishment alone within the timescales set for the delivery of savings and efficiency targets. It also allows mainstream staff to focus on core duties, and temporary posts to focus on specific priority areas and projects that require a short term focussed approach.

Statutory and Policy Implications

Financial Implications

17. The details of the required posts and the sources of funding for these posts are detailed in Appendix II. In 2014/15 the cost of the posts is £1,160,867, in 2015/16 the cost is £1,483,348 and in 2016/17 it is £450,815.

RECOMMENDATION/S

18. It is recommended that the Adult Social Care and Health Committee approve the temporary post extensions or temporary post creations as outlined in Appendix II of this report.

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

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

Constitutional Comments (LM 22/04/14)

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

Financial Comments (KAS 24/04/14)

20. The financial implications are summarised in paragraph 17 of the report and itemised in detail in Appendix II.

Background Papers and Published Documents

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

- Report to the Adult Social Care and Health Committee, 22nd July 2013: *Establishment of a Data Inputting Team.*
- Report to the Adult Social Care and Health Committee, 25th November 2013: *Team Manager Post in Adult Care Financial Services.*
- Report to the Adult Social Care and Health Committee, 6th January 2014: *Assistive Technology Update.*
- Report to the Adult Social Care and Health Committee, 3rd March 2014: *Direct Payment Support Services.*
- Report to the Adult Social Care and Health Committee, 31st March 2014: *Organisational Redesign within the Adult Social Care and Health Department.*
- Report to the Adult Social Care and Health Committee, 12th May 2014: *The Care Bill.*

Electoral Division(s) and Member(s) Affected

All

APPENDIX II - Additional Temporary Staffing Requirement to Support Delivery of ASCH&PP 2014/15 to 2016/17 Savings Programme

Delivery Groupings	Combined Savings '£000	Resource Required	Post Title	FTEs	Band/ Grade	Post Extension or Creation	Timescale	Cost 2014/15 £	Cost 2015/16 £	Cost 2016/17 £	Source of funding	
ASCH&PP												
Transformational / Lean	2,227	Elective Surgery Project Manager	Project Manager	1.00	D	Creation	1 year from date of appointment	48,251	0	0	Health (Winters Fund)	
Direct Services	2,180	Programme Manager	Strategic Review Manager	0.95	E	Extension	2 years from Apr 2015 to Mar 2017	0	54,657	54,657	Yr 1 funded by Departmental Reserves (approved at 31.03.14 ASCH Committee). Yrs 2 & 3 to be funded by Strategic Development Fund	
Younger Adults Community Care & Residential Care	5,867	Temporary Reviewing Team	Community Care Officer	4.00	5	Extension	6 months from Apr 2014 to Sept 2014	61,988	0	0	Strategic Development Fund	
			Senior Practitioner	1.00	C	Extension		22,381	0	0	Strategic Development Fund	
		Temporary Transformation Team	Senior Practitioner	1.00	C	Extension	2 years from Oct 2014 to Sept 2016 (NB: extension from Apr 2015 subject to approval of business case)	125,000	250,000	125,000	Yr 1 funded by Strategic Development Fund. Yrs 2 & 3 to be funded by Strategic Development Fund, subject to approval of business case for extension.	
			Occupational Therapist	1.00	B	Extension						
			Community Care Officer	4.00	5	Extension						
			Dual Sensory Impairment Officer	1.00	3	Extension						
Older Adults Community Care & Residential Care	6,631	Central Reviewing Team	Team Manager	2.00	D	Extension	2 years from Apr 2014 to Mar 2016 (extension from Apr 2015 subject to approval of business case)	101,719	101,719	0	Yr 1 funded by Strategic Development Fund. Yr 2 to be funded by Strategic Development Fund, subject to approval of business case for extension.	
			Reviewing Officer	20.30	5	Extension		603,052	603,052	0		
			Brokers	2.00	5	Creation		55,599	55,599	0		
			Business Support Officers	2.00	3	Creation (or from existing resource)	NB: the make-up of the ratio between the broker/reviewing officer roles may change as vacancies become available	41,410	41,410	0		
			Running Costs (inc travel)	N/A	N/A	N/A		48,220	48,220	0		
			Programme Manager	Strategic Development Manager	1.00	E	Extension	1 year from Apr 2015 to Mar 2016	0	57,533		0
		Market Management	5,372	No additional resource requirements currently identified								
		Commissioning	6,005	Supporting People Programme Commissioning Support	Commissioning Manager	0.50	E	Creation	3 years, from date of appointment until March 2017	29,044	29,044	29,044
Commissioning Officer	0.50				C	Creation	24,203	24,203		24,203	Departmental Reserves	
Access & Public Protection	3,803	No additional resource requirements currently identified										
Non-Projects	4,035	No additional resource requirements currently identified										
Horizontal Resource	-	Assistive Technology	AT Project Manager	1.00	D	Extension	2 years from Apr 2015 to Mar 2017	0	51,235.00	51,235.00	£39k pa funded from Strategic Development Funding. £37,911 pa to be funded from Supporting People budget.	
			AT Project Assistant	1.00	4	Extension		0	25,676.00	25,676.00		
TOTAL ASCHPP	36,120							1,160,867	1,342,348	309,815		

12 May 2014**Agenda Item: 11****REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****DIRECT SERVICES DELIVERY GROUP UPDATE REPORT****Purpose of the Report**

1. This report will update Committee on progress made to date with the work and savings that fall within the scope of the Direct Services Delivery Group, and next steps.

Information and Advice

2. The Direct Services Delivery Group is responsible for ensuring the successful completion of the business cases that have been agreed for the following areas of Direct Services:
 - Day Services (C07) £ 1060K saving
 - Short breaks (C06 and C011) £ 960K saving
 - Transport (C04) £ 500K cost reduction
 - Employment (C08) £ 160K saving
3. The Transport project aims to achieve a cost reduction rather than a cashable saving, as there is a budget over spend which must be reduced. The savings target given is a minimum and it is hoped that more will be realised during the course of the project.
4. The Day Services project builds on the model for day service provision commenced in the Day Service Modernisation Programme.
5. In addition to securing the achievement of the savings and cost reduction outlined at section 2, it has been agreed that the Delivery Group will explore and develop options for alternative delivery models for direct services, which will ensure that they can be sustained as:
 - high quality services
 - affordable services
 - services that meet the needs of the local population
6. The Day Service project will maximise the use of available resources and achieve savings by implementing two strategic changes; these are to a) transfer the day service provided from 6 local bases into alternative local multi-purpose integrated day service bases, enabling the permanent closure of the 6 bases and b) cease the weekend day service currently provided to people from 9 bases around the county.

7. We anticipate that the 6 bases will cease to have a day service function within the following timescales:

• Retford (formerly known as Grove and Lawn View)	Summer 2014
• Southwell (formerly known as Three Spires)	Autumn 2014
• Rushcliffe (formerly known as BGR)	Winter 2014
• Beeston (formerly known as Middle Street)	Spring 2015
• Ollerton (formerly known as Whitewater)	Spring 2016
8. For the people who use the Retford day services, alternative provision in the Community Resource at Worksop Library is being developed and service users will be invited to visit this service shortly. Revised travel plans will be drawn up in May by the Transport and Travel Service, working in partnership with the day service staff, to ensure that any additional costs incurred by the move are kept to a minimum. Service users will be consulted before revised travel arrangements are put in place.
9. For the people who use the Southwell day service, the alternative day service will be offered from Mansfield or Newark, depending on which is closest to home. Visits to these services will be arranged in May and June; the necessary transport changes will be planned after this point. Various options are being considered by the department for alternative use of the site once the day service has been transferred out.
10. The people who used to access the Rushcliffe day service were transferred out of this venue in December 2012 on a temporary basis into the Broxtowe, Gedling and Bingham day service buildings, due to the Heyman School works commencing on the Rushcliffe site. Now that the Rushcliffe base has been confirmed for closure, those original day service users will be supported to consider if they wish to stay where they are now, or make other arrangements for service on a permanent basis. Any changes will be implemented by the autumn and the building will be closed in the winter.
11. Beeston day service users have already transferred their day service to the main Broxtowe base at Chilwell. However, it has been agreed that the funding of the building will continue to be a day service responsibility until spring 2015.
12. It is anticipated that the weekend day service will cease to operate in late summer 2014. All affected service users will be offered equivalent day service during Monday to Friday or be supported to consider the other options open to them.
13. The Short Breaks savings will be delivered by the closure of Kingsbridge Way and Newlands short breaks units. There is no immediate action to be taken in relation to these closures as the first priority is to develop a new Council Short Breaks Policy, which will outline who is eligible to receive a planned short break and how much personal budget will be allocated to any eligible service user or carer for this purpose. The allocation system is still in development but we aim to have a recommendation for Committee in the summer. Should Committee approve the new assessments will be carried out with the service users and carers who currently access the council-run short breaks units and Newlands (run by the Nottinghamshire Healthcare NHS Trust) so that personal budgets for planned short breaks can be allocated.

14. Discussions will take place with all the affected service users to determine how best to meet their identified needs with the provision that will be available after the closures of Newlands and Kingsbridge Way. Trial periods in alternative services will be organised and detailed transition plans will be developed.
15. Cost reductions on transport provided or funded to service users will be delivered through the following strategic changes:
 - increasing the transport charge from £ 5 to £ 7 per day
 - withdrawing subsidised fleet transport from 20 lunch clubs
 - improving the efficiency of available transport resources through a) reducing the number of fleet vehicles funded by the department, b) reducing the department's share of fleet vehicle and driver costs by undertaking some public bus work during the middle of the day, c) market testing external contracts, and d) seeking to amend terms and conditions for drivers to reduce costs during the middle of the day when no driving is required.
16. Letters are being sent to all service users about the increased transport charge during April, to give them notice of the start date being 31.5.14.
17. People affected by the withdrawal of fleet transport from the 20 lunch clubs will receive letters by early May, to give them 3 months notice of the withdrawal of this provision after 31.7.14. Information on other transport options will be provided.
18. Plans to reduce fleet transport costs for the department are underway and these will be implemented from August 2014, which is when day service fleet vehicles and drivers will start to undertake some public bus routes during the middle of the day. Market testing of external contracts will be underway during the summer and staff negotiations will be completed by the end of the summer.
19. Administrative work is taking place now to ensure that the service user finance and information system (Framework i) contains the most up to date information about all external transport procured for the department by Transport and Travel Service. A new process was launched on 15.4.14 to ensure that the full details of any new external transport will be captured by the Framework system. Further work is ongoing to ensure that all transport charges are being levied correctly.
20. The Employment savings project seeks to reduce the I-work staff costs by 30% and close the Phoenix Project, affecting 13 service users.
21. HR procedures are being implemented to ensure that the correct processes are followed to realise the staff savings from August onwards. Notice has been given on the base currently used by the I-work team, who will relocate to available space at Linby Farm in July.
22. All service users affected by the Phoenix Project closure will be supported to consider alternative options for service and support during April and May, so that choices can be implemented by July.

Other Options Considered

23. There are no other options to outline as this report aims to update Committee on progress to date and next steps for the Direct Service Delivery Group's work.

Reason/s for Recommendation/s

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

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

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

RECOMMENDATION/S

It is recommended that the Committee

- 1) Notes the contents of the update report.
- 2) Receives a further report in 6 months

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Wendy Lippmann

Strategic Review Manager

Email: wendy.lippmann@nottsccl.gov.uk

Constitutional Comments

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

Financial Comments

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

All.

12th May 2014**Agenda Item: 12****REPORT OF THE DEPUTY CORPORATE DIRECTOR FOR ADULT SOCIAL
CARE AND HEALTH AND PUBLIC PROTECTION****RE-TENDER OF NOTTINGHAMSHIRE'S INTEGRATED COMMUNITY
EQUIPMENT LOAN SERVICE (ICELS)****Purpose of the Report**

1. To advise Committee on the requirement, resources and time-scales for the re- tender of Nottinghamshire's Integrated Equipment Loan Service (ICELS).
2. To seek approval to establish an additional temporary post to complete the associated work.
3. Request a further report on the preferred future model.

Information and Advice**Background and Context**

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

4. Following review in 2013, the Partnership confirmed extension of the existing contract with the British Red Cross for the optional further two years up to 31st March 2016. There is now a legal requirement for the Council to undertake a re-tender of the service. The successful provider will be required to be able to deliver the service from 1st April 2016.
5. Time-scales:

Stage	Date
Finalise all tender documents	April 2015
Tender issued and providers complete their submissions	May 2015 – July 2015
Evaluation of submissions	August 2015
Selection of Preferred Provider	September 2015
Transition from current to new provider and/or model	October 2015 – March 2016
New provider operational	1 st April 2016

6. The Partnership Board have agreed that Nottinghamshire County Council should continue to be the lead commissioner and have agreed the Terms of Reference and governance structure. The Partnership have identified that additional resources are required to complete the work because of the complexities of the service itself, working across nine organisations and the associated operational processes and protocols that will need revising.
7. There is a significant amount of additional work to be completed between now and April 2015 in order to finalise the specification for the new contract. Partners initially want appraisals of alternative models that are being used across the country, benchmarking of costs with other similar services and a revised needs analysis to project future demand. Consultation will then be undertaken on the preferred options with service users, staff and other stakeholders. Agreement will then need to be sought through each agency's governance process, prior to finalising the specification in preparation to issue the tender in May 2015.
8. As demand for equipment is rising and partner's funding reducing, the new model for the service will need to find ways to maintain quality, whilst also enabling greater volumes of the right equipment to be in place for people when they need it. It is therefore important that initial preparatory work is undertaken well, in order to fully explore different options and innovations.

Other Options Considered

9. Completing the work within existing resources was considered, but is not felt to be achievable by partners. None of the partners had staff with spare capacity to undertake the work. A higher grade of post was considered, but not required, as the post will be managed and supported by an existing Commissioning Manager who also manages the ICELS Partnership Manager.

Reason/s for Recommendation/s

10. All partners supported the approach of sharing this relatively small investment now in order to minimise the risks of putting the wrong model in place for the future and/or not completing the work on time. A similar resource was put in place for the last tender and was key to successful completion.

Statutory and Policy Implications

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

Financial Implications

12. Total cost for the partnership over 2 years for procurement, project management and commissioning officer resources is £111,272. This funding will be split across the ICELS Partnership by the same percentages of pooled budget contributions set out in the partnership agreement.
13. The total cost to the Nottinghamshire County Council over the two years will be £29,821 of which £14,460 will be off-set by use of existing resources to deliver elements of the work. The remaining £15,361 contribution to the additional Commissioning Officer resource required will be funded from Departmental Reserves.

Human Resources Implications

14. This report seeks approval to establish:
 - 1 FTE, temporary for 2 years, Commissioning Manager, Band C, scp 39-44, (£41,434 – £47,106) plus approved care user status.

Implications for Service Users

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

Ways of Working Implications

16. Office space will be required at County Hall for the additional post for two years.

RECOMMENDATION/S

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

- 1) Notes the requirement to undertake a re-tender of Nottinghamshire's Integrated Community equipment Service and time-scales.
- 2) Approves the establishment of an additional 1 FTE temporary post for a two year period in order to undertake associated work.
- 3) Receive a further report on the preferred future model in November 2014.

Jon Wilson

Deputy Director for Adult Social Care, Health & Public Protection

For any enquiries about this report please contact:

Sue Batty, Group Manager for Joint Commissioning

Email: sue.batty@nottscc.gov.uk

Constitutional Comments (LM 30/04/14)

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

Financial Comments

18. None

Background Papers and Published Documents

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

- Delegated Decision 7 April 2011 AC/2011/00019

Electoral Division(s) and Member(s) Affected

All

12 May 2014**Agenda Item: 13****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2014/15.

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

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

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

Constitutional Comments (HD)

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

Financial Comments (PS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
12 May 2014			
Winterbourne View	Update on Nottinghamshire Response to "Transforming Care: A National Response to Winterbourne View Hospital"	Service Director for Broxtowe, Gedling and Rushcliffe	Ian Haines
Home Based Services Tender	Progress report on the Home Based Services Tender	Service Director for Broxtowe, Gedling and Rushcliffe	Sue Batty
The Care Bill	Progress report on the Implementation of the Care Bill 2014	Service Director for Broxtowe, Gedling and Rushcliffe	Jane North
Carers Support Service Report	Report on extension of Carers Triage Service.	Service Director for Mid Notts and Bassetlaw	Penny Spice
Revised adult safeguarding policies and procedures	Report for endorsement of revised safeguarding policies and procedures	Service Director, Access and Public Protection	Stuart Sale
Direct Services savings proposals	Progress report on savings proposals related to direct services in the department (eg. day services, short breaks services, transport etc)	Deputy Director, Adult Social Care, Health and Public Protection	Wendy Lippmann
Overview report – 14/15 budget saving projects	Overview of ASCH&PP savings projects to be delivered in 14/15, deliverability assessment, associated savings and resource requirements.	Deputy Director, Adult Social Care, Health and Public Protection	Ellie Davies/Sue Batty
ICELS Re tender resources		Deputy Director, Adult Social Care, Health and Public Protection	Sue Batty
Impact of Deprivation of Liberty (DoLs) Supreme Court ruling	Update on impact of recent DoLs Supreme Court ruling and impact on local authority.	Service Director, Access and Public Protection/Deputy Director, Adult Social Care, Health and Public Protection	Claire Bearder
9 June 2014			
Update on Carers Issues	Update to Members on response to results of the survey and future strategy	Service Director for Mid Notts and Bassetlaw	Penny Spice
Business Support Review	Update on Business Support Review bringing together business support of ASCH&PP and CFCS.	Corporate Director, Children, Families and Cultural Services	Anthony May
Nottinghamshire	Report outlining the Nottinghamshire Partnership of	Service Director for Mid Notts and	Claire Poole

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Partnership of Social Care Workforce Development	Social Care Workforce Development Proposed Business Model	Bassetlaw	
Care Quality Commission	Report on the Care Quality Commission new model and feedback on the secondments	Service Director for Broxtowe, Gedling and Rushcliffe	Rosamunde Willis-Read
Service Organiser Teams	Report to seek approval for the new structure of the Service Organiser Teams	Service Director for Broxtowe, Gedling and Rushcliffe	Mark McCall
Younger Adults Community Care and Residential Care savings proposals	Progress report on savings proposals related to community and residential care for younger adults	Service Director for Broxtowe, Gedling and Rushcliffe	Ellie Davies
Older People Community Care and Residential Care savings proposals	Progress report on savings proposals related to community and residential care for older adults	Service Director for Mid Notts and Bassetlaw	Cherry Dunk
Access and Public Protection savings proposals	Progress report on savings proposals related to Business Support, and other support services (Framework, Adult Care Financial Services etc)	Service Director, Access and Public Protection	Kate Revell
ASCH Information, Advice and Advocacy Strategy		Deputy Director, Adult Social Care, Health and Public Protection	Sue Batty
7 July 2014			
Carers' Strategy	Review of the Carers' Strategy	Service Director for Mid Notts and Bassetlaw	Penny Spice
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections.	Deputy Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker/Jennie Kennington
Planned Care of Older People after a Planned Operation	6 month review of the Planned Care of Older People after a Planned Operation Project	Service Director, Access and Public Protection	Amanda Marsden
Market Management savings proposals	Progress report on savings proposals related to reduction in supplier costs for older and younger adults' services and the Dementia Quality Mark.	Service Director, Access and Public Protection	Kate Revell
September 2014			
Nottinghamshire	12 monthly update on Nottinghamshire Safeguarding	Service Director, Access and	Allan Breeton

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Safeguarding Adults Board	Adults Board	Public Protection	
Lean +/Transformational savings proposals	Progress report on savings proposals related to organisational redesign and transformation of assessment and care management.	Deputy Director for Adult Social Care, Health and Public Protection	Stacey Roe/Phil Cooper
Commissioning and Efficiencies savings proposals	Progress report on savings proposals related to Supporting People and changes to joint commissioning arrangements.	Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
November 2014			
Interim Senior Leadership Structure in the Adult Social Care, Health and Public Protection Department	Review of the departments interim Senior Leadership Team Structure	Deputy Director for Adult Social Care, Health and Public Protection	Jon Wilson
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals.	Deputy Director for Adult Social Care, Health and Public Protection	Ellie Davies
Independent Living Fund (ILF) update	Update on transfer of responsibility for ILF to local authority.		
January 2015			
NHS Support to Social Care Funding	Update report on NHS Support to Social Care (s.256) Funding	Service Director for Mid Notts and Bassetlaw	Jane Cashmore
February 2015			
Young Carers and Disabled Parents	12 month update on the work regarding Young Carers and Disabled Parents	Service Director for Broxtowe, Gedling and Rushcliffe	Wendy Adcock
Integrated Community Equipment Loan Service	12 month update on the Integrated Community Equipment Loan Services (ICELS)	Service Director for Broxtowe, Gedling and Rushcliffe	Sue Batty
March 2015			
Direct Payment Support Service	Update after 12 months of the changes to Direct Payment Support Services	Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
27th April 2015			
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals.	Deputy Director for Adult Social Care, Health and Public Protection	Ellie Davies

