

**5 October 2015****Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,  
HEALTH AND PUBLIC PROTECTION****ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF CURRENT  
DEVELOPMENTS****Purpose of the Report**

1. The report updates the Committee on a range of developments and activities that are, and have been, taking place across the department. This is the first report of its kind and is intended to reduce the number of separate reports that are for information only by combining these into a single report.
2. The report also seeks Committee approval for an extension to the Data Input Team and an additional half time Occupational Therapy (OT) post to support the Short Term Assessment and Reablement Team for Broxtowe, Gedling and Rushcliffe.

**Information and Advice**

3. This overview report provides information on: the key issues covered by the Health and Wellbeing Board over the last 6 months; progress on the provision of personal budgets for people with dementia; progress with regard to organisational redesign in the department; progress on savings projects covered by the younger adults residential and community care delivery group, and progress on the national Just Checking pilot that the department is involved with. The two final sections provide details on the request for approval of extension of the Data Input Team and establishment of a half time OT post as identified above.

**Health and Wellbeing Board Update**

4. The Health and Wellbeing Board is the vehicle by which councils are expected to exercise their lead role in integrating the commissioning of health, social care and public health services to better meet the needs of individuals and families using the services. Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies are key to this process. The Board is chaired by Councillor Joyce Bosnjak.
5. The Committee received a report in January 2015 on the work and priorities of the Board over the previous six months. This update covers the period from December 2014 to July 2015. During that period there have been five meetings. There are several Health and Wellbeing Stakeholder network events planned before the end of this year.

6. At the December 2014 meeting, there was a focus on mental health issues including the Nottinghamshire Children and Adolescent Mental Health Service (CAMHS) pathway review update and the Mental Health Crisis Care Concordat. The Board also reviewed the Health and Wellbeing Strategy that had been approved in March 2014 and the Delivery Plan agreed in October 2014.
7. At February's meeting, the Board considered the NHS Five Year Forward View, and the South Nottinghamshire Transformation Programme Partnership Compact. This report explained that partners from twelve statutory health and social care organisations across South Nottinghamshire, including the County Council, had agreed to establish a 'Compact' that set out their commitment to partnership working to deliver improved health and wellbeing for local citizens through the reshaping of the health and social care system.
8. At the March Board there were presentations by each of the three planning units (South, Mid-Notts and Bassetlaw) on the issues relating to urgent and emergency care. The Board was asked to approve the Better Care Fund section 75 pooled budget for 2015/16 and to note the governance of the agreement. The pooled budget is hosted by the Council. There was also a summary of the progress made by the Health and Wellbeing Implementation Group, such as evidence of good progress against the priority 'to provide services which work together to support individuals with dementia and their carers', including the launch of a new local information website for carers ([Dementiacarers.net](http://Dementiacarers.net)) and increasing dementia diagnosis rates across the County in line with the target set by NHS England.
9. In April, the meeting looked at key findings from the peer challenge that was undertaken on the Health and Wellbeing Board in February 2015. The main findings were focussed on the key themes of strategic leadership, communication and engagement and governance and support. The Board also considered the outcomes of the Nottinghamshire Learning Disability Self-Assessment as reported to the Public Health Observatory in January 2015. This was the second year of a joint health and social care assessment. Information for the assessment was also gathered about and directly from carers, service users, the criminal justice system, providers and district councils. The report highlighted the areas where the local rating had improved and where further action was required.
10. In June the Health and Wellbeing Board looked at performance against the Better Care Fund targets. At the end of 2014/15 four of the six key performance indicators were on track. The biggest challenge for delivery was non-elective admissions to hospital but the report showed there is a lot of work planned for 2015/16 to support the delivery of all the performance indicators. Schemes are already underway that have been successful in delivering the 4 hour standard for A&E more recently. There was also a report on breastfeeding in the County and the development of a Nottinghamshire framework for action to increase the prevalence of this.
11. In addition there was a report on how friendly the County's health services are to young people, which included the outcomes of a mystery shopper programme undertaken by users of the County Council's Youth Service. The Board thought that the mystery shopper programme was really positive and supported further

development of it through the Nottinghamshire Young People's Health Steering Group. They also supported an event to be held on 13 August 2015 to look at the findings of the mystery shopper work and young people's health and welcomed any opportunity to build the confidence of young people in health services.

### **Update on the project with the Alzheimer's Society to develop Personal Budgets for people with dementia**

12. The Council funded a project with the Alzheimer's Society from 2013-14 to improve how Personal Budgets and Direct Payments work for people with dementia and their carers. The project was completed in June 2014 and a report with recommendations was approved by Committee in July 2014. The Committee also requested an update on progress with the recommendations twelve months on.
13. The key priorities for the project were to:
  - identify and overcome barriers experienced by people with dementia and their carers in accessing personal budgets and direct payments
  - develop accurate recording of performance data about people with dementia to ensure resources are available to meet current and future demand for support
  - improve access to good quality information and advice about personal budgets and direct payments
  - raise awareness of dementia and the support available through close partnership working with key operational staff and partner agencies, and identify and build on the good practice already in place locally and nationally.
14. The project was very successful at achieving these priorities. The number of people with dementia receiving Direct Payments has increased; at the start of the project 143 people with dementia were recorded in Framework as receiving a Direct Payment; a recent audit showed this number has increased to 295 – this represents a significant increase.
15. This reflects a number of improvements in processes and practice including:
  - improved recording of information in Framework
  - increased staff knowledge, skills and confidence in promoting and arranging Direct Payments
  - access to good quality information about Direct Payments for people with dementia through the Council leaflet 'Improving people's lives - Information about Personal Budgets and Direct Payments'
  - greater awareness about living well with dementia and the range of services and support networks available to people with dementia and their carers
  - stronger partnership between the Alzheimer's Society and the Council, which continues to be a firm alliance.
16. The use of Personal Budgets and Direct Payments for people with dementia had been recognised as a particular challenge for local authorities. The project showed that they can work well to divert and delay admission into long term care, deliver good outcomes for people with dementia and are cost effective when combined with support from carers.

## Update on organisational redesign in assessment and care management teams

17. In November 2013 savings proposals in Assessment and Care Management were outlined in a published section 188 notice. A summary of the savings required is below:

- Assessment & Care Management, Older Adults (B01) £ 659,000
- Reduction of Social Care Staff in Hospitals (B03) £ 196,000
- Younger Adults Assessment & Care Management (B07) £1,000,000

The original delivery profile was proposed as:

	Published Outline Business Case (OBC) profile			
	Year 1 £000	Year 2 £000	Year 3 £000	Total £000
<b>B01</b>	165	494	0	659
<b>B03</b>	49	147		196
<b>B07</b>	50	1,100	250	1,400*
<b>Totals</b>	264	1,741	250	2,255

*\* B07 delivery profile also includes an additional £400,000 to account for unfunded posts.*

18. The proposals for the above OBCs were to achieve these savings by staff reductions. The FTE (full time equivalent) reductions to achieve these savings are below:

- Assessment & Care Management, Older Adults (B01) 20 FTE
- Reduction of Social Care Staff in Hospitals (B03) 7 FTE
- Younger Adults Assessment & Care Management (B07) 51 FTE\*

*\*This new YA structure is a 30FTE reduction from the previously agreed Organisational Redesign in 2012 but the additional 21FTE required to meet the 51FTE reduction reflects where teams were over established.*

19. For B07 the FTE reductions are split across the three disciplines and the countywide teams as summarised overleaf:

	Mansfield/Ash FTE	New/Bass FTE	Broxtowe/Gedling/Rushcliffe FTE	<b>Total FTE</b>
Mental Health	3.4	5	10.6	19
Learning Disabilities	4.8	7.9	5	17.7
Physical Disabilities	4.4	3.1	4.2	11.7
Countywide Teams				2.7
<b>Totals</b>				<b>51.1</b>

20. The number of reductions required included a number of vacancies across assessment and care management, which lowered the number of actual staff reductions required. There were approximately 30 FTE vacancies that corresponded with the planned reductions; these vacancies were held specifically in order to achieve the required savings for 2014/15.
21. Alongside the work to delete vacancies, existing secondment arrangements were reviewed and this reduced the number of physical reductions required further as approximately 14 FTE gave up substantive posts within the Assessment and Care Management structure for posts elsewhere.
22. The actual reductions could not take place until forecasts of the Care Act staffing requirements had been developed. This added a significant delay to the delivery of savings but was deemed critical in order to retain experienced staff across the department.
23. The table below shows a comparison of FTE reductions (after deleting vacancies and those who relinquished substantive posts) required to achieve the organisational redesign savings (OBCs B01, B03, B07) against the increase in FTE posts required for the Care Act from April 2015.

<b>Post</b>	<b>Org Redesign Reductions (FTE)</b>	<b>Care Act Requirements 2015/16 (FTE)</b>	<b>Difference (FTE)</b>
Advanced Social Work Practitioner	1.7	1.1	-0.6
Social Worker	11.2	22.2	+11.0
Community Care Officer	13.9	16.5	+2.6
Occupational Therapist	0	3.4	+3.4
Promoting Independence Worker	5.3	0.0	-5.3
Team Leader	2.0	0.0	-2.0
<b>Total</b>	<b>34.1</b>	<b>43.2</b>	<b>9.1</b>

24. The above table shows that for the majority of posts the anticipated requirements of the Care Act exceed the number of proposed reductions. Given this, it was agreed

at Committee in February 2015 that the staff reductions planned for April 2015 would not be implemented.

25. While the net effect of the Care Act modelling showed that no overall reductions were required, in the main the additional Care Act resources were anticipated in Older Adults meaning that the Younger Adults service were still required to achieve the reductions with displaced staff expected to move where appropriate to the Older Adults Service.
26. The Care Act workforce modelling that was completed to identify the additional resource required was split into two parts with the requirements for Part 1 and Part 2 being identified separately.
27. Part 1 of the Care Act relates to the social care reforms and represented a significant change in the way the department is now required to deliver services and added a number of new responsibilities for the Council. Modelling for Part 1 indicated:
  - an additional 26 FTE posts required across the department
  - 17 FTE of the 26 FTE posts were required in Assessment and Care Management Teams.
28. Part 2 of the Care Act (now postponed) in relation to the financial reforms, while anticipated to have large financial implications for the Council had less significant impact on the way the department operates but was anticipated to increase the volumes of assessments. Modelling for Part 2 indicated:
  - an additional 32 FTE posts required across the department
  - 24 FTE of the 32 FTE posts were required in Assessment and Care Management Teams
  - Only 10 FTE of the 24 FTE posts identified in Assessment and Care Management were approved to be recruited to in the first instance until presenting demand could be assessed. (So of all the posts currently out to recruitment across the department only 10 of these relate specifically to Part 2 of the Care Act for Assessment and Care Management Teams).

### **Pressures and Demand in Assessment and Care Management**

29. The reductions for OBC BO7 in Younger Adults, as outlined above, have been achieved and the Younger Adults Service has seen a 51 FTE reduction in staffing since 2013.
30. Due to the protracted nature of the organisational redesign caused by the need to reassess the proposals on a number of occasions, for the reasons already identified, a number of staff left the service meaning that there was not a large number of displaced staff available to be redeployed into the additional Care Act posts and the numbers of vacancies across the service has grown.

31. The current recruitment campaign shows a number of gaps across the assessment and care management structure and these are summarised below:

<b>Vacancy Type</b>	<b>FTE</b>
Permanent Vacancies	21
Care Act Temporary Posts	8.5
Other Temp Posts*	22.5
<b>Total</b>	<b>52</b>

*\*Other temporary posts account for maternity cover, long term absence cover, temporary posts funded by partners and temporary posts that are not due to the Care Act.*

32. In addition to the above 52 FTE vacancies, there are a further 28 FTE Community Care Officer (CCO) and Social Worker vacancies across other areas of the department, such as Adult Access, Multi-Agency Safeguarding Hub (MASH) and Strategic Commissioning.
33. In a number of cases Group Managers have expressed concerns about the new structure's ability to cope with the existing demand given the reduced capacity and in a number of areas additional posts, following business cases, have already been re-established, reductions postponed, teams reconfigured or new temporary posts approved. In these cases the justification has been the demand from business as usual. This includes:
- additional 0.5 FTE Advanced Social Work Practitioner (ASWP) in Mental Health South as the new structure left the South (including Hucknall) requiring ASWP resources in proportion to other Mental Health Teams across the structure
  - reconfiguration of the Asperger's Team to increase the ASWP by 0.5 FTE (from a reduction in CCO posts) to provide senior staff coverage following the 0.5 FTE reduction at Team Manager level
  - temporary increase by 4 FTE (2 FTE Social Workers, 2 FTE CCOs) in Learning Disabilities across North and Mid Notts; this was to reflect the fact that whilst the resources in the new structure were split evenly across the three localities the demand for the service is greater in North and Mid Notts.
  - a postponement of the reduction of 1 FTE Social Worker in Newark Older Adults Team as it is felt that the proposed reductions would leave the service in an unsafe position.
34. The postponement of Part 2 of the Act means that a proportion of the predicted increases will not happen, however the changes as a result of Part 1 have been significant and an increased capacity is still required. While the funding for the Part 1 posts is temporary the responsibilities on the Council are not and it is expected that this increased capacity will be a permanent requirement going forward.

## Summary of Organisational Redesign, the impact of the Care Act and other pressures on the Assessment and Care Management structure

35. In summary the original organisational redesign has been largely achieved with permanent staffing budget reductions and temporary support from Care Act funds. The younger adults' service has a new structure in place and some older adults service reductions were not made due to the anticipated increase in demand from the Care Act and the additional resources that would be required.
36. Group Managers are reporting significant pressures across the services particularly in younger adults services, which is reflected in the examples above where changes to the new structure or short term support has been necessary to deliver services. Significant increases in demand for Deprivation of Liberty Safeguards assessments, along with unfilled vacancies, have also increased the pressure across the new assessment and care management structure.
37. The increased responsibilities on the Council as a result of the social care reforms (Part 1 of the Care Act) have required a significant change in the way the service works and this has again added further pressure on service delivery.
38. The department is currently reviewing all existing pressures and anticipated future demand for services as well as how these can be effectively managed and will report these findings back to this Committee with further proposals.

## Update on Community and Residential Care Savings Projects for Younger Adults

39. This update relates to projects falling under the remit of the Younger Adults Community Care and Residential Care Spend Delivery Group. The Delivery Group is responsible for ensuring the successful completion of the following savings projects:

	<b>2014/15 £</b>	<b>2015/16 £</b>	<b>2016/17 £</b>	<b>2017/18 £</b>	<b>Total £</b>
Reducing the average community care budget - Younger Adults	925,000	1,369,000	925,000	172,500	<b>3,391,500</b>
Reduction in Long Term Younger Adult Care Placements	550,000	550,000	423,000	0	<b>1,523,000</b>
Development of Reablement in Physical Disability Services	150,000	150,000	0	0	<b>300,000</b>
Managing Demand in Younger Adults	175,000	200,000	0		<b>375,000</b>
Expansion of Community Based Care & Support Options for Day Support	0	50,000	100,000	100,000	<b>250,000</b>
<b>Total</b>	<b>1,800,000</b>	<b>2,319,000</b>	<b>1,448,000</b>	<b>272,500</b>	<b>5,839,500</b>



40. With regard to reducing the average community care budget for Younger Adults, there are several work streams as follows:
- review of physical disability community care packages by the Central Review Team – this year to date the team has undertaken 168 reviews relating to packages of service users with physical disabilities, with a view to providing support that promotes independence as well as being cost effective for the Council. Indicative savings of £67,733 for the year have been achieved.
  - Double to Single Care - in four of the 20 pilot cases undertaken from September 2014 to April 2015 with existing homecare service users requiring assistance from two carers, a reduction to one carer for some of their daily visits was possible
  - Care Support and Enablement (CSE) Provider Package Reductions - the target savings for 2015/16 was achieved through package reductions over 2014/15, which were achieved in a number of ways, including providing care in a different way whilst still meeting people's needs
  - reduction or cost avoidance of Young Adults community care packages by use of Assistive Technology - there has been a 70% increase in Assistive Technology (AT) installations between 1 April and 31 August 2015 compared to the same period last year. A streamlined Frameworki AT process and online information resource for staff went live on 7 September 2015.
41. In relation to the reduction in long term younger adult care placements, the target of 40 people successfully moved from residential care into supported living was achieved over 2014/15. However, there was slippage of £162,000 savings into 2015/16 for a number of reasons, including project resource being diverted to meet the requirements of the Department of Health's Winterbourne View report.
42. It has also taken time to develop an effective list of approved housing providers. Whilst capital funding to develop new larger schemes will help to increase the availability of suitable accommodation, these take time to develop.
43. Work on reablement in physical disability services and managing demand in younger adults has involved development of a new episode in Frameworki which will allow a focussed, goal orientated approach across all younger adult teams that is time limited and aims to reduce or delay the need for longer-term care. It will also track and evidence outcomes from the reablement intervention that will align with other departmental reporting requirements (e.g. START).
44. Links are being made with a revised and expanded 'Promoting Independence for Vulnerable Adults' service that will commence in January 2016, to ensure alignment with the younger adult reablement pathway. Work is also being undertaken to tailor the pathway with the preventative and diversion work that will be undertaken at the Customer Service Centre.
45. Regarding the expansion of community based care and support options for day support, this project aimed to work with the voluntary and community sector to broker more creative and informal packages of daytime support as an alternative to formal and institutional day care arrangements for people with low level needs for daytime support.

46. However, for a number of reasons on reviewing the project it is apparent that the current cost of the provision is less than alternative solutions and hence it is unlikely that savings will be generated through this approach. Instead, it is more cost effective to concentrate on finding alternatives to formal day services for new users, as part of the plan for cost avoidance. Consequently, it has been decided not to progress further reductions in this service beyond those planned in the current year. The unachieved savings are predicted at £100,000 in 2016/17 and £100,000 in 2017/18.

### **Update on NHS Just Right Project**

47. Nottinghamshire County Council is one of 11 local authorities that were invited to take part in the NHS Just Right project. The project uses the assistive technology system, Just Checking, to help assess the appropriate level of support for people with learning disabilities in supported living services, and combines this with adoption of the innovative person centred approach to support, called 'Just Enough'.
48. The overall aims of the project are to ensure that people with learning disabilities can be as independent as possible, and to inform the development of sustainable support packages at a time of rising demand and budget pressures. In Nottinghamshire, 16 supported living projects are taking part in the pilot, covering 55 people with learning disabilities. The project is still on-going, but the Just Checking system has already highlighted a number of unexpected findings in supported living schemes, including:
- identification of a service user opening the front door to strangers, who has now been supported to adopt safe doorstep practices, such as putting the chain on and asking for identification before opening the door
  - highlighting that creaking floorboards in one service are disturbing service users' sleep when people use the bathroom during the night
  - identifying that overnight waking support is not required in one service and monitoring the impact of changing this to sleep in support.
49. The project is being evaluated by Birmingham University and an outcomes report is due to be published later this year, but current indications are that the project will assist service providers in meeting the savings targets already included in the care, support and enablement contracts, whilst maintaining or improving outcomes for service users.

### **Data Input Team and approval of extension**

50. The Data Input Team was established in 2013 to fulfil the following aims:
- to improve the commissioning of packages of adult social care
  - to reduce associated financial risk
  - to help to maintain timely records
  - to improve data quality
  - to improve the effectiveness of social workers' time.
51. The team currently consists of 10 full time equivalent posts which are already approved until March 2016. The team regularly undertakes the following duties,

which has the benefit of releasing the time of social care staff to enable them to undertake other activities, including increased face to face time with service users and increased assessment work due to the implementation of the Care Act:

- recording on to Frameworki the social care and support services that have been agreed by the social care staff and approved by the budget holder
- ensuring the financial information used to establish commitments is accurate to enable budget holders to undertake their monitoring and forecasting activities
- generating purchase orders
- informing operational social care staff of completion of the commissioning episode on Frameworki and confirming the start date for the care package.

52. Since April 2015 the Data Input Team has commissioned 8,000 support packages. In addition to incoming work the team has been undertaking work to improve the quality of information available on Framework.
53. Approval is now sought to extend the Data Input Team (10 FTE Business Support Assistant posts) from March 2016 for a further year (to March 2017) at a cost of £250,000 (with on-costs) from the Care Act funding, in order to continue to free up assessment capacity for social care teams. This team has a countywide remit but there are staff based at Lawn View House, Sherwood Energy Village and Sir John Robinson Way.

#### **Establishment of an Occupational Therapy post**

54. Approval is sought for an additional half time Occupational Therapy (OT) post for the START assessment team for Broxtowe, Gedling and Rushcliffe. The additional post would be funded from departmental reserves until 31 March 2016 and would make a current half time OT post into a full time post at an additional cost of £8,234.
55. The additional OT hours would enable more service users coming into the Short Term Reablement Assessment Team (START) to have an OT assessment, with a view to the OT setting rehabilitation goals working towards a reduction in long term care provision. The additional hours would assist OT staff to see more service users at an early stage as currently some service users are referred immediately for a Care and Community Support Assessment, when with OT input the package of care could potentially be reduced. Approval is therefore sought for an additional half time OT post until the end March 2016, when the additional hours and outcomes of the post would be reviewed.

#### **Other Options Considered**

56. The report highlights a number of developments and activities across the department for noting by the Committee. In addition the report includes two requests for approval of staffing by the Committee, which are considered as necessary to the effective operational management in the department at present.

#### **Reason/s for Recommendation/s**

57. These are laid out in the content of the report.

## **Statutory and Policy Implications**

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

## **Financial Implications**

59. The financial implications are highlighted throughout the report, where applicable. The financial issues in relation to the younger adults' community and residential care spend savings projects are highlighted in **paragraphs 41 and 46**. The costs associated with the extension of the Data Input Team and the additional OT hours are identified in **paragraphs 53 and 54** respectively.

## **Human Resources Implications**

60. The employment of the Data Input team employees will be extended and the OT vacancy will be recruited to

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the progress updates on work taking place across the department.
- 2) approves the extension of 10 fte Business Support Assistant (Grade 3) posts in the Data Input Team for one year from March 2016 to March 2017, at an annual cost of £250,000, funded from Care Act funding.
- 3) approves the establishment of a 0.5 fte Temporary Occupational Therapist (Band B) and the post allocated an authorised user status until 31<sup>st</sup> March 2016 to support the START team in Broxtowe, Gedling and Rushcliffe until the end of March 2016, at a cost of £8,234 to be funded from departmental reserves.

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### **Constitutional Comments (LM 24/09/15)**

61. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

### **Financial Comments (KAS 24/09/15)**

62. The financial implications are summarised in paragraph 59. Should the Council not receive Care Act funding next financial year, the cost of the DIT Team extension can be met from reserves.

### **Background Papers and Published Documents**

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

Report to the Adult Social Care and Health Committee, 5<sup>th</sup> January 2015: *Progress report on work of the Health and Wellbeing Board*

Report to the Adult Social Care and Health Committee, 7<sup>th</sup> July 2014: *Project with Alzheimer's Society to develop Personal Budgets for people with dementia*

Report to the Adult Social Care and Health Committee, 2<sup>nd</sup> February 2015: *Organisational Redesign and the Resources required for Care Act implementation*

Report to the Adult Social Care and Health Committee, 12<sup>th</sup> May 2014: *Overview of Savings Projects to be Delivered 2014/15 to 2016/17 by the ASCH&H Department*

Report to the Adult Social Care and Health Committee, 30<sup>th</sup> March 2015: *Transformation Resource – Overview of Departmental Requirements*

Report to the Adult Social Care and Health Committee, 7<sup>th</sup> July 2014: *Progress Update – Community and Residential Care for Younger Adults Savings Projects.*

### **Electoral Division(s) and Member(s) Affected**

All.