

Adult Social Care and Health Committee

Monday, 03 March 2014 at 10:30

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

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 3 February 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) | |
| 4 | Direct Payment Support Services | 7 - 12 |
| 5 | Adult Social Care Outcomes Framework Data | 13 - 30 |
| 6 | Shared Lives | 31 - 36 |
| 7 | Outcome of Consultation on Model for Adult Social Care and Use of Resources Policy | 37 - 48 |
| 8 | East Midlands Improvement Programme in Adult Social Care - Extension of Contract | 49 - 52 |
| 9 | Work Programme | 53 - 58 |

NOTES:-

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

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

Customer Services Centre 0300 500 80 80

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

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

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

Notes

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Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 3 February 2014 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)

Yvonne Woodhead (Vice-Chair)

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

A Ex-Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, Broxtowe, Gedling and Rushcliffe
Paul Davies, Democratic Services Officer
Denise Dopson, Team Manager, Adult Access Team
Sarah Gyles, Committee Support Officer
David Hamilton, Service Director, Mid Nottinghamshire and Bassetlaw
Jennie Kennington, Senior Executive Officer
Paul McKay, Service Director, Promoting Independence and Public Protection
Amanda Marsden, Team Manager, Adult Access Team
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection
Claire Poole, Team Manager, Workforce Planning and Development
Yasmin Raza, Senior Practitioner, Adult Access Team
Kate Revell, Group Manager, Business Change and Support
Jon Wilson, Temporary Deputy Director, Adult Social Care, Health and Public Protection

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 6 January 2014 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

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

DECLARATIONS OF INTEREST

There were no declarations of interest.

SERVICE OVERVIEW – CUSTOMER ACCESS TO SOCIAL CARE

Member of the Adult Access Team introduced their work to the committee. In view of councillors' questions and comments about the Nottinghamshire Welfare Assistance Fund, it was agreed to present a report about the Fund to a future meeting.

RESOLVED: 2014/010

That the report be noted, and a further report be presented on the Nottinghamshire Welfare Assistance Fund.

AGENDA ORDER

It was agreed to change the order of the agenda, in order to consider the following item next.

PLANNING CARE OF OLDER PEOPLE AFTER A PLANNED OPERATION

The Committee requested an evaluation of the pilot project after six months.

RESOLVED: 2014/011

- (1) That a temporary post of Community Care Officer, one day per week (7.4 hours), SCP 24-28 with approved car user status be established to support the Systematic Care of Older People's Elective Surgery (SCOPES) project; the cost of the post be recouped from Health.
- (2) That an evaluation of the project be reported to committee after six months.

JOINT AGENCY VULNERABLE PERSONS IDENTIFICATION PROJECT (NOTTINGHAMSHIRE FIRE AND RESCUE SERVICE AND NOTTINGHAMSHIRE COUNTY COUNCIL)

RESOLVED: 2014/012

That the ongoing development of the project be noted.

URGENT ITEM

The Chair agreed to the following item being considered as an urgent item, in order to approve the plans for development of the social care workforce without delay.

SOCIAL CARE WORKFORCE DEVELOPMENT – PROGRESS REPORT

RESOLVED: 2014/013

- (1) That the progress made to date in relation to workforce development in the independent sector be noted.
- (2) That the future plans proposed in paragraphs 20-26 of the report be approved.
- (3) That a further report be presented in June 2014 proposing the business model to be developed by the Nottinghamshire Partnership of Social Care Workforce Development.

YOUNG CARERS AND DISABLED PARENTS UPDATE

RESOLVED: 2014/014

- (1) That approval be given to the creation of an annual budget of £270,00 for young carers' one-off direct payments in 2014/15, from the total budget of £1.8m for young carers.
- (2) That approval be given for the Children's Targeted Support Team to conduct young carers' assessments for those looking after siblings with a disability from April 2014.
- (3) That the end of project report be noted and an update report be presented in 12 months.

INTEGRATED COMMUNITY EQUIPMENT LOAN SERVICE (ICELS) PARTNERSHIP TEAM

During discussion, the committee requested a progress report on whether the Team was delivering the anticipated savings.

RESOLVED: 2014/015

- (1) That the existing 4 fte ICELS Partnership Support Team posts be extended on a temporary basis until 31 March 2016 in line with the current contract for the service.
- (2) That an additional 5.5 fte temporary posts be established for a 12 month period in order to deliver savings through increased rates of return and re-use of equipment.
- (3) That a further report be presented in due course on whether the Team is delivering the anticipated savings.

WORK PROGRAMME

RESOLVED: 2014/016

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

- Nottinghamshire Welfare Assistance Fund
- Planned Care of Older People after a Planned Operation
- Social Care Workforce Development
- Young Carers and Disabled Parents
- Integrated Community Equipment Loan Service (ICELS)

BROWNLOW ROAD EXTRA CARE SCHEME, MANSFIELD – UPDATE

The report was divided into two parts, one open to the public, the other containing exempt information. There was discussion about whether or not the whole report should be considered in public session, at the conclusion of which it was moved by the Chair, seconded by Councillor Barnfather and:-

RESOLVED: 2014/017

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

EXEMPT INFORMATION ITEM

BROWNLOW ROAD EXTRA CARE SCHEME, MANSFIELD – UPDATE

RESOLVED: 2014/018

- (1) That the current cost estimate for the Mansfield scheme, and the further work being undertaken to review and confirm the current cost estimate, as detailed in the exempt appendix to the report be noted.
- (2) That approval be given to the County Council's revised contribution per unit as set out in Option (c) in the exempt appendix to the report, subject to the County Council's contribution to the overall cost of the scheme not exceeding the percentage stated in Option (c).

The meeting closed at 12.50 pm.

CHAIR

3rd March 2014**Agenda Item: 4****REPORT OF DEPUTY DIRECTOR FOR ADULT SOCIAL, HEALTH AND
PUBLIC PROTECTION****DIRECT PAYMENT SUPPORT SERVICES****Purpose of the Report**

1. This report proposes the establishment of a temporary team within the Council to deliver the re-design of Direct Payment Support Services in line with the model agreed by the Adult Social Care and Health Committee on 28 October 2013.

Information and Advice

2. Following consultation with people using services, carers, staff and providers a new model for supporting people to manage their Direct Payments was developed. Change is required because:
 - New options are now available. People are now able to pay providers using a payment card onto which the Council pre-loads their Direct Payment money. This also automatically provides audit information to the Council's financial team. The card reduces work associated with managing finances and helps more people to be able to do this independently.
 - Under current arrangements service users receive money as part of their personal budget to arrange and purchase their Direct Payment Support Service themselves. The contract is therefore between the service user and Direct Payment support provider, which makes it difficult for the Council to monitor and address quality issues, or shape the direction and costs of services.
 - The Council needs better audit information about individual service user's finances, as well as strategic information about Direct Payment Support Services, in order to inform assessment of future needs, services and costs
 - The Council aims to act on consultation feedback and make it easier for more people to manage their Direct Payments and also to employ their own Personal Assistants. For many people, being supported to employ

and manage their own staff is both the best and most cost effective way to have flexibility and control over their support.

- Increasing numbers of people are choosing a Direct Payment, therefore demand for support to manage the payments and the associated costs are rising. More cost effective alternatives that promote self management where possible and target support at those with highest needs are required.
3. In October 2013 Committee approved the new model and a tender process to deliver this from independent sector providers. The tender was designed so that one lead provider could develop partnerships with both existing and new providers in order to deliver the changes and provide the new service model to people requiring support.
 4. The tender process began in December 2013, but was subsequently stopped on 17 January 2014. During the period that providers are able to ask questions about the tender before submitting their bids, providers raised issues that the Council needed to consider. The Council's original assessment was that TUPE legislation regarding the transfer of staff from current to new similar services was unlikely to apply. Further information from providers has called into question whether the law could actually apply to some areas of the service. This could significantly increase provider's (and hence the authorities) costs. The law has not previously been tested for this exact situation and it is not clear if it would be upheld or not. On balance, the risk of an unknown outcome and the delay in progression of the work was assessed as not worth taking.
 5. Existing providers also questioned whether use of pre-payment cards and greater self management would be appropriate for people using their services. The new contract included some payments being linked to providers achieving increased use of cards for a target number of people. This figure was based on Council data about new people using the pre-payment card option to-date.
 6. Due to the issues noted, it is now recommended that a small temporary team within the Council is established for 18 months, in order to make the required changes. The change will be managed as part of the individual annual review service users have of their needs and support packages.
 7. It is therefore proposed that a small team is established to undertake work on the most complex reviews and also provide operational reviewing staff and service users with specialist information and advice. In order to apply a consistent approach, the team would also take on all new work for 18 months; supporting people to set up their Direct Payments, use pre-payment cards wherever possible and support people to recruit and employ their own Personal Assistants.
 8. At the end of one year individual reviews will have taken place and service users will have had the opportunity to be as independent as possible in managing their Direct Payments. Information will have been gathered to give a true picture of needs and costs for the service and enable a decision to be made on the best way of delivering this support in the future.

9. It is proposed that all existing business will remain with the current providers. As there will be no transfer of service, and no transfer of economic entity; TUPE regulations will not apply. In line with current arrangements existing providers will have an annual review in March 2014, prior to an offer to extend their current accreditation agreement for a further year.

Other Options Considered

10. The options to maintain the existing arrangements or to retender the service have been considered. These would not deliver the new model within the time-scale required.

Reason/s for Recommendation/s

11. The option to tender out the re-design of the service has not been successful and the need remains to make changes to the existing arrangements. The Council's financial regulations allow a decision at any point as to whether to purchase a service externally or not. The existing accreditation agreement with providers does not guarantee any work and reserves the right of the Council to at any time carry out any part of the service itself.
12. The Council is working with Clinical Commissioning Groups (CCGs) who are developing the use of Personal Health Budgets (PHBs). Negotiations are already underway with one CCG for the Council's finance team to manage the payment and auditing of both fully and joint funded Direct Payments on their behalf. The aim is to ensure an integrated approach, so that the service user only has to manage one payment and can access support with this from one place. The proposed team would support this work, with the aim of engaging more CCGs.

Statutory and Policy Implications

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

- 12 The previous Committee report agreed a budget of £400,000 to deliver a service for both existing and new work from independent sector providers, who would also manage the change to the new model. Further work has now been completed on the costs for delivering both the changes and new work from within the Council, with existing work remaining with the current providers.
- 13 The total cost to provide the temporary team within the Council (as outlined at paragraph 7) is £269,251 per annum. Of this total, temporary staff posts account

for £169,251 at the top scale and £100,000 for resources including payroll, HR support, individual employer liability insurance, pre-payment cards and Disclosure and Barring Service checks.

14. The proposed service is more cost effective due to the ability to negotiate a better rate through centralising the purchase of some resources, such as insurance and also providing the payroll support through the existing Council service.
15. The £269,251 funding required will come from within existing community care budgets which already fund support for people to manage their Direct Payments.

Human Resources Implications

16. This report proposes to establish the following posts on a temporary basis for a period of 18 months:
 - 0.5 FTE Team Manager post, Hay Band D, scp 42-47 (£45,476-£51,417) (subject to job evaluation) plus approved car user status
 - 4 FTE Community Care Officer posts, NJE Grade 5, scp 24-28 (£26,534-£30,239) plus approved car user status.
 - 0.5 FTE Data Technician posts, NJE Grade 4, scp 19-23 (£22,562-£25,676) (subject to job evaluation)
 - 0.5 FTE Administrative Officer post, NJE grade 2, scp 9-13, (£17,085 - £19,497)

Implications for Service Users

17. The current arrangements were established in order to maximise service user choice. Although there are many providers to choose from, one provider currently provides the service to approximately two thirds of people requiring it. Several providers have indicated that they are also considering leaving the accredited list as there is not sufficient work coming to them to make this aspect of their business viable.
18. In response to the consultation exercise, the new service model offers greater choice of support options for service users than is currently available, for example, access to one-off advice for those not requiring on-going support. These new elements will be provided by the Council team. Work will continue with input from a User Led Organisation on service user led support planning and also the role of peer support networks to assist people with Direct Payments.

Ways of Working Implications

19. Office space and equipment will be required for the additional 5.5 FTE temporary staff for 18 months.

RECOMMENDATION/S

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

- 1) Note the decision to stop the retender of Direct Payment Support Services
- 2) Approves the decision to bring the service in house on a temporary basis for 18 months.
- 3) Approves the establishment of an additional 5.5 FTE temporary posts for an 18 month period in order to implement the changes required to deliver the new model of Direct Payment support and fully understand the volume and type of service required in the future.
- 4) Agrees to receive an update report in 12 months.

JON WILSON

Deputy Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Sue Batty, Group Manager, Joint Commissioning

Email: sue.batty@nottsc.gov.uk

Constitutional Comments (KK 11/02/2014)

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

Financial Comments (KAS 14/02/2014)

21. The financial implications are contained within paragraphs 12-15 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.

- Direct Payment Support Service report to Adult Social Care and Health Committee, 28 October 2013.

Electoral Division(s) and Member(s) Affected

All

ASCH200

3rd March 2014**Agenda Item: 5****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****NOTTINGHAMSHIRE COUNTY COUNCIL ADULT SOCIAL CARE
OUTCOMES FRAMEWORK DATA****Purpose of the Report**

1. To provide the Adult Social Care and Health Committee with further detail about the information available to the public via the Local Government Inform website, which uses the Adult Social Care Outcomes Framework (ASCOF) data to provide statistics relating to the Department's performance.

Information and Advice**Adult Social Care Outcomes Framework (ASCOF)**

2. The ASCOF is a number of performance measures defined by the Department of Health, in conjunction with the Association of Directors of Adult Social Services and the Local Government Association. It is not a national performance management tool and there are no national targets set against any of the measures. The ASCOF was first published during 2011, and the framework is updated annually, to reflect changes in legislation and policy. It was introduced alongside the Putting People First initiative, to enable the Council to demonstrate whether people feel more in control of their care and support.
3. The purpose of the ASCOF is three-fold:
 - Nationally, the ASCOF gives an indication of the strengths of social care, and its success in delivering better outcomes for people who use services. This supports the Government in reporting on adult social care, and informs and supports national policy development.
 - Locally, the ASCOF supports councils in improving the services they provide, by benchmarking across local authorities and demonstrating good practice
 - The ASCOF allows for greater transparency in the delivery of adult social care, supporting local people to hold their Council to account for

the quality of services they provide. The ASCOF is used to inform the Local Account, which sets out the Council's priorities and provides information on its progress to the people of Nottinghamshire. It evidences outcomes for service users, and enables the Council to demonstrate where it is meeting, or not meeting, the needs of service users.

Adult Social Care Outcomes Framework (ASCOF) website

4. In November 2013, the Department of Health launched a new website, which gives people the opportunity to access and compare social care data from their Local Authority. The website presents 'outcome measures' from the ASCOF for 2012/13, published by the Health and Social Care Information Centre in December 2013.
5. The data available includes how well Local Authorities are performing in relation to:
 - giving people good quality of life;
 - public satisfaction with care services;
 - the number of permanent admissions to care homes; and
 - delayed transfers of care from hospitals
6. Service users and carers will be able to see whether Nottinghamshire County Council is performing well and compare its performance both regionally and nationally. It is also possible to compare Nottinghamshire County Council with a number of similar Local Authorities. These comparable Local Authorities are selected according to the Chartered Institute of Public Finance and Accountancy (CIPFA) "Nearest Neighbour Model", which identifies similarities between authorities based upon a range of socio-economic and demographic indicators.
7. This website gives people clear information, which is easy to understand, so they can hold councils to account over poor performance. The information available relates to a number of key activities of the department which are reported on nationally and regularly to the Senior Leadership Team and Members. The information available has all been provided to the Department of Health by Nottinghamshire County Council.
8. The website can be accessed via <http://ascof.hscic.gov.uk/>

Summary of Nottinghamshire County Council 2012-13 ASCOF return

9. The full findings of the 2012-13 ASCOF return can be seen as Appendix A to this report. There are twenty one separate measures which report on the broad range of services in Adult Social Care as well as more specific areas. Nottinghamshire County Council is performing at above the national average level in 15 of these measures.

10. An area where the Council is performing exceptionally well is in relation to service users with personal budgets or who receive a direct payment. Nottinghamshire is the second highest performing authority in the Country. In 2012-2013 444 (6%) more service users were in receipt of personal budgets than in the previous year. 854 (37%) more service users received direct payments.
11. The indicator which measures a reduction in the number of people being admitted to care homes is gradually improving. Given the increase in the older adult population of 15.8% between 2001 and 2011, this is a challenge. The Living at Home project is continuing to expand, resulting in fewer people being admitted to care homes, instead remaining in their own homes. This is in line with the objectives of the Nottinghamshire County Council Strategic Plan. The Living at Home project brings together a range of services that give local people and their carers more choice and control over where they live. By working in partnership with Health and District Councils, Nottinghamshire County Council is developing a range of real alternative options for Older People which will reduce the numbers of people in long term care in the future.
12. There are also areas where the Council needs to improve. Performance in relation to Mental Health service users in employment and in stable accommodation appears low. These indicators are not collected, or reported on by Nottinghamshire County Council, but are the responsibility of colleagues in Health. Discussions are currently taking place with the managers of the frontline service, to review existing procedure in relation to this area.
13. It is the first time that Nottinghamshire's performance in relation to Carers has been measured in this way. The Council has undertaken a significant amount of work with this group over the years. 2012-13 was the first full year within which the 'personal budget' for carers and for young carers was available. This funding is paid directly to carers and enables them to pursue their own particular interests, hobbies and educational opportunities or participate in a leisure/relaxation activity. The personal budget is proving to be popular, and the number of carers making use of it is increasing.
14. The 'Carers' Emergency Card' was re-launched in 2012-13, bringing the service 'in-house' rather than managing it through a call centre. This service enables carers' wishes to be identified, should they be prevented from caring for any reason. The carer carries the card with them at all times and if anything should happen to them a call is made to the Customer Services Centre who will then ensure the cared for person is looked after, which provides carers with peace of mind that emergency plans can be put into action if required. These, along with other ongoing initiatives, have contributed to the Council's strong performance.

Summary

15. The report seeks to provide Members with a brief summary of performance for 2012-13, as measured by the ASCOF, and the actions the Council is taking to

address issues raised by it. Performance is monitored monthly with Senior Departmental Management, via the Performance Board. The Council will continue to provide quarterly performance reports to Members to identify areas of good practice within Adult Social Care and areas for development.

Reason/s for Recommendation/s

16. This report is for information only and there are no specific recommendations to be made.

Statutory and Policy Implications

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

Implications for Service Users

18. By ensuring the continuation of robust information about performance, the Council will be best able to plan and commission services in the future. By ensuring that service users are aware of the performance of the Council in relation to Adult Social Care, the Council provides the people of Nottinghamshire with the information they require to hold the Council to account.

Financial Implications

19. There are no financial implications arising from this report.

RECOMMENDATION/S

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

DAVID PEARSON

Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Judith Horsfall

Group Manager, Operational Policy and Performance

Email: judith.horsfall@nottscc.gov.uk

Constitutional Comments

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

Financial Comments (KAS 11/02/2014)

21. There are no financial implications contained within 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

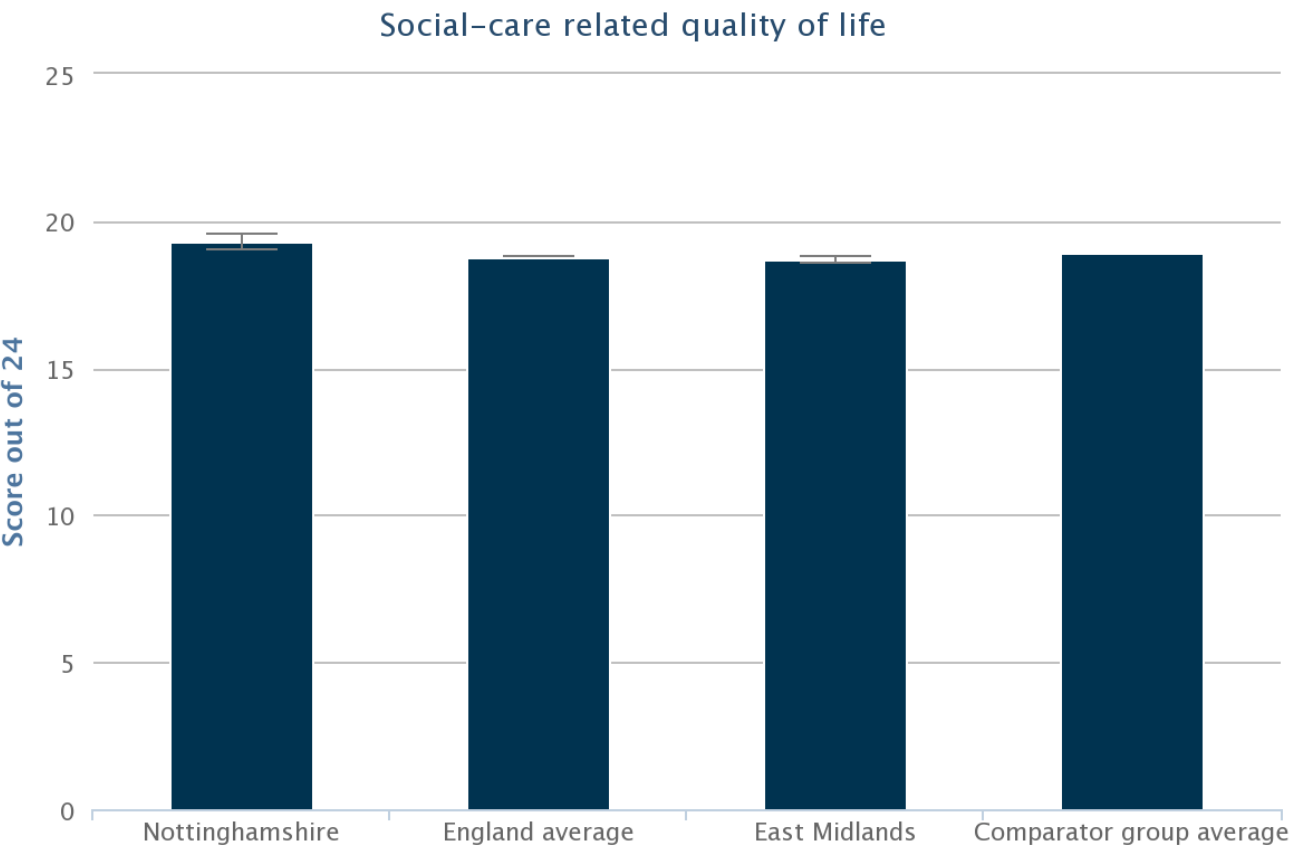
Electoral Division(s) and Member(s) Affected – All
ASCH196



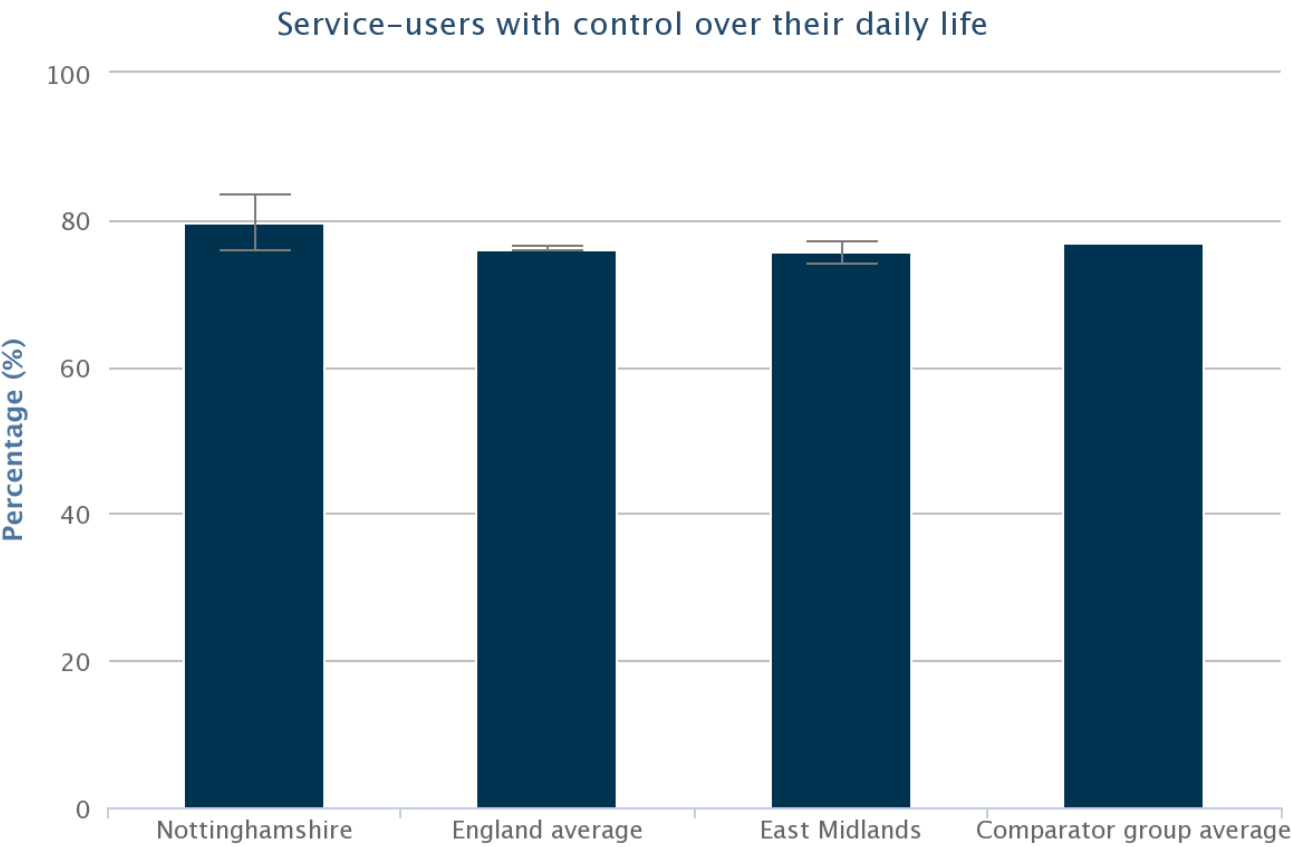
Measure	NCC Score 2012/13	Performance compared to National Average		Performance compared to East Midlands Average		Performance compared to 2011/12	
1A – Quality of Social Care	19.3/24	+0.6		+0.7		+0.1	
1B – Control over their daily life	79.5%	+3.8%		+3.6%		+1.5%	
1C(1) – Clients with Personal Budget	84.9%	+21.9%		+29.3%		+25.9%	
1C(2) – Clients with Direct Payment	31.9%	+11%		+15.5%		+15.7%	
1D – Carer quality of life	7.4	-0.3		-0.7		N/A*	
1E – LD clients in paid employment	7.3%	+2%		+0.1%		-1.9%	
1F – MH clients in paid employment	3.5%	-4.1%		-4.2%		-0.3%	
1G – LD clients who living in their own home	74%	+1.2%		+0.7%		+4.9%	
1H – MH clients who living independently	22.2%	-34.2%		-37.1%		0%	
2A(1) – 18-64 Admissions to Residential (x per 100,000)	18.7	+3.4		+3.8		+2.7	
2A(2) – 65+ Admissions to Residential (x per 100,000)	666.5	-121.8		-42.3		-2.1	
2B(1) – 65+ discharged from hospital to own home	84.9%	+7%		+3.4%		-4.3%	
2B(2) – 65+ offered Reablement services following discharge	3.5%	+0.6%		+0.2%		-0.1%	
2C(1) – Delayed transfers of care (x per 100,000)	13.2	+1.4		+3.7		-0.1	
2C(2) – Delayed transfers of care. Social care only (x per 100,000)	2.2	-0.4		-1.1		+0.5	
3A – Overall satisfaction who use service	64.7%	-0.4%		+1%		+0.3%	
3B – Overall satisfaction of carers	44.8%	+2.8%		+2.1%		N/A*	
3C – Carers who report they have been included/consulted regarding the person they care for	72.7%	+2.7%		-0.1%		N/A*	
3D – Clients/carers who find it easy to find information	70.3%	+0.1%		-1.2%		-0.8%	
4A – Clients who feel safe	69.8%	+7%		+4.8%		+1.8%	
4B – Services make client feel safer	90.2%	+10.7%		+12.3%		+14.6%	

* The carers survey is held once every two years

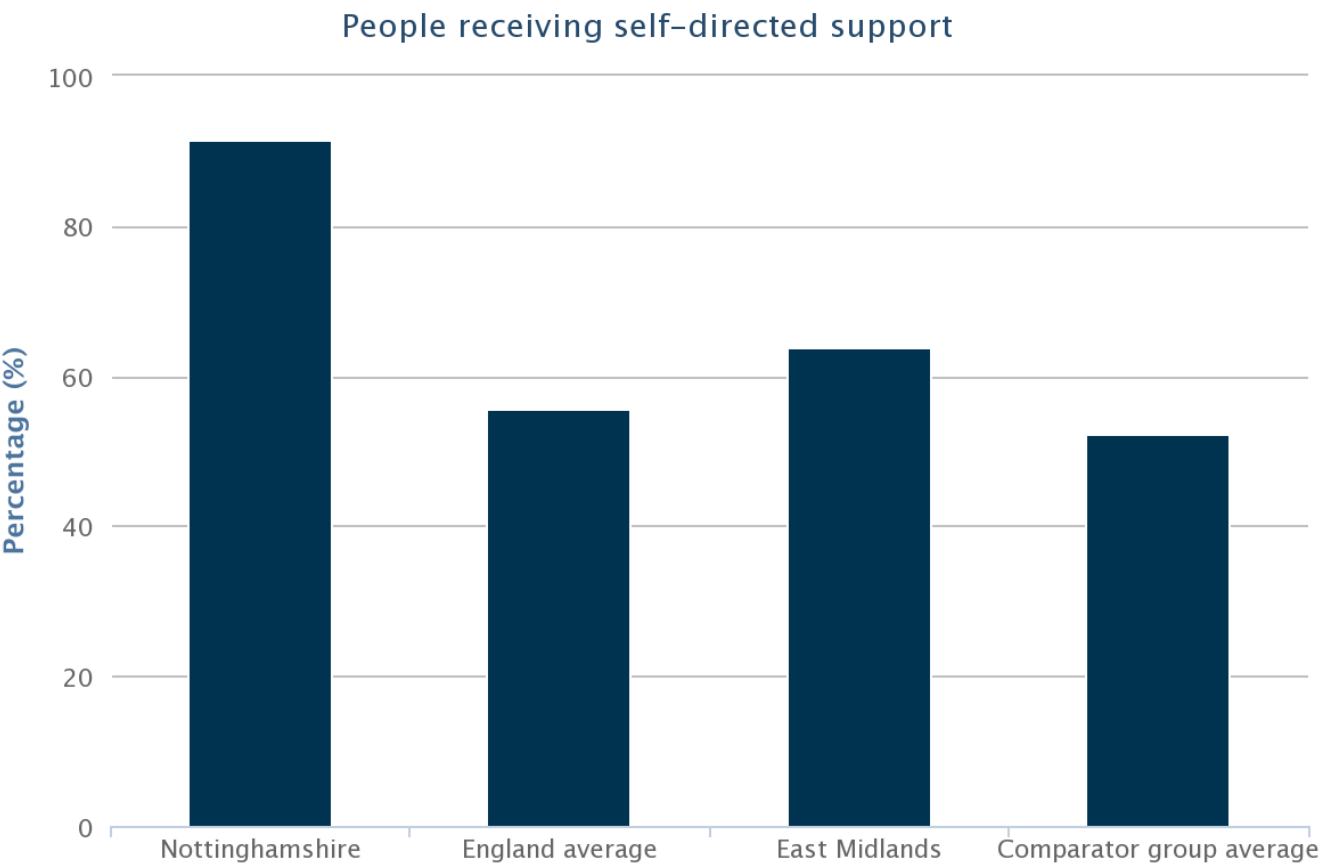
1A – Higher score represents a better outcome



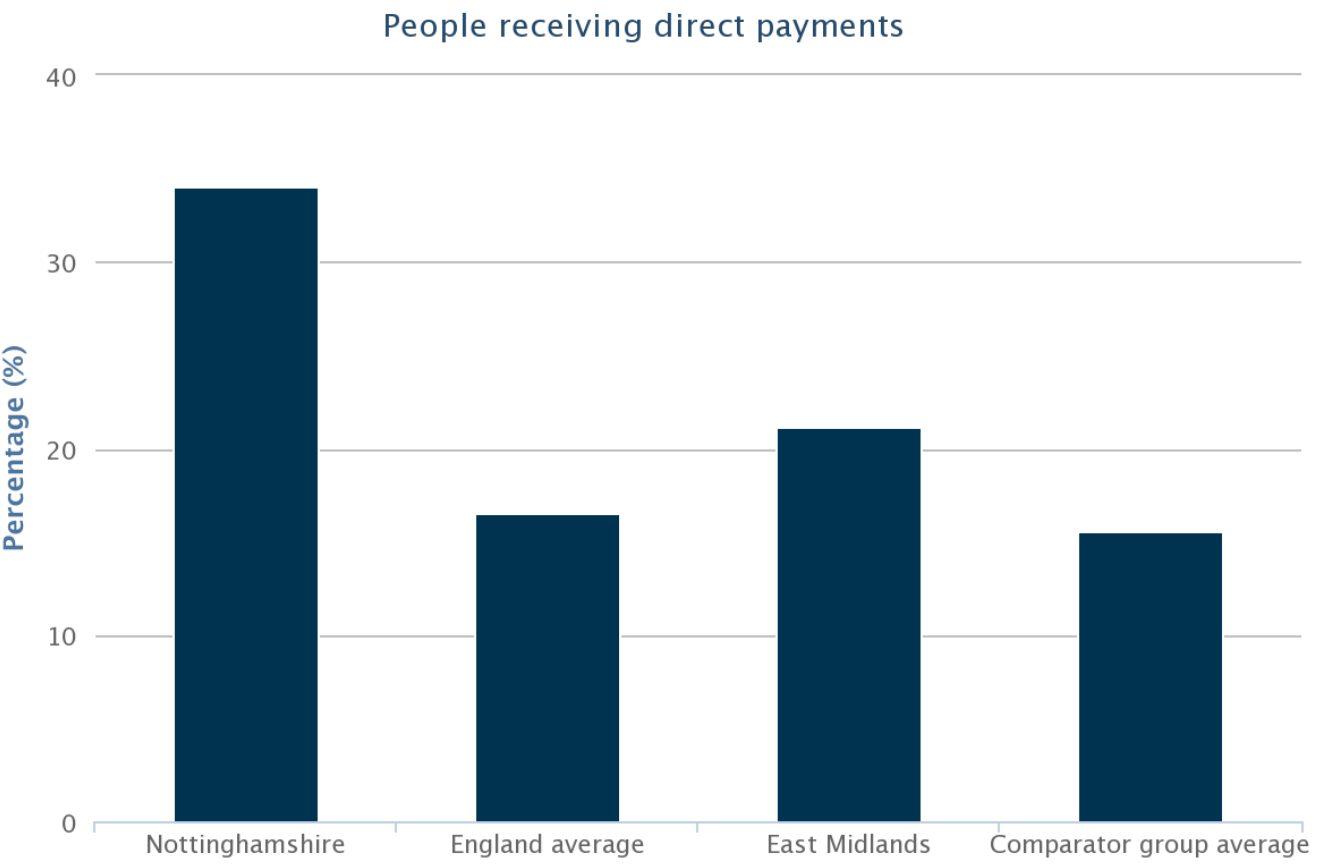
1B – Higher score represents a better outcome



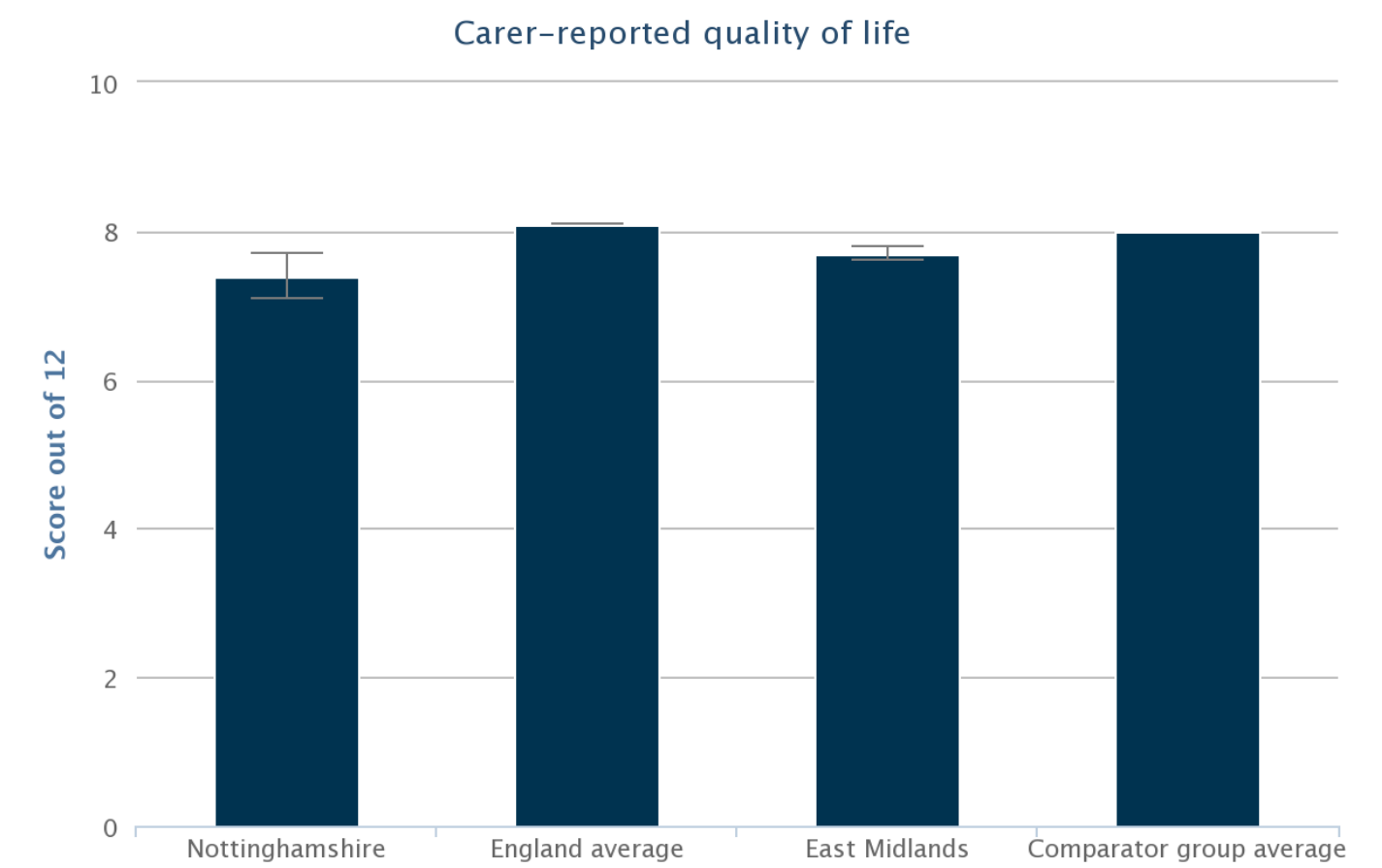
1C (Part1) – Higher score represents a better outcome



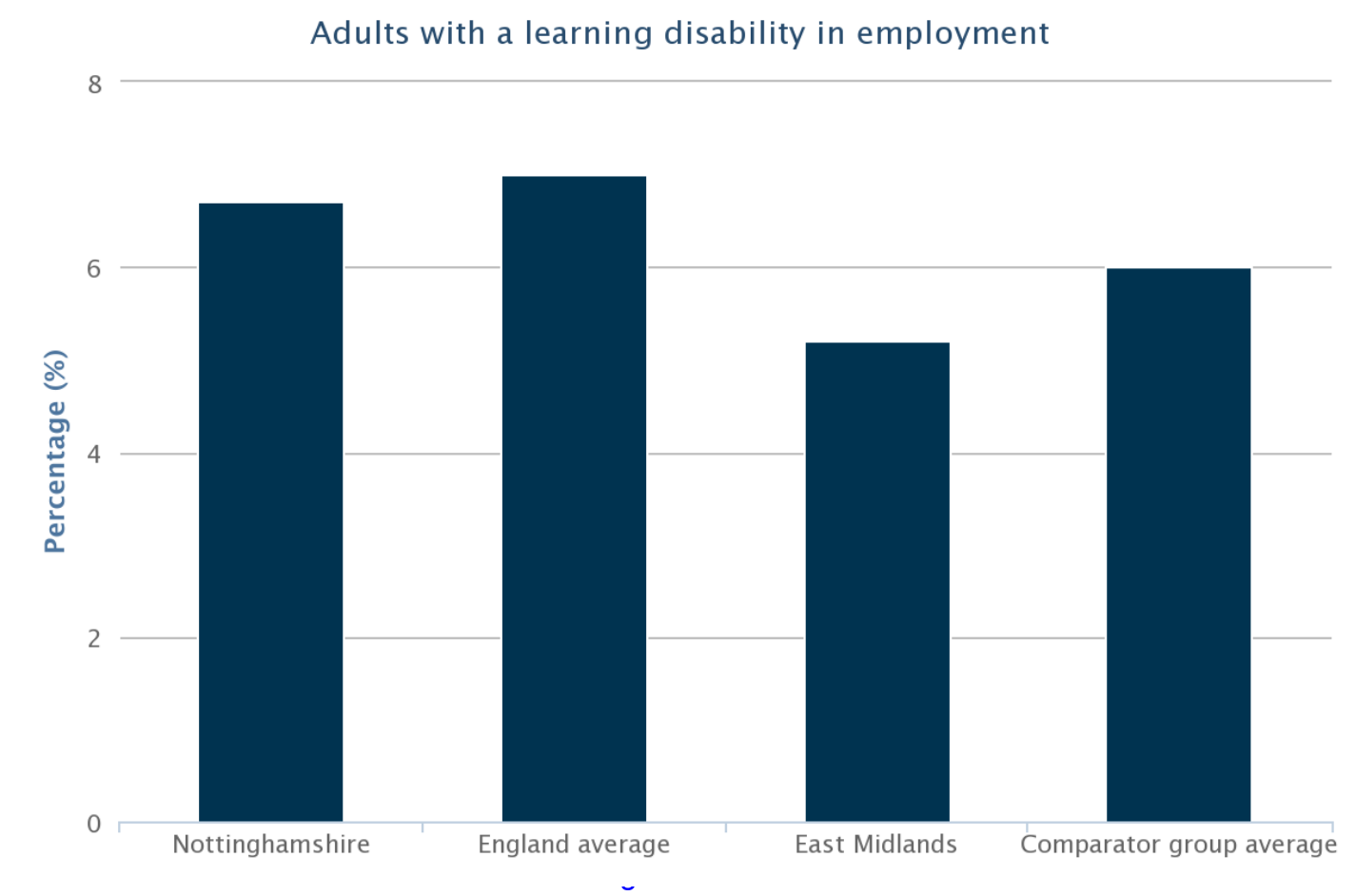
1C (Part 2) – Higher score represents a better outcome



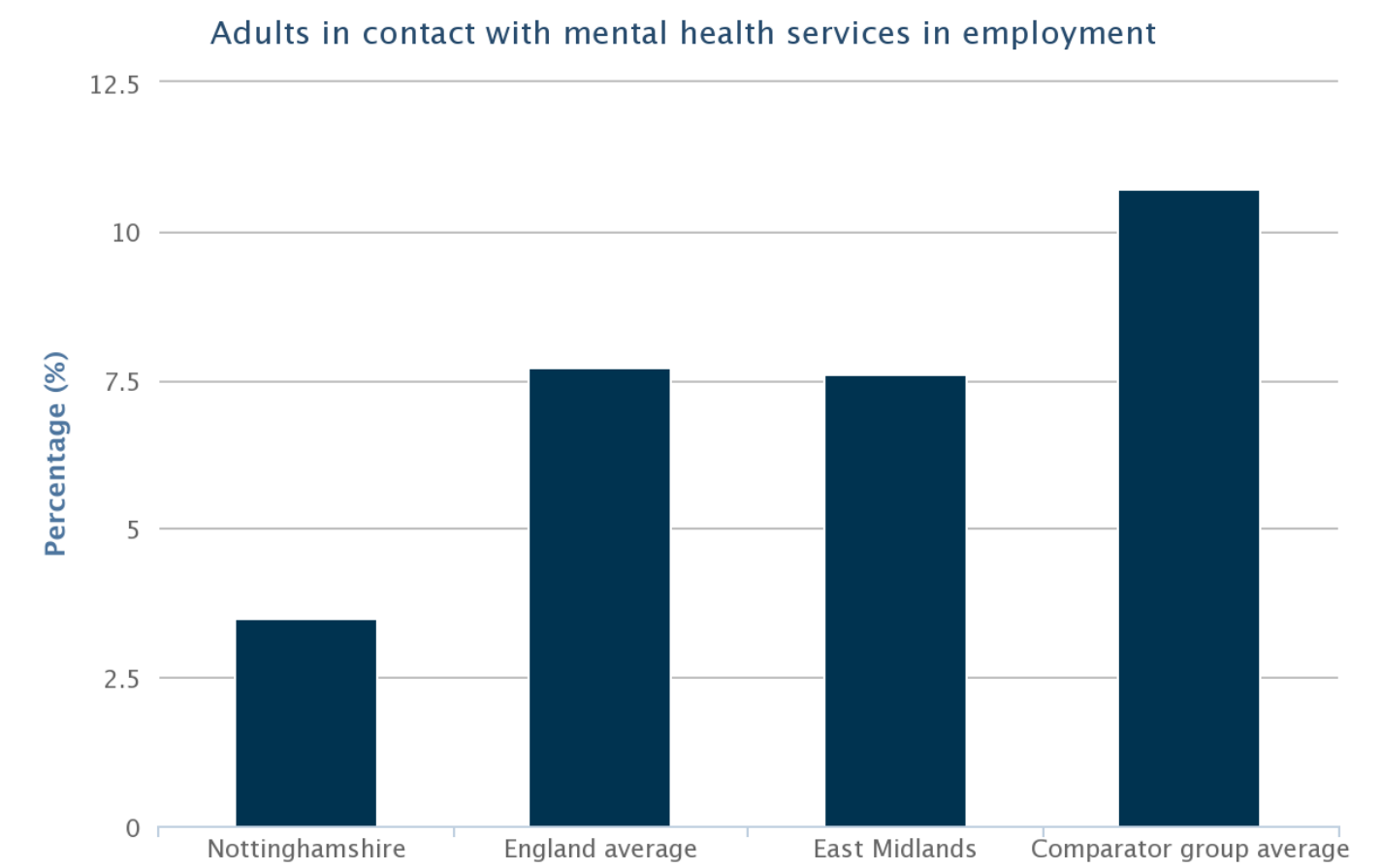
1D – Higher score represents a better outcome



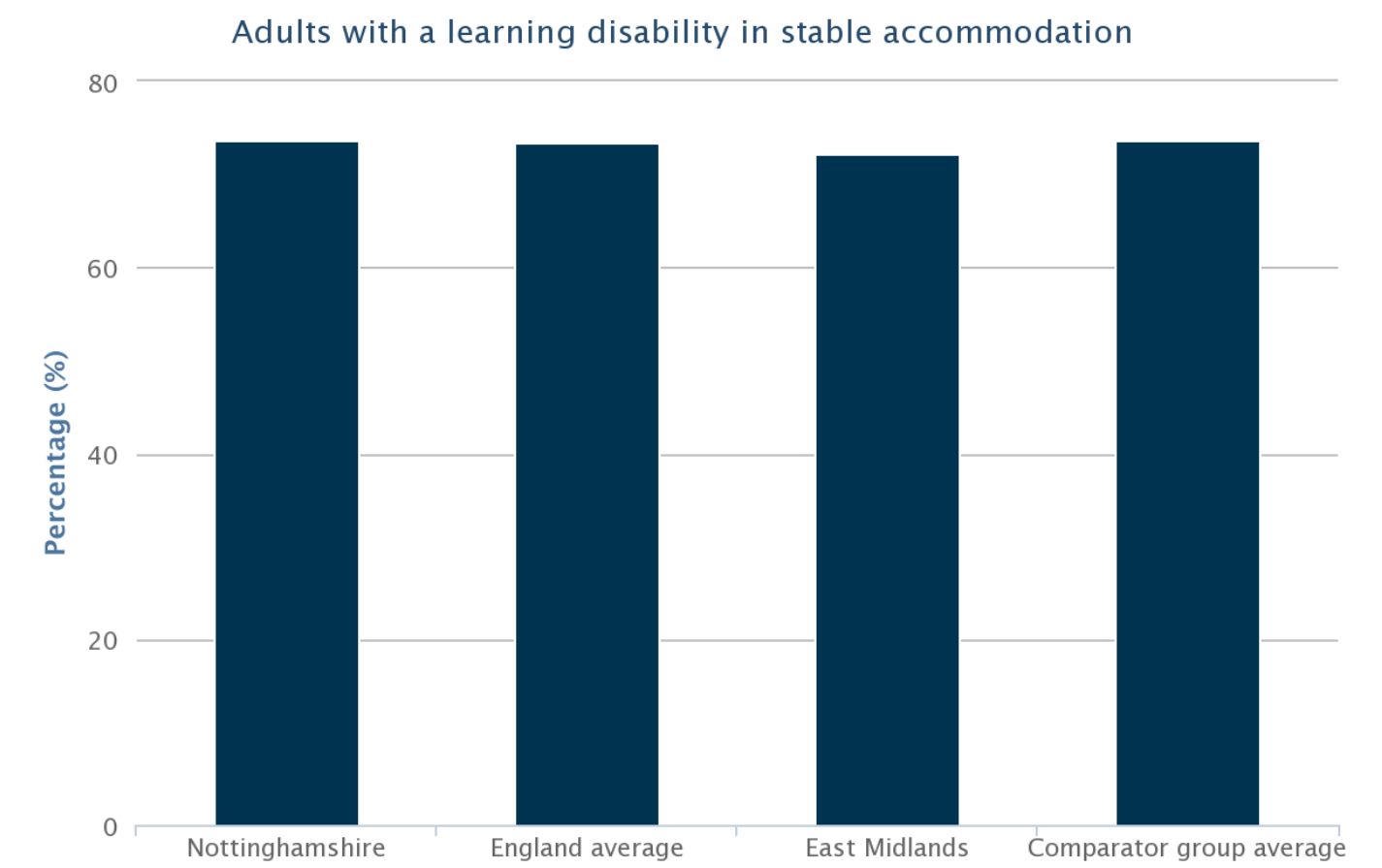
1E – Higher score represents a better outcome



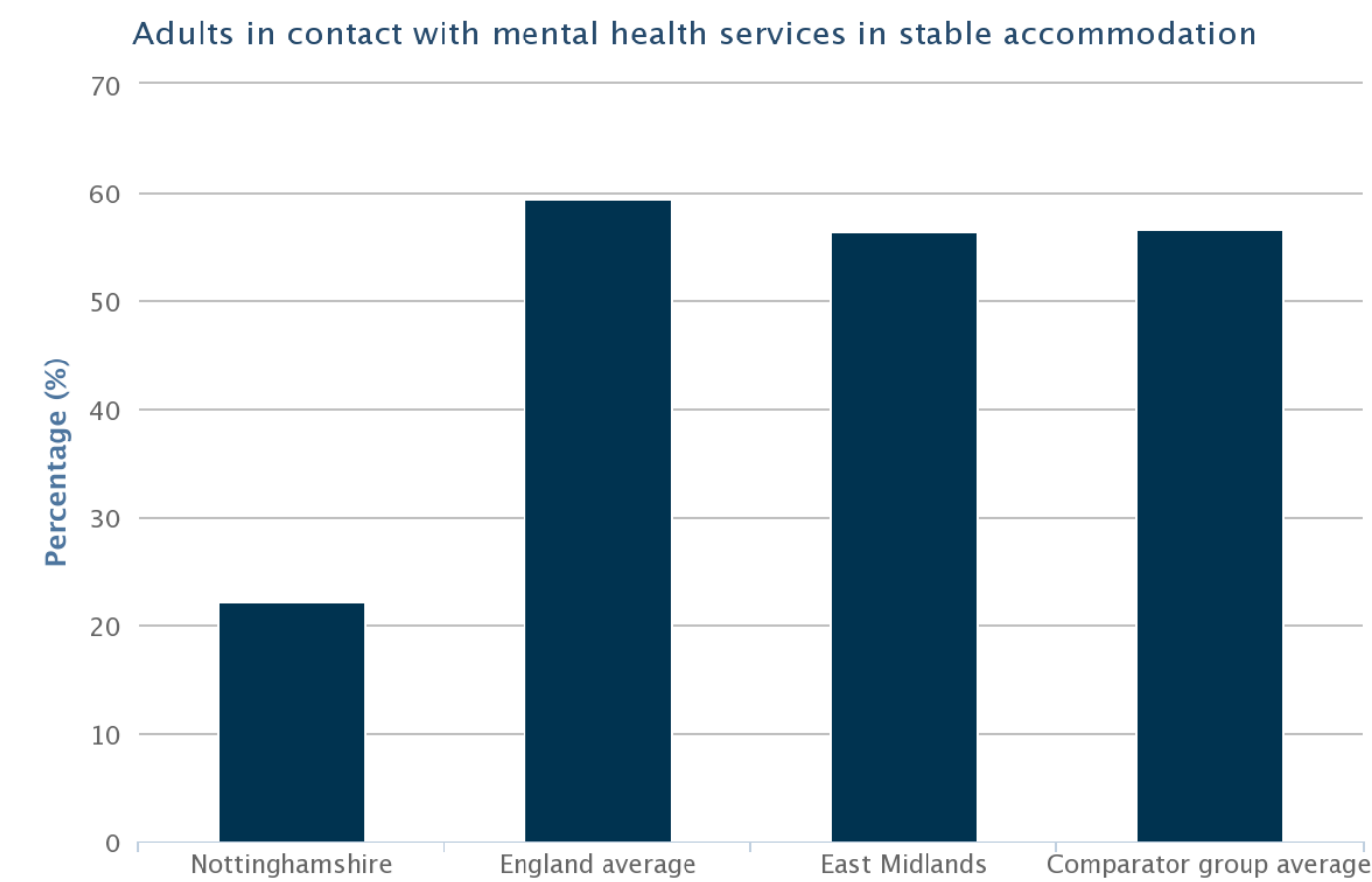
1F – Higher score represents a better outcome



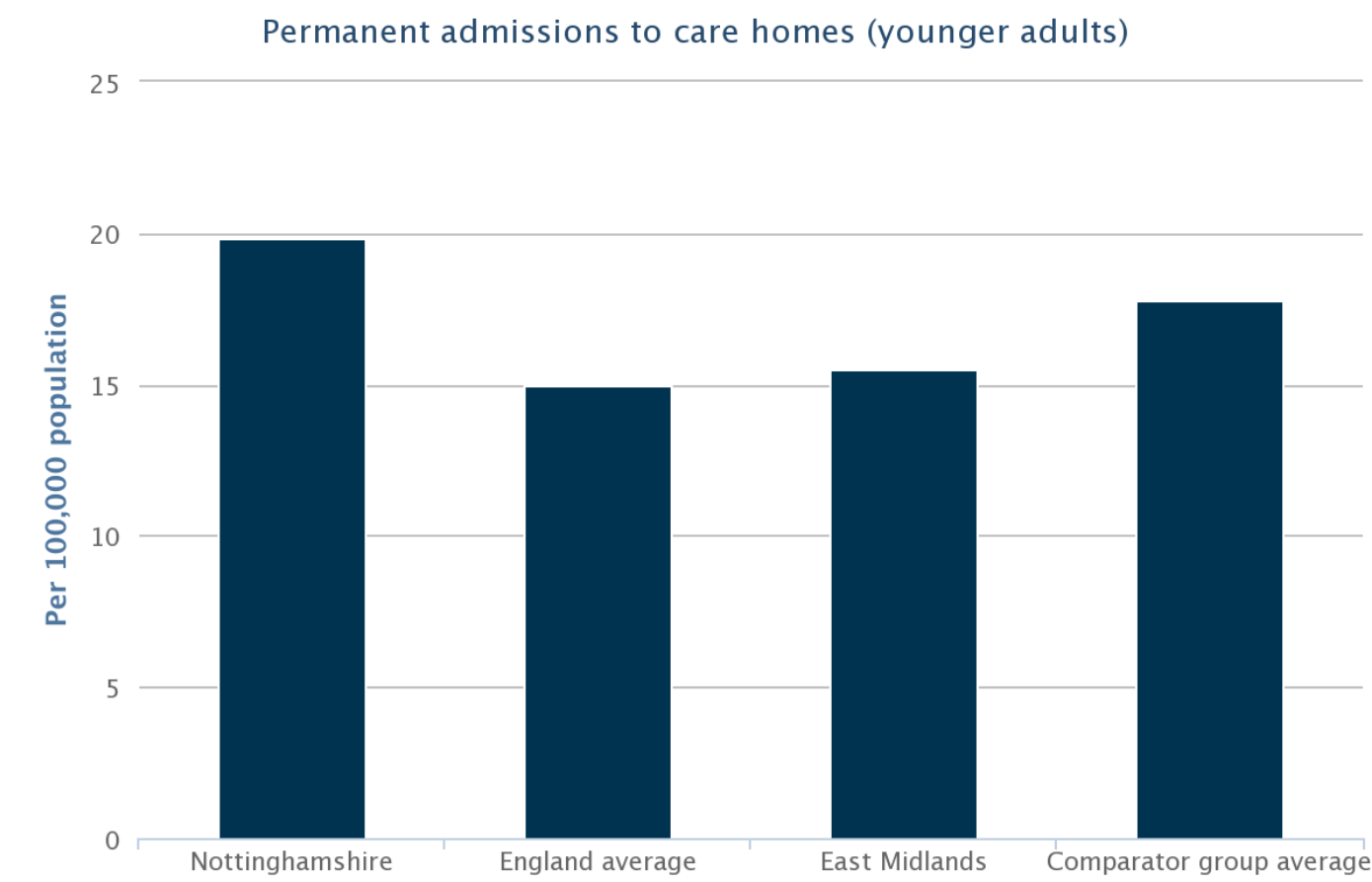
1G – Higher score represents a better outcome



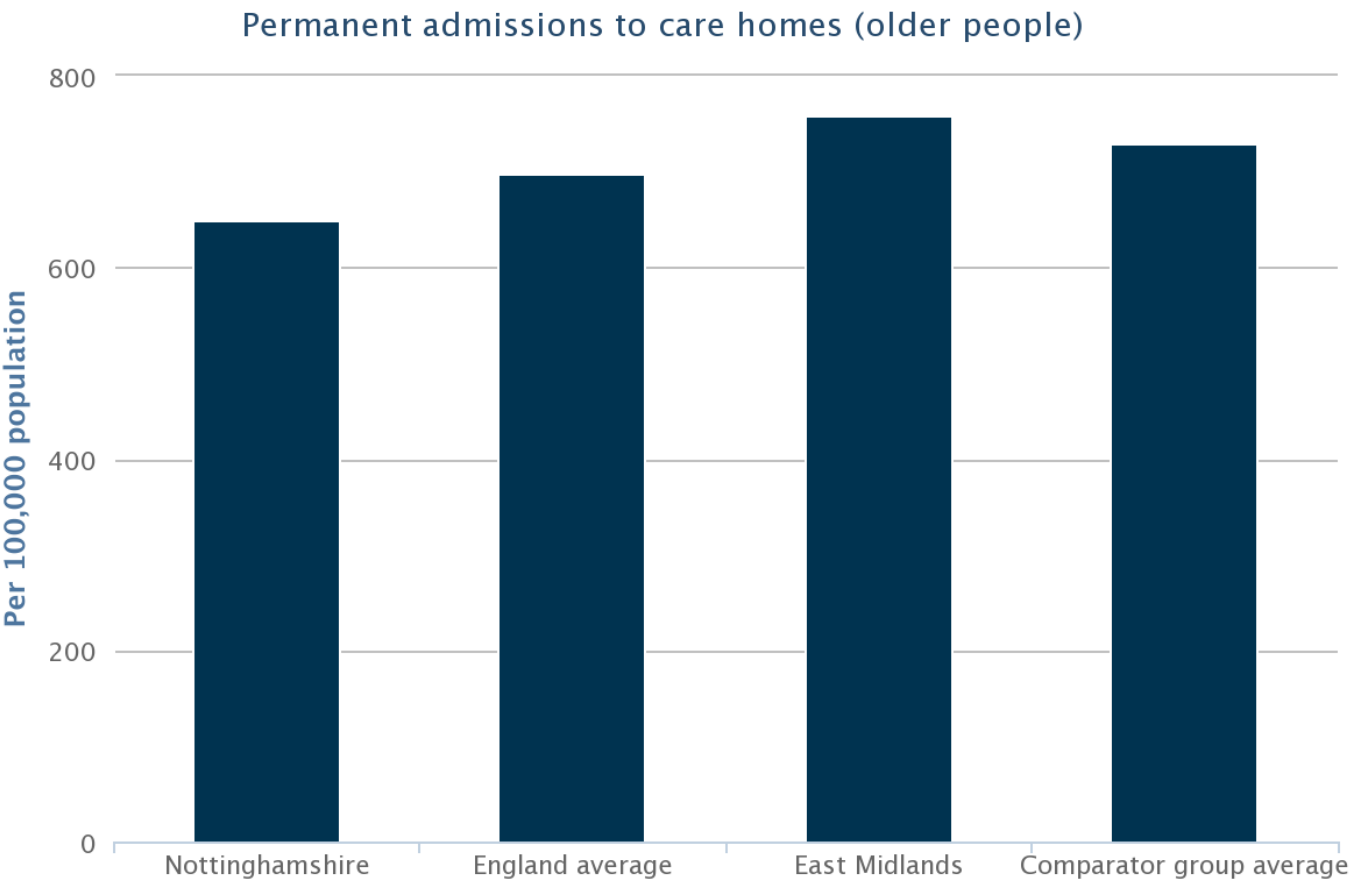
1H – Higher score represents a better outcome



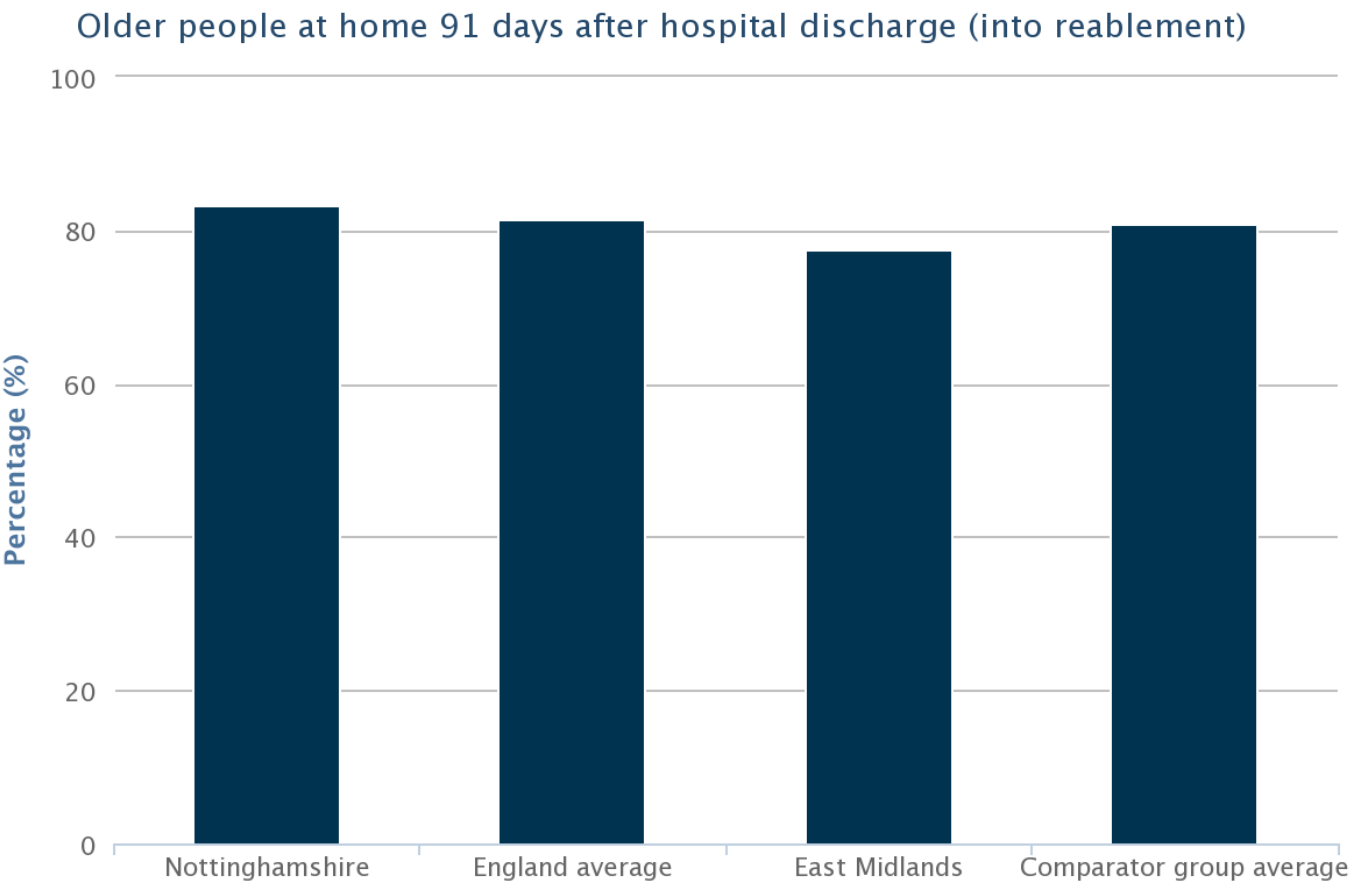
2A (Part1) – Lower score represents a better outcome



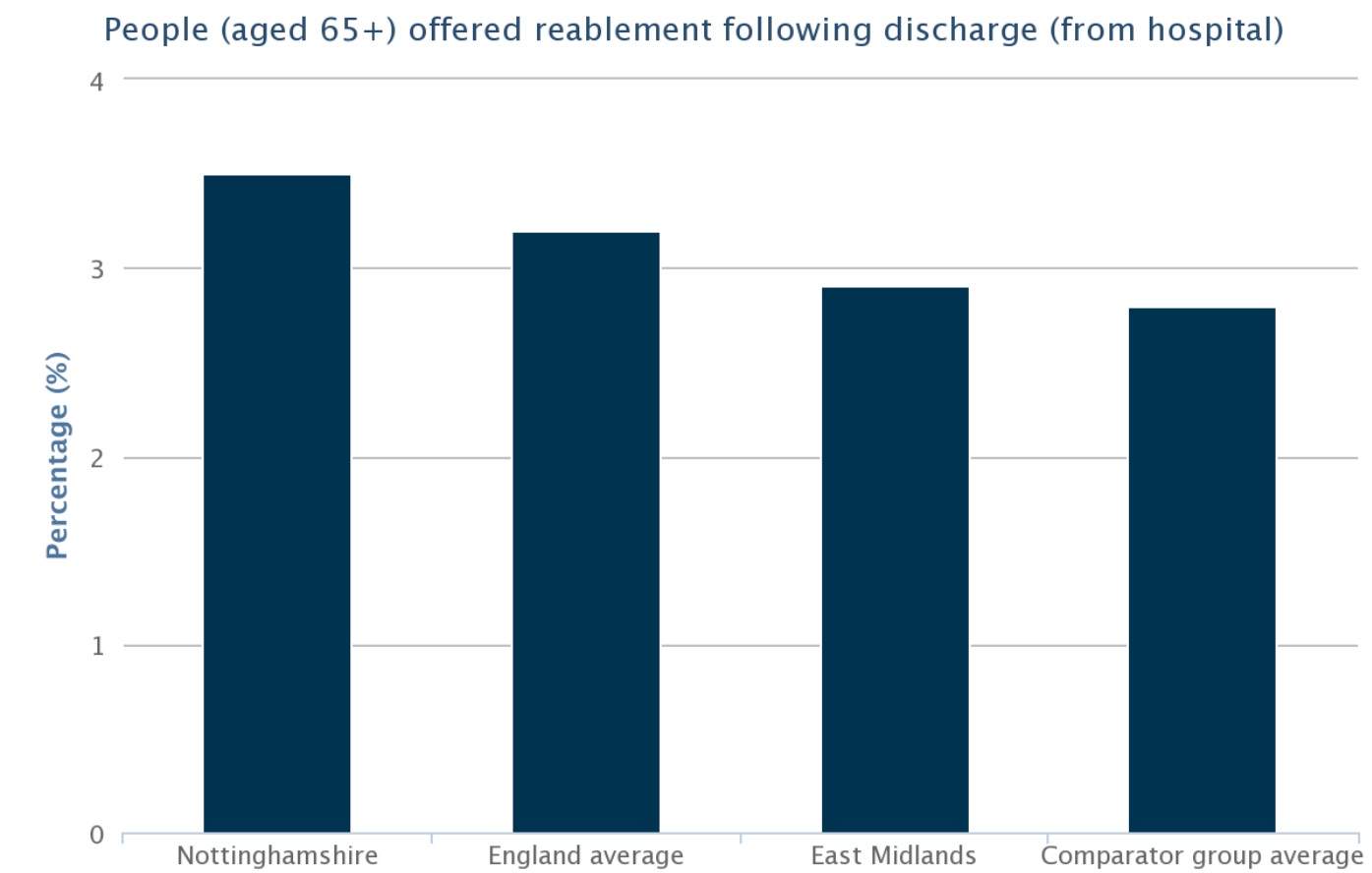
2A (Part 2) – Lower score represents a better outcome



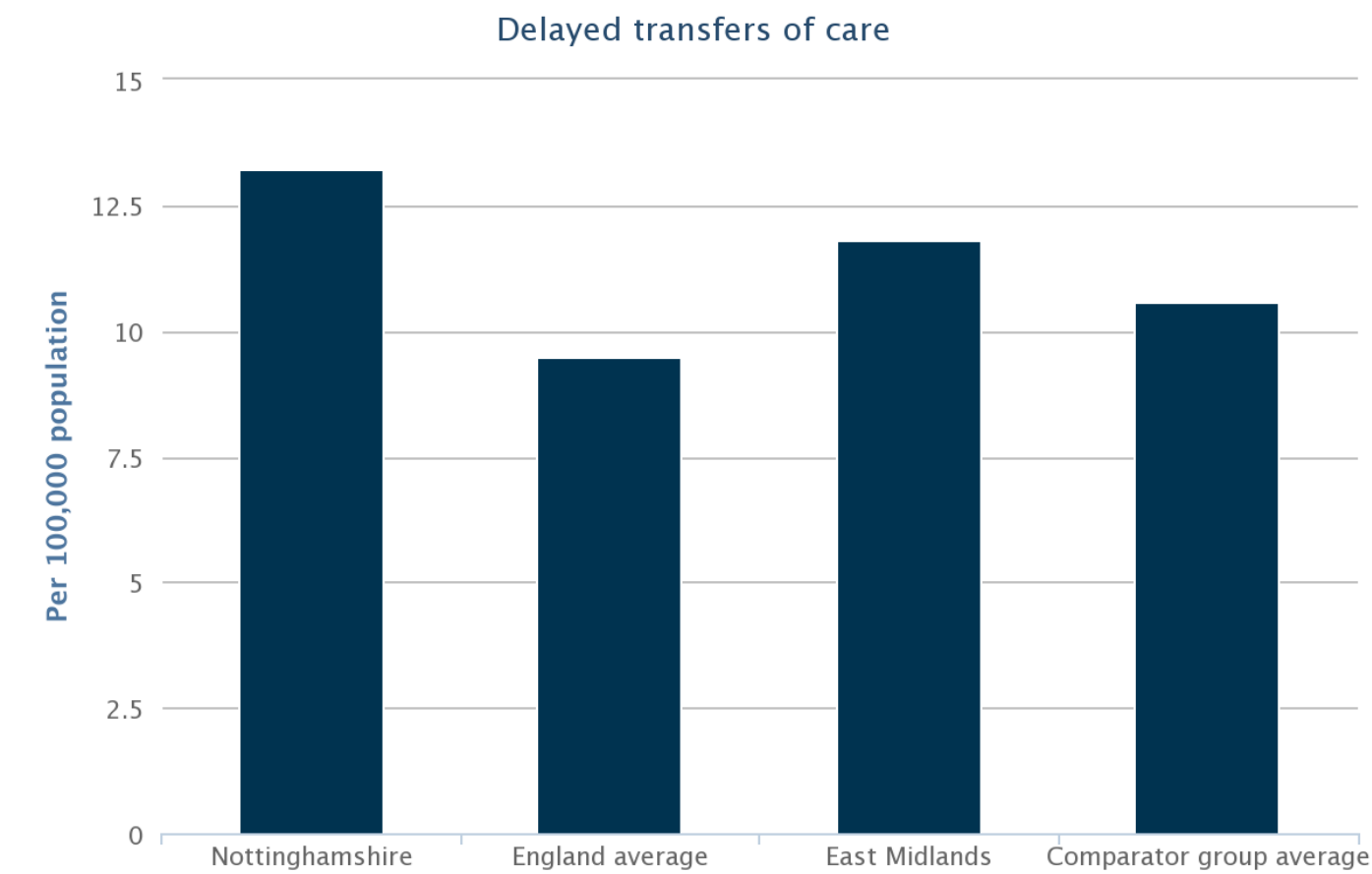
2B (Part 1) – Higher score represents a better outcome



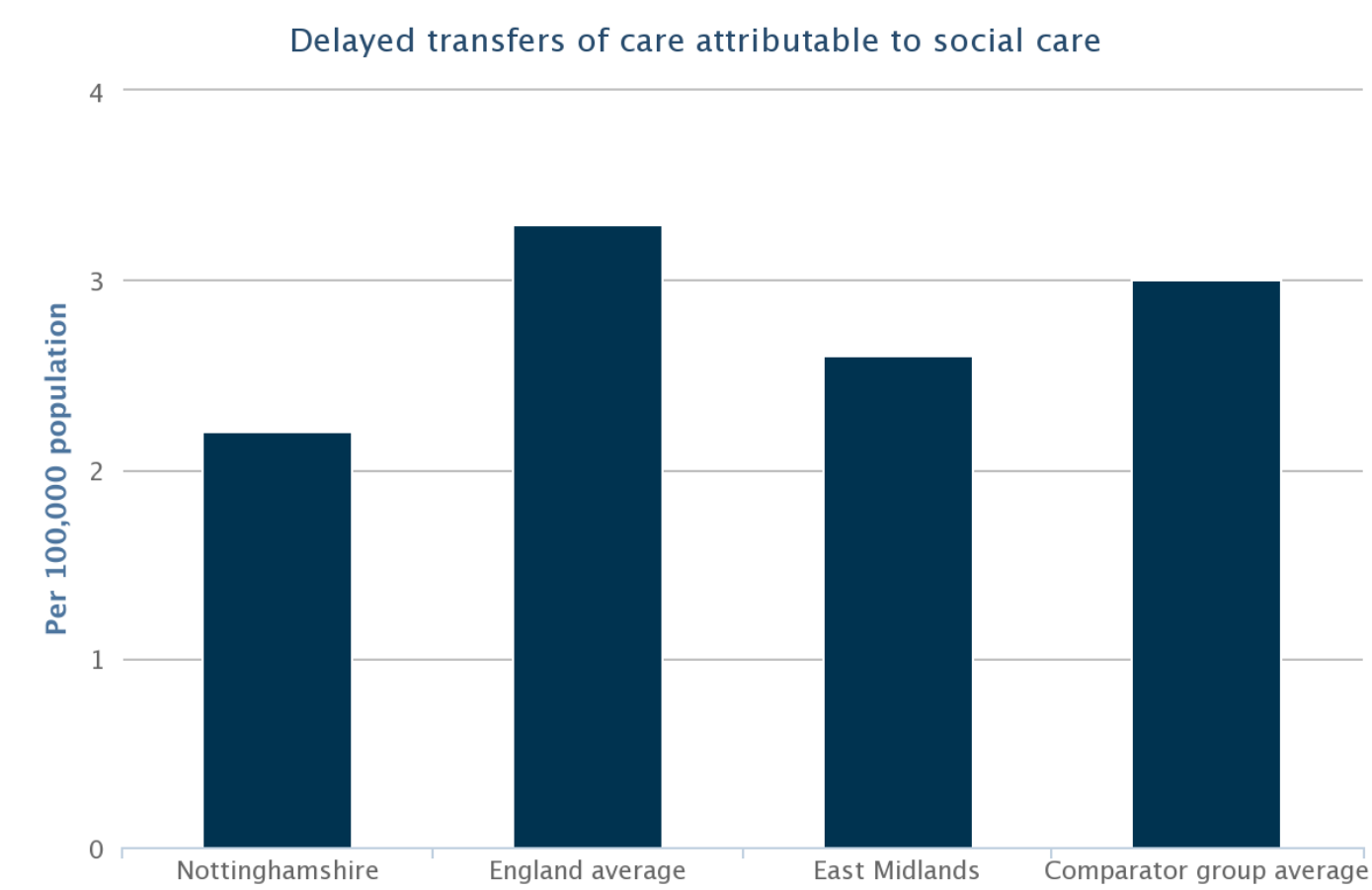
2B (Part 2) – Higher score represents a better outcome



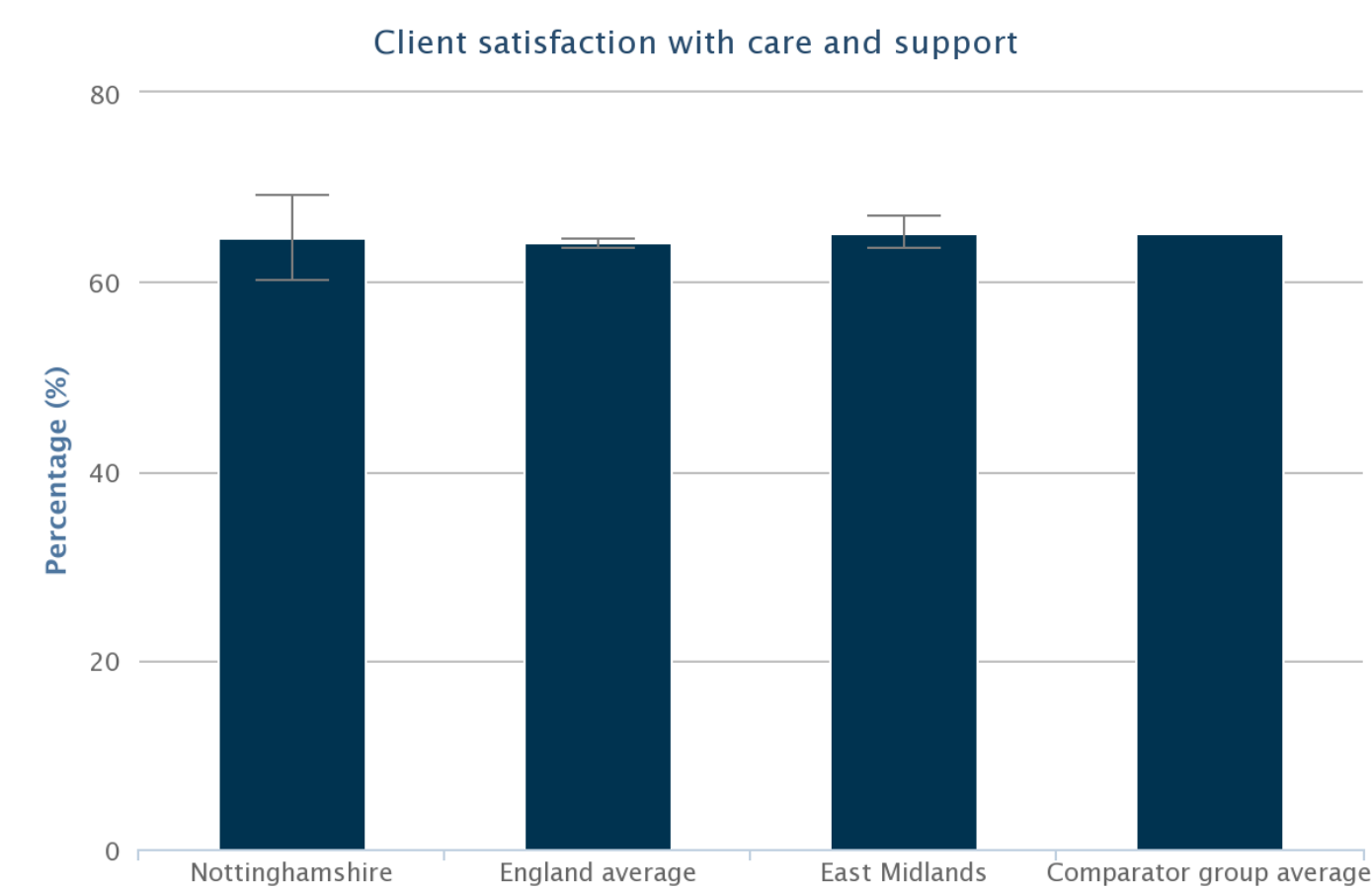
2C (Part 1) – Lower score represents a better outcome



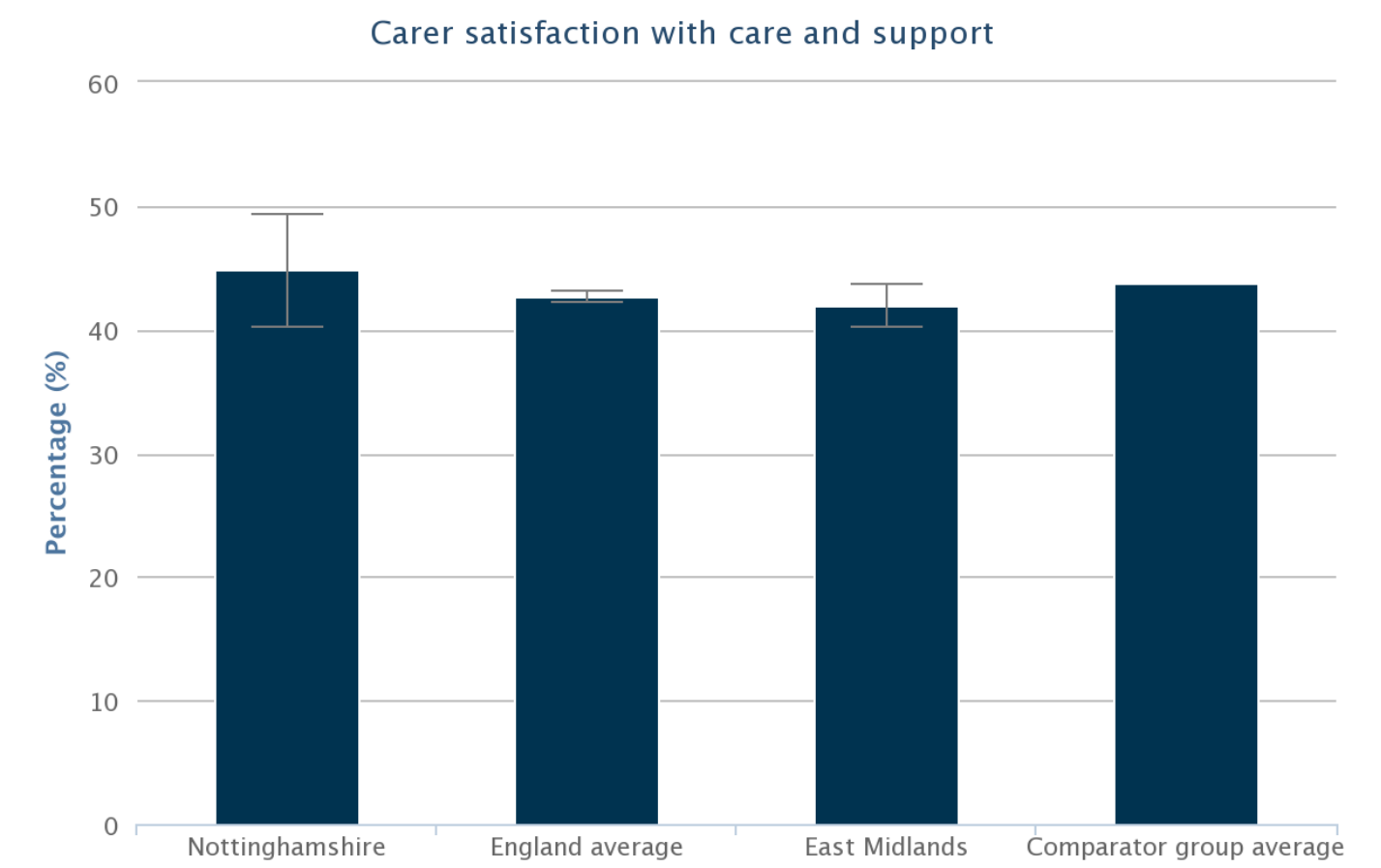
2C (Part 2) – Lower score represents a better outcome



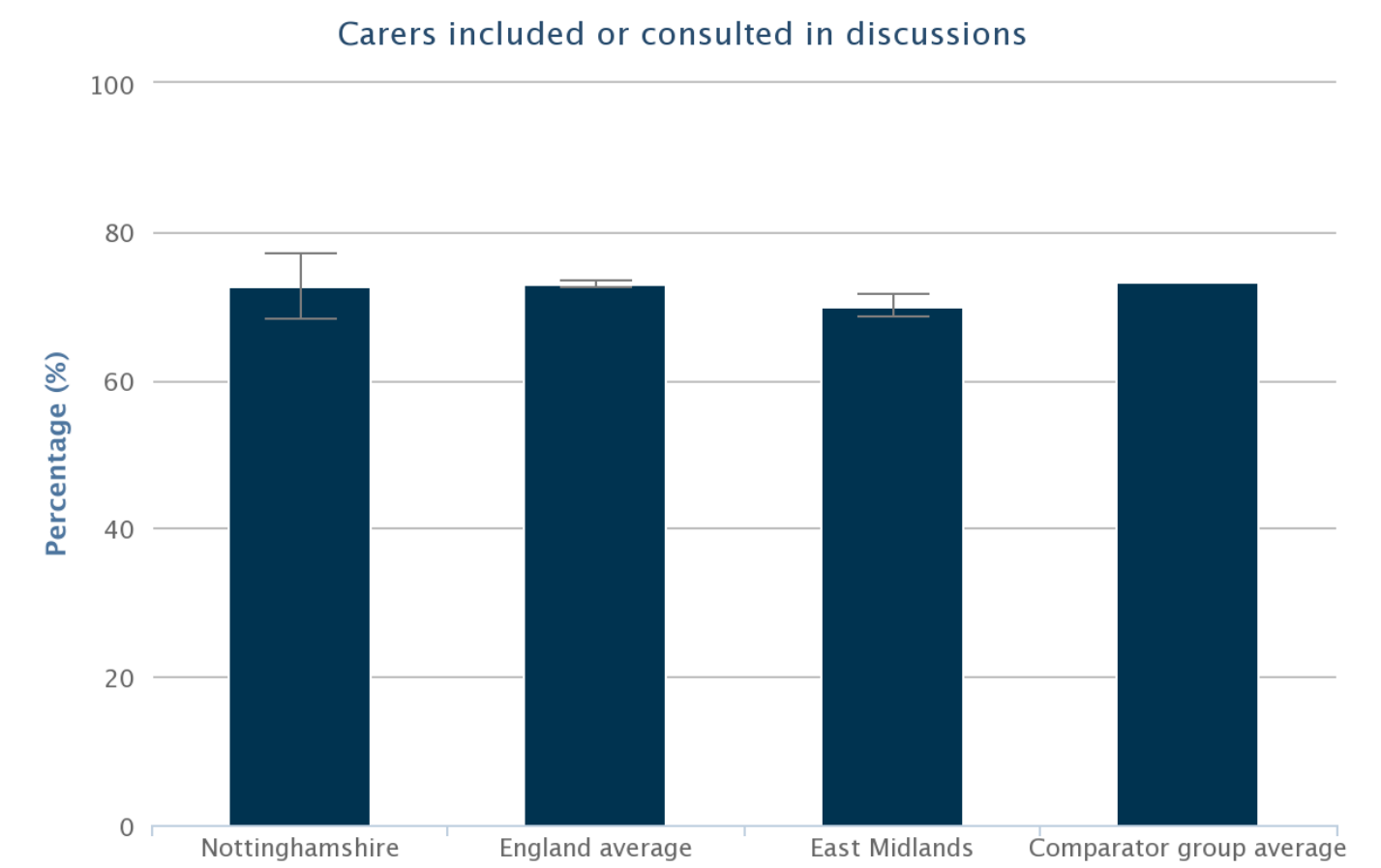
3A – Higher score represents a better outcome



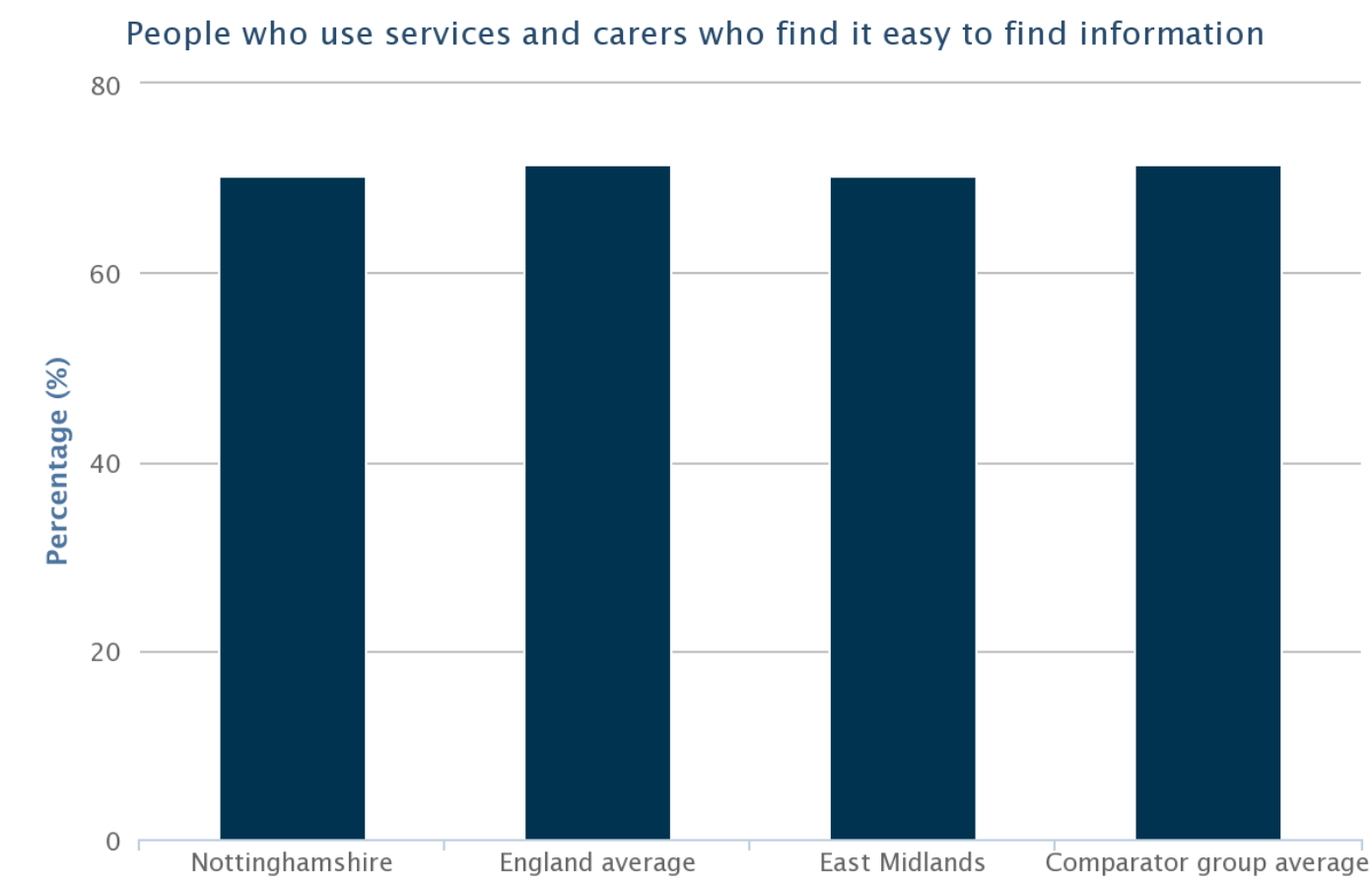
3B – Higher score represents a better outcome



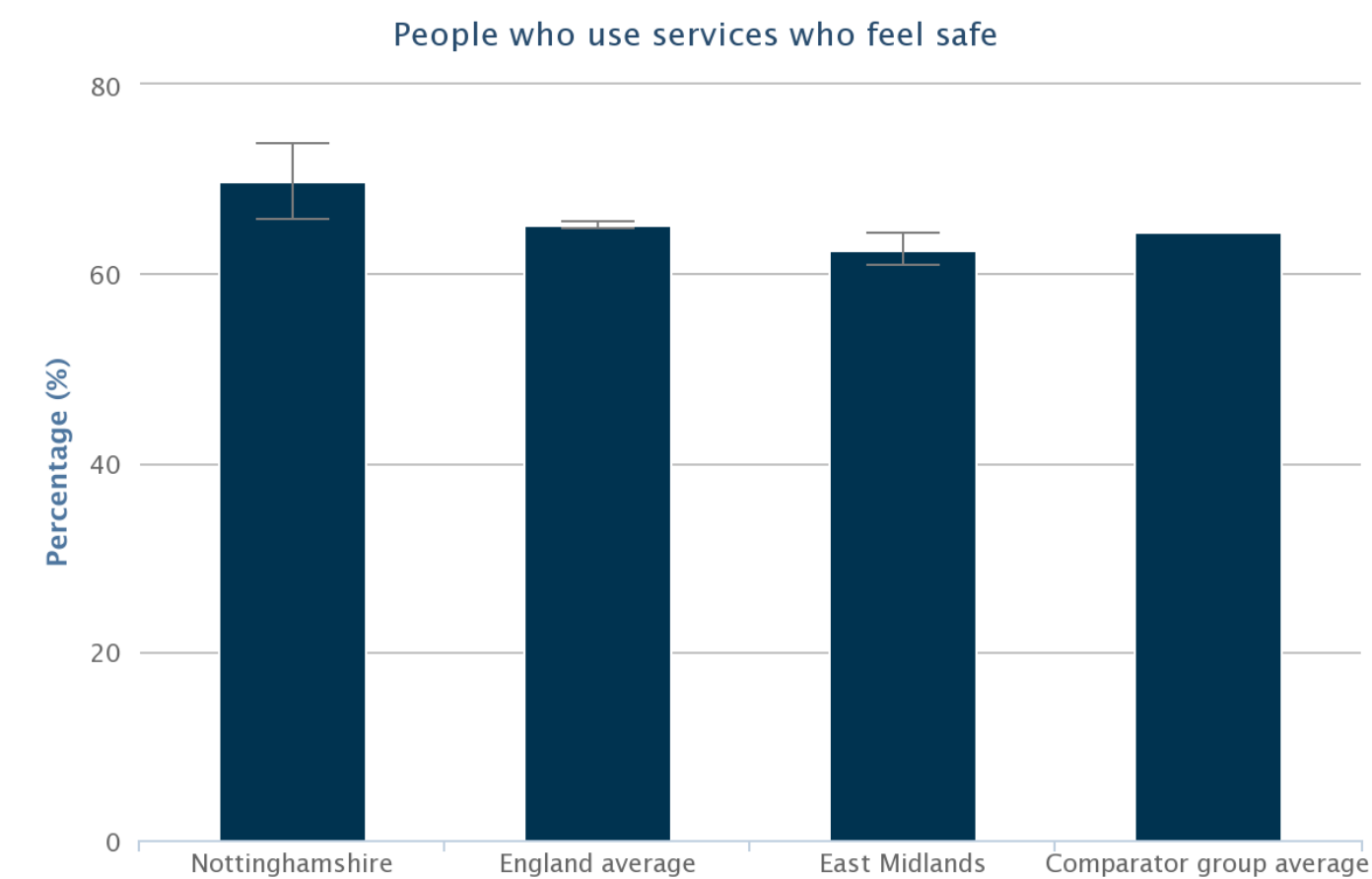
3C – Higher score represents a better outcome



4A – Higher score represents a better outcome



4B – Higher score represents a better outcome



3rd March 2014**Agenda Item: 6****REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****SHARED LIVES****Purpose of the Report**

1. The purpose of the report is to:
 - i. Inform Committee of the decision by Nottingham City Council to transfer their County based shared lives services to the County Council under the Ordinary Residence rules.
 - ii. Ask the Committee to approve the recruitment of 1 fte Shared Lives Co-ordinator (NJE Grade 5, scp 24-28) to the Shared Lives Scheme following the decision by Nottingham City Council to transfer 13 service users under Ordinary Residence rules.
 - iii. Ask the Committee to approve a request for a contingency sum to be made to the Finance and Property Committee to cover the cost of the transfer and the employment of a Shared Lives Co-ordinator.
 - iv. Inform the Committee about the results of the Shared Lives communications campaign.

Information and Advice

2. Shared Lives, which was previously known as the Adult Placement Scheme, matches up trained carers with people with disabilities who need support.
3. Guidance issued by the Department of Health (DH) gives clarification on the position regarding Ordinary Residence. Where people have their own tenancy and have the capacity to determine where they live, the authority area in which they live (in which they are 'Ordinary Resident') is responsible for providing/commissioning their community care services. Where people have their own tenancy, but do not have the capacity to determine where they live, then the authority they are living in is responsible for providing/commissioning their community care services as long as a 'Best Interests' decision is made about this, irrespective of how those services were established in the first instance.
4. Where a person lives with a Shared Lives host carer they are eligible for housing benefit, subject to the normal housing benefit rules from the District within which they live, irrespective of where they previously lived, and so fall within Ordinary Residence rules.

5. Within Nottinghamshire there are 13 individuals who live with Shared Lives carers but who were placed by the City Council. Until now the City Council has continued to fund these individuals, however from April of this year the City Council has confirmed that they wish to transfer the funding and care management responsibilities to the County Council as these people are considered to be Ordinary Resident in the County.
6. It is anticipated that the transfer of these people will bring a cost pressure in the region of £330,000 per annum to the County Council. This funding requirement is over and above the current funding for Adult Social Care within the County Council Medium Term Financial Plan.
7. In agreeing to this transfer the County Council is seeking to agree a joint protocol with the City Council to ensure that any future placements which are made across local authority boundaries will remain the responsibility of the placing authority.
8. The County Shared Lives team currently supports 45 Shared Lives households comprising of long term placements and short breaks / respite arrangements across the County, with a further 16 new carer applications being approved. The transfer of responsibility of 13 additional people into the County Council's care from Nottingham City Council as a result of the Ordinary Residence rules will place additional support requirements onto the Shared Lives Scheme.
9. In order to support these transferred Shared Lives arrangements it will be necessary to recruit 1 additional full time Shared Lives Co-ordinator who will report directly to the Shared Lives Team Co-ordinator based at Home Brewery, Sir John Robinson Way.
10. The current team consisting of 1 fte Team Co-ordinator (Team Manager) and 5 fte Shared Lives Co-ordinators does not have sufficient capacity to take on the increase in review, training and support for the additional placements arising from these transferring arrangements.

Communications Campaign

11. In January 2013, the Shared Lives scheme was extended to also support people with physical disabilities, mental health needs and older people. A marketing campaign was launched to recruit 10 more carers on top of the 70 existing carers across the County.
12. Campaign materials included bus backs in target areas, roller banners, A5 flyers, posters, an interactive digital TV advert, advertising in community newsletters and Newark bus timetable and Facebook advertising. Google adwords were used to target people who were looking for jobs. The marketing activity was complemented by a targeted media campaign, which featured a range of local case studies and photo opportunities.
13. The objectives were to:

- recruit 10 approved shared lives carers by September 2013. 16 people have become carers as a result of the communications campaign.
 - generate 50 enquiries from potential carers from January to July 2013. 69 people expressed interest using the online form between January and July 2013.
 - generate 5,000 hits to the Shared Lives web page between January and July 2013. There were 5,107 page views and 4,388 unique page views between January and July 2013.
14. £6,852 was spent out of a total campaign budget of £7,000. 10 people have become respite / short breaks carers, at an estimated saving of £727 per week each or £103.85 per day (compared to in-house residential care, independent residential care and college residential provision). This amounts to a saving of £1,038.57 for every day of respite / short breaks they all provide.
15. Six people have become outreach carers, at an estimated saving of up to £31 a day each (based on research by Shared Lives Plus). This amounts to a saving of £186 a day for every day of outreach support they all provide.
16. The total potential saving per day from all the carers recruited is £1,224.57 compared to an overall campaign spend of £6,852. It is not possible to calculate an annual saving because each carer is likely to provide a different level of support depending on their personal circumstances.

Other Options Considered

17. As the transfer of the shared lives services is in line with the Ordinary Residence guidance no other options are available.

Reason/s for Recommendation/s

18. The Shared Lives Scheme is a registered service regulated by the Care Quality Commission (CQC) and as such is required to maintain review, monitoring and training functions for all Shared Lives carers.
19. The successful recruitment of 16 new shared lives carers together with the transfer of 13 existing carers and placements will add significantly to the current workload of the Shared Lives Service. The addition of 1 fte Shared Lives Co-ordinator enables the service to comply with the standards required by the CQC.

Statutory and Policy Implications

20. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where

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

Implications for Service Users

21. The implications of this proposal for service users is that they will be provided with carers who are subject to review, monitoring and training under the Shared Lives Scheme arrangements and are compliant with CQC standards.

Financial Implications

22. The full cost of the transfer of the City Council Shared Lives Services is anticipated to be in the region of £330,000 per annum, although work is taking place with the City Council to determine the actual cost.
23. The full cost of the provision of 1 fte Shared Lives Co-ordinator, NJE Grade 5, scp 24-28 is £30,238 at scp 28, including National Insurance and Superannuation contributions.
24. As it is not possible at this stage to provide an actual cost to the department arising from the transfer of services, it will be necessary to seek a contingency sum to cover these costs within the next financial year once true costs are known.

Public Sector Equality Duty Implications

25. The equality implications are all covered by the Equality Impact Assessments that have been developed for the Transport and Short Breaks outline business cases.

Human Resources Implications

26. This report proposes to establish the following post on a permanent basis:
 - 1 fte Shared Lives Co-ordinator, NJE Grade 5, scp 24-28.

Ways of Working Implications

27. The above post will be based within the Shared Lives Team at the Home Brewery Building, Sir John Robinson Way.

RECOMMENDATION/S

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

- 1) Notes the results of the Shared Lives communications campaign
- 2) Notes the transfer of service from the City Council to the County Council
- 3) Approves a request for a contingency sum to be made to the Finance and Property Committee to cover the cost of the transfer and the employment of a Shared Lives Co-ordinator once the full costs are identified.
- 4) Approves the recruitment of 1 fte Shared Lives Co-ordinator to work within the Shared Lives Scheme

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Group Manager - Younger Adults, Residential

Tel 01623 434291

Email: ian.masson@nottsccl.gov.uk

Constitutional Comments (KK 12/02/2014)

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

Financial Comments (KAS 12/02/2014)

29. The financial implications are contained within paragraphs 22-24 of the report.

Background Papers

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

- Job Description for the post

Electoral Division(s) and Member(s) Affected

All

ASCH197

3rd March 2014**Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****OUTCOME OF THE CONSULTATION ON THE MODEL FOR ADULT SOCIAL
CARE IN NOTTINGHAMSHIRE AND USE OF RESOURCES POLICY****Purpose of the Report**

1. To report to Committee on the outcome of the public consultation undertaken on the model for adult social care in Nottinghamshire and the Use of Resources Policy that supports implementation of the model.
2. To seek agreement to the changes made to the model further to the consultation to make the intentions of the Council clearer.
3. To seek agreement for the model to be renamed as the Adult Social Care Strategy and to be submitted to Full Council for approval and implementation.

Information and Advice

4. The Adult Social Care and Health Committee approved the decision to undertake a public consultation on the model for adult social care and the Use of Resources Policy on 9 September 2013. The proposed model was discussed with staff at the Senior Leadership Team road shows between 25 September and 31 October 2013. The public consultation started on 22 October 2013 and was intended to finish on 20 December, but was subsequently extended until 17 January 2014 to encourage a greater response and to align with the budget challenge consultation. The consultation documents were published on the public website, along with an electronic survey for respondents to complete. A link to this was included on the department's home page on the intranet for staff. The consultation documents were also sent by post or email to:
 - all Nottinghamshire MPs
 - all County Councillors
 - all District and Borough Councils
 - all Parish Councils
 - Citizens Panel
 - Healthwatch

- NAVO – the Nottinghamshire County Council link was posted onto NAVO's website and sent to everyone on NAVO's mailing list
 - all libraries in Nottinghamshire (with 60 ballot boxes)
 - Nottinghamshire Clinical Commissioning Groups (CCGs)
 - Nottinghamshire NHS Provider Trusts
 - Nottinghamshire Care Homes Association
 - Carers Federation
 - Nottinghamshire Safeguarding Adults Board
 - all managers in the Adult Social Care, Health and Public Protection Department.
5. On review in early December returns suggested that the Council did not have many responses from service users, so letters and survey questions were sent out to a sample of 300 people identified through Framework. Concerns were raised by one service provider that the letters were sent out too close to Christmas.
6. In total 133 responses have been received, although responses are still awaited from some libraries. The profile of respondents was as follows:
- 92 respondents gave their age and out of these 43 (46.7%) were over 65.
 - 87 people gave their ethnic origin and 85 of these (97.7%) described themselves as White British
 - 91 people answered the question about whether they were disabled and out of these 56 (61.5%) indicated that they were
7. Respondents were asked to indicate if they used services or not, or if they worked for the Council or for another organisation. Not all respondents completed these questions, but of those that did responses came from:
- 54 members of the public – defined as people who do not get a service from the Council, but some of whom were caring for dependent relatives
 - 34 service users – defined as people who do get a service from the Council
 - 18 members of staff
 - 20 organisations, including Parish Councils, NHS and voluntary organisations.
8. All the paper responses have now been added to the electronic survey data so that the results could be analysed more easily. A file of the paper copies has been kept for reference. The response rate was quite low but the majority of responses had consistent themes. Some respondents were clearly aware of the budget challenge facing the Council, but were concerned that the new model might mean a lack of choice and control for vulnerable people in Nottinghamshire.
9. The main themes raised in the consultation are set out below:

- **The quality of the documents and the type of consultation undertaken.** Some members of the public questioned the language used in the model and what it means (eg. 'wellbeing' and 'resilience'). Other responses expressed concern about the questionnaire used and the information provided, which they felt was insufficient for people to provide a full and informed response. One Parish Council commented that they felt the consultation was not being given enough time and attention by Council officers and Members.
- **Loss of choice and control for people needing social care support.** A number of respondents expressed concerns about the impact of the proposed model and associated policy on the quality of people's lives. Respondents expressed concern for those who are unable to speak out for themselves and a voluntary organisation commented that people's choice may be compromised by the proposals.
- **An anticipated increase in the pressure on carers.** The possibility of the model putting more pressure on carers was raised by a number of respondents. A member of staff commented that the model might make it more difficult for carers to sustain the level of support they currently provide and that this may lead to further pressure on Council services.
- **The perceived loss of face to face assessments.** The questionnaire posed two questions related to assessments.

Consultation question 1: Do you agree or disagree that the Council should make more use of phone, online and clinic appointments, rather than meeting people face to face?

Out of 124 responses, 75 disagreed with this proposal, 33 agreed and 16 gave no answer or a neutral response (neither agreed nor disagreed). Respondents felt that face to face assessments are essential for some vulnerable people, particularly those that are isolated or hard of hearing and there were concerns about some people being able to present an accurate picture of their needs on the phone. Respondents highlighted the need for experienced staff, local services and a robust Customer Service Centre.

Consultation question 2: Do you agree or disagree that Council staff should only undertake home assessment visits and reviews where the level of risk and need suggests that this is necessary?

In contrast to question 1, out of 123 responses 49 disagreed with this proposal and 60 agreed. 14 gave no answer or a neutral response (neither agreed nor disagreed). A number of respondents raised concerns about who decides what the level of risk is that requires a face to face assessment.

- **Concern about the availability of preventative services.** Respondents, predominantly staff, said they wanted more and current information about services that could reduce the need for care support, and raised some concerns about the quantity of preventative services available.

- **Difficulty with assessing and monitoring the impact of the model.** Finally, respondents wanted to know how the impact of changes would be monitored and whether there would be an appeals process. One Parish Council also highlighted the need for more information on the costs of the proposed model.

10. In response to some of the issues raised in the consultation, work has been undertaken on the model to ensure the Council's intentions are clearer, particularly in relation to:

- identifying how risk will be assessed and the circumstances in which a face to face assessment will be offered
- how support will be targeted at people in order to prevent, reduce or delay need for services in future
- how the needs of individuals will be taken into account, whilst ensuring that the Council achieves best value for money

11. The revised model is attached as appendix 1. The model that went out to consultation can be found in the background papers to this report for the purpose of comparison.

12. In order to assist with clarification, and implementation with staff it is proposed that the model becomes known as the Adult Social Care Strategy and is supported by detailed staff guidance, which is currently being worked on, and will be presented in a training programme for staff which will involve input from senior managers.

Reason/s for Recommendation/s

13. It is important for the Council to produce clear information for service users and the public and clear guidance for staff, about how its resources will be prioritised and allocated, in the context of increasing demand, changes to legislation and reduced funding.

Statutory and Policy Implications

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

Implications for Service Users

15. Once approved the strategy, and supporting guidance for staff, will clarify what the Council is able to provide for service users and carers.

Financial Implications and Human Resources Implications

16. The strategy and guidance will clarify how the Council will allocate its financial and human resources in the future, to meet identified priorities in the most cost effective way. In relation to charging for services, people are already financially assessed and asked to contribute to their care subject to national charging criteria and this will continue to be the case.

Public Sector Equality Duty Implications

17. The original Equality Impact Assessment has been reviewed and updated further to the consultation. It is contained in the list of background papers.

RECOMMENDATION/S

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

- 1) Notes the outcomes of the consultation on the model for adult social care and the Use of Resources Policy.
- 2) Agrees the changes made to the model further to the consultation to make the intentions of the Council clearer.
- 3) Agrees that the model is renamed as the Adult Social Care Strategy and submitted to Full Council for approval and implementation.

DAVID PEARSON

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Sarah Hampton

Commissioning Officer

Email: sarah.hampton@nottsc.gov.uk

Constitutional Comments (KK 12/02/2014)

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

Financial Implications (KAS 11/02/2014)

19. There are no financial implications contained within the report.

Background Papers and Published Documents

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

- Report to Committee 9th September 2013

- Copy of survey and model used for consultation
- Revised Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All

ASCH199



Policy Library Pro Forma

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

Title: Adult Social Care Strategy

Aim / Summary: The aim of this strategy is to set out the Council's proposals for the efficient use of resources for adult social care in Nottinghamshire.

Document type (please choose one)

Policy		Guidance	
Strategy	x	Procedure	

Approved by:

Version number:

Date approved:

Proposed review date:

Subject Areas (choose all relevant)

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

Author:

Responsible team:

Contact number:

Contact email:

Please include any supporting documents

1.

2.

3.

Review date

Amendments



Adult Social Care Strategy

Foreword

This strategy sets out the Council's proposals for the future of adult social care in Nottinghamshire. The proposals are in line with the Council's Strategic Plan 2014 – 2018 and are in anticipation of the new Care Bill. The proposals are being made at a time of an unprecedented reduction in the Council's income, accompanied by rising demand for our services from older people and people with complex needs.

The provision of good social care support has always been a priority for the Council. In responding to the changes ahead of us, we will always try to consider the needs and preferences of the individual, but we will have to balance this against the effective and efficient use of resources. We must ensure that we have sufficient resources to meet the needs of all people who are assessed as eligible for social care support and we must focus resources on support that prevents, delays and reduces the need for care and support.

1. Context

Priority Four of the Council's Strategic Plan deals with providing care and promoting health. It sets out the Council's intentions to develop individual and community resources to prevent, delay and reduce the need for care and support. In addition the Care Bill will change the way in which social care support is arranged and provided. It will, for example:

- provide a national eligibility threshold, which will apply to all councils. This will be implemented in April 2015.
- focus care and support on promoting wellbeing and preventing or delaying the need for social care support.
- require the Council to provide people with information and advice relating to care and support for adults and support for carers

Our guiding principles for the future are as follows:

Good quality information and advice will be available to all to help people plan for the future, reduce the need for care services and where possible maintain independence.

We will expect to share responsibility with individuals, families and communities to maintain their health and independence

We will enable people to live with the risks inherent in living independently whilst ensuring they are safeguarded from significant harm.

We will reduce the demand for institutional care and the need for long term care in the community by commissioning or providing services that support independence.

Where people have critical or substantial risks to their independence and they meet the national funding criteria, we will fund care and support only for as long as it is necessary.

We will promote individual health and independence through joint and collaborative working across the public sector.

We will encourage and stimulate an efficient, diverse, affordable and high quality social care market.

We will commission support from external organisations that is focused on helping people to remain independent for as long as possible and is efficient and affordable

We will always consider the eligible needs and preferences of the individual but the Council has a responsibility to balance this against the effective and efficient use of its resources, which take account of the needs of all adults eligible for social care and support.

2. Our strategy for achieving these aims

INFORMATION, ADVICE AND EARLY INTERVENTION

- We will provide good quality information and advice to ensure that people know what support is available to them and to help them to plan for the future.
- We will aim to meet peoples' needs quickly when they first contact us. This might be through the Customer Service Centre, at a clinic or at a health centre.

PREVENTION

- We will target all prevention and early intervention services at people who are at risk of losing or reducing their independence.
- We will maximise independence by loaning equipment and assistive technology to people, where appropriate
- We will ensure that social care support is available to carers, if they are assessed as eligible to receive it.
- We will intervene to keep people safe when we have reasonable cause to believe there is a significant risk of harm or neglect by others, , or an individual is unable to protect him or herself.

SHORT TERM SUPPORT (re-ablement)

- We will target short term support (re-ablement) where initial indications show a critical or substantial risk to an individual's independence
- We will provide people with short term support (re-ablement) before a decision is made about whether they might be eligible for long term support. The aim of the

short term support will be to reduce or delay their need for long term support, where possible.

ASSESSMENT AND CARE MANAGEMENT

- We will provide a proportionate assessment to people following short term support (re-ablement) where it appears that they have eligible social care needs.
- We will make more use of phone, online and clinic appointments to undertake assessments. Assessment visits to a person's home will be made in situations where it is clear that a person could not cope with a phone or online assessment, is unable to travel to a clinic, or requests a face to face assessment.
- We will arrange services at the time they are required for as long as they are required to meet the specific outcomes identified in the assessment
- We will ensure that an assessment, under the Mental Capacity Act 2005, is carried out where people lack the capacity to make a decision about how their care needs should be met.
- We will provide care closer to home where this meets a person's needs and is cost effective. For those people currently placed outside of the county, we will aim to commission services in Nottinghamshire, where this is more cost effective.
- We will ensure that people have access to independent advocacy support so that they can understand the choices available to them, where necessary.

PERSONAL BUDGETS

- We will ensure that other sources of funding and support are always explored before the allocation of a personal budget.
- We will decide how much a person's support would reasonably cost, based on their eligible needs.
- We will provide Personal Budgets that meet the essential outcomes identified through assessment in the most cost effective way
- We will expect people assessed as eligible for social care support to contribute towards their personal budget in line with the national charging arrangements for adult social care.
- We will offer a choice to individuals of taking their personal budget through a direct payment, a managed budget (arranged by the Council) or a mixture of the two.

REVIEW

- We will ensure that a person's entitlement to a personal budget is reviewed regularly to ensure that he/she is still eligible and that his/her outcomes are being met in the most cost effective way.

COMMISSIONING SERVICES

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

- We will reduce the demand for institutional care and the need for long term care in the community by commissioning or providing services that support independence, for example extra care housing and/or housing with support. This will involve working with Health, housing providers and other agencies.
- We will expect organisations that provide services on our behalf to deliver good quality support that keeps people safe. Where they fail to do so in a timely manner, we will commission alternative support for people
- We will expect organisations that provide services on our behalf to pay for our support in situations where they are not meeting their contractual requirements and require support for improvement.
- We will fund non-statutory/discretionary services where there is evidence that they prevent, delay or reduce the need for care and support

FINANCE AND CHARGING

- We will charge a fee which reflects the cost of the service to people and organisations, where we are able to do so.
- We will ask people to pay the difference where they choose care and support which is more expensive than care that can be procured by the Council.
- We will provide advice and guidance to people on other funding that might be available if their preferred service is more expensive than similar care and support that can be procured by the Council
- We will make sure that people understand the different ways in which they can get independent financial advice in relation to their social care support.

STRUCTURES AND PROCESSES

- We will continue to adapt to changes to adult social care outlined in the Care Bill
- We will make our systems and processes as efficient as possible to save money.
- We will ask the most appropriate agencies and care providers to undertake support planning and arrange services on our behalf
- We will integrate our structures with Health and other agencies where it will provide better outcomes and more cost effective services

3rd March 2014**Agenda Item: 8****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****REPORT TO EXTEND CONTRACT FOR SUPPORT WITH THE EAST
MIDLANDS IMPROVEMENT PROGRAMME IN ADULT SOCIAL CARE****Purpose of the Report**

1. The purpose of the report is to request a 12 months extension to the temporary posts of East Midlands Joint Improvement Programme Manager and Business Support Administrator, until the end of March 2015.

Information and Advice

2. Members will recall that Nottinghamshire County Council hosts the regional Joint Improvement Programme for adult social care in the East Midlands, with funding from the Department of Health. The Corporate Director oversees this work on behalf of East Midlands Councils.
3. The regional posts provide co-ordination and oversight of regional improvement programmes such as the Sector-Led Improvement Programme. All ten councils across the East Midlands have signed up to and made a strong commitment to this Programme. The annual self-assessment, dataset analysis, peer challenge programme, individual interviews with Directors of Adult Social Services, and the Challenge Summit constitute a comprehensive and creative contribution to sector led improvement in the region. To date, four peer challenges have taken place as scheduled. As part of this programme the Local Government Association (LGA) have delivered three training sessions for officers and Members during the year. Training specifically for Members was delivered in September jointly across East Midlands, West Midlands and Eastern regions.
4. East Midlands Councils (EMC) commissioned work to examine the future funding of adult social care, the implications of current and future trends for councils in the East Midlands and potential strategies for managing the issues.
5. Oxford Brookes University produced a Self-funders toolkit for the region which is aimed at local authority commissioners, market development managers and procurement teams and offers a set of approaches to understanding and engaging with those people who self-fund their own social care. This was a part of the national programme to deliver Care Markets for Quality and Choice.

6. Other areas of work include support to the East Midlands Regional Adult Safeguarding Board, overseeing the Personalisation Network and regional plan, In addition to on-going support given to a number of regional improvement networks such as Reablement and Assistive Technology. Organising events such as the joint Health and Social Care 'Making it work Across the NHS and Local Government' conference in September 2013 and the Autism and the Criminal Justice conference in October 2013.
7. In the immediate future, the implementation of the Care and Support Bill presents a major challenge for local authorities. The continuation of regional networks such as Assistant Director and Programme Leads to identify areas where regional working will create efficiencies and add value is essential.

Other Options Considered

8. This essential cross-regional improvement and development work, continues to be needed to put local authorities in a strong position to respond to the challenges facing Adult Social Care. The regional work provides significant opportunities for learning and the sharing of best practice as well as efficiencies in service delivery.
9. If the post was to be discontinued then this work would come to an end together with the loss of regional expertise and regional networks. The benefit to the post being based at Nottinghamshire County Council is that the authority is alerted early on to any national and regional developments as well as enabling the authority's good practice to be more readily showcased across the region. If the current arrangement is ended then another Local Authority would need to be identified to host this post and the current post holders transferred to another authority.

Reason/s for Recommendation/s

10. The implementation of the Care and Support Bill and continuation of sector-led improvement represent major challenges for local authorities. The work undertaken by these regional posts is essential in order to assist with the successful implementation of change across the East Midlands based on sharing of good practice and scope for efficiencies in delivery.

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. The funding for these posts is drawn from legacy funding of the Joint Improvement Programme and sector-led improvement funding via the LGA, so it is all external funding.

Human Resources Implications

13. It is proposed that Nottinghamshire County Council continues to host these posts, and that the Corporate Director, Adult Social Care, Health and Public Protection provide oversight of the work of the post-holders.

Ways of Working Implications

14. As the posts are currently hosted by Nottinghamshire County Council they are already accommodated within existing office resources.

RECOMMENDATION/S

- 1) It is recommended that the posts of the temporary East Midlands Joint Improvement Programme Manager (22 hours per week, Hay Band F, scp 56-61) and Business Support (18.5 hours per week, NJE Grade 4, scp 19-23) be extended until 31st March 2015.

DAVID PEARSON

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Lee Harrison

Improvement Programme Manager

Email: lee.harrison@nottsccl.gov.uk

Constitutional Comments (KK 12/02/2014)

15. The proposal in this report is within the remit of the Adult Social Care and Health Committee.

Financial Comments (KAS 11/02/2014)

16. The financial implications are contained within paragraph 12 of the report.

Background Papers and Published Documents

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

[Report on the extension of the Programme Director, Sector Led Reform post, 3rd Sept 2012](#)

Electoral Division(s) and Member(s) Affected

All.

ASCH195

3 March 2014**Agenda Item: 9****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

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

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

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

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

Constitutional Comments (HD)

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

Financial Comments (PS)

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

Background Papers

None.

Electoral 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>
31 March 2014			
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care	Corporate Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker
Think Local, Act Personal	Report on progress made by the Think Local, Act Personal (TLAP) Team	Service Director for Promoting Independence and Public Protection	Jordan Pitcher / Bronwen Grieves
Inspection Reports	Overview of inspection reports of County Council Services	Deputy Director for Adult Social Care, Health and Public Protection	Jennie Kennington
Transport Policy	Report to Committee following the consultation	Deputy Director for Adult Social Care, Health and Public Protection	Wendy Lippmann
Short Breaks Policy	Report to Committee following the consultation	Deputy Director for Adult Social Care, Health and Public Protection	Wendy Lippmann
Disabled Person's Registration Card	Report outlining changes to the Disabled Person's Registration Card	Service Director for Promoting Independence and Public Protection	Sarah Hampton
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
Quality Assurance	Report to Committee on how quality of services is monitored	Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
Home Based Services Tender	Progress report on the Home Based Services Tender	Service Director for Broxtowe, Gedling and Rushcliffe	Sue Batty
Nottinghamshire Welfare Assistance Fund	Update on the Nottinghamshire Welfare Assistance Fund	Service Director for Promoting Independence and Public Protection	Katherine Smith

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
9 June 2014			
Carers' Survey	Update to Members on response to results of the survey	Service Director for Mid Notts and Bassetlaw	Penny Spice
Nottinghamshire Partnership of Social Care Workforce Development	Report outlining the Nottinghamshire Partnership of Social Care Workforce Development Proposed Business Model	Service Director for Mid Notts and Bassetlaw	Claire Poole
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
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	Deputy Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker
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 for Promoting Independence and Public Protection	Amanda Marsden
September 2014			
Nottinghamshire Safeguarding Adults Board	12 monthly update on Nottinghamshire Safeguarding Adults Board	Service Director for Promoting Independence and Public Protection	Allan Breeton
November 2014			
Direct Payment Support Services	Update to Members on the Direct Payment Support Services (requested at Committee on 28 October 2013)	Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
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
January 2015			
NHS Support to Social Care	Update report on NHS Support to Social Care (s.256)	Service Director for Mid Notts and	Jane

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Funding	Funding	Bassetlaw	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

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