

5 February 2018**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE****DEPRIVATION OF LIBERTY SAFEGUARDS: OUTCOME OF COMMUNITY
CARE OFFICER PILOT****Purpose of the Report**

1. To share the outcome of the pilot to introduce the Community Care Officer role into the Countywide Deprivation of Liberty Safeguards (DoLS) team.
2. To seek the approval of Committee to permanently establish up to 4 full-time equivalent (FTE) Service Advisor posts (Grade 4) within the Countywide DoLS team.

Information

3. In September 2016, Adult Social Care Health Committee approved a request to establish 4 FTE temporary Community Care Officer (CCO) (Grade 5) posts for 12 months as a pilot within the Countywide DoLS team. Following successful recruitment into these roles, the 12 month contracts for these posts are due to end during April 2018.
4. The purpose of the CCO posts was to support Best Interests Assessors (BIAs) to complete assessments and to take on a range of tasks relating to managing the DoLS process to enable improved assessment capacity of social work qualified staff.
5. The rationale for establishing the temporary posts was twofold:
 - introducing the posts provided an opportunity to pilot a new process recommended by the Association of Directors of Adult Social Services (ADASS) for risk assessing referrals and completing assessments using a desktop based process
 - the posts also enabled the team to test assumptions within the ADASS proposal that some work completed by BIAs and Senior Practitioners could be delegated to a non-qualified role to release assessment capacity from existing resources.
6. The overall aim of the pilot was to establish whether a non-qualified role would help the team increase capacity to manage increased demand for assessments, improve quality of service and ensure that statutory responsibilities are being met.

Using a non-qualified role to support a desktop assessment process

7. The process described within the ADASS guidance recommended using a non-qualified role to gather information and intelligence from existing records and pre-populate aspects of the six assessments that form the DoLS process. The BIA would then focus their activity strictly on tasks where the skills of a BIA are required. The guidance also suggested a process by which all or the majority of assessment activity could be conducted over the telephone and that the person being assessed did not always have to be seen 'in person' if they met specific criteria following a risk assessment.
8. In practice, introducing the CCO role to this process caused duplication in information gathering and scrutiny. For DoLS work, ultimately the BIA is responsible for the assessment and there is no equivalent lower level assessment work that the CCO can do instead of the BIA. Undertaking the CCO pilot, has however, enabled a more concise assessment process to be successfully introduced as a result of working with the ADASS guidance. It also identified other tasks that can be delegated to non-qualified workers in order to free up qualified staff time to focus on undertaking assessments.

Delegation of other tasks to a non-qualified role

9. Aside from piloting using a non-qualified role to support a desktop assessment process, it was recognised that the pilot provided additional opportunities to test how a non-qualified role could have other benefits for the DoLS team, particularly increasing assessment capacity from existing resources.
10. An operational challenge within the team is how to best utilise the expertise of Senior Practitioners and balance duties to support best practice alongside using their expertise to complete complex assessments. Establishing the CCO role within the team has allowed a number of tasks and duties to be delegated away from Senior Practitioners. During the pilot, CCOs have taken on the following duties:
 - screening and prioritising referrals
 - allocation of cases to BIAs
 - tracking 'live' cases through the process and highlighting any issues and causes for concern
 - liaison with hospitals and care homes
 - screening of reports of paid representatives to highlight risks and issues
 - monitoring of authorisations in place and whether Conditions are being followed
 - screening of short breaks and emergency care referrals
 - contacting the Office of the Public Guardian to check for existing Power of Attorney in cases
 - making safeguarding referrals as required.
11. Undertaking this level of work has achieved a number of positive outcomes for the service for the duration of the pilot. The number of assessments Senior Practitioners completed during this period improved. An analysis of all allocations to the Countywide DoLS team showed that between July and September 2017 (between month 3 and month 6 of the pilot) the average number of assessments allocated to Senior Practitioner colleagues increased from 1.5 cases per week to 2.2 cases per week. This suggests that after the initial investment in time was made during the first three months to establish the remit,

processes and protocols of the post, Senior Practitioners were able to delegate more tasks and undertake more assessments themselves.

12. CCOs have been able to undertake scrutiny of a greater volume of cases where DoLS authorisations are in place to make sure that any conditions of an authorisation are being met. As part of the assessment process, BIAs are required to identify a family member or friend of the person being assessed who will be the Relevant Person's Representative (RPR) and protect their interests throughout the process. The RPR must maintain regular face-to-face contact with the person being deprived of their liberty, ensure that their interests are being safeguarded and that any recommendations or conditions made by the BIA during the assessment are being implemented. By way of example, a DoLS might have been authorised subject to the person's GP reviewing their medication to ensure it is appropriate. If the RPR has any concerns then they can raise these with the central DoLS team to take action. They can also support the person to make a formal complaint or request a review of the DoLS authorisation by the Court of Protection.
13. The Council has to ensure that the RPR is consulted and fully communicated with during the assessment process. The CCOs have provided much needed additional capacity to enable communication with the rising number of RPRs, to check that they understand and are fulfilling their role correctly and are reporting any concerns to the Council. As the volume of cases the Council is managing has increased, the amount of follow up work that is necessary in working with RPRs has also increased. The CCOs have shown that the increasing volume of work with RPRs can be supported by non-BIA qualified staff.
14. If a family member or friend cannot be identified to be the person's RPR, the BIA has to arrange for a Relevant Person's Paid Representative (RPPR) to undertake the role. The RPPR has the same roles and responsibilities as a RPR but is a paid professional and must provide written reports to the Countywide DoLS team at an agreed frequency. CCOs have been able to read and screen these in order to identify any which raise concern and need passing to a BIA for action. BIAs do not monitor that conditions are being complied with unless an issue is raised by an RPR.
15. The ability to check all the reports is therefore crucial to ensuring that the person who is under the DoLS authorisation is not at risk. It is a legal requirement to monitor compliance with conditions in this way and the Council is open to challenge if it is unable to evidence that the conditions of the authorisation set are being met. The pilot has shown that this investigatory work can be completed by a non-qualified worker, which frees up BIA time for assessments and supports the Council managing risk effectively for a larger number of 'active' cases where a DoLS authorisation is in place.
16. An additional aspect of the CCO role has also been to work with external partners, such as care homes and hospitals. Each CCO has had oversight of care homes within a locality (or localities) within Nottinghamshire. CCOs have been conducting visits to Managing Authorities where there is evidence that they have not understood the referral process correctly or if there have been persistent mistakes within the information that they have shared. CCOs have been able to meet with care home managers and relevant staff to signpost them to helpful information and have been able to offer advice on making referrals. The work has helped to reduce instances of inappropriate referral and has enabled greater self-support through signposting to online resources and information. Both of these outcomes reduce pressure on BIAs, as they are less likely to be required to

use their time on cases where a Managing Authority has made a mistake on a large number of cases and also reduces the number of inbound queries the team has to manage day-to-day.

17. CCOs have also been involved in ensuring the Countywide DoLS team continues to be responsive in active prioritisation of referrals from hospitals, where circumstances are more likely to change quickly. For example, the urgency of referrals may change quickly, or may not be required at all if a person is to be discharged. This capacity offered by CCOs has ensured that this is done on a more consistent basis and enabled Senior Practitioners to focus on other duties. Both hospitals and care homes have given excellent feedback about the input of CCOs, commending their ability to give information and help managers to support their staff.

Summary

18. The legislative requirements of the DoLS process mean that it is difficult for a non-qualified worker to do any meaningful work to prepare an assessment without duplicating the work of the BIA. The CCO job description includes the requirement to manage a case load and complete Community Care Assessments, which is not applicable in the DoLS team. Therefore, establishing CCO posts within the team is not the appropriate option.
19. However, the pilot has proved that a non-social work qualified role that is supervised by Senior Practitioners can ensure better utilisation of skills within the team. The evidence has shown that this work had added a great deal of value to the work of the team, both in terms of increasing productivity and managing risk. As a result, the conclusion drawn from the pilot is that a Service Advisor (Grade 4) role would ensure that the positive outcomes of the pilot could continue to be achieved. The pilot confirmed that there is a sufficient volume of work for up to 4 FTE roles.

Other Options Considered

Retaining the CCO role

20. Other ways to implement the ADASS guidance in full using the CCO role have been considered. However, learning the lessons from the pilot has indicated that the likelihood of finding a solution through greater investment of time and resources into looking at these issues is low.

Business Support roles

21. The evaluation considered whether the Business Support Administrator (BSA) role at Grade 3 is an appropriate role to undertake the tasks. This is not appropriate, however, as the non-qualified role requires social work related tasks to be undertaken with independent, autonomous judgements being made under the supervision of Senior Practitioners. The Service Advisor role will be directly supervised by social work staff and the pilot has proved that this relationship is integral to the success of having a non-qualified role within the team. This line management relationship is also important because the role is outwardly facing in going to care homes and hospitals to work with partners.

Revert to the previous model

22. The final option that was considered was to allow the CCO pilot to come to an end and for the roles to not be replaced in any form. This would mean that tasks delegated to CCOs during the pilot would revert to Senior Practitioners. Although the money that would be invested in posts could instead fund additional assessment capacity, any such gain would be negated because the numbers of assessments completed by Senior Practitioner would reduce. Therefore, following this option would represent a false economy to the service and would have a detrimental impact on enabling the team to meet its objectives and on staff morale in an area of adult social care that is particularly challenging to recruit to.

Reason/s for Recommendation/s

23. The recommendation to establish up to 4 FTE Service Advisor (Grade 4) posts is made on the basis of it being the best option available in enabling the Countywide DoLS team to meet its objectives to improve productivity from available resources, manage risk and to meet statutory obligations. The rationale for establishing 4 FTE posts is based on the volume of work that Service Advisors would be required to complete, which would be equal to or more than what the CCO posts managed during the pilot.
24. Funding for these posts will be met within existing resources. Using existing resources to establish this role within the team represents best value for money and most efficient use of resources compared to the alternative options available. The recommendation is to allow up to 4 FTE posts to be established, however, it would be the intention to recruit initially to 2 FTE posts and then review their impact before making a decision on how much capacity is required once the new posts become fully functional. If the funding is not required for either of the additional two Service Advisors then this will be used to fund additional assessments through the Council's agency contract.

Statutory and Policy Implications

25. 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.

Financial Implications

26. The cost of establishing 4 FTE Service Advisor posts is shown in the table below. However, funding of these posts would be from existing resources. The intention would be for two posts to be in place by April 2018 and if the additional two posts are necessary, they will be in place by end of 2018.

	Salary cost (including on costs)	Mileage	Total
Service Advisor (Grade 4) Authorised Car User Status	£111,020 (£27,775 per FTE)	£2,000 (£500 per FTE)	£113,020 (£28,275 per FTE)

27. The requirement to fund set up costs for the Service Advisor roles will depend on recruitment to these posts. If any costs are incurred, such costs will also be met within the current budget.

HR Implications

28. The CCO posts have fixed term contracts, which come to an end during April 2018 and 1 FTE post is currently vacant. Employees in these posts with at least 12 months service are eligible for support with redeployment for the length of their notice period.
29. In the event of the current CCO post holders being re-deployed to the Service Advisor posts, as the Service Advisor posts are at a grade lower than the CCO posts, these employees would receive pay protection at Grade 5 for two years. The current post-holders would have priority through redeployment for the Service Advisor posts but would be encouraged to apply for posts that are Grade 5.
30. During the notice period staff are supported with redeployment which in this case would include consideration of the Service Advisor posts. If at the end of their notice period they have not been redeployed, they could if they have two years continuous service, be eligible for a redundancy payment.

RECOMMENDATION/S

That Committee:

- 1) supports the findings of the pilot to introduce the Community Care Officer role into the Deprivation of Liberty Safeguards team
- 2) approves the permanent establishment of up to 4 FTE Service Advisor (Grade 4) posts within the Countywide Deprivation of Liberty Safeguards team.

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Constitutional Comments (LM 08/01/18)

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

Financial Comments (AGW 25/01/18)

32. The Financial Implications are contained within paragraphs 26 and 27 of the report.

HR Comments (MS 04/01/18)

33. The HR implications are contained within the body of the report.

Background Papers and Published Documents

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

Deprivation of Liberty Safeguards - report to Adult Social Care and Health Committee on 12th September 2016

Electoral Division(s) and Member(s) Affected

All.

ASCPH520