

8 January 2018**Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****ADULT SOCIAL CARE AND HEALTH CONSULTATION****Purpose of the Report**

1. The purpose of this report is to:
 - a) provide information about the response received to the public consultation on proposals in relation to Adult Social Care and Health
 - b) seek approval, based on the outcome of the consultation, to take a revised Adult Social Care charging policy to Policy Committee for approval that will allow for the consistent application of the Council's current home care charging policy to people at the point that their reablement programme with the Short Term Assessment and Reablement service (START) has been completed
 - c) seek approval, based on the outcome of the consultation, for proposals to increase the capacity of the Short Term Assessment and Reablement service (START) and to apply the Council's existing charging policy for people who continue to receive a service from the team once their reablement programme is completed
 - d) seek approval, based on the outcome of the consultation, to develop the way support is provided to carers.

Information and Advice

2. In order to identify ways to provide services more efficiently and help manage the Council's budget pressures, the Adult Social Care and Health Department undertakes a regular programme of service reviews to consider the way in which social care and support is provided to adult service users in Nottinghamshire.
3. At the October 2017 meeting, the Adult Social Care and Public Health Committee gave approval to consult with the public on four proposals:
 - a) a proposal to review the Adult Social Care and Health Charging Policy in order to reflect the different rates set out in the Department of Health circular 'Local Authority Charging' and also in the Care Act
 - b) a proposal to apply the charge to service users, for particular social care and support services, in advance rather than in arrears
 - c) a proposal to ensure that the Council's existing homecare charging policy is applied for people who continue to require and receive home care after receiving non-charged reablement support where they are awaiting a longer term package of home care

d) a proposal to review the way that support is provided to carers.

4. Following the October Committee approval to consult, legal advice was sought to ensure that the consultation questionnaires allowed people to make a meaningful contribution.
5. In order to make it easier for people to take part in the consultation, the proposals were grouped. Options a), b) and c) described in **paragraph 3** relate to potential changes to Adult Social Care and Health Charging and these were grouped together into one consultation exercise. Option d), the proposal to review the way that support is provided to carers, formed a separate consultation.
6. The consultation commenced on 6 November and closed on 5 December 2017. Whilst there is no statutory guidance with regard to the length of a consultation, the requirement is that the consultation process allows for meaningful contributions from groups that will be affected by the proposed change.
7. The consultations were widely publicised. On-line surveys were made available on the Council's website and paper copies of the consultations were placed in public libraries. Letters about the Adult Social Care and Health Charging consultation and questionnaires were sent to those people who receive adult social care support from the Council and are charged for their services. A link to the survey was also shared with the Experts by Experience group who are currently helping with the work on the Council's tender for home care and the Citizens' Panel which is made up of over 2,000 residents.
8. In addition, letters about the support to carers consultation were sent to the 5,543 carers who had received a County Council assessment or review of their eligibility for support in the previous 12 months. These were considered to be the groups who might be directly affected by any changes to policy or services. The letters outlined the purpose of the consultations and invited people to contribute either online or by returning a paper questionnaire with a freepost address. Information about the carers consultation was also e-mailed to the Nottinghamshire Carers Network comprising carer representatives and partners, and communicated to carer support groups managed by the Nottinghamshire Carers Hub Information and Advice Service.
9. As indicated in **paragraphs 10 and 11**, the level of the response to the consultations has been very good. However, the Council has received feedback about the availability of easy read information for people, who may be affected by the proposals in relation to the charging policy, and whether sufficient time was made available for these people to respond. In response to this feedback the Council has agreed to extend the period of the consultation, and to ensure that people receive an easy-read version of the consultation information to allow them to respond. A report on the outcome of the consultation in relation to proposals a) and b) as listed in **paragraph 3** above will be considered by the Committee at its meeting in February 2018.
10. 1,194 people have responded to the Adult Social Care Charging consultation: 379 completed the questionnaire on line and 815 completed the questionnaire by post.
11. 1,164 people have responded to the carers consultation: 280 completed the questionnaire on line and 884 completed the questionnaire by post.

Outcomes of the consultation

12. The Care Act 2014 brought in a revised legal framework which covers many areas, including the assessment of the financial contributions people pay towards their care and support. As part of the programme of regular service reviews, the Council has been looking at what changes could be made to the current assessment processes to make them more efficient, less time-consuming and fairer.
13. The consultation asked for people's views on applying the Council's existing homecare charging policy for people who continue to require and receive home care from the Short Term Assessment and Reablement Team after receiving non-charged reablement support, and completing the reablement programme, and those who choose not to engage in the reablement programme available. A copy of the survey questionnaire is available as a background paper.
14. 41% of respondents (493 people) agreed that the Council should charge service users who have home care from Short Term Assessment and Reablement service, if they are assessed as being able to pay, from the commencement of the home care service (question 7). 34% (405 people) of those responding thought the Council should not charge service users who have home care from START and 25% (296 people) did not know or did not answer.
15. 38% of respondents (453 people) agreed that the Council should charge service users who choose not to engage in reablement activity for a home care service according to the current policy. 33% did not agree, 24% said that they did not know and 5% did not answer this question.
16. As a result of the responses received it is proposed that the Adult Social Care charging policy is revised to allow for consistent application of the Council's current home care charging policy to people at the point that the Short Term Assessment and Reablement service (START) has completed its reablement programme, identified eligibility for a home care service and is waiting for a care provider to begin to deliver the ongoing support.
17. Subject to Committee approval, changes to the Adult Social Care charging policy will need to be approved by the Council's Policy Committee.

Proposal to increase the capacity of the Short Term Assessment and Reablement Team (START)

18. The proposal referred to in **paragraph 16** is one element of the work proposed to improve the efficiency and effectiveness of the Council's Short Term Assessment and Reablement Team (START). The Team works with people for a period up to six weeks to help them regain independent living skills and confidence; this often follows a period of ill-health or an admission to hospital.
19. There is also demand from district social care teams in relation to providing reablement support for people living in the community and currently receiving home care but the service does not currently have capacity to undertake this work. Demand from hospital discharge work is increasing which has meant that the START team has not always been

able to pick up these referrals as well immediately and support has been temporarily provided by other, often more costly, services.

20. An electronic system to automatically schedule the visits of reablement officers to people's homes was successfully piloted in the south of the County and has been successful in reducing travel time and freeing up more staff time for face-to-face reablement work with people. The pilot has indicated that the system, once fully operational and supported by reducing waiting time for people moving from START to an ongoing home care service, could improve capacity in the START service by up to 30%. This system is now being rolled out across the County in order to increase the number of people that the service reables, reduce the amount of ongoing home care required and deliver some savings to the Council.
21. Further capacity will also be achieved within the service by improving the speed at which people are able to leave the service once the reablement team has supported them to achieve their potential. There are currently delays for people who require ongoing home care, which means some people are staying in START for longer than they need to which affects the team's capacity to start to work with new service users. Workshops have already been held with one of the core home care providers and actions have been identified to improve this.
22. The total savings that could be released as a result of all the proposals identified above is likely to be in the region of £185,000 by the end of 2018/19. The implementation costs associated with the rollout of the electronic system will be £35,300 in 2018/19.

Carers consultation

23. The consultation focused on support arrangements for individual carers. The Care Act requires a local authority to assess if carers are eligible for support, using defined assessment criteria. A carer who is eligible for support will have a support plan which sets out how the carer's needs will be met. An eligible carer should receive a personal budget, which is a statement showing the cost of meeting their needs. The Care Act states that identified needs can be met in a variety of ways, for example; through providing directly or referring to services that social care jointly commissions with health to provide information, advice, short term support for people caring for someone with dementia or who are at their end of life.
24. Alternatively, if carers' support needs cannot be met by existing community or specific carer support services, then it may be appropriate to provide a carer with a Direct Payment that can be tailored to their personal needs. This may be a one-off Direct Payment for an item of equipment or ongoing support service to the carer. It is also important to note that one of the services most valued by carers is to provide care and support directly to the person that they care for, such as day services or respite and this is usually done through a Care Act assessment of the cared for person's needs. A local authority also has a legal duty to offer information, advice and support to all carers, including those who are not assessed as eligible for local authority support.
25. The first consultation question explored how the carer's personal budget direct payment might be used to support carers by asking 'The carer's personal budget might be used to enable carers to purchase support to improve their wellbeing or to enable them to

continue caring. Which of these do you consider to be the most useful to carers?' Respondents ranked equipment to help with caring, home services and activities to support health and wellbeing most highly, the highest ranking in importance was 1, the lowest was 8. The ranked order, which is indicative of the emphasis that respondents placed on the different support themes, is as follows:

- Equipment to help with caring e.g. a washing machine/tumble dryer
- Home services such as cleaning or gardening
- Activities to support health and wellbeing
- Information technology such as a laptop or mobile phone
- Help to fund leisure activities, such as holidays or hobby costs
- College/training courses
- Helping carers back to work
- Contribution towards driving lessons.

26. Actual numbers ranking each response are shown in the table below:

Q1: Response rankings	1	2	3	4	5	6	7	8	Not answered
Equipment to help with caring e.g. a washing machine/tumble dryer	331	167	128	133	83	34	29	11	248
Home services such as cleaning or gardening	232	197	148	64	88	71	43	11	310
Activities to support health and wellbeing	144	176	157	119	118	76	45	12	317
Information technology such as a laptop or mobile phone	67	174	120	173	167	82	52	29	300
Help to fund leisure activities, such as holidays or hobby costs	147	128	149	119	99	73	75	48	326
College/training courses	14	44	101	13	87	161	203	57	365
Helping carers back to work	39	60	98	96	78	140	151	125	377
Contribution towards driving lessons	13	14	17	27	43	86	101	364	499

27. These examples were used in the consultation as they are ways in which carers are known to have used the personal budget direct payment. There are alternative ways that these needs could be met instead of providing a Direct Payment, for example, accessing grants such as those made available nationally through the Carers Trust, ensuring carers are aware of the benefits available to them and making use of community and preventative solutions. Direct Payments should focus on offering choice to carers where there are no existing available options and there is a clear link to how this will support the carer to continue their role whilst having a life of their own.

28. People were also asked to indicate any other ways in which the carers' personal budget might be spent, and a number of comments were provided:

- 63 people considered that the personal budget should be used for respite to enable the carer to take a break (under current arrangements, the personal budget is not used for this in Nottinghamshire. Respite can be provided as part of a care and support

package for the cared for and locally Clinical Commissioning Groups fund short breaks where the carer and cared for are registered patients)

- 49 people stated that money would be better spent on support services for carers, including 1:1 support, counselling, information and advice, carer support groups or training
- 26 people stated that transport is an issue for carers, either taking the cared for to appointments or needing to make frequent journeys to provide care if not living with the cared for – some commented that they struggled to find suitable transport and others that fuel or parking costs were high.

29. The second consultation question focused on how carers' needs might be met by direct support services. The Council commissions a range of support services, together with its health partners, and there is scope to develop and refine them further. The question asked: 'We are considering further investment in support services for carers. Which services do you think would be most useful to carers?' respondents ranked respite or short breaks from caring significantly higher than other options. Information and advice, training and support to cope with the pressures of caring and 1:1 support or counselling were also ranked highly. The ranked order, which is indicative of the emphasis that respondents placed on the different support themes, is as follows:

- Respite or short breaks from caring
- Information and advice
- Training and support to cope with the pressures of caring
- 1:1 support or counselling
- Training in practical skills such as first aid or moving and handling
- Health and Wellbeing activities (e.g. access to a gym)
- Opportunities to meet other carers, such as through carer groups.

30. Actual numbers ranking each response are shown in the table below:

Q2: Response Rankings	1	2	3	4	5	6	7	Not answered
Respite or short breaks from caring	403	130	97	71	84	82	82	215
Information and advice	212	156	131	158	126	105	63	213
Training and support to cope with the pressures of caring	104	203	212	175	109	79	30	252
1:1 support or counselling	139	175	152	139	142	112	64	241
Training in practical skills such as first aid or moving and handling	77	145	143	118	129	103	158	291
Health and Wellbeing activities (e.g. access to a gym)	57	112	101	127	130	164	198	275
Opportunities to meet other carers, such as through carer groups	27	65	105	119	146	191	213	298

31. People were asked to indicate any other services that they might value. Many respondents commented on the importance of the options they had already ranked as

important. 63 people commented on the importance of respite or short breaks, with comments about ways this might be provided. Several people commented on the importance of frequent short respite sessions to enable carers to have regular breaks or to attend health appointments for themselves and stated that they felt this needed to be available at short notice. 10 people stated that it was important for counselling or 1:1 support to be available in a crisis, perhaps through a helpline.

32. Respondents were also given the opportunity to make any further comments on the consultation as a whole. Responses were varied and therefore difficult to categorise. All comments will be reviewed and considered in detail as part of any further development of services for carers.
33. Currently, in Nottinghamshire, the default way of supporting eligible carers is most often to offer them a personal budget via a Direct Payment of £150 or £200, with a small number of carers receiving a regular direct payment of a higher amount. This is not considered the best method of allocating resources to carers to meet the priorities that they have identified in the consultation, or to enable needs of the growing numbers of carers. Changes to these arrangements are now therefore going to be considered in order to provide carers with a more personalised support offer that will ensure each carer's support plan includes consideration of access to all available existing support services that could meet their needs, as well as the option of a Direct Payment.
34. This could mean that potentially fewer carers would in the future receive a Direct Payment as their needs would be met by existing services and also that the rate of carers' Direct Payments would vary more to reflect individual needs. This will use existing services effectively and be more tailored to individual need. It is anticipated that this change would also make some budget savings as it will better utilise services that are already funded by the Council and also focus more flexible Direct Payments on supporting carers that need them most.
35. The responses from carers will initially be considered by a co-production group consisting of carer representatives, operational staff and provider representatives across health and social care. Carer representatives have been sought through existing carer networks and at the time of writing eight carers have expressed an interest in being part of this work. The existing Joint Health and Social Care Commissioning Group will then use the information that has been collected on what carers value, alongside national evidence and research, to develop proposals for the future shape of carers services. These proposals will be presented to the Committee in spring 2018.

Other Options Considered

36. To not proceed with changes proposed to apply the Council's existing home care charging policy to people who continue to receive home care from the Short Term Assessment and Reablement Team (START) where the reablement programme has been completed and they are awaiting a care provider for ongoing support, or where people choose not to engage in the reablement programme on offer: **paragraphs 14 and 15** indicate that the outcome of the consultation was that the majority of respondents either agreed, said they did not know or did not answer with regard to these proposals. As already stated the proposals are in line with application of the Council's current charging policy.

37. To not make any changes to the way services are currently provided to carers: this would not help the Council to respond appropriately with regard to developing the services and support that are considered to be of most value by carers in the County.

Reason for Recommendations

38. The outcome of the consultation, to date, has allowed the Council to seek views on proposed changes to the existing charging policy in relation to people using the Short Term Assessment and Reablement Team service that would reduce the costs to the Council and make processes used to assess the level of contribution people make towards the cost of their care and support fairer. The proposals described in this report reflect the feedback received from respondents to the consultation process.
39. The carers consultation sought feedback on proposals for changes to, and investment in, the support provided to carers in order to ensure that support focuses on those things that people have said are the most useful in terms of improving carer well-being or enabling them to continue caring. The information and views expressed in the consultation will be used to develop and prioritise support to carers in the future.

Statutory and Policy Implications

40. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Data Protection and Information Governance

41. Any changes to the Adult Social Care Charging assessment process will need to be compliant with the relevant data protections and information governance legislation.

Financial Implications

42. It is anticipated that the proposals will reduce Council costs by £335,000 gross (£185,000 associated with the proposals relating to START and £150,000 for changes to services to carers). In relation to the proposal for START, there will be an implementation cost of £35,300 required in 2018/19. £23,100 will be met from the team budget and £11,200 for ongoing license costs will be offset against the costs, so the net saving will be £323,800.

Human Resources Implications

43. No direct impact on staff posts has been identified in any of the changes described.

Public Sector Equality Duty implications

44. Equality Impact Assessments are available as background papers.

Implications for Service Users

45. Support to carers will be developed in line with information about what is most valuable to them.

RECOMMENDATIONS

That Committee:

- 1) gives approval for the Adult Social Care Charging policy to be revised as described in **paragraphs 13 to 17** of the report and submitted to Policy Committee for approval
- 2) approves the proposals to increase the capacity of the Short Term Assessment and Reablement Team
- 3) approves the proposal to develop the way in which support is provided to carers based on the feedback received to the carers consultation. This work will be reported to Committee for approval in the Spring.

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Constitutional Comments (LM 20/12/17)

46. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

Financial Comments (DG 21/12/2017)

47. The financial implications are contained within paragraph 42 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.

Adult Social Care and Health Consultation – report to the Adult Social Care and Public Health Committee on 9 October 2017

Survey questionnaire

Equality Impact Assessments

Electoral Division(s) and Member(s) Affected

All.

ASCPH518