Nottinghamshire County Council

Adult Social Care and Health Committee

Monday, 09 September 2013 at 14:00

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

AGENDA

12	Work Programme	107 - 112

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.

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Nottinghamshire County Council

minutes

Meeting	ADULT SOCIAL CARE AND HEALTH COMMITTEE
Date	22 July 2013 (commencing at 10.30 am)

Membership
Persons absent are marked with `A'

COUNCILLORS

Muriel Weisz (Chair)
Yvonne Woodhead (Vice-Chair)
Alan Bell
John Cottee
A John Doddy
Sybil Fielding
Michael Payne
Andy Sissons
Pam Skelding
Stuart Wallace
Jacky Williams

Ex-officio (non-voting)
A Alan Rhodes

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, Joint Commissioning, Quality and Business Change
Paul Davies, Democratic Services Officer
Sarah Gyles, Committee Support Officer
David Hamilton, Service Director, Personal Care and Support for Younger Adults
Chris Hooper, Nottinghamshire Fire and Rescue Service
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection
Marie Rowney, Group Manager, Customer Service
Michelle Welsh, Labour Group Research Officer
Jon Wilson, Service Director, Personal Care and Support for Younger Adults

MINUTES

The minutes of the last meeting held on 1 July 2013 were confirmed and signed by the Chair.

APOLOGY FOR ABSENCE

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

DECLARATIONS OF INTEREST

There were no declarations of interest.

JOINT AGENCY VULNERABLE PERSONS IDENTIFICATION PROJECT

Chris Hooper and Marie Rowney gave a presentation on the pilot project to target Home Fire Safety Checks for the most vulnerable people in Ashfield, and on plans to extend the project to other parts of the county.

RESOLVED: 2013/053

That the report be noted, and a further report be presented once the evaluation has been completed.

OVERVIEW OF PERSONAL CARE AND SUPPORT FOR YOUNGER ADULTS

RESOLVED: 2013/054

That the report be noted.

CARERS' STRATEGY 2013-14

RESOLVED: 2013/055

(1) That the Carers' Strategy 2013-14 be noted and approved.

(2) That further reports on the progress of the Carers' Strategy be presented in January 2014, and with a full review after 12 months.

YOUNG CARERS AND DISABLED PARENTS UPDATE

RESOLVED: 2013/056

(1) That approval be given to the extension of the following posts:

1 fte Community Care Officer, NJE Grade 5, scp 24 for a period of 8 months

0.8 fte Community Care Officer, NJE Grade 5, scp 27 for a period of 4 months

(2) That a further report be presented on the outcomes of the project, on the exit strategy, and on the role of schools in relation to young carers.

SECONDMENT OF COMPLIANCE MANAGER FROM CARE QUAILTY COMMISSION TO NOTTINGHAMSHIRE COUNTY COUNCIL - PROGRESS UPDATE

RESOLVED: 2013/057

(1) That the progress made by the Compliance Manager over the past six months be noted.

(2) That a further report on the outcome of the secondments be presented in January 2014.

FEEDBACK AND OUTCOMES FROM PEER CHALLENGE

RESOLVED: 2013/058

(1) That the work undertaken for the peer challenge and the feedback produced as a result of the process be noted.

(2) That the action plan be approved for implementation.

TRANSFER OF NOTTINGHAMSHIRE ICES PARTNERSHIP MANAGER POST TO NOTTINGHAMSHIRE COUNTY COUNCIL

RESOLVED: 2013/059

That approval be given to the TUPE transfer of employment of the ICES (Integrated Community Equipment Service) Partnership Manager, Pay Band GLCP I (£34,549-£38,042) to carry approved car user status from Nottingham City Council to Nottinghamshire County Council with effect from September 2013.

EXTENSION TO THE REVIEWING TEAMS

RESOLVED: 2013/060

(1) That approval be given to the intended use of the remaining Social Care Reform Grant and departmental reserves to fund the temporary reviewing teams to meet national and departmental priorities.

(2) That 3 fte Team Managers (Reviewing), Pay Band D, scp 42-47 (£35,403-£39,855) be extended until 31 March 2014, the posts to carry approved car user status.

(3) That 40 fte (1,480 hours) Community Care Officers (Reviewing), Grade 5, scp 24-28 (£20,858-£23,708) be extended until 31 March 2014, the posts to carry approved car user status.

(4) That 2 fte (74 hours) Business Support (Reviewing), Grade 3, scp 14-18 (£15,725-£17,161) be extended until 31 March 2014.

ESTABLISHMENT FO A DATA INPUTTING TEAM

RESOLVED: 2013/061

(1) That approval be given to the establishment of a Data Inputting Team consisting of 10 fte Business Support Assistants to administer the data inputting activities on the Frameworki system as part of the commissioning and maintenance of individual packages of care and support for service users and carers.

(2) That an additional 5 fte Business Support Assistants, NJE Grade 3, scp 14-18 (£19,861-£21,728) be established on a temporary 12 month basis to complement the existing 5 fte vacant business support posts.

NATIONAL CHILDREN AND ADULTS SERVICES CONFERENCE 2013

RESOLVED: 2013/062

(1) That approval be given for the Chair of the Adult Social Care and Health Committee to attend the National Children and Adult Services Conference at the Harrogate International Centre, from 16-18 October 2013, together with any necessary travel and accommodation arrangements.

(2) That the Corporate Director, Adult Social Care and Health report to the committee to update members following attendance at the conference.

GREAT BRITISH CARE AWARDS 2013 - SUPPORT FROM NOTTINGHAMSHIRE COUNTY COUNCIL

RESOLVED: 2013/063

That the report be noted, and approval be given to sponsorship of the East Midlands Awards event in October 2013 at a cost of £3,900.

WORK PROGRAMME

RESOLVED: 2013/064

That the work programme be noted.

The meeting closed at 12.45 pm.

CHAIR

Nottinghamshire County Council

Report to the Adult Social Care and Health Committee

9th September 2013

Agenda Item: 4

REPORT OF THE INDEPENDENT CHAIR FOR THE NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

Purpose of the Report

1. The purpose of this report is to update the Adult Social Care and Health Committee on the work and progress of the Nottinghamshire Safeguarding Adults Board during the financial year 2012/13.

Information and Advice

2. The Nottinghamshire Safeguarding Adults Board (NSAB) is the multi-agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy to safeguard vulnerable adults. Safeguarding adults is a phrase which means all work which enables an adult who is or may be in need of community care services to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect. Created in April 2008 the Board builds upon the seminal work undertaken by its predecessor, the Nottinghamshire Committee for the Protection of Vulnerable Adults (NCPVA). The current independent chair for NSAB was appointed in the autumn of 2009.

3. The Board's vision for Nottinghamshire with regard to safeguarding adults is of a County where all adults can live a life free from any form of abuse or neglect. The aim of the board is to safeguard vulnerable adults from harm and abuse by effectively working together.

4. The Board is well attended by senior people from partner agencies and this year the membership has strengthened. The Chief Executive Officer, Broxtowe District Council, has joined the Board to represent the districts and provide a vital link to the host of people, services and resources which the districts can contribute to the safeguarding agenda.

5. There are four sub groups which sit under the Board with representatives from each of the statutory agencies.

Quality Assurance

6. The Board monitors the quality of its safeguarding response via the Quality Assurance Sub Group. The Group Manager for Safeguarding Adults at Nottinghamshire County Council is the chair of this group. Regular audits of safeguarding assessments are undertaken and learning is fed back to individual practitioners and wider audiences where necessary.

7. This year NSAB has undertaken a full review of its multi-agency policy, procedures and guidance. This work has been overseen and co-ordinated by the Quality Assurance Sub Group. The procedures provide guidance to professionals and members of the public in how to recognise adult abuse and what to do if they suspect abuse or neglect. The process has been the subject of an extensive public consultation involving professionals, the general public, service users and partners. The procedures, which have been produced jointly with the Nottingham City Safeguarding Partnership Board, are due to be published on 01 October 2013.

8. The Quality Assurance Sub Group has developed a Service User Involvement Strategy which is in line with the Board's strategic aim to ensure the views of service users are fully integrated into the safeguarding process. The views of service users and carers have been sought in the development of the strategy via the Adult Social Care, Health and Public Protection User and Carer Involvement Group. This group will monitor the implementation of the strategy.

Serious Case Review

9. The Serious Case Review Sub Group considers cases of death or serious harm to vulnerable adults where abuse or neglect is known or suspected to be a factor. The Chief Operating Officer for Newark and Sherwood Clinical Commissioning Group is the Chair.

10. The group ensures that cases of death or serious harm that involve abuse or neglect are thoroughly reviewed. Its aim is to find out why things went wrong and then to ensure that lessons are learned and shared across agencies.

11. Serious case reviews have been undertaken under national guidance since 2007. To date NSAB has commissioned five serious case reviews within Nottinghamshire; three in 2009, one in 2010 and the most recent review was commissioned in February 2012. This review related to a 40 year old woman with spina bifida who died suddenly as a result of infected pressure ulcers. This review was completed in the autumn and the final overview report, which was authored by an independent expert, was approved by the Board at the meeting on 11 October 2012.

12. In February 2013 the Board hosted two training workshops for practitioners and managers which were facilitated by the review's independent author. Agencies are in the process of implementing the recommendations from the review. As part of its monitoring role the Serious Case Review Sub Group has received presentations from the various heads of service within relevant organisations detailing how their service areas have changed and improved as a result.

Training

13. The Board continues to oversee the delivery of both individual and multi-agency training via the Training Sub Group. A Multi-Agency Training Co-ordinator with the Safeguarding Adults Strategic Team is the Chair of the group. The Training Sub Group exists to ensure that single and multi-agency training is provided across the County at a high standard and that this is accessible to statutory, independent and voluntary organisations.

14. In 2012/13 the Training Sub Group led on the introduction of the National Capability Framework for adult safeguarding across board agencies. The framework, which is endorsed by the Association of Directors of Adult Social Services (ADASS) and the Social Care Institute for Excellence (SCIE), is designed to help organisations ensure that workers, at every level, have the required skills and abilities to carry out their responsibilities towards adult safeguarding.

15. The Training Sub Group has worked with its colleagues from the Nottinghamshire Safeguarding Children's Board, the Nottingham City Safeguarding Children's Board and the Nottingham City Safeguarding Adults Partnership Board to produce and implement a quality assurance scheme for training.

16. The Board continues to deliver a range of multi-agency training opportunities and provide a variety of training courses throughout the year.

Communications

17. The Senior Audience and Communications Officer for Nottinghamshire County Council is the chair of the Communications Sub Group. The group has two important roles. One is to raise awareness about safeguarding adults with front line staff such as social workers, police officers and healthcare workers so that they understand how to recognise adult abuse, how to report concerns and what processes are involved.

18. The Board also has a commitment to raise awareness with the general public so they know what adult abuse is, who might be affected and how they can report it.

19. The Good Neighbour Campaign was launched by the Communications Sub Group in June 2012 as one part of the Board's wider communication strategy. This campaign sought to raise awareness of what people can do to look out for those who may be more at risk in the community.

The Partnership Board

20. The Nottinghamshire Safeguarding Adults Partnership Board is a broad group of organisations, service users and carers that have an interest in adult safeguarding. The Partnership Board meets twice yearly and provides for a two way flow of information between NSAB and those organisations and individuals who are able to contribute to the safeguarding agenda.

21. Much of the work of the Partnership Board is focussed on raising awareness of safeguarding and ensuring all agencies and their workers are able to identify safeguarding concerns and are familiar with the process to follow to make a referral. The work in this area has contributed to the high number of safeguarding referrals which Nottinghamshire historically has in comparison to neighbouring Council areas.

Multi-Agency Safeguarding Hub

22. The Multi-Agency Safeguarding Hub (MASH) is based at the Customer Services Centre, Mercury House and acts as the first point of contact for children's social care and for safeguarding concerns about both children and adults. It involves over 60 representatives from the County Council's Adult Social Care, Children's Social Care and Education Services; together with the Police, Probation and Health partners co-located and working together.

23. NSAB has fully supported the work to establish the MASH which went live for adults on 28 January 2013. Nottinghamshire was one of the first areas to include adult abuse and child abuse referral processes under one roof. The MASH provides agencies with a single point of contact for all adult safeguarding referrals.

24. The benefits of the MASH are being seen on a daily basis. Those reporting safeguarding concerns are receiving a more consistent, professional response, with advice from social care professionals and feedback on the outcome of their concern. Risks are being assessed more consistently and in a timely manner. Collating information from different sources is enabling better decisions to be made about cases. Operational teams are receiving more intelligence about the circumstances of a case and are able to tailor their response accordingly.

Strategic Links

25. NSAB has strengthened its partnership working at a strategic level with the Nottinghamshire Safeguarding Children's Board, the Nottinghamshire Health and Wellbeing Board and the Office of the Police and Crime Commissioner.

National Concerns

26. NSAB has received updates from key agencies on actions taken following the Winterbourne View and Francis reports.

Annual Report 2012/13 – Key Facts and Figures

27. The Board produces an annual report which contains both statistical and qualitative information on its performance and that of adult safeguarding in the preceding year. The full report will be available shortly however some headline figures are set out below.

Referrals

28. In 2012/13 the upward trend in safeguarding referrals made to Nottinghamshire County Council continues with a total of 4,191 referrals being received. This compares with 2,939 referrals in 2011/12 and 2,357 referrals in 2010/11. There is no doubt that the greater public awareness of adult safeguarding driven by recent media coverage and the Government's commitment to place safeguarding on a statutory footing continues to contribute significantly to this increase in referrals.

Referrals which led to Assessment

29. The statistical returns provided to central government concentrate on those referrals which were accepted by the safeguarding manager and which led to a safeguarding assessment. In Nottinghamshire 1,441 of the 4,191 referrals received in 2012/13 went on to assessment.

30. Work is ongoing to embed the Thresholds and Pathways guidance document which complements the multi-agency procedures and provides practical examples of circumstances which require a safeguarding referral. It is important that Nottinghamshire County Council and its partner agencies target its safeguarding resources to those referrals where there is greatest risk of harm and which require a safeguarding response. Referrals which did not go on to assessment received an appropriate response which may, for example, have been an assessment of care needs, or specific staff training.

31. Additionally, it is anticipated that as the MASH becomes embedded within Nottinghamshire this will provide partner agencies with a single point of contact for advice and a greater consistency of decision making in terms of those referrals which require a full assessment.

Conclusion

32. The Board recognises that there is much work still to do to safeguard the most vulnerable members of society. Government legislation to place adult safeguarding on a statutory footing is on the horizon. The clear message from the Government is that adult safeguarding activity should be focussed on cases where a person is at risk as a result of the act or omission of another. This will bring with it further challenges and public scrutiny which is to be welcomed as it ultimately will be to the benefit of those the Board seeks to help.

33. Finally, it is recognised that agencies face challenging times. However, the commitment and support shown by the Board members, their organisations and broader partnerships to the work of the Board demonstrates that they recognise the importance of safeguarding those most at risk.

Other Options Considered

34. This report is for information only, no other options considered.

Reason/s for Recommendation/s

35. This report is to update the Adult Social Care and Health Committee on the work carried out by NSAB.

Statutory and Policy Implications

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

Financial Implications

37. There are no financial implications contained in this report.

RECOMMENDATION/S

1) It is recommended that the Adult Social Care and Health Committee notes the work of the Nottinghamshire Safeguarding Adults Board.

ALLAN BREETON
Independent Chair of the Nottinghamshire Safeguarding Adults Board

For any enquiries about this report please contact:
Bob Ross
NSAB Board Manager
Email: Bob.ross@nottscc.gov.uk

Constitutional Comments

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

Financial Comments (CLK 19/08/13)

39. There are no financial implications contained in this report.

Background Papers and Published Documents

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

a. Update report to the Adult Social Care and Health Committee on 26th November 2012 – Nottinghamshire Safeguarding Adults Board

Electoral Division(s) and Member(s) Affected

All.

ASCH157

Nottinghamshire County Council

Report to the Adult Social Care and Health Committee

9th September 2013

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND SUPPORT – OLDER ADULTS

OVERVIEW OF PERSONAL CARE AND SUPPORT FOR OLDER ADULTS

Purpose of the Report

1. To provide an overview of the responsibilities and services provided by the older adults services.

Information and Advice

Key areas of service

2. The Service Director for Personal Care and Support (Older Adults) holds the responsibility for a range of diverse services across the County. These include assessment and care management services as well as some direct provision of services to people predominantly over the age of 65 years. Older adults services consist of:

    - Services for older people who have mental health issues
    - Services to people in a hospital setting
    - Community-based services provided in people's own homes
    - Residential and respite services
    - Specialist short term services such as intermediate care and assessment beds
    - Services providing support and assistance to carers
    - Safeguarding investigations to protect the most vulnerable

3. **Demographics – The Local Picture** - The expected increase in the number of older adults across Nottinghamshire is well documented and understood. Currently, 18.1% of the population are over the age of 65 years (150,200) with a predicted increase of 29% by 2025 (194,500). In particular the increase in people over the age of 85 is of significance as the majority of services are provided to those over the age of 80. The table over the page gives the latest predictions for the County in comparison to similar Counties.

Projected growth of population 85 and over (2012-2030)

	2012	2015	2020	2025	2030
Nottinghamshire	19,800	21,500	25,200	30,700	38,300
Derbyshire	20,200	21,900	25,900	31,500	40,300
Leicestershire	16,100	18,200	22,00	27,100	34,000
Lincolnshire	20,400	22,600	27,100	33,700	42,600
Staffordshire	20,500	22,900	28,000	35,400	45,300
Warwickshire	13,700	15,200	18,300	22,800	29,200

4. **Current Demand and Cost for Services** – Older adult services provide care and support to almost 14,000 older adults across the County. There are currently 5,585 service users over the age of 65 years, receiving a personal budget, of which, 975 receive this through a direct payment. The net revenue budget for older adult services for 2012/13 is £105 million, of which, over 70% is spent on long-term nursing and residential care.

5. Over 9,600 people receive care and support services in their own homes and assessment staff have completed 5,614 new assessments from April 2012 until March 2013 and carried out 17,719 reviews during the same time period.

6. Through the development of services providing real alternatives to long-term care over 100 people last year were diverted from long-term care, enabling them to continue to live with appropriate care and support, at home or in alternative accommodation in local communities.

7. **Assessment and Care Management Services** - there are currently fourteen district-based social work teams providing a range of assessment and care management services to older adults. These are formed around four localities and provide assessment of need as well as support planning to service users and their carers. Social work staff are involved in safeguarding work to ensure that vulnerable older people are able to live as safely as possible and assist in identifying and reducing risks that people live with on a daily basis. The number of safeguarding referrals received has increased over the last two years; consequently the numbers of assessments have also increased.

8. **Referral rates and safeguarding assessments aged 65+**

2011-12		2012-13 actual (Apr to Aug)		2012-13 predicted	
Referral	Assessment	Referral	Assessment	Referral	Assessment
1438	581	787	289	1889	694

9. Social work teams have recently been restructured creating multi-disciplinary teams combining Occupational Therapy and Social Work services into single teams.

10. **Occupational Therapy Services** - Occupational Therapists in older adult's services work across the County. Occupational Therapists can be instrumental in

promoting independence and enabling people to remain in their own homes, providing advice, equipment and adaptations thereby enabling people to live safer in a homely environment.

11. The objectives of the Occupational Therapy Service in Nottinghamshire are to assist people with a physical impairment to achieve health and wellbeing by improving their ability to carry out daily activities. This is done by placing the emphasis on supporting independence and enabling people to achieve their maximum potential.

12. There is a range of equipment and adaptations to people's homes that can be provided through the Occupational Therapy Service. These are delivered to people following an assessment and equipment is provided through the ICES (Integrated Community Equipment Store) service. This is an equipment service jointly funded with health partners and operated by the Red Cross.

13. Pilots are underway training Community Care Officers in two integrated teams to be able to undertake social care and Occupational Therapy assessments. It is anticipated that this will deliver a more flexible and efficient service by reducing the need for duplicate visits by more than one member of staff.

14. We have also established an Occupational Therapy intake team at the Customer Service Centre who now deal with a number of Occupational Therapy enquiries and redirect or address the issues directly. This has resulted in a speedier service for many and helps to manage the demand for services from the community based teams.

15. There are a number of factors that are placing increasing demands on the need for Occupational Therapy services. These include demographic changes, an increase in people wishing to remain or return home at the end of their lives, and service users' choice which has increased the numbers of people with complex health needs and disabilities being cared for in their own home.

16. **Hospital based social work teams** - There are hospital based social work teams based in the five main acute hospitals across Nottinghamshire. These teams work alongside Health colleagues to facilitate safe and timely transfers from hospital enabling people to return to their own homes in local communities wherever possible. We are working closely with Health to develop and improve integrated teams to maximise joint working and enable patients to be discharged from hospitals in a safe and timely manner. In June approximately 550 referrals were received by the hospital social work teams, of these we had 37 people delayed in hospital due to social care the majority of who were waiting for home care services. We are determined to reduce this further through the joint initiatives underway across the County.

17. **Older People with mental health issues** – there are a range of services provided enabling people with mental health issues to continue to live in local communities wherever possible. Many of these services are provided jointly with Health including specialist intermediate care teams and social care support to Memory Assessment Services (MAS). Early diagnosis of dementia is one of the

key aims of the National Dementia Strategy[1] and locally Clinical Commissioning Groups have committed additional funding to extend the provision of MAS across the County. Advice, guidance and support is crucial to people who are newly diagnosed and their carers and research has shown the early information and support can prevent crisis situations occurring and delay the need for statutory services. Nottinghamshire County Council jointly funds a MAS social care support service which is currently provided by the Alzheimer's Society.

18. **Mental Health/intermediate Care Teams** - provided jointly with Health the teams work specifically with people living with dementia and their carers in local communities to provide support and enable independent living where appropriate. Last year, 232 people received a service, as a result of which 162 remained in their own home and only 22 were admitted into a care home. The other 48 were admitted into hospital, short term care or died. An evaluation of the service showed that of the people that remained at home 75% were still at home 90 days after discharge from the service and after 180 days 67% were still at home.

19. The Clinical Commissioning Groups have made a commitment to extending this service into all districts. From October 2012 the existing teams of Rushcliffe, Newark and Sherwood, and Broxtowe have been joined by teams in Bassetlaw, Mansfield and Ashfield, and Gedling. These teams are funded mainly through the Clinical Commissioning Groups with annual team costs at around £400,000 per team, with the social care contribution being social work support to each team.

20. **Specialist Short-Term Services** - a range of services are currently provided to facilitate early discharge and to try and prevent direct admission into long-term care from hospital settings. These pilot assessment beds are based in seven care homes providing 33 beds. In the first six months 99 people were accepted into an assessment bed; on discharge 27 of those returned home and only 17 were admitted into a care home, the remaining people were either admitted back into hospital, short-term care or died. This service works in conjunction with the Reablement Service as well as Intermediate Care. We are currently reviewing the range and number of services we provide as a part of the work we are doing with health to transfer patients from hospital into community settings where we can provide a range of reablement services and joint assessment facilities. We anticipate an increase in the number of places we provide in the near future

21. There are a number of short-term care beds available throughout the County, providing much needed respite for carers. Last year over 700 people benefited from short breaks in these establishments receiving over 2,529 weeks of respite care (compared to 2,029 in the previous year).

22. **Residential Care Homes** - following the sale of six local authority Care Homes to the independent sector, the authority has retained the remaining six homes across the County. They are currently providing specialist short-term care, gradually reducing the amount of long-term care provision in the future. These

[1] Living Well with Dementia – a National Dementia Strategy – 3rd February 2009 – Department of Health

homes currently provide 157 beds achieving an occupancy level of 84% over the last 12 months.

23. **Extra Care Housing** – the authority, in partnership, currently provides 153 extra care places in five establishments throughout the County. It has been recognised for sometime that additional extra care housing facilities are required in order to provide a real alternative to long-term care. The authority has entered into a procurement exercise investing £12.65 million to develop up to seven extra care housing facilities over the next four-five years. Committee has received a number of recent reports updating on progress so far and a further report will be presented to Committee today.

24. **Residential Care Services – Independent Sector**. In 2012/13, the authority spent over £70 million on long-term care contracting with over 169 residential and nursing care home providers throughout the County. The authority currently financially supports 2,877 older people in long-term care.

25. **Living At Home Project** – as one of the key savings and efficiencies projects the Living at Home programme consists of six separate projects developing alternatives to long-term care and looking at new ways of enabling older adults to live at home. These projects are as follows:

    - Extra care housing
    - Use of Assistive Technology
    - Demand Management – looking at ways to avoid or delay unnecessary admissions
    - Joint working with Health
    - Reablement
    - Care and Support Centres (the six care homes still owned by Nottinghamshire County Council)

26. These projects collectively aim to divert 483 people away from long-term care over the next four years. This will result in efficiency savings of £3.1 million over the same time period.

27. A programme board has been established and launch events have been held with staff and partners to engage them fully in the six projects.

28. **Carers Services** - According to the 2011 census, there are approximately 90,000 carers in Nottinghamshire (an increase of 7,500 in the last decade). Of these more than 57,000 provide between 1-19 hours of care per week and the number of carers providing over 50 hours of care has risen to 21,680.

29. All older adult carers are entitled to a carers' assessment. A person can have a carer's assessment whether or not the person they care for has had a community care assessment. In 2011/12 over 3,380 people received a carer's assessment.

Summary of services available to Carers

30. **Breaks for carers** - these are planned following the completion of a community care assessment for the service user. Whilst there is no charge for services provided as a result of a carer's assessment, services provided to the service user following a community care assessment, are subject to financial assessment to establish whether a financial contribution is payable.

31. **Carers' Personal Budget** - The authority provides carers with a personal budget as a one-off payment of up to £200 to help carers look after their own health and wellbeing. This personal budget is often used to assist with a return to work, domestic help and other arrangements which foster the health and wellbeing of carers and enhance their ability to continue caring. During 2011/12, 603 carers received this one-off payment.

32. **Assistive Technology for Carers** - Some carers are eligible for 'Assistive Technology for Carers'. This free scheme provides equipment which can alert the carer, through use of sensors and a portable pager unit, if the person they care for needs help.

33. **Carers' Crisis Prevention Scheme** - North Nottinghamshire Crossroads and East Midlands Crossroads are commissioned to run the crisis prevention scheme, which enables the service user to be looked after at home if the carer has an unforeseen or emergency situation, e.g. admission to hospital or death of a relative.

34. **Emergency Card** - The emergency card is a free small card which identifies the cardholder as a carer in the event of an emergency, when emergency contact arrangements are triggered.

35. **Advice and information for carers** - The Carers' Federation are commissioned to provide free advice and information to all carers. The Carers' Federation also provides information regarding local support groups and services for carers. We have placed a carers worker in the Adult Access Team to provide immediate advice and support to carers at the front end.

36. **'Looking After Me'** - This is a free course run by Nottinghamshire County Health Partnerships, available to adults who care for someone living with a long-term health condition or disability. The course helps carers to make time to look after themselves.

37. **Information for carers** - This is made available as a factsheet and on the Council's website, including links to national resources, e.g. Carers Direct, Carers UK, NHS Choices, Direct Gov, and the Princess Royal Trust for Carers. These will provide general and specific information e.g. Carers' Rights, Employment and Education, Money and Benefits, Health Services.

38. **Nottinghamshire Information Prescriptions** - also provides a wide range of information relating to long-term conditions, for example stroke and dementia.

39. **Carers' Strategy** - A report to Committee on the 22nd of July 2013 outlined the strategic plans for the development of additional services for Carers and following

Committee approval we are now progressing the plans in line with this joint strategy.

40. **Budget for older adults** – The total net budget for older adults services is £105 million. The County Council has also received additional funding from the Department of Health in order to address some of the current pressures in older adult services. In 2012/13 this additional funding totalled £9.262 million which is to be used to address ongoing pressures and explore new ways of working more closely with Health as well as contributing to improved health and social care outcomes for the people of Nottinghamshire.

41. Key areas of spend include over £70 million on nursing and residential care and over £23 million on home care and direct payments.

42. **Performance** - overall performance of the service is improving and the department continues to benchmark against others to ensure continued improvement.

43. A key area of performance is in relation to the numbers of older people admitted into and financially supported by the Council in long-term care. This year there have been 208 admissions into long term care (April-June). This is a reduction on the same period last year and is below our target of 225 which has been set to meet our year end reduced target.

44. Whilst admissions are reducing there are still a higher number of older people living in long-term care than other comparable councils. Work is underway through the Living at Home programme to address this issue.

45. **Key Challenges** - The actual and predicted growth in demographics for older adults demonstrates the anticipated increase in demand for services. Supporting older adults living at home remains a challenge given the ageing population many of whom have multiple long term conditions, requiring significant health and social care support. Many traditional services e.g. home care were not established to meet the needs of older people with such complex and multiple conditions. There is, therefore, a need to transform many services to meet the growing and changing needs of our population.

46. The service continues to work well with partners to facilitate safe and timely discharges from hospital. However, the recent unprecedented demand on the major acute hospitals has been challenging. Despite this, we continue to maintain good standards in terms of hospital discharge and have relatively few delays across the County.

47. The focus on avoiding unnecessary admissions into long-term care and hospitals combined with the need to discharge people from hospitals sooner will place increased demand on community-based services. Significant work is underway across the County in partnership with health to look at ways of improving services and maximising efficiencies through improved joined up working and where appropriate integrated services.

48. Safeguarding adults continues to be a high priority and is a clear focus for work both in communities and residential care settings. There has been a significant rise in safeguarding referrals in older adult's services, rising from 1,253 in 2010/11 to 1,438 2011/12. It is anticipated that the development of the Multi-Agency Safeguarding Hub (MASH) will help to manage this area of work in the future.

Areas for Further Development

49. Over the coming year further work will be completed, exploring closer joint working arrangements with a range of partners, including health. It is anticipated that a number of current pilot schemes will help to inform this work and lead to improved services for service users and their carers as well as delivering savings and efficiencies across the health and social care economy. The Council anticipates an increase in integrated commissioning with health to achieve identified joint objectives.

50. Building upon the range of real alternatives to long-term care remains a priority and best use will be made of the NHS Support to Social Care funding to trial a number of new services and implement new ways of working.

51. Work will continue to provide better and more timely information, advice and signposting (to other services) which will divert people who do not need social care services thereby enabling a greater focus of resources on those with the greatest risk of losing their independence.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) It is recommended that the Committee notes and comments on the contents of the report.

DAVID HAMILTON
Service Director, Personal Care and Support (Older Adults)

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Constitutional Comments

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

Financial Comments (CLK 19/08/13)

54. There are no financial implications contained in this report.

Background Papers

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

a. Previous reports to Committee on Extra Care Housing.

b. Report to Committee on Carers' Strategy 2013-2014 – 22nd July 2013.

Electoral Division(s) and Member(s) Affected

All.

ASCH153

Nottinghamshire County Council

Report to the Adult Social Care and Health Committee

9th September 2013

Agenda Item: 6

REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND SUPPORT – YOUNGER ADULTS

THE NOTTINGHAMSHIRE RESPONSE TO 'TRANSFORMING CARE; A NATIONAL RESPONSE TO WINTERBOURNE VIEW HOSPITAL'.

Purpose of the Report

1. To inform members of the local response to the Department of Health report, 'Transforming Care; A National Response to Winterbourne View Hospital', and the subsequent Winterbourne View Concordat.

2. To seek approval for the continued work to develop alternative services for people who are inappropriately placed in hospitals and the development of local services to prevent future inappropriate placements, together with an agreed shared funding responsibility.

3. To seek approval for this report to be presented to the Health and Wellbeing Board on 02 October 2013.

Information and Advice

4. In May 2011 an investigation by the BBC Panorama programme revealed criminal abuse of people with learning disabilities at Winterbourne View, a Castlebeck assessment and treatment hospital near Bristol. As a result of criminal proceedings, eleven care workers admitted 38 charges of either neglect or ill-treatment of people with learning disabilities.

5. In December 2012, The Department of Health (DoH) report 'Transforming Care: A National Response to Winterbourne View Hospital' was published based on a number of reviews and investigations which had been undertaken by the Police, the Care Quality Commission (CQC) and local services. The report identifies a range of actions required at a national and local level to drive up the quality of support provided to people with learning disabilities, particularly those that are identified as having 'challenging behaviour', so they can receive high quality healthcare and be supported to live in the community.

6. The DoH report found:

- **Patients stayed at Winterbourne View for too long and were too far from home** – the average length of stay was 19 months. Almost half of the patients were more than 40 miles away from where their family or primary carers lived.

- **There was an extremely high rate of 'physical Intervention'** – well over 500 reported cases of restraint in a fifteen month period.

- **Multiple agencies failed to pick up on key warning signs** – nearly 150 separate incidents – including A&E visits by patients, police attendance at the hospital, and safeguarding concerns reported to the local council – which could and should have raised the alarm.

- **There was clear management failure at the hospital** – with no Registered Manager in place, substandard recruitment processes and limited staff training.

- **A 'closed and punitive' culture had developed** – families and other visitors were not allowed access to the top floor wards and patient bedrooms, offering little chance for outsiders to see daily routines at the hospital.

7. The review also exposed wider concerns about how people with learning disabilities or autism and with a mental health condition or challenging behaviours were being treated in England:

    - **Inappropriate placements** – too many people are being placed inappropriately in hospitals for assessment and treatment, and staying there for long periods.

    - **Inappropriate care models** – too few people are experiencing personalised care that allows them to be in easy reach of their families, or their local services.

    - **Poor care standards** – there are too many examples of poor quality care and too much reliance on physical restraint.

8. At the same time the DoH established a national Concordat: Programme of Action backed up by a joint improvement programme led by The Local Government Association (LGA) and the NHS Commissioning Board. The programme of action proposed a series of measures to improve care for people with challenging behaviour:

    - Any adult who is in a specialist autism or learning disability hospital setting will have their care reviewed by 01 June 2013; and

    - If they would be better off supported in the community then they should be moved out of hospital as quickly as possible, and no later than 01 June 2014.

- The DoH will examine how organisations and their Boards of Directors can be held to account for the provision of poor care or harm, and set out proposals in the spring to strengthen the system where there are gaps.

- The CQC will tighten inspection and regulation of hospitals and care homes for vulnerable groups, with more unannounced inspections and greater involvement of service users and their families; and

- The CQC will hold organisations to account more vigorously for any failures to provide good quality care in line with the legal requirements.

- New guidance will be published on training standards, codes of conduct, better commissioning practices and a code of ethics by various national bodies in 2013.

- Stronger rules on social services departments' responsibilities for safeguarding issues are included in the draft Care and Support Bill; and

- The DoH will work with professionals, providers, people who use services and families to develop and publish, by the end of 2013, guidance on best practice so that physical restraint is only used as a last resort where someone's safety is at risk and never to punish or humiliate.

- The NHS and councils are expected to work more closely on joint plans in the future, with pooled budgets to ensure adults with challenging behaviour get the support they need; and

- A new NHS and local government led joint improvement team, funded by the DoH, will help guide local teams, supported by a Concordat pledging commitment from over 50 national partners to raise standards.

- The DoH will develop a range of measures and key performance indicators to help local councils assess the standard of care in their area; and

- The Learning Disability Programme Board, chaired by the Minister for Care and Support, will monitor progress and publish milestones.

9. The key message is that people should receive support locally, near to family and friends. Progress in this area will therefore be dependent on developing a range of responsive local services which can prevent admissions to hospital or other large institutional settings. All actions should be appropriately informed by the views and needs of people with challenging behaviour and their families.

10. The DoH have directed that Clinical Commissioning Groups (CCGs) should work closely with local authorities to ensure that vulnerable people receive safe, appropriate, high quality care and that there is a substantial reduction in reliance on inpatient care for these groups of people. Where specialist support is required the default position should be to put this support into the person's home through specialist teams and services, including crisis support. The Government have

also stipulated that they expect Health and Wellbeing Boards to have oversight of the local plans.

11. Within Nottinghamshire a joint health and social care project team working across all CCG areas has commenced work to meet the requirements of the programme. The project group are tasked with reviewing all patients who are in inpatient care, locked or unlocked rehabilitation, or Assessment and Treatment Units. Liaison has taken place with regional specialised commissioning services in relation to patients in low, medium and high secure services to facilitate discharge of patients in these settings to the community but it is recognised the responsibility for carrying out the assessments of these patients sits with specialised services.

12. The team are overseeing the delivery of person centred plans for each individual that include clear discharge plans. On the basis of this planning the team will recommend development of appropriate and sustainable community placements for the individuals identified. Supported living schemes are being progressed in Ashfield, Huthwaite, Hucknall, Mansfield, Newark and Worksop. The aim is to provide core and cluster flats where service users with challenging needs have independent accommodation with access to on-site support from suitably qualified staff. Where supported living is not deemed suitable for an individual residential care options will be pursued.

13. The team are also tasked with Identifying current resources available locally to support the service users on discharge from hospital and develop a plan for additional resources required to meet the objective of supporting people with learning disabilities in the community in the longer term. This includes identifying the funding required to meet the above objectives including consideration of pooled budget arrangements.

14. The table below indicates key actions required and the timelines outlined in the final DoH report; together with an update on local progress.

	Key Action	**By When**	**Progress to date**
1	All Primary Care Trusts to develop local registers of all people with challenging behaviour in NHS funded care	1st April 2013	Registers of patient identifiable information cannot be held by CCGs at present and so it has been proposed that the Healthcare Trust maintain the register of inpatients with Continuing Care needs maintaining the register for patients in the community.
2	Health and care commissioners, working with service providers, people who use services and families to review the care of all people in learning disability or	1st June 2013	35 assessments and associated documentation to inform the future planning of services for individual patients – this

	autism inpatient beds and agree a personal care plan for each individual based around their and their families' needs and agreed outcomes.		has been completed and signed off by end of June 2013. Clear discharge plans developed for all patients not deemed to be ready for discharge prior to 1st June 2014
3	CCGs and local authorities will set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area.	April 2014	The capacity within local services to provide on-going support and monitoring to these and other complex patients requiring support in the community is being scoped to ensure a decrease in the use of out of area hospital beds.
4	Everyone inappropriately in hospital will move to community-based support	June 2014	25 patients have been reviewed as being ready to return to the community by June 2014. For these people planning is being undertaken to provide them with accommodation and individual support to meet this timescale.
5	Health and care commissioners should use contracts to hold providers to account for the quality and safety of the services they provide	From April 2013	Current commissioning and contracting arrangements will be reviewed to ensure that accountability for quality is clearly defined

15. The DoH report makes clear that where commissioning and funding responsibility transfers from the NHS to local government, councils should not be financially disadvantaged. The NHS should agree locally how any new burden on local authorities will be met, whether through a transfer of funding or as part of a pooled budget arrangement. The strong presumption is in favour of pooled budget arrangements with local commissioners offering justification where this is not done. Pooled budgets can be established under Section 75 of the NHS Act 2006 where a Local Authority and CCGs consider that this would enable better integrated care and provide an efficient way of working.

16. The Health and Wellbeing Board will be asked to consider how financial responsibility should be shared. The options are:

a) A simple transfer of funding from CCGs to the Council equal to the current cost of services and any savings made by the CCG from no longer accommodating people in hospital and moving them to community settings.

b) A pooled budget. This could be confined to the current cohort of people being reviewed, to all people with a learning disability who challenge services, or for all learning disability services across the County currently funded by health and social care commissioners.

17. A pooled budget could deliver certain opportunities; such as:

- Facilitating a co-ordinated network of health and social care services, eliminating gaps in provision.

- Ensuring the best use of resources by reducing duplication and achieving greater economies of scale (giving both partners a vested interest in ensuing spend is committed in the most effective way).

- Forecasting of need that takes place when constructing the pooled fund will enable money to be more effectively targeted, with less wastage, on delivering local services which fit needs.

- Generating economies of scale. For example pooled funding arrangements could encourage commissioning practices that promote the rationalisation of suppliers and drive down costs. Pooled funding might therefore drive economies through scale and through greater power in the market.

18. A pooled budget could also deliver certain challenges, for example:

- There may be considerable cost from administering joint budgets.
- Even where there are joint budgets often organisations prefer to keep some separation over their own element of the budget, denying a true joining up of budgets.
- There is no definitive evidence that pooled budgets lead to improved outcomes for service users or any savings over the long term (and there may be costs in the short term).
- Budgets would need to be pooled across up to six organisations.

19. A limited pooled budget just for people with challenging behaviour could be calculated by scoping the current spend of commissioners.

20. In many areas of the Country pooled budgets have already been created, although in some areas these have subsequently been disaggregated due to perceived costs associated with managing pooled budgets. However a fully joined up pooled budget does have the potential to deliver many of the potential advantages outlined above.

21. A national programme board stocktake report was completed in July of this year (see attached at appendix 1). The stocktake identified the most significant risk to

completing the actions required relates to the very tight timescale for developing suitable accommodation options. Most of the reviews of the 25 people ready to leave by June 2014 have suggested that supported living is the most appropriate housing option. To house 25 people with challenging behaviour by June 2014 is a very difficult and complex task.

22. There are multiple issues around compatibility of service users, some service users have been offenders who cannot live in certain areas, there is a lack of capital to develop housing, planning permission can delay or derail completely new schemes and there is a lack of willing housing providers. Even where these hurdles are overcome building or converting properties can take a long time.

23. Following the stocktake submission the Chair of the Health and Wellbeing Board wrote to the Chair of the National Improvement Programme to enquire if additional capital investment would be forthcoming to aid the development of accommodation.

24. A further issue which may cause delays in people moving to their preferred or most appropriate accommodation is the application of the Deprivation of Liberty Safeguards. For some of the individuals assessed as being able to be supported in the community, a Deprivation of Liberty application would need to be made. This is likely to incur significant delays due to the need for an order being agreed through the Court of Protection. A similar recent case within the County took over a year to resolve through the Court.

25. There may be some service users who can move to appropriate accommodation but for whom the above factors lead to a delay in them moving beyond June 2014. In order to meet the June 2014 deadline of the service users leaving hospital they might be asked to move to accommodation that does not fully suit their needs. This decision should take into consideration the potential consequences of moving the patient to a less than ideal placement for a period as opposed to having an extended stay in hospital. Both courses of action will have costs and benefits that will require consideration. The Board may wish to consider whether it would prefer to see interim care and accommodation to be provided or delayed transfers from hospital in these circumstances.

26. The case scenario below provides an example of the nature of needs which are present with people currently being reviewed for a move from hospital accommodation.

Mr X had a difficult childhood that included emotional neglect and abuse. He did not always attend school. He has a moderate learning disability, including significant communication problems, as well as mental ill health.

After leaving school Mr X began to lead a chaotic lifestyle, abusing alcohol as well as engaging in criminal activity such as theft, violence and using fake firearms to intimidate members of the public. He was accommodated in residential care but this broke down due to aggressive behaviour and issues around mental illness and criminal behaviour.

Mr X was subsequently put on a section of the Mental Health Act and was eventually moved to a secure hospital to undertake a period of treatment and containment. Over a period of 5 years significant clinical assessment has taken place to determine what factors maintain Mr X's behaviours of concern. A multi-element therapeutic approach has been used, where Mr X has engaged with occupational therapy, psychology, psychiatry, speech and language therapy and the direct contact of skilled nursing staff.

There has been significant improvement in Mr X's mental health, and he has been supported to develop daily living skills, such as cooking, general housework, shopping and planning and seeking help. He will require a further period of 6 months support to implement incremental access to the wider community to ensure his safety skills are in place and can be maintained before he moves back to the community.

Reason/s for Recommendations

27. This report outlines the work taking place to implement the required actions resulting from the DoH report Transforming Care, A National Response to Winterbourne View Hospital; and the Winterbourne View National Improvement Programme.

Statutory and Policy Implications

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

Financial Implications

29. The current cost of providing care to people accommodated in locked rehabilitation hospitals is estimated to be £2,600 per person per week. The cost of people accommodated in low/medium secure settings is unknown, being funded as part of a regional block contract. The future care costs of accommodating people in community settings with appropriate care and support remains unclear and will not be fully known until each individual care and support plan has been completed at the point of discharge.

30. However, evidence from similar transfers of care previously undertaken such as the Campus re-provision programme would show that community alternatives are likely to be more costly than the existing hospital based care. It is also estimated that whereas the current cost of care is 100% health funded, alternative provisions are likely to incur an element of social care funding requirements which again cannot be estimated until full assessments have been undertaken of continuing health care needs. The guidance states that existing NHS funding should be fully reutilised for the provision of new services (this may not be

possible for funding allocated to the regionally commissioned services) but it may be prudent to suggest that this is likely to be insufficient to meet future needs.

RECOMMENDATION/S

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

1) Notes the contents of this report.

2) Supports in principle the establishment of a pooled budget to meet the needs of the people who will move from hospital to more appropriate community based support, subject to further work to scope the size of the pool, develop an appropriate management arrangement and develop risk sharing agreements.

3) Agree that the Corporate Director for Adult Social Care, Health and Public Protection enters into discussions with the Chair of the National Improvement Programme to ensure that national timescales allow for the most appropriate decisions regarding individuals care arrangements.

4) Agree to interim placements being made for individuals whose preferred accommodation and support cannot be provided within the prescribed time frame of 01 June 2014.

5) Ask the Health and Wellbeing Board to agree to receive update reports on the Winterbourne View action plan and oversee its implementation.

JON WILSON
Service Director for Personal Care and Support – Younger Adults

For any enquiries about this report please contact:
Ian Haines
Commissioning Officer
Ian.haines@nottscc.gov.uk

Constitutional Comments (LM 20/08/13)

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

Financial Comments (KAS 19/08/13)

32. The financial implications are contained within paragraphs 29 and 30 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:

a. Transforming Care; A National Response to Winterbourne View Hospital

Electoral Division(s) and Member(s) Affected

All.

ASCH149

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

Winterbourne View Local Stocktake June 2013			
1. Models of partnership	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	There is a Joint management Group across the local authority and lead Clinical commissioning Group. This group includes operational staff and commissioning officers		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	There is good engagement from commissioned housing providers, and care support providers. Specialist external health consultants have been employed to undertake health elements of reviews. They have provided summaries regarding their findings which is being fed back to providers and informing commissioning. NHS regional specialist commissioners declined to engage with this method of external review or to have local authority involvement, and took a single agency approach. Two people have been identified from secure care that are ready for discharge to the community before June 2014.		
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	A Draft project plan has been written which is to be agreed by the integrated commissioning group. The development of alternative service provision has commenced		

1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	The Integrated commissioning group (ICG) is overseeing project work. Regular reports are being made to the LDPB on progress		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	A Report on progress is to be presented at the September H&WB Board		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	The Escalation process for conflict resolution is to report to the ICG or in urgent cases to the Chief Operating Officer of the Clinical Commissioning Group (CCG) &Local Authority Service Director.		
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	Local accountabilities are understood by organisations and partnerships. There is less clarity at regional and national levels. There will be on-going dialogue with regional commissioning teams.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	Ordinary Residence issues are already arising, there are currently two individuals identified as becoming ordinary resident within the county as a consequence of this work. There may be further financial and management issues in relation to patients from other authorities who will become County residents. There are risks that other authorities may place people in independent living in the county who will then become ordinary resident, and also that individuals may be placed in residential care within the county but who in the future may be subject to a treatment order and then become the aftercare responsibility of the authority		Support for placing authorities to retain responsibility

1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	The ability to procure accommodation in a timely manner is the biggest risk to placing people in the community. Capital for development of accommodation services will be required which is not readily available at this time. Requests for capital funding to support the programme will be made to the local authority and CCG, however national allocations would help programme delivery.		Capital for development o suitable accommodatio and alternative support option
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Current spend is known for people placed by local commissioners; we are seeking to understand secure care costs which are part of a regional block contract and managed by NHS England .		
2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	A Financial strategy is to be developed and agreed by the H&WB Board by September '13.		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	. No s75 agreement is in place locally		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	There is no pooled budget in place locally		
2.5 Have you agreed individual contributions to any pool.	N/A		
2.6 Does it include potential costs of young people in transition and of children's services.	N/A		
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	To be determined by the strategic integrated commissioning group		
3. Case management for individuals			

3.1 Do you have a joint, integrated community team. 3.2 Is there clarity about the role and function of the local community team. 3.3 Does it have capacity to deliver the review and re-provision programme. 3.4 Is there clarity about overall professional leadership of the review programme. 3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	The Project Team is working with local services to review and assess individuals excepting low secure patients who are responsibility of regional commissioners. The team has the capacity to undertake reviews, assessments and develop support plans. Professional leadership is through the project steering group. All patients have named workers and advocacy arrangements in place where required		
4. Current Review Programme 4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process. 4.2 Are arrangements for review of people funded through specialist commissioning clear. 4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place. 4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	All reviews were completed by the end of May. Commissioning and Operational staff are meeting to clarify actions, lead workers for each person and commissioning requirements. There is limited understanding of the needs of people reviewed by specialist commissioners Specialised commissioners have undertaken their own review process. Local commissioners have recently met with specialised commissioning colleagues to discuss the results of these reviews to facilitate planning for individuals. All individuals and their carers/advocates were invited to participate and contribute to the review process. We have registers in place however recent guidance around CCGs and commissioners holding personal		Clarity around role and expectations of specialised commissioning in relation to Winterbourne actions. Clarity around commissioners

	identifiable information has meant we can no longer hold this information. We are actively considering how and if this information should be held in the future		and CCGs sharing and holding personal identifiable information
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	Recent national policy prevents CCGs from holding or sharing personally identifiable information therefore CCGs cannot hold, manage or co-ordinate registers We had a local register of information that was submitted to EMIAS in November 2012 however CCGs cannot maintain these registers due to the prohibition on holding personal identifiable information. Further work is therefore required to develop a suitable process for maintaining the register.		Policy on CCGs having access t personally identifiable information
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	All reviews have included service users, carers and advocates		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	External Consultants were employed by health to carry out reviews in conjunction with local practitioners. The Joint steering group (made up of local clinicians and commissioners) scrutinised each review carried out by the Consultants..		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Very good information was completed by specialist behavioural support consultants.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	All reviews have been completed		

5. Safeguarding			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	Safeguarding is discussed with providers as part of the contract monitoring process and providers are required to let commissioners know of any safeguarding concerns when they occur. In addition there is the expectation that local areas will let commissioners know of any safeguarding concerns as appropriate (as per good practice guidance)...		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Support providers are given full assessment and risk management info and supported to understand the implications of this. Case managers are employed for out of area inpatient placements to monitor placements and ensure appropriate plans are in place for each patient.		
5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	CQC do not routinely inform LA or CCGs of inspection outcomes except where enforcement actions are required. There are quarterly information sharing meetings with CQC. And we act jointly where appropriate to address concerns		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	LSCBs and NSAB are not regularly updated about review arrangements – The HWBB commissioning structure oversees this work and it is reported to partnership Board. Work of this nature requires clear accountability and reporting and should not be subjected to different lines of accountability, however reports will be made to the respective safeguarding Boards for information as appropriate.		Clarity about accountability and reporting arrangements

5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	Out of area placements are monitored through Contract Review meetings and through individual CPA meetings which are attended by Case Managers and Care Co-ordinators. Any safeguarding issues are highlighted and addressed through these routes.		
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	All providers are expected to have robust safeguarding arrangements in place and this is monitored through contract review meetings. .		
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	The CSP and safeguarding Adults Board has undertaken work to consider the outcomes from serious case reviews and taken action to address issues of bullying and hate crime		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	Yes :		EMIAS AUDIT REPORT
6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Individual outcomes and requirements are being collated to develop overall commissioning plans		
6.2 Are these being jointly reviewed, developed and delivered.	Care pathways are being developed jointly. Further work is required to develop funding agreements and alternative future support arrangements.		
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	Number of people placed out of area is known, all jointly funded people are commissioned by LA.		
6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	Future commissioning intentions are yet to be developed. This will be overseen by the integrated commissioning group		

6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams. 6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	Regional commissioners have not engaged fully with local services. We are continuing to seek agreement with regional commissioners Future funding arrangements are yet to be assessed and agreed across the partnership.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed. 6.8 Is your local delivery plan in the process of being developed, resourced and agreed. 6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment). 6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	Local advocacy contracts are in place and additional funding is available for this work. Current project plan is being developed. Local services cannot guarantee that all persons will be re-provided by 01/06/14 within current resources and available services. Our ambition is to develop and provide accommodation and support in the least restrictive environment, however for some individuals appropriate interim arrangements may need to be made. Supported Living accommodation cannot be developed within the timescale and legal issues re: DoLs may prevent SL opportunities, e.g. a recent case in the CoP took over a year to reach decision. Development of specialist accommodation and the capital finance to do so will restrict options. which may lead to interim placements being made		Is the requirement to move people from inpatient settings or to provide the most appropriate future care arrangements
7. Developing local teams and services 7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	As above In each review it has been identified whether the		

7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements. 7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	person will need support over and above what a local team would usually provide to inform CCG commissioning. Local advocacy contracts are maintained and reviewed, not out of county arrangements subject to other LA arrangements. BIAs will be involved on an individual basis as required as part of the provision process.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies 8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally. 8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.) 8.3 Do commissioning intentions include a workforce and skills assessment development.	Local services are utilising a scenario generator to determine future crisis, community and emergency support arrangements. We have specialist Community Assessment and Treatment Teams whose role is to work with providers and patients to avoid hospital admission where appropriate and possible. Additional local services such as step up / step down, enhanced SL options are being considered for development alongside enhanced community based support services To be completed as per the delivery plan		
9. Understanding the population who need/receive services 9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	Information is contained in JSNA and Health needs assessments and will be included within the market position statement for social care		

	Current market development and procurement activity, being designed to meet needs.		
9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	Yes		

10. Children and adults – transition planning			
10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	The needs of young people in transition are yet to be factored into future planning requirements and further work is required to develop this.		
10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	This will be modelled as part of the delivery plan going forward based on local population and health needs assessment		
11. Current and future market requirements and capacity			
11.1 Is an assessment of local market capacity in progress.	Market analysis is underway – early indications suggest insufficient capacity in specialist residential and SL environments. Planned tender for SL services will address some issues of enhanced services.		
11.2 Does this include an updated gap analysis.	This will be completed following market analysis		
11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	The LD Steering Group has been set up in order to validate and plan next steps for the reviews of in patients . The group includes clinicians and commissioners and has been key in ensuring appropriate plans are developed for patients who are currently in hospital		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name……Jon Wilson, Service Director……

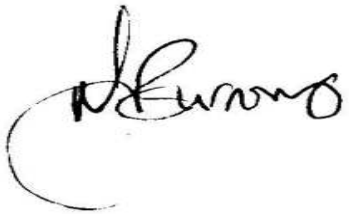
Organisation……Nottinghamshire County Council……..

Contact……0115 9773985……

Signed by:

Chair HWB ……

LA Chief Executive …



CCG rep…

Nottinghamshire County Council

Report to the Adult Social Care and Health Committee

9th September 2013

Agenda Item: 7

REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING, QUALITY AND BUSINESS CHANGE

TENDER FOR HOME BASED CARE AND SUPPORT SERVICES

Purpose of the Report

1. To advise the Adult Social Care and Health Committee of the national and local policy drivers relating to home based care and support services.

2. To inform the Adult Social Care and Health Committee of the work undertaken, in preparation for the re-tendering, to review existing services in accordance with the Council's commissioning strategy to enable people to remain living independently in their own home for as long as possible.

3. To request that the Adult Social Care and Health Committee recommends the proposed tender of home based care and support services be taken to Council for approval.

Information and Advice

Current Home Based Care and Support and Extra Care Services

4. The Council currently contracts with 30 Domiciliary Care providers for the delivery of home care services across the County and these contracts are due to end on 31 March 2014. Additionally, there are currently 7 separate extra care housing schemes within Nottinghamshire with a total of 3 providers delivering the care and support services within these settings and these contracts end in March 2014.

5. The total spend on home care for older adults is approximately £15.24 million per annum with approximately 2,750 service users receiving a service at any one time and the delivery of approximately 21,364 hours of service provision by independent sector providers per week. In addition, there are costs of approximately £800,000 per annum relating to staff who arrange and oversee each of the care packages and for staff who monitor the services, and IT costs of approximately £344,508 per annum for running the current electronic monitoring system which is used to determine payment to the providers.

Current National and Local Policy Drivers

6. There are a number of key policy developments and drivers impacting on the care market nationally and on the delivery of home care services. The Institute of Public Care (IPC), Oxford Brookes University, has recently issued a report on an evidence based review of the home care market *'Where the heart is…a review of the older people's home care market in England', October 2012*. The report highlights a number of issues that are shaping the way home care services need to be delivered.

7. Some of the key policy drivers include:

- **Implementation of personalisation** - local authorities are required to ensure that service users and carers have more choice and control over the services they are able to access and the way in which the services are provided. Choice and control should not just be limited to those people who have a Direct Payment and who manage their own care but should also extend to those service users who request or require the local authority to arrange and manage their care package on their behalf.

- **Outcomes** - one of the key components of personalisation is that services are delivered in a way which meets the identified outcomes for each service user. Currently, home care services are commissioned on the basis of the tasks that need to be completed to meet the service users' assessed needs. Providers are paid for the service they deliver based on the time the care workers spend each week delivering the care to the individual. This is a national approach with the majority of local authorities arranging their contracts in this way but as outlined in the IPC report, there is a call on local authorities to commission services, and to pay providers, for the outcomes they achieve for service users and carers.

- **Reablement** - there is evidence nationally that where, following a period of illness, people are supported to regain and retain their independence they are less likely to need long term care services or only require a reduced amount of care. Local authorities are working with the NHS to ensure that they commission services which help people to retain their independence

- **Demographic changes and the need for specialist and complex care** - as more people are helped to live at home for longer and given the demographics of an increasingly ageing population, there is an increase in the need for large and complex packages of care including health care services, end of life care and dementia care being delivered in people's own homes.

- **Hospital avoidance and early discharge** - the NHS and local authorities are developing a range of community based services and initiatives to prevent the need for people being admitted to hospital and

to ensure that people are discharged from hospital at the earliest opportunity

- **Workforce development** – there is wide recognition that good quality care services require investment in a skilled and trained workforce which is motivated and well supported. Generally, care workers are paid at the national minimum wage and are often employed on 'zero hour' contracts with no guaranteed hours. This means that providers are unable to retain staff and this adversely impacts on their ability to deliver good quality services consistently. Last year the Equality and Human Rights Commission produced a report, 'Close to home: an inquiry into older people and human rights in home care' which recommends that local authorities should ensure that the way in which services are commissioned, procured and monitored, adheres to the Human Rights Act. This includes ensuring that services are provided in a way which promotes and maintains dignity with service users having some level of consistency in the care staff that deliver their care.

- **High quality care services** - In addition to the above, the Care Bill requires councils to ensure that there are high quality social care services available within the local market to meet people's care needs.

Local issues impacting on the delivery of home based support services

8. In awarding a framework agreement to 30 providers through the previous home care tender in 2008, it was anticipated that this would result in service users having a wider choice of services. The 30 providers deliver home care services to people who require the Council to arrange and manage their care and support package on their behalf. However, detailed analysis of existing home based support services commissioned by the Council shows that over 60% of the services are being provided by just seven of the 30 contracted providers, with two of these providers delivering approximately 30% of the services across the County.

9. It is also important to note that whilst the Council has contractual arrangements with 30 providers, there are approximately 70 home care agencies registered with the Care Quality Commission (CQC) within Nottinghamshire. Approximately 40 or so of these agencies are small local providers who have not sought a contract with the Council because they focus on delivering services to people that are self funding or people who arrange and manage their own care through a Direct Payment.

10. The Council needs to ensure that service users can exercise choice whilst ensuring value for money and, at the same time, ensuring sufficient capacity and good quality care and support services within the local market. Service users can exercise choice in a number of ways. The advent of personal budgets means that service users can either have a Direct Payment in which case they can exercise choice by arranging care with whomever they choose. However, their choice will be constrained by the Council's financial allocation for a particular type of service based on an assessment of what the service would

reasonably cost. Alternatively, service users can influence the way in which their personal budget is spent but ask the Council to arrange their care through its normal contracting processes. This is known as having a 'managed service'.

11. In some areas of the County, the contracted providers are able to offer sufficient home care capacity to meet the needs of people who request or require a managed service. However, in other parts of the County, particularly in rural areas, the contracted providers are often not able to meet the demand for services especially where people have complex needs and/or require a large package of care. As a result of insufficient capacity amongst the contracted providers, many service users have taken the option of a Direct Payment and have made their own care arrangements with agencies that are not on the Council's framework agreement and frequently this is at a higher hourly rate. The lack of capacity amongst the Council's contracted providers has meant that services arranged by service users through Direct Payments are more costly than those commissioned directly by the Council.

12. Since the last tender in 2008, the service requirements have changed significantly arising from changing needs such as the need for dementia specific services and for higher dependency services. There has been an increase in the number of people living in their own homes who meet NHS Continuing Health Care eligibility criteria and who require health and social care and health care services that are commissioned directly by health staff. Also, as more people choose to remain at home at the later stages of life, there has been an increase in the need for end of life services which frequently need to be accessed with short notice.

13. As a result of increasing demand for home based support services, including the need for complex care packages, the existing contractual arrangements are no longer enabling the Council to commission services in the most efficient and cost effective ways. The main issues include:

    - providers continue to employ their staff on 'zero hour' contracts with no secure or guaranteed number of hours of employment per week and consequently many providers experience a high turnover of staff impacting on their ability to consistently deliver good quality services

    - as the providers operate over large geographical areas, they focus their recruitment on people that are car drivers and who have access to a car, thereby limiting their pool of potential care workers, again impacting on their ability to employ sufficient levels of staff

    - as providers are paid on the basis of the time the care workers spend with service users, there is little incentive for them to assist people to regain and maintain their independence and in the longer term to reduce the need for the services. Rather than promoting independence, this perpetuates a culture of dependency

    - providers are selective about which care packages they are willing to take

- productive and effective working relationships are difficult to achieve with such a large number of providers

- there are insufficient joined-up commissioning arrangements with health colleagues for health funded or jointly funded care packages in peoples' own homes

- outcomes for service users are difficult to evidence and monitor

- there are high internal costs within the Council in arranging the care packages, overseeing the contracts and monitoring the quality of services

Future commissioning of home based care and support and Extra Care services

14. In preparing to re-tender the home based support services, a comprehensive review has been undertaken with staff from the Improvement Programme and Corporate Procurement to consider how any new contracts may be configured so that they most appropriately meet outcomes for services users and carers whilst at the same time delivering annual savings and efficiencies of £865,000. This review has included:

    - discussions with service users and carers about their experiences of existing services and about what they think is important in the nature and delivery of home based support services

    - an analysis of the strengths and weaknesses of the current service model

    - forecasting future demand

    - analysis of the options for achieving cost efficiencies both in terms of provider unit costs and internal transactional costs

    - work with Health partners to plan a joint procurement of home based services in order to meet the needs of people who require health care services including end of life care

    - a review of the emerging picture of how home based services and extra care services are being modelled elsewhere in the Country

    - consulting with providers about their experiences of working with other local authorities and about how the local market can continue to be stimulated to enable small local organisations to provide services to self funders and for service users who arrange and manage their own care services through Direct Payments

15. In evaluating current and future requirements, consideration has been given to the following:

- Further developing the range of services including the availability of 24/7 care services which help prevent avoidable hospital admissions and which facilitate prompt hospital discharges – measures are already being put in place to ensure that people are not admitted into residential or nursing care unavoidably as a result of inappropriate or unnecessary admissions to hospital. This is of equal benefit to the NHS in that it enables funding to be diverted away from acute settings to be reinvested in appropriate community based care and support services which are jointly commissioned by the NHS and the Council

- harnessing opportunities for further joint commissioning arrangements with GP led Clinical Commissioning Groups

- ensuring there is sufficient capacity within the market, with a stable, competent and well trained workforce, to deliver services to people who have multiple or complex health and social care needs including dementia care and end of life care

- seeking a more stable market of home care providers who are able to deliver affordable, consistent, high quality services

- enable providers to undertake person-centred support planning in order to ensure the services they provide are personalised which meet the outcomes identified by service users and carers

- supporting more people to take control of their own care arrangements wherever possible through the use Direct Payments and through the most cost effective means

- ensuring service users and carers are provided with a faster and more responsive service as a result of streamlined internal processes and reduced bureaucracy.

16. One of the key priorities for the Council is to divert people away from residential and nursing care and to help more people to remain at home for longer. In order to support this, it is imperative that there is sufficient capacity to enable people to be supported within their own homes.

17. As outlined in paragraph 7 above, one of the key policy drivers has been the development of reablement services to ensure that people are helped to regain and retain their independence. These reablement principles will be built in to the services commissioned from independent sector providers to ensure that service users continue to be helped to regain their independence throughout the time that they require the care and support service.

Delivering services more efficiently and effectively

18. An options appraisal has been completed to determine the best means of securing high quality home based support services which meet outcomes for service users and carers and which at the same time are efficient and cost effective. As indicated above, this options appraisal has included visits to, and discussions, with other local authorities to see which are most successful in ensuring there are appropriate levels of service available, including in large rural areas. The benchmarking shows that capacity is increased where providers have high concentrations of work in a specific geographical area.

19. Detailed discussions have been held with local authorities where they have implemented a model of a reduced number of providers each concentrating in specific geographical areas or zones. These local authorities were asked specifically about the experiences of service users and carers both prior to and after the changes that were implemented through their procurement and contractual arrangements. In all of the cases, the local authorities stated that they had received customer feedback which demonstrated significant improvements in the quality of the services. The improvements were realised as a result of:

- service users and carers being involved in the development of the service model and service specification

- service users and carers being involved in and informed of the changes throughout the transition from the previous model of service delivery to the new model including supporting service users to access Direct Payments

- services which were more flexible because they are negotiated with service users and carers on an on-going basis rather than being fixed at the point of the services first being agreed

- better trained and better motivated care staff resulting in consistency of staff

- continuous improvement as a result of formal mechanisms for service user and carers involvement not only in the selection of providers but also through active engagement with providers on a regular basis

20. Representatives of the Corporate Procurement team have been directly involved in the review of the home based support services and their advice is that the Council should give serious consideration to adopting a structure that limits the number of providers to one per geographical zone, with a maximum of one per district/borough or similar sized area.

21. This model offers opportunities for lower prices based on economies of scale. In essence any provider will have a level of fixed costs i.e. overheads and management costs that must be covered regardless of the volume of work undertaken. A certain volume of work is therefore required to break even, covering both fixed and variable, predominantly staff, costs. Beyond this 'break even' level, variable cost increases are not relative to value and increased

volume provides greater opportunity for profit and thus the flexibility to reduce profit percentage and offer reduced prices. Conversely, where a number of providers are utilised, all requiring a 'break even' level of work, there is less ability to offer price reductions.

22. This approach also offers potential for greater efficiencies for both providers and for the Council as follows:

- a more robust relationship between the Council and providers because it enables
  - better use of Council resources
  - greater and more pro-active involvement
  - earlier awareness of any difficulties or quality issues and quicker resolution
  - greater sense of working in partnership, with opportunities for providers to have genuine involvement in service development and being more willing to share ideas as they do not need to compete with one another

- increased stability for providers with the guarantee of all services arranged on behalf of service users within their area

- providers are able to offer fixed hours contracts for staff (or part fixed/part variable), improving staff recruitment and retention

- locally based 'runs' reducing reliance on drivers and offering opportunities for care workers to walk/cycle thereby increasing the potential pool of staff

- sufficient opportunities for smaller and/or specialist providers to deliver services for people that are self funders or who have a Direct Payment

23. Corporate Procurement staff also recommend that consideration is given to include incentives within contracts for example for reablement, where providers are able to reduce the level of care and support required by individual service users because they have successfully been able to help them to manage more independently.

24. As indicated in paragraph 5 above, there are internal costs of approximately £800,000 per annum in the arrangement and day to day management of the services and in the monitoring and quality assurance activities in relation to the 30 providers on the framework agreement. In reducing the number of providers, the Council would be able to streamline processes including individual commissioning arrangements and quality monitoring activities and in doing so deliver significant efficiencies by reducing the number of staff involved in arranging and overseeing the services.

25. Further consideration has also been given to the measures that are required to ensure service users and carers are able to exercise choice about the services

that they receive and to ensure that choice of providers is not limited to just those providers with whom the Council has a contract.

26. It is proposed that the Council continues its work to support the development of a diverse local market of care and support providers. This is being achieved through a number of initiatives including:

    - continuing with the progress made to date to support the development of micro providers – over the past 3 years a total of 57 micro providers have been supported to become established and they are providing care and support to over 860 people

    - further support to the accreditation of Personal Assistants

    - helping people to use a Direct Payment to commission services directly from providers at an hourly rate which offers value for money

    - development of 'Choose My Support', a web-based directory providing information to people about the range of services and service providers operating across the County

27. The above initiatives will enable the Council to ensure that there is sufficient capacity in the market to meet the needs of service users who request or require a managed service. This will also enable the Council and its health partners to ensure there is sufficient capacity which is readily available to meet urgent care needs which help prevent hospital admission and which facilitate prompt hospital discharges, including for people who have complex health and social care needs requiring large and/or specialist packages of care. At the same time, the Council would continue to support a diverse range of smaller providers who want to concentrate on providing a lower volume of service, contained within their local community.

28. As indicated above, the existing contracts with home care providers have been extended for a 12 month period and are due to expire in March 2014. The Council will therefore be required to commence the tender process during the autumn in order to ensure sufficient time for the transition from the current to the new services.

Other options considered

29. There is a legal requirement for the Council to undertake a re-tender of the home based support services. Consideration has been given to re-tendering for the same number of providers and to the option of opening up the framework agreement to include a larger number than the current 30 providers. However, as noted above, there are already approximately 70 home care agencies registered with the CQC in Nottinghamshire. Despite the large number of providers, this has not equated to sufficient capacity to meet increasing needs.

30. The Council has a duty to ensure that it commissions services in the best way possible to achieve high quality services which meet outcomes for service users and which at the same time provide value for money. Through discussions with other local authorities and in accordance with Corporate Procurement advice, it is clear that there is greater potential for providers to deliver services at lower cost where the contractual arrangements enable them to achieve economies of scale.

Statutory and Policy Implications

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

Implications for Service Users

32. In accordance with the wishes of service users and carers, more people are being supported to stay at home for as long as possible, and this includes people who have complex health care needs and/or are at the end of life. As such, it is imperative that through its contractual arrangements with providers, the Council is able to commission high quality services, and cost effective services, delivered by a well-trained and motivated workforce, and which are flexibly arranged to best meet the outcomes identified by service users and carers.

33. As indicated above service users and carers state that it is more important for them to have choice and control about the ways in which the services are delivered than to have a choice of different providers. As such, the providers will be required to deliver person-centred support planning so that their services are determined by the outcomes identified by service users and carers.

34. As well as awarding a framework agreement to a number of providers, the Council will continue to develop and support a diverse market through on-going work with micro providers and with the accreditation of Personal Assistants in order to ensure that there are a range of options for people who want to arrange their own care through the use of a Direct Payment and for self-funders.

35. Staff from the agencies that do not win the contract will have the option to move to the successful provider. The Council will work with the agencies to transfer staff if required, so there is minimum disruption to service users.

Financial Implications

36. The new contracts may be configured so that they most appropriately meet outcomes for service users and carers whilst at the same time delivering annual savings and efficiencies of £865,000.

Equalities Implications

37. The home based support services to be commissioned through the proposed tender process will seek to meet the needs of the most vulnerable adults and older people in Nottinghamshire. The Council is seeking to ensure that people who require a managed service have the same opportunities to access personalised services.

38. The revised service specification will enable the Council to change the way in which individual services are commissioned so that they are not based on fixed tasks but are flexible and are tailored to meet the outcomes identified by service users themselves and by their carers.

39. As well as undertaking consultation with service users and carers, an Equality Impact Assessment has been completed. This will be reviewed following the tender process and in advance of the implementation of the new contracts.

Human Resources Implications

40. As outlined in paragraph 22 above, through the reduction in the number of contracted providers, the Council will be able to reduce the numbers of staff that are required to arrange and oversee the services and to monitor the providers, thereby reducing the internal costs. The reduction in posts will be phased over a 12-18 month period to enable full implementation of the new contracts as of April 2014. Post reductions will be managed through existing vacancies and voluntary redundancies or through redeployment opportunities wherever possible.

41. The Trade Unions have been consulted and have raised some concerns about the implications for employees; these will be discussed with them further as the full details are established.

RECOMMENDATION/S

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

1) Notes the work undertaken to review existing home based care and support services and to plan for the re-tender of these services.

2) Recommend that the proposed re-tender of home based care and support services is taken to Council for approval.

CAROLINE BARIA
Service Director for Joint Commissioning, Quality and Business Change

For any enquiries about this report please contact:
Caroline Baria

Email: Caroline.baria@nottscc.gov.uk

Constitutional Comments (NAB 20/08/13)

42. The Adult Social Care and Health Committee has the authority to consider and approve the recommendations set out in this report by virtue of its terms of reference.

Financial Comments (CLK 19/08/13)

43. The financial implications are contained within paragraph 36 of this report.

Background Papers

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

a. Where the heart is: a review of the older people's home care market in England', October 2012.

b. Close to home: an inquiry into older people and human rights in home care

Electoral Division(s) and Member(s) Affected

All.

ASCH148

Appendix A

Consultation

Extensive consultation has been undertaken throughout the project as follows:

1 **Service Users and Carers:**
In March 2012 a full day event was held with service users and carers called 'Working Together for Change'. A second event was held in March 2013 to consult with service users, residents and staff from the existing extra care schemes across the County (see Appendix B). In March 2013 a presentation was given to the Involvement Group (set up to provide a service users and carers expert viewpoint on social care services) with feedback being sought on specific areas of home care delivery. A follow up meeting was held in April 2013, with a small group of carers, which focussed on ways to improve services.

2 **Staff:**
An on-line survey was undertaken using 'Survey Monkey' to ascertain views and experiences from staff about the way in which home care services are currently arranged, delivered and monitored. A total of 133 staff responded to the survey. One of the key issues identified from the survey was that staff felt a wider and more flexible range of home based support services would benefit service users to help them to live at home.

3 **Current Home Care Providers:**
Between December 2011 and July 2012 providers were invited to discuss their own experiences of providing home care services in Nottinghamshire and also in other parts of the Country as relevant. These discussions were facilitated at Provider Forums, at specific workshops, through a survey and in meetings with individual providers. Eight providers responded to the survey and a number of organisations preferred to give their views through individual meetings. In July 2012 the Corporate Procurement team held a number of 'Becoming Tender Ready' events to brief and support existing Providers about how to submit a good completed tender pack.

4 **Benchmarking Site Visits:**
Three site visits were undertaken in order to consider the models of service operated by other local authorities and to evaluate how effective they were in meeting service users' needs as well as the commissioning intentions of the local councils. These visits also included talking to the Providers who had been awarded contracts to identify their views as to how well things were working in practice.

5 **Existing and Potential Care and Support Providers:** Two 'Market Sounding' events were held in June 2012 as a means of engaging with the wider market about current services and potential future plans. The Council's commissioning intentions were shared with the Providers along with the key local and national drivers affecting care services. Two further events were held in January 2013

(to develop the approach to ensuring outcomes for service users are met) and July 2013 (to further develop the service model and service specification)

Appendix B

1 Interviews with service users and carers

A series of interviews were held during December 2011 to February 2012 with a total of 32 service users and carers. The service users and carers were selected randomly from various parts of the County including rural and non-rural areas, and the interviews were conducted in people's own homes. A questionnaire was used during the interviews to help ensure a consistent approach. Some of the comments received from service users and carers are listed below:

- "Having continuity of care, knowing that the majority of the care staff that visit, we have seen before"
- "Things don't always go well when the carers they send in are youngsters that don't understand my needs and when those that come are poorly trained and don't understand what to do"
- "There is no one around to help me during the night."

2 Working Together for Change – Full Day Events with Service Users, Carers, Residents, Staff and Home Care Providers

Two full day events were held in March 2012 and March 2013 with service users and carers together with Nottinghamshire County Council staff and home care providers. The first event focussed on people in receipt of home care services living in their own homes and the second event focussed on service users and residents of the current extra care housing schemes across Nottinghamshire. The purpose of the events was to look in more detail at the information that service users, carers and residents had provided in their one-to-one and group interviews about their own experiences in relation to the services they were receiving. It was also to seek service users and carers' input into developing the service specification for the new services to be commissioned through the tender. This means of service user and carer involvement has been used in other local authorities and is recommended by the Department of Health as 'best practice'.

The event included looking at what service users and carers had said during the one to one interviews about their personal experiences, including considering what they felt was good and what wasn't good about their services. The groups then looked at the reasons why things weren't working well and what would need to change to ensure the services they received would enable them to remain living in their own homes.

The things that service users and carers identified as being important to them were consistent across both the events and included being confident in the ability of care workers to deliver their care and in getting a reliable service, including at weekends. Service users and carers placed greater value on being able to have a choice about the range of services available to them and stated that it was less important to have a choice of providers. Whilst service users stated that there were a lot of positive elements to current services, they did express concerns about specific matters including the lack of flexibility in the ways in which the care was provided, frequent changes in care staff, and care staff not being trained. Some of the comments are outlined below:

- "For care staff to have good communication skills and for the agency I have to provide the current level of care, or better"
- "There should be more flexibility and better trained staff"
- "We would like to get the service we want not what people think we need"
- "A rapid response service would be good…. and to have someone at the end of the phone who I could call to help me if I needed it would be good"
- "A more flexible service – not always sticking to task orientated care plans"
- "We would like to get good support when we need it"
- "We would like more control over the way services are delivered to us"
- "We would like to get feedback on what has changed as a result of what we have said"

The information gathered from the interviews with service users and carers and the main issues that were being raised at the half day event, was used to help develop the new service specification. This included extending the range of services which people said would enable them to stay at home for longer and help achieve the outcomes that were most important to them.

Appendix C

Benchmarking Information from other Local Authorities

1 Wiltshire County Council

There has been much interest nationally in the home care services being provided in Wiltshire which are based on outcomes that have been identified by service users through their needs assessment and support plans. Wiltshire County Council covers a large geographical area including rural areas and had historically experienced difficulties in having sufficient capacity to meet demand for home care services even though they had contracts in place with over 70 providers. They tendered for an integrated service which included reablement and home care services, Extra Care and other preventative services such as Assistive Technology, to support people to live independently in their own homes. The Council awarded contracts to 4 providers, each covering one part of the County.

The Council engaged with service users and carers to identify what they wanted from their home care services and they then used this information to design a range of services that were based on these priorities. They state:

> "One of the key points made by customers is that they wanted choice over what happened when a worker delivered a service to them but were not concerned about having a choice over the organisation that delivers the service and that they found the current social care market was too complicated and difficult to navigate so they did not know where to get help."
> *Head of Commissioning, Wiltshire County Council*

Wiltshire County Council have a customer reference group of up to 40 service users and carers who were involved in the appointment of providers and who continue to be involved in managing the contracts. Representatives from this group contact other service users on an individual basis to seek their views on the services being delivered, arrange meetings for service users and carers and work with the providers to obtain feedback and encourage change in response to that feedback.

In terms of the impact of the changes on service users, Wiltshire County Council reports significant improvements in the quality of care services which are as a direct result of the way in which they have contracted with providers, including the on-going and proactive work undertaken by their customer reference group.

2 North East Lincolnshire

North East Lincolnshire has contracts in place with 5 providers, each covering one of their 5 neighbourhoods. They also have a further 4 other providers who are not guaranteed any hours but who are available to undertake any work where required. They report that over the past 18 months they have been able to address many of the difficulties they were having with capacity and quality because the providers themselves have formed strong and effective working relationships with each other. One of the key factors in improving capacity has been as a result of care workers being able to work close to where they live, which has enabled them to recruit people who do not own cars or who do not want to use cars for work. It has also reduced the amount of travel time between calls, which enables care staff to spend more time doing the work rather than travelling.

To ensure the views of service users are addressed, North East Lincolnshire has required their contracted providers to set up Consumer Panels. The Panels meet twice a year to look at the positives and negatives in relation to their services and to agree solutions to the issues. Overall, the Council has reported that service users feel more actively involved with and in control of the services they receive.

3 North Tyneside

North Tyneside has operated a core provider model since 2008 and is due to retender the contracts this year. They originally had 14 providers and reduced to 6, one per district. When they re-tender they are going to continue with the same number of providers but alongside this they also intend to set up an accredited list of providers to enable more choice of providers within the local market.

As part of its user engagement strategy, North Tyneside has a Community and Health Care Forum which meets at regular intervals to inform how future services are delivered. Since implementing the new home care contracts, North Tyneside has found that the quality of services has improved, particularly in relation to increased capacity to meet the demand for services, more consistent care staff as a result of better retention, including increased number of care workers who are not car drivers.

Nottinghamshire County Council

Report to the Adult Social Care and Health Committee

9th September 2013

Agenda Item: 8

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

CONSULTATION ON THE MODEL FOR ADULT SOCIAL CARE IN NOTTINGHAMSHIRE AND USE OF RESOURCES POLICY

Purpose of the Report

1. To seek approval from Committee for a joint public consultation to be undertaken on the refreshed model for adult social care in Nottinghamshire and the new Use of Resources Policy that supports implementation of the model.

2. Further to the outcome of the consultation to seek Committee approval for the Use of Resources policy to be submitted to Policy Committee for final ratification, and for the model of adult social care to be returned to Adult Social Care and Health Committee for final ratification.

Information and Advice

3. The department has been working on the development of a sustainable model for the delivery of adult social care services in Nottinghamshire. This is in the context of preparation for the implementation of the Care Bill, increasing demand in relation to older people and younger people with complex disabilities and reduced resources.

4. The model is intended to show how the Council will meet eligible social care needs and ensure value for money for the residents of Nottinghamshire. It will provide a clear statement for the public, service users and staff about how adult social care will be provided and what people can expect from the Council's adult social care and health services. A copy of the draft model is attached as appendix 1.

5. Currently the Council does not have a single document which expresses what the Council's social care offer is to the residents of Nottinghamshire. The attached social care model describes the responsibilities of the authority as well as those of the individual and others. The model provides information on access to care services, what services may be available to promote and maintain people's independence, and how those services may be commissioned and delivered.

6. In order to support the implementation of the model the department has developed a Use of Resources policy in order to clarify how the Council intends to meet its statutory obligations in relation to adult social care for the public and staff. Once the final draft has been agreed by Policy Committee, following consultation, the policy will be published on the Internet in the corporate Policy Library. The draft policy is attached as appendix 2.

7. Introduction of this model and policy may mean that people will not always receive their preferred service or support. It is clearly stated in the documents that in addition to considering the needs of the individual and their preferred support plan, the Council has a responsibility to ensure the effective and efficient use of resources which takes account of the needs of all individuals eligible for social care and support.

8. An example of this would be where the net cost of supporting someone in the community on a weekly basis is greater than the cost of a residential care placement the Council may want to consider the latter as an option.

9. As stated in the model and policy the emphasis is on developing community resources, enabling people to live independently and reducing the demand for long term residential care. Staff will continue to be strongly encouraged to meet people's needs within the community, and each case will be considered on its own merit. However, the Council will always have to consider its responsibility to make best use of available resources.

10. Another local authority in England has recently introduced a similar policy following a thorough public consultation. This was subjected to legal challenge by the parent of a service user but the High Court Judge upheld the policy and its implementation. He stated that the Council had made it very clear in their policy and consultation documents that preferences and choice for service users would have to be balanced against cost effectiveness and affordability, and had taken account of issues raised in the consultation.

11. The emphasis of the model and the policy is in line with the Council's draft Health and Wellbeing Strategy 2014 – 2016, as it stresses the need to: invest in prevention and early intervention to help to prevent future problems; support people to retain their independence; and promote integration with relevant partner agencies. A formal consultation on this strategy is currently underway and will close on the 26th September. The outcome of the consultation will be reviewed before embarking on a joint consultation on the model and the Use of Resources policy.

12. If consultation is agreed by Committee, the department will consult widely with service users and carers, staff and colleagues in partner agencies. The model, policy and/or staff guidance may be redrafted to take account of the outcome of this consultation and the current consultation on the Health and Wellbeing Strategy.

13. Once the policy is approved it will be accompanied by staff guidance, which will set out in detail how staff should implement the policy. The staff guidance will be reinforced through a formal staff training programme.

14. A draft Equality Impact Assessment which covers the model and the Use of Resources policy has been started and is attached as appendix 2. Further work required for the full completion of the Equality Impact Assessment following consultation has been identified within the attached template.

Other Options Considered

15. 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.

Reason/s for Recommendation/s

16. The emphasis of the model and the policy is on helping people to remain independent in their own homes for as long as possible. It applies to all new service users and those already in receipt of social care support, regardless of age or presenting needs. Consultation is necessary to ensure that it will achieve its intended purpose and that there are no unintended consequences for service users and/or anyone caring for them.

Statutory and Policy Implications

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

Implications for Service Users

18. Service users will have an opportunity to comment on the draft model and policy and on any impact they may have on them or anyone caring for them.

Financial Implications and Human Resources Implications

19. The model and policy aim to clarify how the Council will allocate its financial and human resources in the future, to meet identified priorities in the most cost effective way.

20. In relation to charging for services, people are already financially assessed and asked to contribute to their care subject to national charging criteria.

21. The policy states that care providers may be charged for support provided by the Council to ensure their service meets required quality standards. The Council currently provides considerable support of this nature but this is costly in terms of staff time.

Equalities Implications

22. These are being worked through in the completion of the Equality Impact Assessment for the policy. Unintended consequences should be identified through public consultation on the model and policy.

RECOMMENDATION/S

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

1) Approves a joint public consultation on the model for adult social care and the Use of Resources Policy that supports implementation of the model.

2) Agrees that, following consultation, the model for adult social care is submitted to Committee for final ratification.

3) Agrees that, following consultation, the Use of Resources policy is submitted to Policy Committee for final ratification.

DAVID PEARSON
Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:
Sarah Hampton
Commissioning Officer
Email: Sarah.hampton@nottscc.gov.uk

Constitutional Comments (NAB 20/08/13)

23. The Adult Social Care and Health Committee has the authority to consider and approve the recommendations set out in this report.

Financial Comments (KAS 19/08/13)

24. The financial implications are contained within paragraphs 19 to 21 of the report.

Background Papers and Published Documents

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

a. Draft Health and Wellbeing Strategy consultation document 2014 - 2016

Electoral Division(s) and Member(s) Affected

All.

ASCH151

Future Adult Social Care Model Principles

The emphasis of adult social care will be on developing individual and community resources designed to prevent, delay or reduce the need for care and support. The following represent our guiding principles for the future:

- 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 for their health and wellbeing
- 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 wellbeing through joint and collaborative approaches across the public sector.
- We will encourage and stimulate an efficient, diverse, affordable and high quality social care market.
- 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.

How will this be different for service users and carers?

To achieve the principles identified, we will make a number of fundamental changes in the following areas:

INFORMATION, ADVICE AND EARLY INTERVENTION

- We will provide or ensure the availability of targeted advice and information services that enhance people's individual resilience and promote self-responsibility for their wellbeing.
- We will aim to meet people's needs at the first point of access (eg. through more use of the Customer Service Centre, clinics and health settings) in order to provide an efficient and timely service.

Now – Mrs A is 85 years old, lives alone and has recently had a small stroke. She receives a visit from a Social Worker to discuss the support she may need.

Future – Mrs A receives information and advice from the Council's Customer Service Centre. The advice helped Mrs A make an application for benefits and purchase some equipment to help her remain independent for as long as possible. She also attends a local luncheon club where she socialises with new friends.

PREVENTION

- All prevention and early intervention services will be targeted at people at risk of losing or reducing their independence
- Being healthy and independent involves an acceptance of risk. We will intervene to keep people safe when there is significant and substantial risk of harm or abuse by others, or as a consequence of mental incapacity
- We will maximise independence through targeted and timely, cost effective use of equipment and assistive technology
- We will assess carers and ensure appropriate support is available, where people are eligible.

Now - Mr B is 83. He is admitted to hospital for a hip replacement operation. Post-surgery he is assessed on the hospital ward to identify the support he needs in order to be discharged and remains in hospital whilst this is completed.

Future – Mr B is assessed pre-admission to hospital and short-term reablement support and equipment are arranged for his discharge. As a result he returns home promptly and staff can see how he manages in his own familiar surroundings, and focus on Mr B doing as much as possible for himself again. This service ends after 6 weeks.

REABLEMENT

- We will target reablement where initial indications show a critical or substantial risk to an individual's independence
- Before a decision is made about whether people are entitled to long term support from the Council, they will be provided with a reablement service

ASSESSMENT AND CARE MANAGEMENT

- Social care funded services will be arranged at the time they are required, for the period they are required, to meet specific outcomes.
- We will provide proportionate assessment and care management for people who are likely to have eligible needs and have gone through a period of reablement
- We will make more use of phone, online and clinic appointments. We will undertake home assessment visits and reviews where the level of risk and need warrants this.

Now – Six months later, Mrs A breaks her arm. Following medical intervention she is re-assessed at home by a Social Worker and provided with a care package.

Future - Mrs A's assessment takes place by telephone and during a visit to a social care clinic. She is provided with some equipment and a short reablement service until she is able to manage at home again.

- We will provide care closer to home where this meets 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.

Now – A year later Mr B's physical and mental health has deteriorated. His family would like him to be admitted to residential care.

Future – Following a further period of reablement, Mr B is given a Personal Budget and pays for a Personal Assistant to support him at home. He also has some sensors fitted at home to monitor his safety.

PERSONAL BUDGETS

- The amount of a person's Personal Budget will meet essential outcomes in the most cost effective way
- People will be expected to contribute to their Personal Budget in line with national criteria
- People will be offered the choice 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 regularly review people's entitlement to a Personal Budget to ensure outcomes are being met in the most cost effective way

COMMISSIONING OF SERVICES

- Our priority will be a greater emphasis on quality, the achievement of outcomes and value for money rather than offering a choice of services. We will take due regard of the local care market, the availability of local providers and the quality of service provision.
- We will increase the supply of extra care and/or housing with support, by working closely with Health, Housing and other partners.
- We expect provider organisations to deliver quality services that keep people safe. Where they fail to do so in a timely manner, we will commission alternative services for people.
- Where providers are not meeting their contractual requirements we will support their improvement. However, we will expect them to pay us for this support.

Now - After another 12 months at home a review indicates that Mrs A now needs a higher level of support. Because of the level of her needs she is admitted to a residential care home.

Future - Mrs A is admitted to 'extra care housing', where she can keep her own front door and live alone with onsite support provided as required to meet her needs.

- We will fund discretionary services where there is clear evidence that they prevent, delay or reduce the need for care and support.

FINANCE AND CHARGING

- Where a fee can be levied on people or organisations, we will do so and at a charge that reflects the cost of service provision
- 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

Now - Mr C is 45 and has a moderate learning disability and mental health issues, which require support. He currently receives a Personal Budget and wishes to attend a day service outside of the county.

Future -This is more expensive than a service close to home which the Council feels can adequately meet his needs. Mr C and his family decide to pay the difference for him to attend his preferred day service.

STRUCTURES AND PROCESSES

- We will further streamline our systems and processes to achieve more efficiency
- We will continue to adapt to changes to adult social care outlined in the Care Bill
- We will ask the most appropriate agencies and providers to undertake support planning and arrange services
- We will integrate our structures with health and other agencies where it will produce better outcomes and more cost effective services

Now – Following the assessment involving Mr C working with a Council Social Worker, his support plan – which shows how his support will be provided to meet his outcomes – is also developed with the Social Worker.

Future – Mr C's support plan is developed by him in conjunction with the Personal Assistants (PA) who provides his care and support.

Nottinghamshire County Council

Policy Library Pro Forma

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

Title: Use of Resources in Adult Social Care Policy			
Aim / Summary: To identify how the County Council will best utilise resources to meet the eligible needs of people assessed as requiring Council funded social care support.			
Document type (please choose one)			
Policy	x	Guidance	
Strategy		Procedure	
Approved by:		Version number:	
Date approved:		Proposed review date:	

Subject Areas (choose all relevant)

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

Author:	Responsible team:
Contact number:	Contact email:

Please include any supporting documents

1. Eligibility and Fair Access to Care Services (FACS) - staff guidance
2. Direct Payments – staff guidance
3. Assessment, Support Planning and Personal Budgets – staff guidance
4. Care Home Placements – commissioning – staff guidance
5. Self Funders – Financial Advice Policy

6. Day Services – staff guidance
7. The Provision of Equipment and Minor Adaptations – staff guidance

Nottinghamshire County Council

Use of Resources in Adult Social Care Policy

1. Context

Nottinghamshire County Council has a duty, under several pieces of legislation, to provide social care support for people assessed as eligible to receive it.

Eligibility is determined using the national eligibility guidance, "**Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care**". This is statutory guidance issued under section **7(1) of the Local Authority Social Services Act 1970**. It relates to the allocation of funding for social care support, including funding for equipment and minor adaptations. The guidance allows Councils to set an eligibility threshold. The eligibility threshold for Nottinghamshire is set between moderate and substantial. This means that people whose needs pose a moderate or low risk to their independence are not eligible for social care support funded by the Council; those with substantial or critical risks to their independence are eligible.

If the result of the assessment is that an individual is not eligible for social care support, the Council retains a duty to provide information about, and signpost people to, appropriate support which may benefit them. This includes people assessed as eligible for social care support, but who are required to fund all of their own care following a financial assessment.

People who are assessed as eligible are provided with self directed support; a model of support, that includes the use of a personal budget, to enable them to have as much choice and control as possible over the design of their support plan.

The eligibility guidance allows councils to "consider the cost-effectiveness of support options" (paragraph 124), but this must be done on the merits of each case and councils, "cannot take decisions on the basis of resources alone".

A new Care Bill, which is currently going through Parliament, will change the way social care support is arranged and funded. It will, for example:

- Modernise care and support law into a single statute, which is built around people's needs and what they want to achieve in their lives.
- Provide a national eligibility threshold, which will apply to all councils.

- Reform how care and support is funded.
- Focus care and support on promoting wellbeing and preventing or delaying the need for social care support.
- Ensure that people are given advice and information to help them to plan for the future and to ensure they know where to go for help when they need it.

2. Scope of this policy

2.1 This policy relates to all social care support commissioned for, or procured by, people assessed as having social care needs that fall above the eligibility threshold set by the Council.

2.2 It applies to personal budgets taken as a direct payment or a managed budget.

2.3 The policy is intended to cover all new service users and those already in receipt of social care support, regardless of age or presenting needs.

3. Principles

The emphasis of adult social care will be on developing individual and community resources designed to prevent, delay or reduce the need for care and support. The following represent the Council's guiding principles:

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

3.2 The Council will expect to share the responsibility for maintaining the health and wellbeing of people in need of social care support with individuals, families and communities.

3.3 The Council will enable people to live with the risks inherent in living independently, whilst ensuring that they are safeguarded from significant harm.

3.4 The Council will reduce the demand for residential care, and the need for long term care in the community, by commissioning or providing services that are known to support independence.

3.5 Where people have critical or substantial risks to their independence, they will receive a personal budget from the Council for as long as they meet the eligibility criteria.

3.6 The Council will meet its statutory responsibilities by promoting the health and wellbeing of individuals jointly with other public sector organisations, including the NHS and housing providers.

3.7 The Council will encourage and stimulate an efficient, affordable and high quality social care market, so that people who choose to arrange their own care and support have as much choice and control as possible over how it is provided.

3.8 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.

4. Commitments

Information, Advice and Early Intervention

4.1 The Council will provide or ensure the availability of targeted advice and information services that enhance people's resilience and promote responsibility for their own wellbeing.

4.2 The Council will aim to meet people's needs at the first point of access, for example, through the use of the Customer Service Centre, clinics and NHS settings.

Prevention

4.3 All prevention and early intervention services will be targeted at people at risk of losing or reducing their independence, in order to prevent or delay an individual's need for more expensive long term funding and support.

4.4 The Council will intervene to keep people safe when there is a significant risk of harm or abuse by others, or as a consequence of a lack of mental capacity.

4.5 The Council will maximise independence through targeted, timely and cost effective use of equipment and assistive technology.

4.6 The Council will assess carers and ensure appropriate support is available, where people are eligible to receive it.

Re-ablement (short term support)

4.7 People will be provided with short term (re-ablement) support before a decision is made about whether they might be eligible for long term support.

Assessment and Care Management

4.8 Support funded by the Council will be arranged to meet specific outcomes, at the time it is required and only for as long as it is required.

4.9 The Council will make more use of telephone, online and clinic appointments. Home visits for assessments and reviews will be undertaken where the level of risk warrants this.

4.10 The Council 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.

4.11 The Council will ensure that individuals have access to independent advocacy services to support them to understand the choices available to them, where necessary. The involvement of an independent advocate will not alter the professional responsibilities of County Council employees.

Personal Budgets

4.12 The Council will ensure that other sources of funding and support are always explored before the allocation of a personal budget.

4.13 The Council will decide how much a person's support would reasonably cost, based on their eligible needs. This may be reduced by the person's contribution, following a financial assessment.

4.14 The Council will expect people assessed as eligible for social care support to contribute towards their personal budget in line with the national eligibility criteria.

4.15 The Council is committed to self directed support and will offer a choice to individuals, who have eligible needs, of taking their personal budget through a direct payment, a managed budget or a mixture of the two.

4.16 The Council will ensure an equitable allocation of resources to people who receive a direct payment and to people who have a managed budget.

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

Commissioning services

4.18 When commissioning services on behalf of individuals, the Council will place greater emphasis on the achievement of outcomes and value for money over the level of choice available. This will be with due regard to the local care market, the availability of local providers and the quality of service provision.

4.19 Where the net cost of supporting an individual in the community is greater than the cost of a residential care placement that would meet the eligible needs identified the Council may consider this option.

4.20 The Council will develop a range of contracts and agreements with providers to meet the needs of the local population at a fair and reasonable cost.

4.21 The Council will work with Health, Housing and other partners to stimulate the supply of extra care and/or housing with support.

4.22 The Council will aim to commission services in Nottinghamshire for people currently placed in specialist residential care outside the County, where this is cost effective. If a person currently resident in Nottinghamshire needs specialist residential care, the Council will arrange this care as close as possible to home where this meets the person's needs and is cost effective.

4.23 The Council will expect provider organisations to deliver good quality support that keeps people safe. The Council will commission alternative support in situations where an organisation fails to do this in a timely manner.

4.24 The Council will expect providers to pay for Council support in situations where they are not meeting their contractual requirements and require support for improvement.

4.25 The Council will fund discretionary services where there is clear evidence that they prevent, delay or reduce the need for care and support.

4.26 The Council will ensure arrangements are in place so that people can purchase their own items of equipment or social care support without a social care assessment, if they wish to do so.

Finance and Charging

4.27 The Council will make a charge that reflects the cost of service provision, in all circumstances where a fee can be levied on people or organisations.

4.28 The Council will require people and/or their representatives to pay the difference between more expensive support and an alternative that would meet outcomes and can be procured more cost effectively by the Council, in situations where a person chooses the more expensive option.

4.29 The Council will ensure that information and advice is given to individuals and their representatives to ensure that their assets are used properly and that they make fair and appropriate contributions to the cost of their social care support in line with national criteria.

4.30 The Council will have due regard to the net cost of services and will always seek to ensure that any contributions to the cost of care from other parties are maximised. This includes contributions from the NHS, from individuals and from third parties.

4.31 The Council will ensure that officers and managers have responsibility to agree funding for personal budgets at levels set by the Adult Social Care, Health

and Public Protection Department. This will be consistent with the Council's established scheme of delegation.

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

5.1 The Council will streamline its systems and processes to achieve greater efficiency.

5.2 The Council will continue to adapt to changes in adult social care, including those set out in the Care Bill.

5.3 The Council will ask the most appropriate agencies and providers to undertake support planning and arrange support for eligible people.

5.4 The Council will integrate its structures, systems and processes with the NHS and other agencies where this will produce better outcomes for people and provide cost effective support.

5.5 The Council will ensure that there is adequate practice guidance for staff to guide decision making in relation to the use of resources.

Nottinghamshire County Council

Report to the Adult Social Care and Health Committee

9th September 2013

Agenda Item: 9

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

ADULT SOCIAL CARE PERFORMANCE UPDATE

Purpose of the Report

1. To provide a performance management update for the Adult Social Care and Health Committee, for the period 01 April – 30 June 2013, and to introduce the new Performance Measures which require implementation from 2014/15.

Information and Advice

Performance Management

2. The department has a responsibility, on an annual basis, to make statutory returns to the Department of Health which measure the effectiveness of adult social care across all local authorities. This report provides the first quarter's update on progress for Adult Social Care and Health against key performance measures and operational priorities. As part of the corporate performance management framework, departmental performance is checked to ensure that it is on target to achieve corporate priorities as well as meeting national measures.

Adult Social Care and Health Performance Indicators

3. In addition to this, a number of key measures are reported monthly to the Corporate Leadership Team as they have been identified of high importance/risk by the department. Appendix A includes all the above performance measures for Adult Social Care, showing the performance level as at 30 June 2013, the annual target and a commentary explaining the current level of performance.

4. A key objective across the Council is 'to give more people greater choice and control over how they get the support they require to stay healthy and live independently for as long as possible'. The actions the Council is taking to support this objective involve enabling more people to live independently in their own home, encouraging more people to manage their own care and reducing the overall number of people in residential care.

5. Personal budgets are an allocation of funding given to users after an assessment which should be sufficient to meet their assessed needs. Service users have the

option of taking their personal budget as a direct payment which gives them greater choice and control over their care or they can choose to let the Council commission services on their behalf. They may also choose to have a combination of both options. The percentage of adult social care service users and carers in Nottinghamshire now receiving a personal budget stands at 91%. This places Nottinghamshire amongst the top performers nationally.

6. The department is keen to enable more people to return to live in the community after a stay in hospital. Reablement is a main focus for the department in relation to achieving this objective. This work involves assisting service users to regain and retain the skills and confidence to help them live as independently as possible. Reablement support workers provide up to six weeks of intensive support to service users in their own home, enabling them to do as much as they can for themselves. A key measure of the success of Reablement is whether, through intervention by the County Council, service users can live independently and require either no further support or a reduced level of support. Performance for the first quarter of 2013/14 is on target, with approximately 62% of service users benefiting from an intervention and, therefore, requiring less ongoing support.

7. To encourage and promote independent living, and to assist partners in Health, the Council has a responsibility to provide social care services to ensure people can be discharged from hospitals in a safe and timely manner. The Council continues to work to limit the number of delayed discharges, and is working proactively with hospitals and community based Health services across the County to do so. Staff in adult social care teams work at weekends, where necessary, to cope with the increased number of referrals. The unprecedented increase in hospital attendances and admissions has led to a 50% increase in the number of referrals received by social care compared to the same period last year.

8. The Council also has a responsibility to ensure that people are kept safe both within the community and in residential and nursing home places. Safeguarding plans, where appropriate, are put in place to clearly identify actions to reduce risk. These plans are reviewed on a regular basis to ensure that risks are reduced and managed.

9. A further role of the Performance Improvement Team is to collect evidence of good practice from the Department, to ensure that services are improving people's quality of life. One example of a service user enabled to continue living independently is Mrs Z of Bassetlaw. Hospitalised for three months with a broken ankle, this elderly lady, who has a history of heart attack, brain tumour, low blood pressure and diabetes was discharged from hospital to return to her own home, but lacked the confidence and ability to carry out the activities of daily life. Hospital Social Work staff arranged for a care package for Mrs Z, who initially received visits twice daily, to help her wash, dress and carry out other aspects of daily life. By the start of her third week at home, Mrs Z was able, following provision of aids and support from County Council staff, to wash and dress independently. By the end of the third week, Mrs Z was receiving visits on alternate mornings, and one week later, with support from her family, she was

assessed as having fully regained her confidence in respect of carrying out the activities of daily life. Mrs Z was therefore able to remain at home, without further input from social care staff.

10. With an emphasis on helping people to remain as independent as possible and in their own home, the Council is also trying to reduce the number of adults admitted into residential or nursing care. This is a challenge given that the older adult population has increased by 15.8% between 2001 and 2011. The number of people currently supported financially in residential and nursing homes is 2,895 people. The "Living at Home" programme 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

11. Extra care is one element of the Living at Home programme and is an extension of traditional supported housing where older people can live as independently as possible in their own home with the reassurance that care staff are on-site for 24 hours a day. There is also a range of flexible services and facilities on site that people can use. The Care and Support Minister, Norman Lamb, recently announced that Mansfield District Council and Nottinghamshire County Council are to receive a £1,344,000 grant to help fund an extra care housing scheme on Brownlow Road in Mansfield, to be delivered by both authorities. The project is expected to complete in the summer of 2015, subject to planning permission. The Mansfield scheme will comprise of a total 64 bungalows, houses and apartments, 10 of the bungalows have been designed specifically for people with Dementia. The Council will have nomination rights to 48 units in total for people that are assessed as needing extra care support.

National Adult Social Care Data Returns – changes from 2014/15

12. Following a review of all existing social care data collections, new statutory returns to Central Government will be introduced from 2014/15. The new data collections (financial and non-financial) aim to reflect and support current social care policy and emerging best practice in health and social care at a local and national level, for example around personalisation and re-ablement, within a standardised reporting framework. These will replace the existing statutory returns.

13. The new returns will require the Council to collect data about relevant health conditions, more details on short term services and on-going low level support. The Council will also need to ensure that we are able to report on family carers, end of life care and those who pay full costs for services. There is a new requirement to capture additional information so that the Council is able to track the service user's experience of adult social care and report more effectively on how services have improved a person's quality of life.

14. The new collections aim to capture the ongoing experience of service users as they progress through a number of types of social care support, as well as

reflecting the increased emphasis on integrated working with health. The new requirements make a clear distinction between short term and long term support, which will help us with the planning and commissioning of social care services in the longer term.

15. The new collections include additional client information which will affect our assessment and review processes. We will need to expand reporting to include additional services such as reablement, and other rehabilitation; and to be able to better track the service user journey within the Social Care system. We will also need to collect more detailed information about the outcomes for service users.

16. The new collections include new data items such as:

- The Primary Support Reason
- Reported health condition
- Routes of access to the service
- Family carer support in more detail
- End of life services and
- Self funders.

17. The identification and implementation of the changes required in policies, processes and systems in order to fulfil these new requirements will be managed as a project within the Adult Social Care, health and Public Protection department, with sponsorship from the Service Director for Joint Commissioning, Quality and Business Change.

18. All existing reporting and related data collections will continue up until 31st March 2014 for data collection and up to July 2014 for reporting purposes. We will need to ensure that existing reporting arrangements are concurrent with the new developments.

19. The new data collections will require changes to processes so that the department is able to report on the information required. Changes will also need to be made to both care management and finance systems. These changes will require involvement from corporate colleagues in Finance, Performance and ICT as well as operational staff in the department, all of whom will be represented on the project board.

20. The Department of Health is aware that these are significant changes for Local Authorities, and the introduction of the new measures in a relatively short space of time will be challenging. As a result of this, additional funding of £126,171 has been allocated to Nottinghamshire to enable an increase in capacity to deliver the changes on time. It has been estimated that the cost of the required changes is approximately £350,000 and will cover changes to relevant systems and processes, both within the Department and within Finance. We are currently looking to reduce this figure, if possible and we will keep the Committee informed of any changes and of any further implications which become known as a result of further direction from Central Government.

21. This work should also be viewed in the context of the Health and Social Care Integration Fund. The Government is looking to use Performance Indicators to determine the allocation of the Fund, with approximately 1 billion pounds of it being allocated based on performance. There will be new indicators, in addition to those we are currently collecting, and we will report back to the Committee on further developments.

Reason/s for Recommendation/s

22. This report is for noting only.

Statutory and Policy Implications

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

Implications for Service Users

24. By ensuring the continuation of robust information about departmental performance, the Council will be best able to plan and commission services in the future.

Financial Implications

25. Funding of £126,171 has been allocated to Nottinghamshire County Council. It has been estimated that the amount to implement these changes will total approximately £350,000. Further work will be done to try and reduce the costs, wherever possible, and to provide a more detailed breakdown of the funding required.

Human Resources Implications

26. The Human Resource implications are reflected in the 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:
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Group Manager, Operational Policy and Performance
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Constitutional Comments

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

Financial Comments (KAS 19/08/13)

28. The financial implications are contained within paragraph 25 of the report.

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All.

ASCH154

ASCHPP Top 5 monthly report v2

Nottinghamshire County Council

Generated on: 06 August 2013

Code	PI	Status	May 2013	June 2013		Last Update	Commentary	Portfolio Owners
			Value	Value	Target			
1C (Part 1)	Proportion of adult social care service users and carers receiving community based services receiving a personal budget (taken as a managed personal budget, a direct payment or a mixture of both – a mixed package). High is good		85.0%	91.0%	92.0%	June 2013	The level of personal budgets is now a true picture of the number of service users, with services, on a personal budget. This is due to a live count of people receiving services now being available.	Paul McKay
BP03.I1	Proportion of service users requiring no ongoing package following reablement . High is good.		63.0%	61.3%	40.0%	June 2013	Overall the service has reached 80% of people being reabled. The figures show that less people are needing a reduced package and more people are being fully reabled (8%). There are a number of initiatives that have been implemented recently that may have been a contributiong factor to this improvement. These are currently being reviewed and analysed	Paul McKay
BP03.I4_ (part 2)	Rate of delayed transfers of care from hospital, per month per 100,000 population. Attributable to Adult social care only. Low is good.		2.88	2.96	2.00	June 2013	The hospitals across Notts are experiencing unprecedented demands in terms of numbers presenting at Hospitals and the number of admissions. This has resulted in a 60% increase (compared to the same period last year) in referrals to ASCH hospital teams. We are currently working with Health to develop new processes and increased capacity in local communities to address the increase in demand for services. Staff in the hospitals have been working overtime, including weekends to keep on top of the increasing workload and some additional temporary resources have been used from the NHS support to Social care fund and the Winter pressures monies provided by Health.	David Hamilton
SGPLAN	Safeguarding plans with actions to reduce risk			81.0%	60.0%	June 2013	This is the figure from March 2013. Up to date figures are not currently available due to issues with SWIPE and will be updated as soon as they are available.	Caroline Baria
BP04.I1	Total number of older adults (aged 65 and over) financially supported in residential and nursing care placements. Low is good.		2,846	2,895	2,691	June 2013	The proposals under the LAH programme are set to reduce the numbers supported in LTC over the next 4 years by 25%. This is a challenging target given the increase in numbers of Older people and the number of people living with complex health needs including Dementia across Nottinghamshire. 6 projects are in place to provide alternative options to LTC for many and to divert people from LTC wherever possible. Whilst numbers are reducing slowly it is well documented that other LAs who have achieved a similar % reduction have taken between 6-8 years to do so. The work undertaken with the Institute of Personal care (IPC) suggests that there is a time lag of approx 18 months between alternatives being in place and seeing a marked reduction in the total numbers supported by LAs in LTC.	David Hamilton

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Long Term Trends	
	Improving
	No Change
	Getting Worse

Short Term Trends	
	Improving
	No Change
	Getting Worse

Nottinghamshire County Council

Report to the Adult Social Care and Health Committee

9th September 2013

Agenda Item: 10

REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND SUPORT – OLDER ADULTS

EXTRA CARE HOUSING SCHEME DEVELOPMENTS IN GEDLING AND MANSFIELD DISTRICTS

Purpose of the Report

1. The purpose of this report is to advise the Adult Social Care and Health Committee about the co-operation and partnership agreement between the Council and Gedling Homes with regards to developing St Andrews House into an extra care scheme and to seek approval for the legal agreement to be signed accordingly and all required legal processes to be undertaken.

2. The report also seeks to advise the Committee of the successful application for grant funding to deliver an extra care scheme on Brownlow Road in Mansfield and to request approval to continue the work regarding design, planning and ultimate delivery of the scheme, with a report to come back to Committee when the legal agreements have been drafted. The bid was made jointly with Mansfield District Council.

Information and Advice

Gedling

3. Approval was given by Committee on 01 July 2013 for officers to develop a legal agreement with Gedling Homes so that the Council could have nomination rights to an extra care scheme 'St Andrews House' in Gedling Borough (the Gedling Scheme).

4. The proposed agreement has now been drafted and agreed by both parties (Nottinghamshire County Council and Gedling Homes). The Council will have nomination rights to 15 apartments within the Scheme that are suitable for people with extra care service needs (the Nominated Tenants) for a 30 year period.

5. The Nominated Tenants will, under their tenancy agreements, have the benefit of communal space at the Scheme so that they can develop their own support networks. They will also have the benefit of being able to invite professionals in to deliver wellbeing services, such as chiropody and hairdressing.

6. All of the Nominated Tenants will meet the Council's eligibility criteria for the extra care service, which will mean that they can access on site care support 24/7. The support will be flexible, in that there can be both planned and unplanned support, and that the support can be changed in accordance with the individual's needs. The care provider will be identified by the Council and they will provide support to all Nominated Tenants as it is required. The Council will also be responsible for paying the care provider.

7. The apartments available will be both for individuals and couples so that people can remain living together and the scheme will be a real alternative for local older people to traditional residential care.

8. Nominations of the Nominated Tenants will be done by the Council in discussion with Gedling Homes and the care provider, and there will be a weekly meeting between the parties to discuss prospective vacancies. The main risk to the Council is the requirement for the Council to pay the rent and service charge costs of any unit left vacant for longer than the agreed six week period in which the Council can place a Nominated Tenant in a vacant unit. The Committee is advised that given the high demand for such units in other areas, and an increasingly ageing population in Nottinghamshire over the next 30 years, it is unlikely that the units will be unoccupied for longer than the agreed 6 week period.

9. The cost to the Council will be no greater than £592,000 (plus VAT) of capital funding, which is the amount approved by the Adult Social Care and Health Committee on 01 July 2013. Should the tendered cost of the scheme be lower than estimated then the benefit of any difference shall be shared on an equal basis between Gedling Homes and the Council.

10. Gedling Homes have estimated a 12 month refurbishment schedule pending planning approval. The anticipated start date is January 2014 with a proposed completion date of December 2014. The agreement has a long stop date of July 2015 as a precaution should obstacles be experienced that are not within the parties' control.

Mansfield

11. As set out in the report sent to Committee on 01 July 2013 the procurement process used for phase 1 of the Council's extra care scheme did not award a contract in the Mansfield and Ashfield districts, and it therefore remains a priority to deliver a scheme in the Mansfield and Ashfield districts during phase 2.

12. The Council, in partnership with Mansfield District Council (MDC) submitted a bid to the Department of Health (DoH) for assistance in funding a new build extra care scheme on Brownlow Road in Mansfield. The scheme will see 64 dwellings built on the site along with a range of communal facilities (the Mansfield Scheme). Of the 48 units that the Council will have nomination rights to, 10 bungalows will be designed and specifically built for people with dementia.

13. In addition to the units that the Council will have nomination rights to, the scheme will have a degree of flexible space that can be used by the Nominated Tenants to develop their own networks and also invite in visitors i.e. health professionals, chiropodists, hair dressers, evening classes. Services such as wellbeing clinics could also take place at the scheme.

14. The Council and MDC have been successful in their application for the grant of £1.344 million. MDC, as the lead applicant, will receive the funding from the Department of Health to apply to the Mansfield Scheme.

15. The current estimated cost of the Mansfield Scheme in the sum of £6.4 million will be funded as follows:

    a. Mansfield District Council will provide the site for the development at an estimated valuation of £400,000. The site to be developed is part of a larger site owned by Mansfield District Council, which has already invested £11.5 million in assembling and preparing the larger site.
    b. The Council will provide £3.36 million of capital funding.
    c. £1.344 million will be provided by Department of Health grant funding.
    d. Revenue of £764,000 from selling 10 units - income to be received by MDC
    e. MDC borrowing of £537,000, with the repayment to be funded out of annual net rent income

16. The £3.36 million that the Council will provide is part of the £12.65 million that the Council has previously committed to spending on capital projects to provide extra care accommodation in Nottinghamshire (as per 28th February 2013 Annual Budget report to Full Council).

17. MDC will procure the works which will be required to develop and provide property management for the Mansfield Scheme through the HCA's (Homes and Communities Agency) Delivery Partner Panel, which is Official Journal of the European Union (OJEU) compliant.

18. The Council and MDC will enter into a partnership agreement to ensure that the Council is able to be fully involved in the process of designing and procuring the Mansfield Scheme. The agreement will also set out clearly the Council's nomination rights over 48 of the units, how this will be managed for the lifetime of the agreement, and how the funding provided by the Council is to be used and monitored.

19. It is estimated that the Mansfield Scheme should be completed by the summer of 2015 subject to the usual planning approvals.

20. The structure of the relationship between the Council and MDC (and through this any relationship with third party developers and property management providers) will be developed with legal advice and will be appropriate to ensure that the Council meets all its legal obligations.

Statutory and Policy Implications

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

Implications for Service Users

22. The proposal enhances the service offer available for older adults in both Gedling and Mansfield; there is currently no extra care provision in these districts.

Social Value Considerations

23. The scheme will enable older adults in the Gedling and Mansfield areas to meet up and develop their own social networks thereby improving the social wellbeing of the areas. Given the extensive consultation carried out regarding the Living at Home programme it is not considered necessary to undertake further consultation now.

Financial Implications

Gedling

24. The cost to the Council will be no greater than £592,000 of capital funding (plus VAT), which is the amount approved by the Adult Social Care and Health Committee on 01 July 2013.

25. Should the tendered cost of the scheme be lower than estimated then the benefit of any difference shall be shared on an equal basis between Gedling Homes and the Council.

Mansfield

26. The current total estimated cost of the Mansfield Scheme is the sum of £6.4 million – of which the financial implication for Nottinghamshire County Council will be no greater than £3.36 million of capital funding.

27. The £3.36 million to be provided by Nottinghamshire County Council is part of the £12.65 million that the Council has previously committed to spending on capital projects to provide extra care accommodation in Nottinghamshire (as per 28 February 2013 Annual Budget report to Full Council).

28. The remainder of the total cost of the scheme (£3,045,000) will be met by:

- a DoH Grant for £1.344 million;
- land valued at £400,000 provided by MDC;
- borrowing of £537,000 undertaken by MDC;
- revenue of £764,000 from the sale of 10 units (to be received by MDC).

Equalities Implications

29. An Equality Impact Assessment has been completed for the Living at Home Programme.

RECOMMENDATION/S

It is recommended that:

1) Approval be given for the Council to enter into the legal agreement with Gedling Homes, to undertake any necessary legal processes and to release the approved funding in accordance with the terms of the legal agreement.

2) Approval be given for work to continue with MDC to deliver the scheme on Brownlow Road and for the release of the £3.36 million capital funding, subject to officers bringing a report back to Committee when the legal agreements with MDC are in agreed form for final sign off by the Committee.

DAVID HAMILTON
Service Director for Personal Care and Support – Older Adults

For any enquiries about this report please contact:
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Cherry.dunk@nottscc.gov.uk

Constitutional Comments (NAB 20/08/13)

30. The Adult Social Care and Health Committee has the authority to approve the recommendations set out in this report by virtue of its terms of reference.

Financial Comments (KAS 29/08/13)

31. The financial implications are contained within paragraphs 24 to 28 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.

a. Previous reports to Adult Social Care and Health Committee on Extra Care Housing:

Update report 29th October 2012

Update report 7th January 2013

Update report 1st July 2013

Electoral Division(s) and Member(s) Affected

All.

ASCH131

Nottinghamshire County Council

Report to the Adult Social Care and Health Committee

9th September 2013

Agenda Item: 11

REPORT OF SERVICE DIRECTOR, JOINT COMMISSIONING, QUALITY AND BUSINESS CHANGE

RESPONSE TO NATIONAL CONSULTATIONS ON ELIGIBILITY FOR SOCIAL CARE SERVICES AND FUNDING REFORM

Purpose of the Report

1. To inform Members of the consultations being run by the Department of Health on the introduction of national minimum eligibility criteria for social care services and on funding reform.

2. To seek Committee approval for the department to respond to the consultations and to seek Member involvement in the responses.

Information and Advice

3. The Care Bill introduces major changes to the social care system and a raft of new and enhanced duties and responsibilities about care and support for local authorities. The key elements are:

   - a legal entitlement to a personal budget
   - a right for all carers to receive assessment and support
   - a duty for local authorities to prevent, delay or reduce the need for care and support
   - a duty for local authorities to undertake responsibilities with the aim of integrating services with Health
   - safeguarding adults to be put on a statutory footing – local authorities responsible for convening adult safeguarding boards and involving police and the NHS
   - the introduction of a national eligibility threshold for care and support
   - a requirement for local authorities to develop and maintain a diverse range of high-quality care providers in their area

- local authorities will have protection in place to ensure care is not disrupted for service users if a provider goes out of business

- introduction of Ofsted-style ratings for hospitals and care

4. The Department of Health has launched a number of consultation processes in relation to the major changes that are being introduced. At present there is a consultation open on the draft regulations which will provide for the national minimum criteria and on the reform of the funding of social care.

5. Currently eligibility for social care services is determined by Fair Access to Social Care Services (FACS) criteria. The thresholds are low, moderate, substantial and critical risks to independence and each local authority sets its own threshold. In Nottinghamshire the threshold has been set at critical and substantial since April 2011.

6. At present, local authorities have the ability to adjust their own eligibility criteria or thresholds. The Government is seeking to introduce national eligibility criteria for social care services because this can lead to inconsistency in what people receive according to where they live.

7. The consultation invites feedback from local authorities and other stakeholders on draft regulations (attached as appendix one for Committee members only). This consultation runs until 29th November 2013 and a further version of the criteria will be published for public consultation in spring 2014, with a view to the final version being implemented by local authorities from April 2015.

8. The Care Bill also introduces funding reforms which will require local authorities to assume financial responsibility for people who have eligible needs where they fund their own social care and support, once they reach a cap. The reforms also increase the upper threshold for means tested services. The changes include:

    - introducing a cap on the costs that people will have to pay for their care (set at £72,000 in April 2016 and adjusted annually thereafter)

    - a lower cap for adults of a working age who have eligible care and support needs

    - free care for adults who have eligible care and support needs before the age of 18

    - a universal Deferred Payment Scheme (to be implemented from April 2015) which means that people will not have to sell their home during their lifetime to pay for their care – local authorities will be able to charge interest on these payment arrangements

    - an increase in the upper capital threshold for state support from £23,250 to £118,000 and an increase in the lower capital threshold for phased state support from £14,250 to £17,500 for adults in care homes

- a requirement for people in care homes to contribute to general living expenses at £12,000 per year

- people with an eligible need will have a 'care account' which shows the care costs that they have accrued and which tracks their progress towards the costs cap - this will enable local authorities to identify the point at which they will need to assume funding responsibilities for the individuals' eligible needs.

9. The consultation on funding reform and how this will work in practice is open until 25 October 2013. The consultation document has been attached as appendix two for Committee members only.

10. The Council feels it is important to submit a response to both consultations as these are major changes which will have a significant effect on how social care is provided and managed. The department will be inviting staff to provide their views and comments to contribute to a co-ordinated response on behalf of the Council, and would also like to involve Members in this process.

11. Information on the eligibility criteria consultation has already been circulated to Members of the Committee following its publication in July. If the recommendation for Member involvement is approved by Committee the department can arrange meetings for interested Members to allow for discussion of the issues in the consultations and to obtain the views of Members for incorporation within a final response on behalf of the Council.

Other Options Considered

12. It is not mandatory for the Council to submit a response to national consultations. However, the Care Bill and reform of social care funding will involve radical changes to adult social care so it is considered to be in the Council's interests to provide feedback on how the changes are implemented in practice.

Statutory and Policy Implications

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

Implications for Service Users

14. The introduction of national eligibility criteria will mean clarity for people about whether they are eligible for social care services from their local authority, wherever they live. Funding reform will clarify the financial responsibility of the individual and the state in terms of the cost of adult social care services.

Financial Implications

15. The financial implications of the Care Bill for local authorities are still being worked out. There will be additional costs associated with increased assessment activity for self-funders and carers; provision of advice and information and introduction of a deferred payments scheme, amongst other things. The Government has committed to provide additional funding to support the implementation of the Bill but it is not yet clear if this will cover all the new costs.

Equalities Implications

16. As already stated the national criteria and new funding system will offer greater clarity for people about their entitlement for support and what they have to pay. There will be free care for people who have eligible social care needs before the age of 18 in recognition of their considerably reduced opportunity to earn and save money. There will also be a lower cap on care costs for adults of working age who have eligible social care needs, on the same basis.

Human Resources Implications

17. Increased activity in terms of assessments, financial assessments and development and oversight of the care account may have implications in terms of number and skill set of staff required.

RECOMMENDATION/S

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

1) Notes the contents of the report.

2) Gives approval to the Council submitting a response to both consultations.

3) Gives approval for Members to contribute to the consultation responses.

CAROLINE BARIA
Service Director, Joint Commissioning, Quality and Business Change

For any enquiries about this report please contact:
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Constitutional Comments (LM 20/08/13)

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

Financial Comments (KAS 19/08/13)

19. The financial implications are contained within paragraph 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.

a. Draft national minimum eligibility threshold for adult care and support – A discussion document.

b. Caring for our future: Consultation on what and how people pay for their care and support.

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

Report to Adult Social Care and Health Committee

9 September 2013

Agenda Item: 12

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2013/14.

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 Division(s) and Member(s) Affected

All

ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

Report Title	Brief summary of agenda item	Lead Officer	Report Author
28 October 2013			
Joint Commissioning, Quality and Business Change	Report to update members on the area of work of the Service Director for Joint Commissioning, Quality and Business Change	Service Director – Joint Commissioning, Quality and Business Change	Caroline Baria
NHS Support for Social Care	To report back to Members as stated in the report on the 29th October 2012	Service Director for Personal Care and Support – Older Adults	Jane Cashmore
Nottinghamshire Welfare Assistance Fund	Quarterly update on the Nottinghamshire Welfare Assistance Fund	Service Director for Promoting Independence and Public Protection	Jane North
Pressures on Health and Social Care Services for Older People	Update report on Pressures on Health and Social Care Service for Older People.	Service Director for Personal Care and Support – Older Adults	Phil Teall
Care Support and Enablement Services	Report on Care Support and Enablement Services	Service Director for Personal Care and Support – Younger Adults	Jon Wilson
Occupational Therapy Service Policy	Report to members on the Occupational Therapy Service Policy	Service Director for Personal Care and Support – Older Adults	Sarah Hampton
Direct Payments Support Service	Report on Direct Payments Support Service	Service Director – Joint Commissioning, Quality and Business Change	Sue Batty / Gill Vasilevskis
Update on the progress of assistive technology use in maintaining the independence of vulnerable people	Update on the progress on the Assistive Technology (see report of the 29th October 2012)	Service Director for Promoting Independence and Public Protection	Mark Douglas
Choose My Support	Report to update members on Choose My Support	Service Director – Joint Commissioning, Quality and	Penny Spice

Report Title	Brief summary of agenda item	Lead Officer	Report Author
		Business Change	
Establishment of posts in Adult Care Financial Services	Report seeking approval to establish posts in Adult Care Financial Service on a temporary basis	Service Director – Joint Commissioning, Quality and Business Change	Melissa Wyszynski
Independent Living Fund Transfer	Report to update members on the Independent Living Fund Transfer	Service Director for Personal Care and Support – Younger Adults	Sue Foster
25 November 2013			
National Children and Adult Services Conference	Report to feedback to Members on attendance at the National Children and Adult Services Conference	Corporate Director for Adult Social Care, Health and Public Protection	David Pearson
6 January 2014			
Care Quality Commission – Secondment of an Officer – final report	To report on the conclusions of the Secondments.	Service Director – Joint Commissioning, Quality and Business Change	Caroline Baria
Nottinghamshire Welfare Assistance Fund	Quarterly update on the Nottinghamshire Welfare Assistance Fund	Service Director for Promoting Independence and Public Protection	Paul McKay
Carers' Strategy	Report to update Members on the progress of the Carers' Strategy.	Service Director for Personal Care and Support – Older Adults	Penny Spice
Joint Agency Vulnerable Persons Identification Project	Report to update members on the review of the evaluation carried out by Nottinghamshire Fire and Rescue Service and Nottinghamshire County Council	Service Director for Promoting Independence and Public Protection	Paul McKay
3 February 2014			
Development Initiatives within the Social Care Workforce	Update on the progress of Development Initiatives within the Social Care Workforce	Service Director for Personal Care and Support – Older Adults	Claire Poole
Sensory Impairment Service	Progress report on Sensory Impairment Service (6 months after the start of the new service)	Service Director – Joint Commissioning, Quality and Business Change	Wendy Adcock
Young Carers	Report to update Members on Young Carers Strategy	Service Director for Personal Care	Sue Foster

Report Title	Brief summary of agenda item	Lead Officer	Report Author
		and Support – Younger Adults	
7 July 2014			
Carers' Strategy	Review of the Carers' Strategy	Service Director for Personal Care and Support – Older Adults	Penny Spice

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