

## **Adult Social Care and Health Committee**

**Monday, 22 July 2013 at 10:30**

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

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### **AGENDA**

- |    |  |         |
|----|--|---------|
| 1  | Minutes of the last meeting held on 1 July 2013  | 3 - 6   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Joint Agency Vulnerable Persons Identification Project   | 7 - 10  |
| 5  | Overview of Personal Care and Support for Younger Adults   | 11 - 24 |
| 6  | Carers' Strategy 2013-14   | 25 - 40 |
| 7  | Young Carers and Disabled Parents Update   | 41 - 48 |
| 8  | Secondment of Compliance Manager from the CQC to NCC - Progress Update   | 49 - 52 |
| 9  | Feedback and Outcomes from Peer Challenge  | 53 - 76 |
| 10 | Transfer of ICES Partnership Manager Post to NCC   | 77 - 80 |
| 11 | Extension to the Reviewing Teams   | 81 - 86 |

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13	National Children and Adult Services Conference 2013	93 - 96
14	Great British Care Awards 2013 - Support from Nottinghamshire County Council	97 - 100
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### **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.

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

## minutes

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 1 July 2013 (commencing at 10.30 am)

### **Membership**

Persons absent are marked with 'A'

### **COUNCILLORS**

Muriel Weisz (Chair)  
Yvonne Woodhead (Vice-Chair)  
Steve Carroll  
John Cottee  
John Doddy  
Sybil Fielding  
A Andy Sissons  
Pam Skelding  
Stuart Wallace  
Jacky Williams  
John Wilmott  
  
Ex-officio (non-voting)  
A Alan Rhodes

### **OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, Joint Commissioning, Quality and Business Change  
Carl Bilbey, Conservative Group Research Officer  
Paul Davies, Democratic Services Officer  
Sarah Gyles, Committee Support Officer  
David Hamilton, Service Director, Personal Care and Support for Younger Adults  
Jennie Kennington, Senior Executive Officer  
Paul McKay, Service Director, Promoting Independence and Public Protection  
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection  
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 3 June 2013 were confirmed and signed by the Chair.

### **MEMBERSHIP**

It was reported that Councillors Carroll and Wilmott had been appointed in place of Councillors Bell and Payne, for this meeting only.

## **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **SERVICE OVERVIEW: PROMOTING INDEPENDENCE AND PUBLIC PROTECTION**

### **RESOLVED: 2013/046**

That the progress made in Promoting Independence and Public Protection be noted.

## **EXTRA CARE HOUSING SCHEME IN GEDLING DISTRICT**

### **RESOLVED: 2013/047**

- (1) That approval be given to officers to continue discussions and develop an agreement with Gedling Homes.
- (2) That the proposed agreement for extra care at Gedling be brought back to committee for approval.

## **UPDATE ON PRESSURES ON HEALTH AND SOCIAL CARE SERVICES FOR OLDER PEOPLE**

### **RESOLVED: 2013/048**

That the report be noted, and a progress report be presented in three months time.

## **MULTI-AGENCY SAFEGUARDING HUB (MASH)**

### **RESOLVED: 2013/049**

- (1) That the report be noted.
- (2) That the 1 fte temporary post of Advanced Social Worker Practitioner, Pay Band C, scp 39-44, in the Multi-Agency Safeguarding Hub, be extended for a period of nine months.

## **PROGRESS REPORT ON NOTTINGHAMSHIRE WELFARE ASSISTANCE FUND**

### **RESOLVED: 2013/050**

That the report be noted.

## **OVERVIEW OF ADULT SOCIAL CARE AND HEALTH SAVINGS AND EFFICIENCIES PROGRAMME**

### **RESOLVED: 2013/051**

That the report be noted.

## **WORK PROGRAMME**

It was reported that the Committee would meet at 2.00 pm on Monday, 9 September 2013, instead of 23 September 2013.

### **RESOLVED: 2013/052**

That the work programme be noted.

The meeting closed at 12.25 pm.

## **CHAIR**



22<sup>nd</sup> July 2013

Agenda Item: 4

## **REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE AND PUBLIC PROTECTION**

### **JOINT AGENCY VULNERABLE PERSONS IDENTIFICATION PROJECT – (NOTTINGHAMSHIRE FIRE AND RESCUE AND NOTTINGHAMSHIRE COUNTY COUNCIL)**

#### **Purpose of the Report**

1. To inform Members of an important multi-agency partnership approach to reduce the vulnerability of individuals in their local communities and to provide the background for a short presentation from officers from the Fire and Rescue Service and the Customer Service Centre.

#### **Information and Advice**

2. Nottinghamshire Fire and Rescue Service (NFRS) have changed the way that they deliver their Fire Prevention activity over the last 3 years and now focus their activity on those that they consider most at risk from fire.
3. Through extensive data sharing with other organisations they have been able to build a picture of the demographic groups that are most at risk in certain situations and prioritise these groups.
4. Those over 65 and living alone were found to be particularly at risk of fire with the risk increasing as people get older.
5. In order to engage with these people NFRS have been working closely with the County Council. A small multi agency working group has been looking at how the two organisations can work together to develop a service to protect vulnerable people.
6. In December of last year, an agreement was reached between the County Council and NFRS that the Framework database, which contains the details of those receiving Social Care, could be used to locate those that may be at risk and a programme be put in place to contact those identified.
7. The County Customer Service Centre (CSC) was commissioned to call and send out the letter to those on the database asking whether or not they required a Home Fire Safety

Check form the Fire Service. This ensured that there was no physical data exchange between parties and Data Protection was not compromised.

8. In order to identify a suitable cohort to run a pilot it was decided to identify those over 85 living alone in the Ashfield District, this gave a workable number of around 500 people.
9. Over a two month period those residents who expressed an interest were referred to NFRS to book an appointment for a free Home Fire Safety Check.
10. In all, some 525 people were called resulting in NFRS carrying out 60 Home Fire Safety Checks on vulnerable individuals in the Ashfield area.
11. This pilot will now be evaluated to look at how it can be improved before it is rolled out across the County, district by district. This is a major step forward for Nottinghamshire Fire and Rescue Service and enables them to quickly and efficiently identify and assist people that are considered most at risk of fire.

### **Other Options Considered**

12. None.

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

13. A full evaluation is to be carried out, to determine whether the initiative should subsequently be rolled out across the county on a district basis. Any proposed developments will be subject of a future report to Committee.

### **Statutory and Policy Implications**

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

### **Financial Implications**

15. There are no financial implications identified at this stage, although this would change if countywide rollout was agreed.

### **Equalities Implications**

16. The initiative is focused on older members of society, who are more at risk from domestic fires, a risk which increases with age.

## **RECOMMENDATION/S**

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

- 1) Notes the contents of this report.



- 2) Receives a further report once the evaluation has been completed.

**PAUL MCKAY**

**Service Director for Promoting Independence and Public Protection**

**For any enquiries about this report please contact:**

Chris Walker, Temporary Group Manager, Safer and Engaged Communities

Tel: 0115 9772460

Yvette Armstrong, Community Safety Officer, Safer and Engaged Communities

Tel: 0115 9773058

### **Constitutional Comments**

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

### **Financial Comments (KAS 01/07/13)**

18. There are no financial implications contained within this report.

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

None

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

All

ASCH142



**22<sup>nd</sup> July 2013****Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, PERSONAL CARE AND SUPPORT  
FOR YOUNGER ADULTS****OVERVIEW OF PERSONAL CARE AND SUPPORT FOR YOUNGER ADULTS****Purpose of the Report**

1. To provide an overview of the responsibilities of the Younger Adults services.

**Information and Advice****Key areas of service**

2. The Service Director for Personal Care and Support Younger Adults is responsible for a range of services and commissioning activity associated mainly with people aged 16 years to 65 years. However, there are some areas of service (as detailed below) which are delivered across all age ranges and others where services, which began before the person reached 65 will continue to be delivered and commissioned beyond that age.
3. Younger Adults' services include both commissioned activity (purchased from external organisations) and directly provided services in the following areas:
  - Services to people who have mental ill health
  - Services to people who have a learning disability
  - Services to people who have a physical disability
  - Services to people who have sensory impairment
  - Services to people who have autistic spectrum disorders
  - Services to people who have alcohol / substance misuse
  - Services to people who have other vulnerabilities
  - Day services
  - Residential and respite care services.
4. **Mental Health Services** – deliver community-based mental health services, commission independent sector residential and nursing care, home care, carer support and supported living services.
5. Within the County there are 4 locality-based teams responsible for commissioning services to people across the County. In addition, a countywide team is established to coordinate and deliver statutory assessment and provision under the Mental Health Act. Services are

delivered in conjunction with the Nottinghamshire Healthcare NHS Trust, through a single point of access to services to ensure a joined up approach to health and social care.

6. Mental illness is a term that covers a wide range of conditions. It is estimated that one in four of the population may be affected by mental ill health at any time. Mental illness can be a short term issue, a fluctuating condition or a long term condition. The majority of people who experience mental ill health will have what are often termed common mental illness, such as depression or anxiety, and will be successfully treated by their GP. Longer term conditions include illnesses such as Bipolar disorder, schizophrenia or obsessive compulsive disorders. These illnesses require longer term treatment and people often need support over many years. This does not mean however that people living with these conditions cannot lead full active lives. The third area of mental ill health relates to 'organic' illness such as dementia which affects people's cognitive and motor functions. Within social care services these illnesses tend to come within the scope of older adults services where most of the expertise and experience of commissioning services lays.
7. The adult mental health service has traditionally been based within a model of professional support to individuals and day care provision, however more recently there has been a growth in delivery of personal budgets and direct payments to individuals alongside a move to developing recovery-based models of care.
8. There are comparatively low numbers of people in Nottinghamshire with mental ill health placed in long-term care settings, although there are a high number of people who reside in NHS funded rehabilitation accommodation. A joint health and social care programme of activity commenced in 2012 to commission services for a number of people who were inappropriately placed in NHS accommodation and to provide services for these people in the community.
9. In 2012/13 a specialist reablement service was established for people with mental ill health to ensure people can receive timely discharge from hospital, people in crisis can receive appropriate community support to prevent admission and people can receive short-term intensive support to prevent further deterioration in their mental wellbeing.
10. A model of co-production services is being established to promote people's recovery from illness and harness the expertise, knowledge and experience of people who have used mental health services and their local communities. This will enable people who have mental ill health and who have used mental health services to assist and help other people in a similar position. There are opportunities for people to provide peer support, or trade knowledge and skills through a 'time banking' system. People are supported to volunteer their time and expertise in return for personal, practical and emotional support. The aim is to encourage service users and the local community to fully engage in service delivery, management and development of services.
11. **Alcohol and substance misuse services** - These services are currently managed through the mental health service. The assessment and care management services are delivered in partnership with NHS colleagues in the Nottinghamshire Healthcare NHS Trust. The Council supports a number of people to access rehabilitation services and residential services alongside the provision of social care interventions within community treatments.

12. The service aims to deliver the social care aspects of national and local treatment strategies. During the next year the service will focus work to prioritise the delivery of services to prevent alcohol related harm and reduce alcohol related admissions to hospital.
13. **The Countywide Aspergers Service** – The service which was established in 2009 currently has a caseload of around 200 people with an increasing demand for services as more people are diagnosed and recognised with this condition. This service was previously managed through learning disability services; however this is now being transferred to the management of the Group Manager for mental health services following recognition that many people who have Aspergers syndrome and other high functioning autistic disorders also have associated mental health needs. The service delivers care management and assessment together with a range of professional support activities. The team is the first social care led Aspergers team in the Country, has won high praise for its work and is seen as an exemplar of good practice. People with Aspergers syndrome typically have fewer problems with speaking than others on the autism spectrum, but they do still have significant difficulties with communication that can be masked by their ability to speak fluently. They are also often of average or above average intelligence. Following transfer to mental health service management, the service will benefit from being part of the single point of access to mental health services across health and social care and will develop a re-ablement approach alongside other mental health services.
14. **Learning Disability Services** - The service delivers assessment, care management, professional support and commissions day services, residential and nursing care, supported living, respite care, home care, carer support to people with learning disabilities and people with associated Autistic Spectrum Disorders.
15. There are seven Community Learning Disability Teams (CLDTs) who provide integrated health and social care services across the County. The integrated teams consist of both health and social care professionals with joint management arrangements led by the local authority. In addition to the CLDTs, there are countywide services to commission supported living services, and to resettle people from long-term NHS care.
16. A learning disability is a lifelong disability which has been present from birth or has developed within the first few years after birth. Learning disabilities are usually defined as mild, moderate, or severe. Sometimes people are referred to as having profound and multiple learning disabilities (PMLD). People with a learning disability often also have other disabilities either physical or developmental, and many people have associated mental health needs.
17. There are approximately 2,400 people with a learning disability supported by the authority. There are above average numbers of people receiving residential care services and supported to live independently through supported living services, comparatively average numbers of people in receipt of direct payments and lower than average numbers placed in nursing care and supported to live at home with families, in receipt of domiciliary care.
18. A comparatively high proportion of people with a learning disability in Nottinghamshire have settled accommodation and paid employment which are national performance indicators to measure the level of social inclusion.

19. Alongside the aim to promote independence and choice, the service also aims to keep people safe. The County has a long history of safeguarding people with learning disabilities and continues to provide a robust and well managed response to concerns in this area. The Council is currently working with NHS colleagues to ensure that everyone who is inappropriately placed in specialist learning disability hospitals has the correct level of care and support and are able to move into the community in line with national policy to meet the recommendations of the inquiry into Winterbourne View Hospital in Gloucestershire.
20. **Autistic Spectrum Disorder services** - There are currently around 400 adults known to the County Council who have an Autistic Spectrum Disorder (ASD). Autism is defined as a lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them. The three main areas of difficulty, which all people with autism share, are known as the 'triad of impairments'. They are difficulties with:
- social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice)
  - social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own)
  - social imagination (e.g. problems in understanding and predicting other people's intentions and behaviour and imagining situations outside their own routine).
21. Many people with autism may experience some form of sensory sensitivity or under-sensitivity, for example to sounds, touch, tastes, smells, light or colours. People with autism often prefer to have a fixed routine and can find change incredibly difficult to cope with. Many people with autism may also have other conditions such as attention deficit hyperactivity disorder (ADHD), a learning disability or dyspraxia.
22. Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people. People with complex autism often have associated learning disabilities and are care managed through the Community Learning Disability Teams. Approximately 35% of people with severe learning disability will also have autism.
23. **Physical Disability Services** - These services deliver assessment, care management, community-based services, equipment, aids and adaptations, as well as commissioning residential and respite care services, home care and carer support.
24. There are three locality-based Physical Disability teams who provide integrated occupational therapy and social care services to people who have congenital and acquired disabilities, brain injuries and to people who have long-term conditions.
25. The occupational therapy services provide assessment for all younger adults and also work closely with district councils to assess people who may be eligible for disabled facilities grants.
26. All community-based care services are delivered through a personal budget to promote people's choice and independence. Over the last few years the physical disability services

have been at the forefront of delivering direct payments. There are comparatively high numbers of people supported through community-based services in receipt of a direct payment to purchase their own care and support, average numbers of people supported in residential and nursing provision and comparatively few people in receipt of domiciliary services.

27. Within the last year a reablement service has commenced which is providing people with a short-term intensive support service to build their confidence, develop independent living skills and connect to their local communities. This service is already achieving significant benefits for individuals whilst reducing people's reliance on social care funding.

**28. Adult Visual and Sensory Impairment Services (ADVIS)** - The Adult Visual and Sensory Impairment Service is a countywide service which commissions and provides services for all adults over 16 years who have a sensory or visual impairment.

29. The service delivers a reablement function alongside assessment and care management where people require a longer term involvement with the service. Over the last 12 months, over 80% of people referred have had their needs met through reablement or the provision of equipment.

30. The team delivers services to people through a range of provisions including assessment and delivery of equipment, professional support, interpreting, care management and rehabilitation.

31. **Day Services** - Day services are commissioned and provided to all eligible service users across all client groups. The majority of people accessing day services are older people and people with learning disabilities with lower numbers of people with physical disabilities and mental health needs.

32. The modernisation programme currently being undertaken in day services aims to provide a more efficient day service provision by directly providing services through an integrated model of care, developing the market for external provision, and ensuring a sustainable service through a robust cost and pricing model.

33. The County Council has refurbished day centre bases across the County, whilst bringing together four different staff teams under one new streamlined management team to deliver an integrated day service. The day service buildings provide a multi-purpose facility offering social support, personal care and activities for daily living to a wide range of people. The day service bases are:

Local District	Day Service Base
Bassetlaw	<b>Worksop Library</b> <b>Bassetlaw Day Services</b> (Eastgate), Worksop <b>Bassetlaw Day Services (Retford Site)</b> (Grove Street), Retford
Mansfield	<b>Mansfield Day Services</b> (Red Oaks), Rainworth
Ashfield	<b>Ashfield Day Services</b> (Willow Wood), Sutton-in-Ashfield
Newark & Sherwood	<b>Newark and Sherwood Day Services (Newark Site)</b> (Balderton), Newark



	<b>Newark and Sherwood Day Services</b> (Whitewater), Ollerton <b>Newark and Sherwood Day Services (Southwell Site)</b> (Three Spires), Southwell
Rushcliffe	<b>Rushcliffe Day Services</b> (BGR Resource Centre), West Bridgford <b>Rushcliffe and Gedling Day Services</b> (Moorlands), Bingham
Gedling	<b>Gedling Day Services</b> (Ernehale Lea), Arnold <b>Gedling Day Services (Netherfield Site)</b> (Ley Street), Netherfield
Broxtowe	<b>Broxtowe Day Services (Beeston Site)</b> (Middle Street), Beeston <b>Broxtowe Day Services</b> (Barncroft), Chilwell

34. The day services also manage and oversee the iWORK employment development team. This team provides individual work placement support and training to people with a learning disability / ASD. The team have been successful in increasing the numbers of people gaining paid employment. The team also works closely with children and young people's services to provide opportunities for young disabled people to gain employment and is recognised as a good practice exemplar within the region and nationally. The team's work was cited as an area of good practice within the Social Care White Paper<sup>1</sup>.
35. **Residential services** – These services include the provision of respite care and short breaks from four purpose built units across the County and residential care services from one residential care home in Eastwood.
36. The residential short breaks services run by the County Council are shown in the table below:

Service	Location	District	Standard Beds	Emergency Beds	Total
Helmsley Road	Rainworth	Newark & Sherwood	8	4	12
Holles Street	Worksop	Bassetlaw	10		10
Kingsbridge Way	Beeston	Broxtowe	10		10
Wynhill Lodge	Bingham	Rushcliffe	10		10
<b>Total Beds</b>			<b>38</b>	<b>4</b>	<b>42</b>

37. The directly provided short breaks facilities were developed between 2002 and 2008 as part of a strategy to close older residential long-stay accommodation and replace this with short breaks and respite care. All services are registered services with the Care Quality Commission. The current admissions policy states that the services are to provide for people with moderate to severe learning disabilities, and in exceptional circumstances people with mild learning disabilities where carers needs require it. The services are commissioned by the district-based Community Learning Disability Teams. The costs of the service range from £1,500 to £2,000 per week/per bed.
38. The residential care home at Church Street in Eastwood has 7 beds and provides long term care to people with a learning disability. The cost of the service at around £1200 per week is comparable to independent sector costs for people with similar levels of need

<sup>1</sup> [Caring for our Future – White Paper](#)



39. **Shared Lives** - The current Shared Lives service provides for people with a learning disability to access care and support whilst living with an adult placement family. This support may be on a short-term respite basis or in the longer term on a permanent basis, but in both cases the placement family effectively share their lives with a person in need of support. This form of care provision provides excellent outcomes for individuals and is cost effective in comparison to other forms of residential care.
40. Nationally there has been a shift in thinking to consider whether this form of care could be expanded to provide an alternative to other traditional models of care such as day care or hospital discharge as well as to consider how beneficial it may be to help other groups of vulnerable people. The Council is, therefore, undertaking a project to expand the existing service across all client and service user groups and to provide a range of care and support. In doing so, the Council anticipates making more effective use of existing resources, whilst also making a reduction to predicted future expenditure.

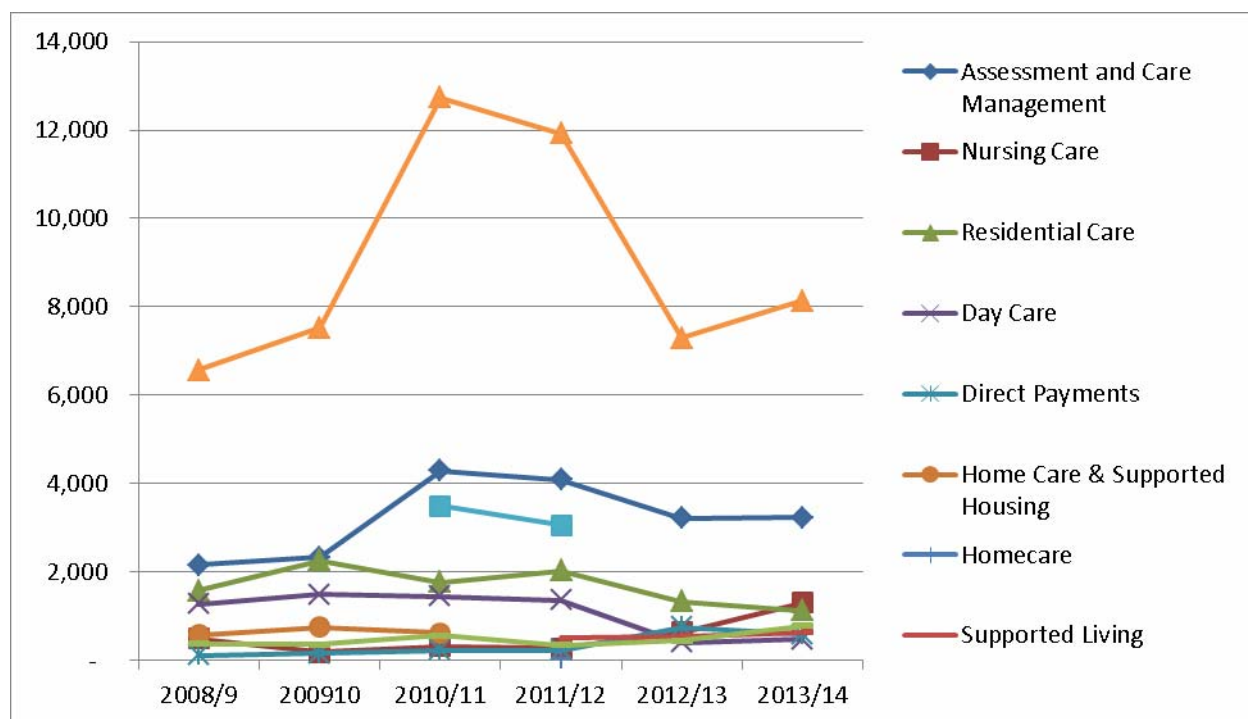
## **Budget**

41. The gross expenditure of the County Council on these services in 2013/2014 is £130m, with a net overall budget for this service area equating to £112m.
42. Over the course of the last few years the younger adults services have achieved savings and efficiencies of over £12m. Savings have been achieved through reduced expenditure in community care budgets, on the day services, short breaks provision, commissioned services, out of area services, staffing and accommodation costs. Much of this work has focussed on negotiating improved value in supplier costs and ensuring that peoples' needs are being met in the most effective way, alongside efficiency savings within direct services such as consolidating the emergency bed provision in short breaks services.
43. Further efficiencies and cost reductions are expected to be achieved this year through a continued focus on commissioning and procurement, and initiatives aimed to promote people's independence whilst delivering improved value for money for the authority.
44. However the younger adults' service continues to present budgetary challenges due to the increased demand for services. Improvements in health and social care services mean that the number of disabled people in the population is increasing and this is particularly so for people with complex needs who may have severe and profound disabilities. Each year we are seeing more children and young people with disabilities going through the transition into adult services, and because people with complex disabilities are living longer, there are increasing demands on services for people who are living with life limiting conditions and frailties which place increasing burdens on families and carers.
45. Nationally, and locally it has been recognised that this area presents the greatest pressure on social care expenditure. Learning disability services are of particular note in relation to increased demand. The national Public Health Observatory (PHO) has recognised this issue in the 2013 annual report on Improving Health and Lives, which notes that between 2005 and 2011 there has been a compound annual growth rate of (accounting for inflation and other factors) 22.7% per annum in social care expenditure. In addition the Association of Directors of Adult Social Services (ADASS) report earlier this year noted concern by all local authorities about budget pressures in this area of service.

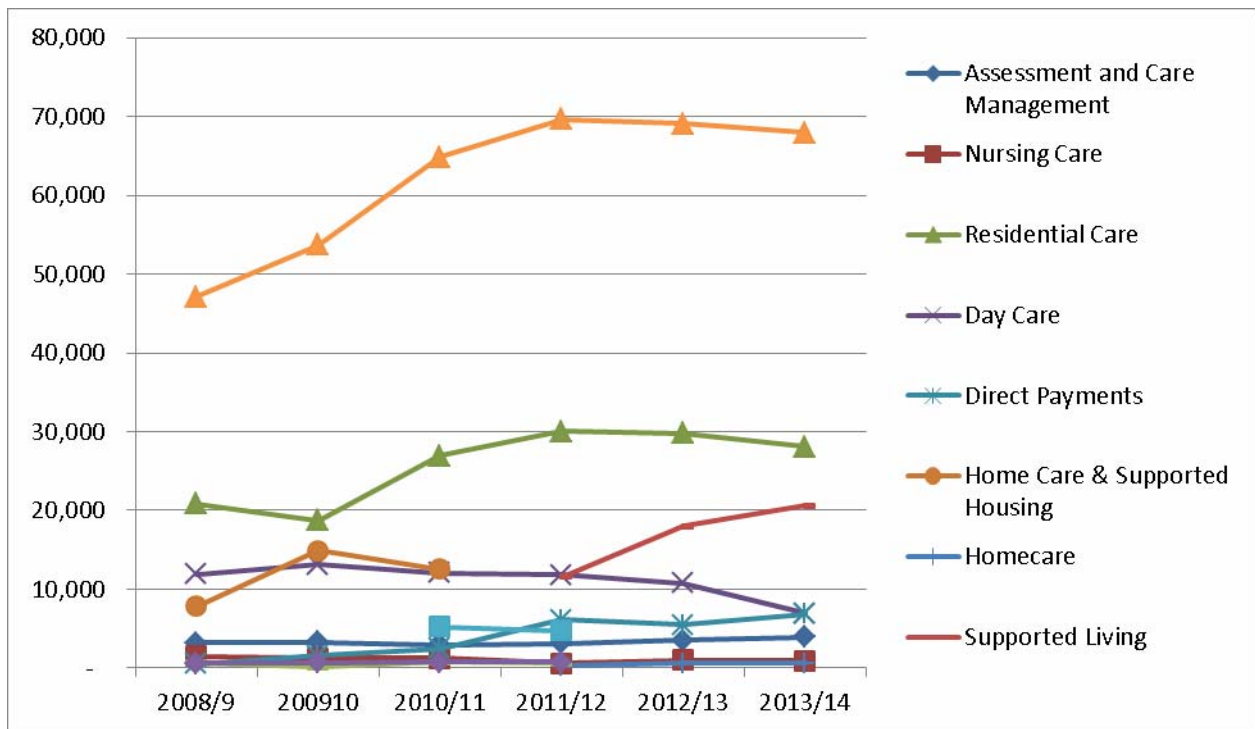
46. Whilst the service has been very successful in containing expenditure in recent years, the Medium Term Financial plan has contained a budget pressure of £6m per annum over the course of the last three years. Efficiencies and other savings have meant that we have been able to manage the budget without drawing down the full budget pressure requirement, saving the Council over £5m during this period. However it is unlikely that this level of expenditure can be maintained over the next few years. The PHO report shows that the most significant increase in budgets across all authorities has occurred between 2011–2013, the period when Nottinghamshire managed to halt expenditure, therefore it is anticipated that further growth will be required in the short and medium term. Currently there is an assumed budget pressure of £17m over the next three years within the medium term financial plan.

47. The budget profiles over the last six years for each of the main service areas are shown below

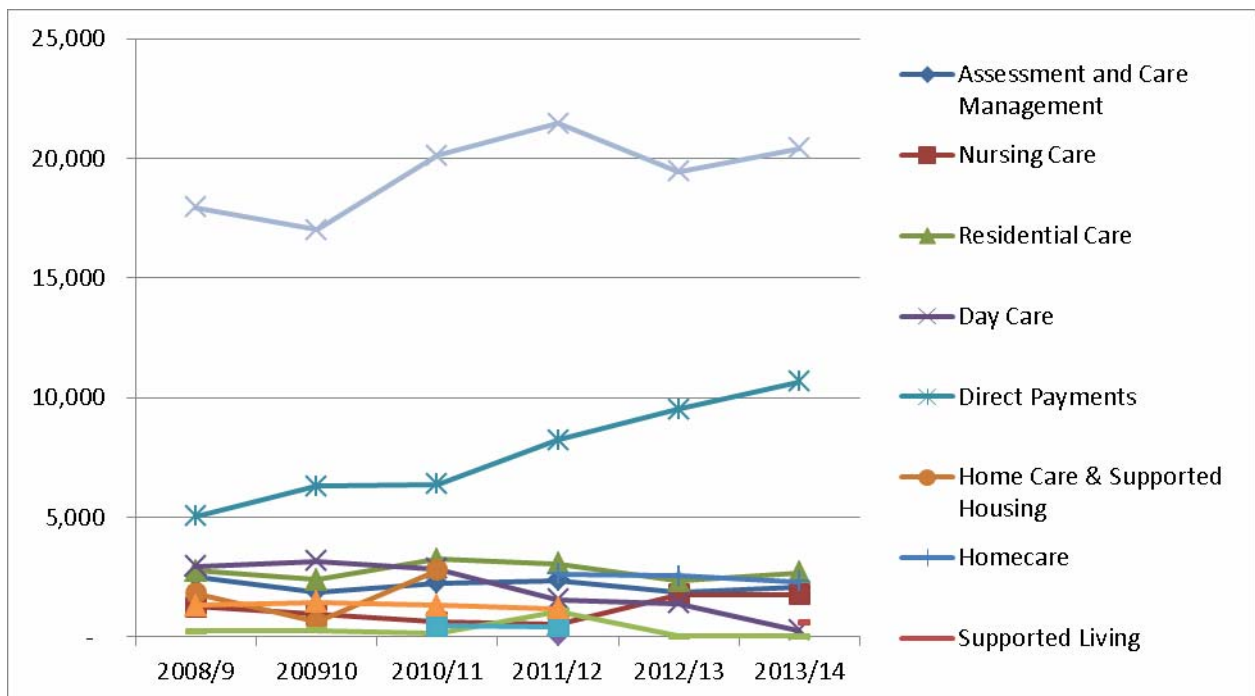
### Mental Health



## Learning Disability



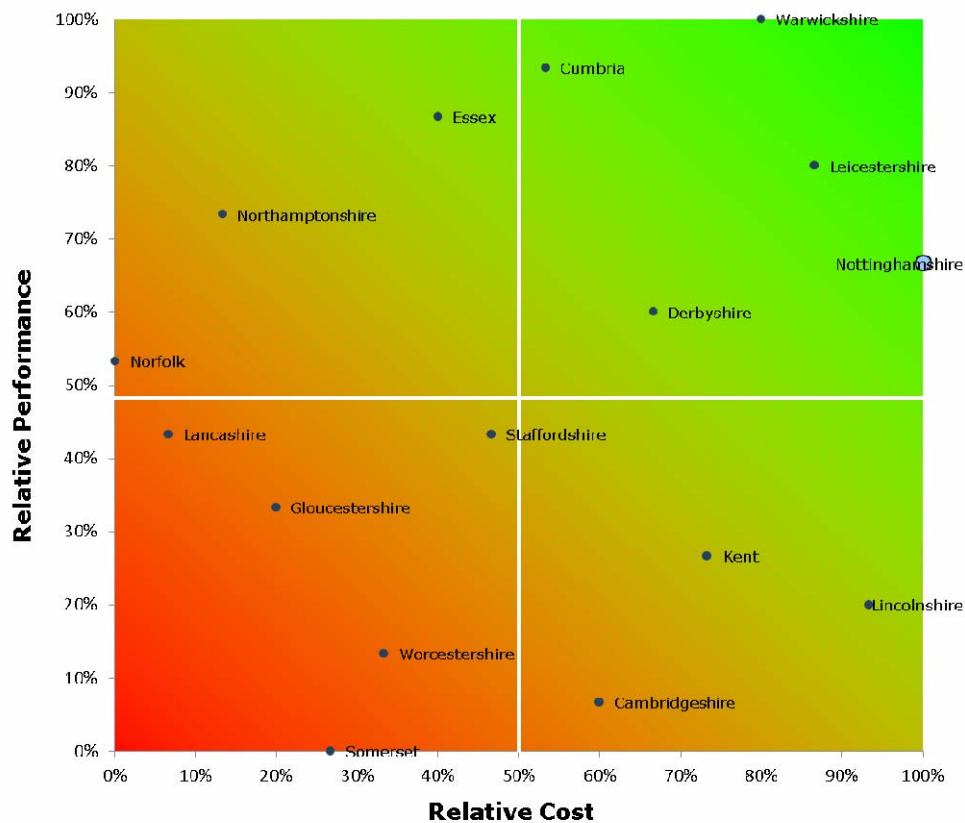
## Physical Disability



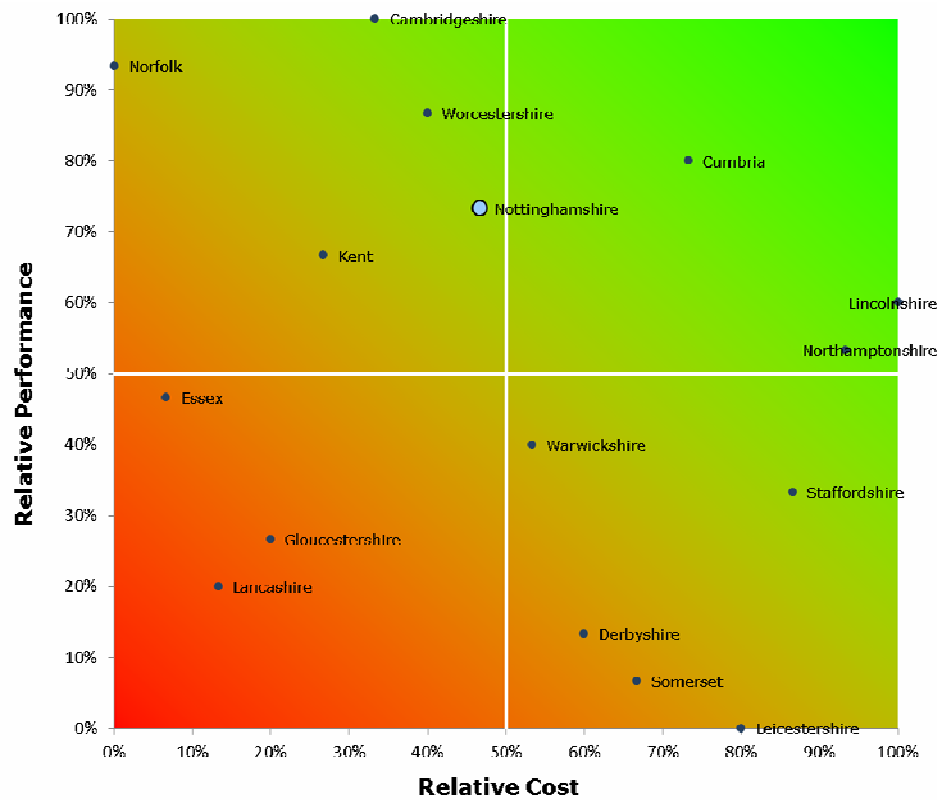
## Performance

48. Overall performance of the services is good and benchmarking analysis shows above average performance in each of the service areas.
49. Areas of good practice and high performance include, supporting people to live independently, supporting people with learning disabilities into paid employment, delivery of personal budgets and the numbers of people in receipt of direct payments.
50. Areas for development where performance can be improved include timely access to assessment, and reducing the numbers of people in long term care.
51. The charts below highlight relative performance in comparison to comparator authorities.

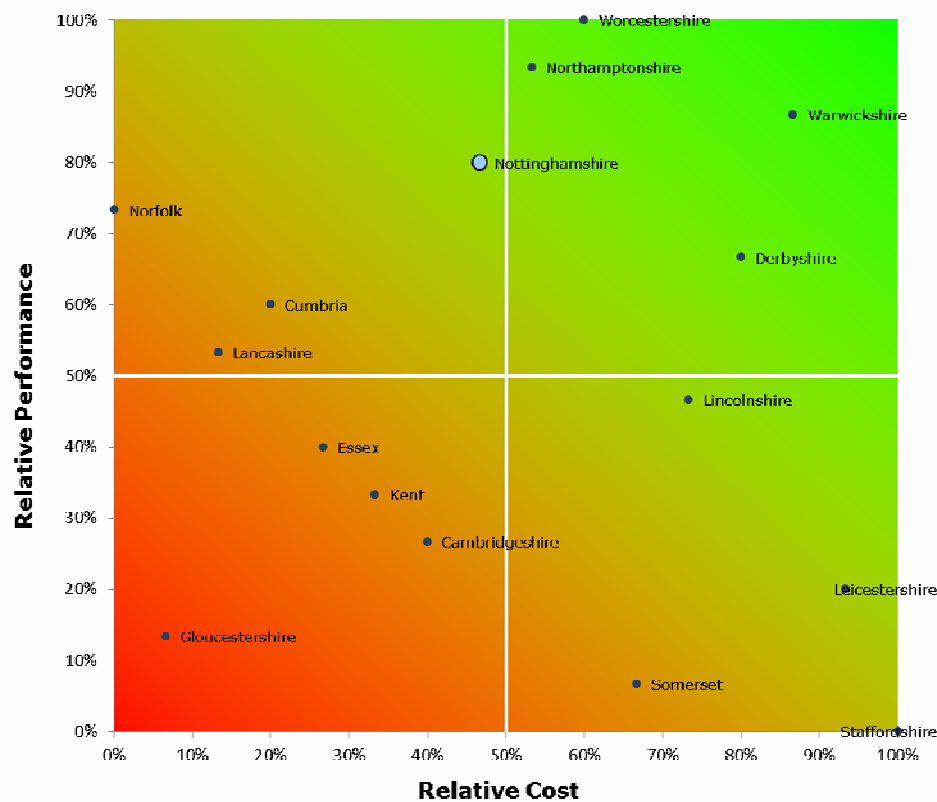
### Mental Health



## Learning Disability



## Physical Disability



## **Key Challenges**

52. Safeguarding Adults continues to be a central focus of work for which there is a long history of service stretching back over ten years within the County. Nottinghamshire was a pioneer of Adult Protection services for learning disabled adults and this is reflected in the comparatively high numbers of safeguarding alerts and investigations undertaken in the County. The development of the Multi-Agency Safeguarding Hub (MASH) and the pathways to services document should help services to manage this increasingly important area of service. The mental health service is also now an integral member of the locality-based anti-social behaviour forums and domestic violence forums. However the recent examples of institutional abuse highlighted in other areas of the Country such as Winterbourne View in Gloucestershire have served to further highlight this area of work. We are working closely with NHS colleagues to address these concerns and ensure that there is adequate provision locally to support people who have complex disabilities, mental ill health and behaviours which challenge services.
53. The service continues to work toward reducing the numbers of people in long-term residential and nursing care, through the development of supported living alternatives and enhanced respite care services. However, the availability of affordable housing can cause delays in disabled people being able to find suitable and appropriate accommodation to meet their needs. The Council is currently seeking alternative sources of capital funding and developing an approved list of housing and accommodation providers to address this issue.
54. The service works jointly with health services to ensure that people can have their needs met as close to home as possible and with the right balance of health and social care services to meet their needs. However, numbers of people in out of area placements and / or who have inappropriate care arrangements in the NHS remains high and the authority is working closely with NHS colleagues to develop new pathways and care provisions to meet people's needs in a more appropriate and less restrictive manner. At the same time ensuring that people have access to health services and health funding where this meets their needs.

## **Areas of Development**

55. The Council will be looking to develop a number of areas of service over the next few years where this can be shown to increase people's independence, enhance people's experience of social care services, enhance the quality of their care, or delay their need for care. All developments will be taken forward with the overall aim of increasing service efficiency and reducing the cost of care.
56. Key areas of development include:
- Ensuring people are able to live as independently as possible for as long as possible. We will commission and provide support to maintain and develop people's independence, whilst ensuring that services do not create dependency or limit potential.
  - Making sure we derive the best possible use of resources such that all services are commissioned to provide the best economic value both to the service user and to the wider population of Nottinghamshire. We will develop new and innovative

approaches to commissioning and procurement which ensure quality and cost are aligned.

- Promoting individual resilience through development of prevention and early intervention services where these can demonstrate improved outcomes and economic benefit. We will aim to ensure all interventions are undertaken in a timely manner with effective transitions between services and organisational boundaries.
- Offering support to individuals and families to make choices about how to meet eligible needs through person centred approaches and a robust but proportionate approach to risk enablement and risk management.
- Working with partners to commission services which ensure people have opportunities to participate and contribute fully in their communities. We will develop services which ensure recovery from illness and build on individual abilities to promote independence.
- Ensuring all services are commissioned to meet the specified outcomes of individuals and groups, and bringing market developments in line with evidence of individual outcomes.
- Robustly assuring the quality of services, developing proportionate approaches to safeguarding, quality assurance and quality monitoring and audit arrangements. We will take appropriate and timely action where quality of care is in need of improvement.

### **Reason/s for Recommendations**

57. This report is for information only and there are no recommendations made.

### **Statutory and Policy Implications**

58. 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 Adult Social Care and Health Committee notes the content of the report.

**JON WILSON**

**Service Director, Personal Care and Support (Younger Adults)**



**For any enquiries about this report please contact:**

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**Constitutional Comments**

59. Because the report is for noting only, no constitutional comments are required.

**Financial Comments (KAS 08/07/2013)**

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

**Background Papers**

None.

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

All.

ASCH145



**22<sup>nd</sup> July 2013****Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND  
SUPPORT - OLDER PEOPLE****CARERS' STRATEGY 2013-2014****Purpose of the Report**

1. To notify the Adult Social Care and Health Committee of the Carers' Strategy 2013-2014 and to seek Members' approval for the actions identified.

**Information and Advice**

2. Nottinghamshire County Council has worked in partnership with the local NHS for a number of years to produce and implement an annual Carers' Strategy.
3. This over-arching Strategy is agreed by Nottinghamshire County Council and Nottinghamshire's Clinical Commissioning Groups (CCGs) in relation to carer support. It has been developed in partnership with carers, NHS and voluntary / community sector colleagues.
4. The Strategy and Action Plan are overseen, developed and up-dated by the Nottinghamshire Carers' Implementation Group, which reports to the Older Peoples' Integrated Commissioning Group and ultimately the Health and Wellbeing Board.
5. The Nottinghamshire Carers' Implementation Group comprises of both carer and officer representatives from all CCGs, key partners and staff from Nottinghamshire County Council (including the Service Director for Personal Care and Support – Older Adults).
6. Relevant national and local drivers and documents policies and strategies have been taken into account in terms of developing actions/activity, for example, 'Carers at the heart of 21<sup>st</sup> Century Families and Communities', (Department of Health, 2008), the 2011 Census, the Carers' Survey 2012 and the plans developed by the CCGs. For example, both Newark and Sherwood and Bassetlaw CCGs have run dementia summits, attended by patients, service users, carers and stakeholders, where carers of people with dementia expressed a desire to receive support and information for themselves as carers. This is reflected in the Strategy by the proposal to create 'Compass' workers who will offer practical and emotional support to carers (see page 7).
7. There has been extensive consultation on the Strategy with both carers and partners in order to gain valuable feedback and ideas for improving existing services and developing new services for the future. In February 2013, the draft Strategy was shared with:

- Existing members of the Carers' Advisory Group
- Learning Disability Carers' Groups
- Nottinghamshire Carers' Alliance (comprising 16 carers groups with approximately 300 members)
- Members of diverse carers groups (e.g. carers on the Carers' Federation's mailing list)
- Carers' Implementation Group (see paragraph 5)
- NHS Nottinghamshire County and Bassetlaw Primary Care Trusts (PCTs)
- Clinical Commissioning Groups (CCGs) across Nottinghamshire

8. Key principles underpinning the work include:

- Involving and engaging carers in decisions that affect them as individuals and decisions made by policy makers about the way public money is spent.
- Putting carers at the heart of service delivery and decisions, rather than expecting carers to fit around the needs of a service.
- Enabling carers to take more control and exercise more choice in the services they access.
- Outcomes which improve the quality of life of carers.

9. A copy of the Strategy is attached to the report.

### **Other Options Considered**

10. The priorities and actions within the Strategy are the result of consultation and responses to national and local drivers, and therefore there are no other options considered.

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

11. The Carers' Strategy 2013-2014 is the continuation of joint working between the local NHS and Nottinghamshire County Council.

### **Statutory and Policy Implications**

12. 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**

13. The successful implementation of the Carers' Strategy 2013-2014 will have a positive impact on both carers, and by implication on the service users they are looking after, as carers will be receiving more support, advice and information to assist them in their role as a carer.

## **Financial Implications**

14. Most of the costs to complete the actions will be covered by the recurrent £1.1 million which has been transferred from the local NHS to Nottinghamshire County Council (See paragraph 9). The rest will be covered by the existing budget for carers.

## **Equalities Implications**

15. The Strategy applies to all carers across the County

## **RECOMMENDATION/S**

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

- 1) Notes and approves the Carers' Strategy 2013-2014.
- 2) Receives a further report on the progress of the Carers' Strategy in January 2014.

**DAVID HAMILTON**

**Service Director for Personal Care and Support – Older Adults**

**For any enquiries about this report please contact:**

Penny Spice

Commissioning Manager

Email: penny.spice@nottscc.gov.uk

## **Constitutional Comments (LM 11/07/13)**

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

## **Financial Comments (CLK 10/07/13)**

17. The financial implications are contained in paragraph 14 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. [Report to the Adult Social Care and Health Committee - Expenditure of Carers' Funding Allocation – proposed plans 4<sup>th</sup> March 2013](#)

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

All



# DRAFT INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN



## **Improving Lives – Nottinghamshire Integrated Commissioning Strategy Strategic care area: Carer Support**

### **INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN 2013- 2014**

#### **1. Introduction**

The Integrated Commissioning Carers' Strategy is the over-arching strategy agreed by Nottinghamshire County Council and Nottinghamshire's Clinical Commissioning Groups in relation to carer support. It has been developed in partnership with carers, NHS and voluntary / community sector colleagues.

The strategy and action plan is overseen, developed and up-dated by the Nottinghamshire Carers' Implementation Group, which reports to the Older People's Integrated Commissioning Group and ultimately the Health and Well Being Board.

There has been extensive consultation on the Strategy with both carers and partners, in order to gain valuable feedback and ideas for improving existing services and develop new services for the future. In February 2013, the draft Strategy was shared with:

- a. Existing members of the Carers' Advisory Group
- b. Learning Disability Carers' Groups
- c. Nottinghamshire Carers' Alliance (comprising 16 carers groups with approximately 300 members)
- d. Members of diverse carers groups (e.g. carers on the Carers' Federation's mailing list)
- e. Carers' Implementation Group (carer representatives from the Clinical Commissioning Groups sit on the Carers' Implementation Group)
- f. NHS Nottinghamshire County and Bassetlaw Primary Care Trusts (PCTs)
- g. Clinical Commissioning Groups (CCG) across Nottinghamshire

Relevant national and local drivers and documents policies and strategies have been taken into account in terms of developing actions/activity, for example, 'Carers at the heart of 21<sup>st</sup> Century Families and Communities', (Department of Health, 2008), the 2011 Census, the Carers' Survey 2012 and the plans developed by Clinical Commissioning Groups.

Both Newark and Sherwood and Bassetlaw CCGs have run Dementia summits, attended by patients / service users, carers and stakeholders, where carers of people with dementia expressed an appeal to receive support and information for themselves as carers. This is reflected in the Strategy by the proposal to create 'Compass' workers who will offer practical and emotional support to carers (see page 7).

#### **2. Purpose and Prevalence**

Many people, mainly women, are now balancing work, childcare and caring for an ageing parent. Increasing numbers of older people often care for their partner while providing childcare for grandchildren and parents of children with complex health needs, knowing that they will be 'lifetime' carers. Furthermore, the positive shift to

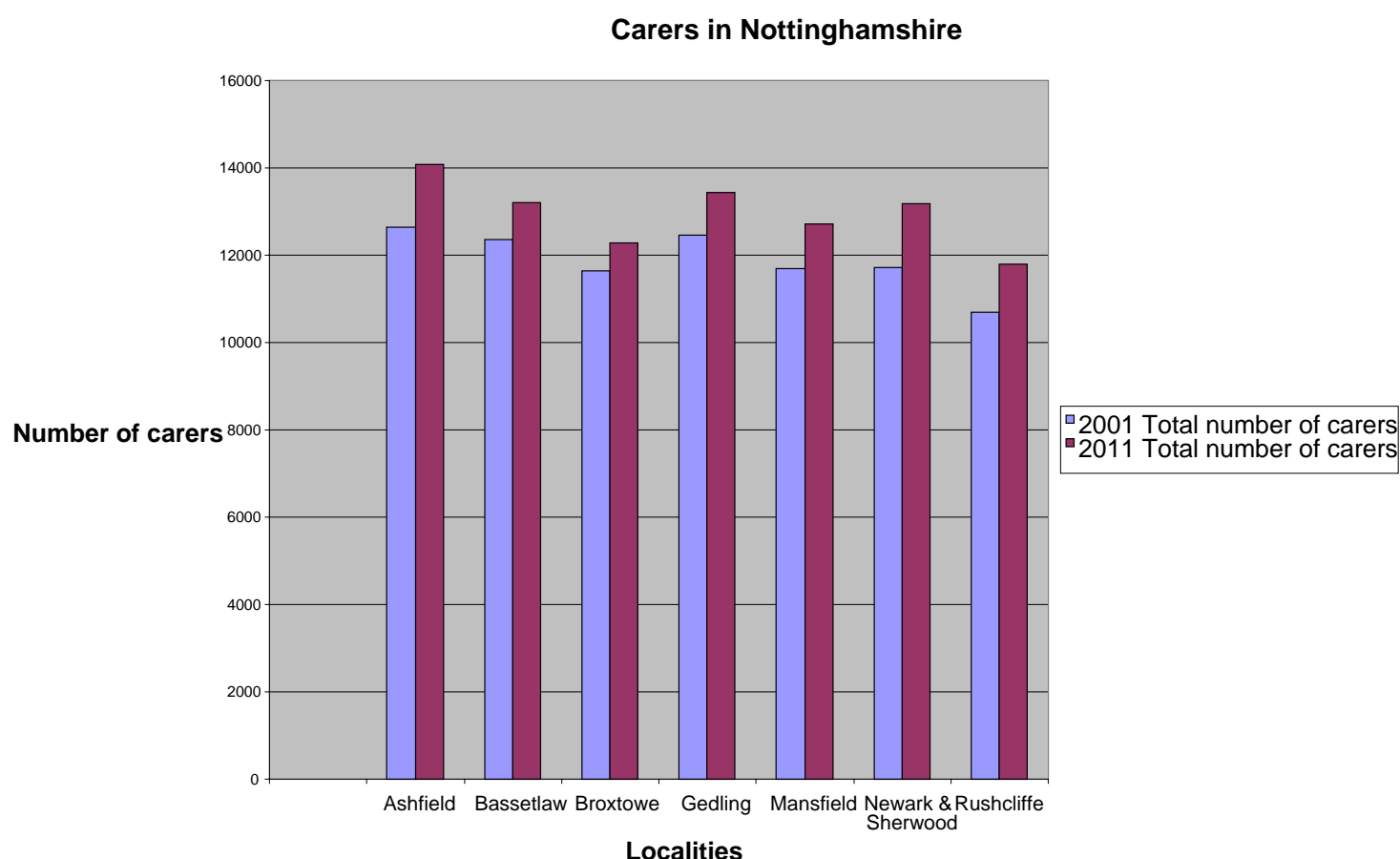
## DRAFT INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN

independent living and care at home, away from institutional care, will continue to require a greater contribution from carers.

The challenges posed by an ageing society and the concurrent increase in the number of carers are relevant to both the NHS and to Local Authorities, and also the voluntary and community sector. It is therefore essential that the needs and services required by carers are considered jointly. Key principles underpinning the work include:

- Involving and engaging carers in decisions that affect them as individuals and decisions made by policy makers about the way public money is spent
- Putting carers at the heart of service delivery and decisions, rather than expecting carers to fit around the needs of a service
- Enabling carers to take more control and exercise more choice in the services they access
- Outcomes which improve the quality of life of carers

**The 2011 Census report** has identified that there has been an increase in the number of Carers in the last decade by 7,517 across Nottinghamshire (excluding Nottingham city). There are now 57,426 carers providing between 1-19 hours of care per week, and the number of carers now providing over 50 hours of care per week has reached 21,680.



Source: Office for National Statistics

# DRAFT INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN

<http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/>

## 3. Context and drivers

### 3.1 'Carers at the heart of 21<sup>st</sup> Century Families and Communities', Department of Health, 2008

**The revised National Carers Strategy (2010)** sets out the following priorities for carers and identifies the actions required to ensure the best possible outcomes for carers and those they support, including:-

- supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
- enabling those with caring responsibilities to fulfill their educational and employment potential
- personalised support both for carers and those they support, enabling them to have a family and community life
- supporting carers to remain mentally and physically well.

### 3.2 "Our NHS care objectives: a draft mandate to the NHS Commissioning Board", Department of Health, 2012

This highlights carers, focusing on early identification of carers, positive experience of care, working collaboratively, enhancing quality of life for carers of people with long term conditions, improved co-ordination, opportunities, information and support to take an active role in decisions about care and treatment, etc.

### 3.3 "Caring for Our Future: reforming care and support", White Paper, 2012 Outcomes

The vision outlined in this paper is one that promotes people's independence and wellbeing by enabling them to prevent or postpone the need for care and support; clearly the role of carers is crucial in achieving this.

### 3.4 Care Bill, 2013

The new Care Bill provides an ideal opportunity to capitalise on the new focus on the importance of working more closely with carers and the responsibility placed on Local Authorities to undertake a Carer's Assessment. In addition, the Bill emphasises:

- 'Parity of esteem' for carers & cared-for
- Principles of well-being & personalisation
- Universal rights to information & advice
- Right to carer's assessment & support plan

This act creates a single duty to undertake a "carer's assessment". The aim of the assessment is to determine whether the carer has support needs and what those needs may be. A "carer" is defined as any adult who is caring, or intends to care, for another adult. This duty replaces existing duties previously described in the Carers (Recognition and Services) Act 1995 and section 1 of the Carers and Disabled

## DRAFT INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN

Children Act 2000. However, the new duty does not require (as the previous provision did) that the carer must be providing "substantial care on a regular basis".

This opens up a new opportunity to provide much needed support to people providing lower levels of support.

### **3.5 "Transparency in outcomes: a framework for quality in adult social care", Department of Health, 2012**

The outcomes listed below are all related to carers, demonstrating the importance of the carer voice and experience in the delivery of health and social care.

Domain	Outcome	Measure
1. Enhancing quality of life for people with social care and support needs	Carers can balance their caring roles and maintain their desired quality of life	Carer reported quality of life (Carers' Survey)
2. Delaying and reducing the need for care and support	Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services	The proportion of older people (65 plus) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
3. Ensuring that people have a positive experience of care and support	People who use social care and their carers are satisfied with their experience of care and support services	Overall satisfaction of carers with social services (Carers' Survey)
	Carers feel that they are respected as equal partners throughout the care process	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (Carers' Survey)
	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help	The proportion of ...carers who find it easy to find information about services (Carers' Survey)

### **3.6 "In Sickness and in Health". A survey of 3,400 carers, [www.carersweek.org](http://www.carersweek.org), 2012**

This national survey was carried out as part of Carers' Week in 2012 and examined the impact of caring:

- 83% said caring had a negative impact on their physical health and 87% on their mental health
- 39% had put off medical treatment because of their caring
- 37% of carers aged 18 to 64 had to cease working because of their caring responsibilities



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## 3.7 Survey of Adult Carers in Nottinghamshire – 2012-13

In 2012, the Adult Carers' Survey was sent out to 803 carers. The survey aimed to find out more about whether or not services received by carers are helping them in their caring role, their life outside of caring, and also their perception of services provided to the cared for person. 419 completed questionnaires were received.

Key findings:

- 77% of respondents who had received support or services from Adult Social Care and Health in the last 12 months were satisfied, with 12% expressing dissatisfaction
- 55% of respondents said they were able to look after themselves, but the remaining 45% answered that they felt that they sometimes could not look after themselves well enough or that they were neglecting themselves
- 67% of respondents said they were able to do some of the things they value or enjoy but not enough and/or have some control over their daily life but not enough. 18% said they had no time to do the things they value or enjoy / no control over their daily life. 15 % said they had as much as they wanted
- 66% of people who had said that they had tried to find information said that it was very easy or fairly easy to find. 34% said that it was fairly or very difficult to find
- 88% of people who had received information and advice had found this very or quite helpful.

## 3.8 Living at Home

The local approach to social care in Nottinghamshire is focused on enabling people to live at home as independently as possible (the "Living at Home" programme) This recognises the important role of carers in supporting people to continue to live at home.

## 4. Budget

### 4.1 Current spend by Nottinghamshire County Council

Services for Carers	Expenditure per annum
Carers' Universal Service	£100,000
Crisis Prevention scheme for carers	£268,000
Carers' Personal Budgets	£246,245
Carers' Breaks *	£2,391,348
Learning Disability short breaks	£456,000
Telecare for carers	£15,000
Young Carers	£1,800,000
<b>TOTAL</b>	<b>£5,276,593</b>

\* This is an estimated proxy measure. The data used to estimate this figure do not specifically include carers; they relate to service users with commissioned packages,

## DRAFT INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN

who have a carer. The assumption is that these services for the service user simultaneously give the carer a break.

### 4.2 NHS Funding 2013 - 2014

Before its dissolution, NHS Nottinghamshire County received £1.5 million for carers, as part of its financial settlement in 2012/13. £1 million of this has now been transferred to Nottinghamshire County Council on a recurrent basis, £0.3 million has been added to the budget for the provision of Carers' Breaks administered by the NHS (now totalling £0.6 million), and £0.2 million has been allocated to the 5 Clinical Commissioning Groups for carers' initiatives (see below).

<b>Mansfield &amp; Ashfield</b>	<b>Newark &amp; Sherwood</b>	<b>Nottingham North &amp; East</b>	<b>Nottingham West</b>	<b>Rushcliffe</b>
30.27%	18.67%	21.66%	13.63%	15.77%
(£60,540)	(£37,340)	(£43,320)	(£27,260)	(£31,540)

NHS Bassetlaw (Primary Care Trust) agreed a one-off allocation of £200,000 for carers in Bassetlaw for 2012 - 2013. Bassetlaw Clinical Commissioning Group has now agreed to transfer £100,000 to Nottinghamshire County Council on a recurrent basis to spend on carers.

This provides a total of £1.2 million across Nottinghamshire. There are a number of proposals within (and outside) this Strategy which will complement existing priority areas, based on the following:

- There is a clear connection between investment in carer services to prevent breakdown of care for the 'cared for' person, who might be at risk of admission to hospital or residential care.
- Due to the ageing population, as well as the increase in the incidence of dementia, there is a need to consider services that are specific to the needs of those who are carers of people with dementia.
- There are agreed and clear governance arrangements for integrated commissioning with Nottinghamshire County Council and the Clinical Commissioning Groups.
- The proposals have been shared with partners and agreed by members of the Carers' Implementation Group, which has a number of carer representatives from each Clinical Commissioning Group, and which reports to the Integrated Commissioning Group for Older People.

### 4.3 Cost of new proposals

<b>Proposal</b>	<b>Cost</b>
Dementia 'Compass' Support Workers	£262,500
End of Life Carers Support Service	£144,000

## DRAFT INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN

Care and Support Centres	£150,700
Carers' Personal Budgets	£177,000
Carer resilience	£33,500
Consultation with Black and Minority Ethnic (BME) communities	£10,000
'Looking After Me' carers' courses	£16,924
Evaluation	£20,000
<b>TOTAL</b>	<b>£814,624</b>

### 4.4 Amount uncommitted funding

Total amount transferred from NHS to Nottinghamshire County Council for carers = £1,200,000

Total amount committed = £814,624

**Uncommitted amount** = **£385,376**

# DRAFT INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN

## ACTION PLAN

Actions required / milestones	Target/measure	Adult Social Care Outcomes	Timescale	Lead (post / organisation)	RAG (Red / Amber / Green)	Progress
<b>1. Improve support to carers</b>	1.1 To commission 6.5 FTE Band 5 qualified 'Compass' workers to provide practical and emotional support to <b>carers of people with dementia</b>	Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services. Carers can balance their caring roles and maintain their desired quality of life	Summer 2013	<ul style="list-style-type: none"> <li>NCC</li> <li>Notts Healthcare Trust</li> </ul>		
	1.2 To ensure carers of people living with <b>dementia</b> can benefit from <b>psychological therapies</b> (this relates to the IAPT or Improving Access to Psychological Therapies)	Carers can balance their caring roles and maintain their desired quality of life	March 2014	<ul style="list-style-type: none"> <li>Public Health</li> </ul>		
	1.3 To enhance carer support as part of the ' <b>Living at Home</b> ' programme through increased provision for carer breaks at the <b>Care and Support Centres</b> and <b>provision of assistive technology</b> e.g. Lifelines and sensors	Carers can balance their caring roles and maintain their desired quality of life	March 2014	<ul style="list-style-type: none"> <li>NCC</li> </ul>		
	1.4 To commission ' <b>End of Life Carers</b>	Carers can balance their	Autumn 2013	<ul style="list-style-type: none"> <li>NCC</li> </ul>		

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	<b>Support Service'</b> to provide practical and emotional support for 'end of life' carers	caring roles and maintain their desired quality of life				
	1.5 (a) To increase value of carers' <b>Personal Budget</b> from £200 to £300 per carer (b) Increase percentage of assessed carers receiving PBs	Carers can balance their caring roles and maintain their desired quality of life	March 2014	<ul style="list-style-type: none"> <li>NCC</li> </ul>		
	1.6 <b>Carer training:</b> a) To run training courses ('Caring with Confidence' by Carers' Federation ) across the county b) To increase awareness of and recruitment to 'Looking After Me' course	Carers can balance their caring roles and maintain their desired quality of life	March 2014	<ul style="list-style-type: none"> <li>Carers' Federation</li> <li>Notts CHP</li> <li>NCC</li> </ul>		
<b>2. Identify carers e.g. health, public protection, community</b>	2.1 To increase number of carers <b>identified and assessed</b>	Carers feel that they are respected as equal partners throughout the care process. People who use social care and their carers are satisfied with their experience of care and support services	March 2014	<ul style="list-style-type: none"> <li>NCC</li> <li>CCGs</li> <li>NHS Trusts</li> </ul>		
<b>3. Improve information for carers</b>	3.1 To ensure that all carers contacting the department have access to good quality and timely <b>information/signposting</b> , by Adult Access Service carer worker	People know what choices are available to them locally, what they are entitled to, and who to contact when they	Summer 2013	<ul style="list-style-type: none"> <li>NCC Adult Access Service and commissioning team</li> </ul>		

## DRAFT INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN

		need help		<ul style="list-style-type: none"> <li>CCGs</li> </ul>		
	3.2 To improve information for <b>parent carers</b>	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help	March 2014	<ul style="list-style-type: none"> <li>Children's Services, NCC</li> </ul>		

**Abbreviations:** CCG = Clinical Commissioning Group  
NCC = Nottinghamshire County Council  
CHP = County Health Partnerships

## APPENDIX

### Integrated Commissioning principles and processes

During development of the Health and Wellbeing Strategy, partners agreed on underpinning principles and processes. In developing the Health and Wellbeing Strategy a set of criteria was agreed to enable comparison and prioritisation:

- Whether the service addresses unmet local need
- The benefit that can be produced from a change in service. Whether it will extend life, improve quality of life or close the gap in health inequalities
- The level of certainty that the change will deliver real improvements, using evidence from where it has been used before.
- Whether improvements can be measured
- If the cost is reasonable compared to the level of benefit produced
- Whether benefits will be seen in a practical timeframe
- Whether there is potential to improve efficiency or quality through joint working
- Whether the community supports the proposed change.

Several events were also held to develop the principles, process and 2012-13 Integrated Commissioning priorities:

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### Principles

Partners within integrated commissioning will:

- ensure services are shaped by those who will use them, by actively engaging local communities and partners, (including children, adults and carers), in the co-design, development, commissioning, delivery and evaluation of local care and support options
- ensure proactive safeguarding of children and adults, especially the most vulnerable in our county
- support a shift to early intervention and prevention, seeking where possible to maintain and improve health and thereby reduce demand for more intensive services
- consider decommissioning services that are no longer appropriate for future purpose, as well as refocusing and commissioning new services
- encourage innovation in delivering services and developing providers
- be transparent, sharing information as appropriate
- seek to promote independence and develop more personalised options, supporting and enabling people to have choice and control over their care and support
- make a shift to provide more care closer to home where this offers value for money

**Process of implementing integrated commissioning priorities** – planning how we will do it and making it happen:

- Service models and interventions chosen should be based on evidence of evaluation or research into their effectiveness. When new innovations are trialled, they should be subject to robust evaluation.
- Consideration will be given to the use of flexibilities under section 75 of the NHS Act 2006, (pooled budgets, lead commissioning and integrated provision) where it can be shown that using these adds value, over and above what other methods could.
- Partners will agree a joint investment plan that will identify respective contributions, how any anticipated savings will be split and how financial risks, e.g. new cost pressures, will be managed and shared. This may require include work that avoids future escalating costs e.g. by reducing levels of demand, as well as active disinvestment.

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- Commissioners will establish systems of measuring jointly agreed outcomes to inform their investment decisions e.g. do fewer people fall as a result of engaging with a falls service?
- Risks will be understood, monitored and managed both as individual organisations, as well as for the partnership
- Initiatives will be supported by strong senior leadership, appropriate governance arrangements and capacity to deliver.
- Methods will be agreed to jointly stimulate providers, as appropriate. This will include pro-active engagement with providers on service models to address/avoid perverse incentives
- Consideration will be given to undertaking lead or joint procurement arrangements where benefits can be established



22<sup>nd</sup> July 2013

Agenda Item: 7

**REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND  
SUPPORT – YOUNGER ADULTS****YOUNG CARERS AND DISABLED PARENTS UPDATE****Purpose of the Report**

1. The purpose of this report is to provide Members with an update on the Young Carers and Disabled Parents project and make recommendations for the future to ensure that there is an exit strategy for the project to ensure services can continue to be delivered.

**Information and Advice**

2. Reducing the burden on young carers, thereby enabling them to enjoy their childhood without pressures and responsibilities beyond their years is a key priority for the County Council.
3. In April 2011, the Council agreed an additional revenue investment of £1.8 million to support and improve the lives of young carers and their families. This investment has supported personal budgets for disabled parents to reduce their dependency on the support of young carers, and also delivered personal budgets to meet the needs and outcomes of young carers in the form of direct payments.
4. The Council is using assessment tools developed by the University of Nottingham to assess the impact of caring responsibilities on individual young carers and carer's needs. The Council are assessing the needs of parents and of young carers and young adult carers up to the age of 24 years.
5. Between October 2011 and June 2013, 334 young carers' assessments were completed. Table 1 below illustrates the increased take up of personal budgets by young carers over the last twenty one months. The cost of the increases outlined can be contained within existing budgets.

**Table 1** Personal budgets agreed for young carers since October 2011

Quarter	Number of Personal Budgets	Cumulative Total
October – December 2011	11	11
January – March 2012	14	25
April – June 2012	26	51
July – September 2012	67	118

October – December 2012	86	204
Jan – March 2013	48	252
April – mid June 2013	82	334

6. Within the overall budget to develop young carers' services, the authority has been employing a number of community care officers on a temporary basis to develop awareness, identify young carers and undertake assessment activity. These temporary posts were created to provide additional capacity to help establish the services with the intention that over time, services to young carers would be mainstreamed onto generic team workloads.
7. We are now nearing the point when this transfer of project activity can be realised. We propose therefore that the remaining temporary posts be refocused over the course of this financial year to ensure that young carers' interventions can be continued following the end of the initial project phase of activity and a proper exit strategy can be developed to maintain the success of the work thus far.
8. It is recommended that the contracts for the existing two Young Carer Workers operating in the Physical Disabilities team, Broxtowe, Gedling and Rushcliffe (BGR) and Children's targeted support team be extended until March 2014. The Young Carer Worker in the Mental Health (North) team is already in post until March 2014 and a new worker for the Mental Health (South) team will be in post for a 12 month period commencing August 2013. Key roles for these four Young Carer Workers will be to:
  - a) ensure their teams understand the Young Carers and Disabled Parents protocol
  - b) encourage their teams to recognise young carers when carrying out Adult Community Care Assessments
  - c) ensure teams understand the young carers' assessment process
  - d) encourage Children's Disability Service, Children's Social Care and Children's targeted support teams to refer young carers to the Adult care management teams
9. Since September 2011, there have been numerous briefings for front line staff and managers to raise awareness of the Young Carers Service and the funding available to support disabled parents and young carers. Media campaigns have taken place and all schools and GP practices in the County have been contacted.
10. In April 2013, a letter, poster and fact sheet was sent to all schools, academies, young people's centres, children's centres and girl guide/scout groups informing them of the support available for young carers. Some schools have requested further copies of the posters and have also been sent roller banners. Presentations have been given at school assemblies and joint working in schools with staff from the Young Carers' Service is taking place to encourage referrals.
11. A key feature of this work has been the development of closer working arrangements between the Adult Social Care, Health and Public Protection and Children, Families and Cultural Services Departments which has significantly helped in raising the profile of young carers.

## Outcomes for Young Carers

12. Young carers looking after a family member with a disability often have problems at school. They may be underachieving, not completing homework assignments or showing signs of fatigue and poor concentration. Young carers are often socially isolated and can be victims of bullying. Young carers often lack time for play, sport or leisure activities. They may find that there is a conflict between the needs of the person they are helping and their own needs leading to feelings of guilt and resentment. The type of caring that young people are doing includes help with tasks such as washing, dressing or taking medicines. They provide emotional and/or practical support and may help manage the behaviour of a parent or other family member. They may also be carrying out household chores including washing, cooking and cleaning on behalf of the whole family or they may care for younger siblings.
13. Young carers have been asked to complete questionnaires designed by the University of Nottingham at the time of their assessment and approximately four to six months after they have received a personal budget. An analysis of these results based on 64 reviews has demonstrated a significant reduction in the negative impact of caring. These results are in line with those carried out by University research. County Council staff are continuing to collect this information and further analysis will be carried out to look at those young people carrying out a very high amount of caring and the impact that other support is having.
14. Support is being offered to disabled parents to reduce the burden of caring. Following a young carers' assessment, the young person will be offered a personal budget to meet their needs. Examples of the type of support being offered are:
  - Ice skating lessons, dance and music lessons
  - Computer equipment for their education
  - Contributions towards outings and school trips
  - Sports equipment
15. Case studies have been collected during the project some of which are shown below:

M is 9 years old and looks after her mother who suffers with psychosis, anxiety and low mood. M pretends that all is well and has not told her friends that Mum is unwell because she feels her friends would make fun of her and wouldn't understand. M often feels lonely and does not understand why her Mum cannot do the things that other Mums do. Nottinghamshire County Council have provided a personal budget for M so that she can go away with her family and decorate her bedroom. A Support Worker from Family Action's 'Young Carers Service' is helping M and giving her the opportunity to meet other children in similar caring situations.

Mrs R has Multiple Sclerosis and Fibromyalgia. The MS has impacted on her mobility and she has to use elbow crutches to get around. She is still able to drive but if she needs to do any walking she now uses a wheelchair. She is very prone to falling this is also due to

some loss of vision as it affects her spatial awareness.

Mrs R also suffers from Fibromyalgia. Bringing with it a different set of joint pain, lack of sleep and concentration as well as continued and prolonged bouts of Chronic fatigue.

Mrs R lives with her two sons. Nottinghamshire County Council staff set up a direct payment for personal care so that the sons are not conducting inappropriate care. However, they are still involved with certain tasks for instance the cooking as they love food, recipes and actually making a meal.

In addition to the support provided for Mrs R, a one-off direct payment was set up for the sons to have a shared laptop. The sons wrote the following letter to the County Council Worker:

‘Dear Gayle,

Thank you very much for nominating us for a Young Carers award. We never Thought that we would get such an amazing reward for looking after our Mum! Although it could not have happened without your hard work.  
Love From I and J’

E has a brain tumour which has caused her to lose her sight. The tumour is benign but is now in-operable. The tumour was discovered during her pregnancy and after the birth of her daughter P. In 2007 E reported a sudden return of a small amount of sight in her left eye. This small amount of sight remained stable for a few years but is now gradually deteriorating again and she has been told that she will eventually lose all sight as the tumour grows.

E now has a guide dog to support her when out in the community but still relies a lot on P to be with her when she is out and about. P also supports her at home with washing/bathing, choosing and fetching her clothes and helping her to get dressed, helping to make the beds, undertake household tasks, meal provision and stays in with her a lot to keep her company/entertained and to ensure that she is okay.

E is now receiving a direct payment to employ a personal assistant to reduce the support P was providing. After her initial young carers assessment P received a one off Direct Payment to purchase a laptop and bag to enable her to keep up with homework tasks and to keep in touch with peers and other family members. At the follow up 4 monthly review, there was a significant drop in the negative impact that caring was having on P.

## Other Options Considered

16. Some Nottinghamshire County Council workers are familiar with the Young Carers’ process and are identifying young carers and conducting assessments. However, many staff will need guidance from the Young Carer Workers over the next 9 months before the project can be closed and the work mainstreamed.

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

17. Extension of the Young Carer Workers contracts is needed to ensure their teams understand and follow the young carers' assessment process encouraging other workers to recognise young carers when carrying out Adult Community Care Assessments. This is needed so that young carers' interventions can be continued following the end of the initial project phase of activity.

## **Statutory and Policy Implications**

18. 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**

19. The Young Carers and Disabled Parents funding ensures that young carers are protected from undertaking excessive and inappropriate caring roles and those parents and other family members are effectively supported. This is leading to improved outcomes for the young carers and their families.

## **Financial Implications**

20. The total cost of this proposal is £25,493 including on-costs to be met from the disabled parents and young carers' budget:
  - a. 1 fte (scp 24) for 8 months = £17689
  - b. 0.8 fte (scp 27) for 4 months = £7804

## **Human Resources Implications**

21. Two of the Community Care Officer – Young Carer posts are to be extended until the end of March 2014 as follows:
  - a. 1 fte Community Care Officer – Young Carer post in Physical Disabilities Broxtowe, Gedling and Rushcliffe be extended for 8 months.
  - b. 0.8 fte Community Care Officer – Young Carer post in children's targeted support (reporting to Adult Community Learning Disabilities Newark team manager) be extended for 4 months.
22. The Trade Unions have been consulted and no comments have been received.

## **Ways of Working Implications**

23. The posts outlined above are already established on a temporary basis and therefore are already accommodated within existing office resources.

## **RECOMMENDATION/S**

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

- 1) Approves the extension of 1 fte Community Care Officer, NJE Grade 5, scp 24 for a period of 8 months.
- 2) Approves the extension of 0.8 fte Community Care Officer, NJE Grade 5, scp 27 for a period of 4 months.

**JON WILSON**

**Service Director for Personal Care and Support – Younger Adults**

**For any enquiries about this report please contact:**

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## **Constitutional Comments (LM 08/07/2013)**

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

## **Financial Comments (KAS 09/07/2013)**

25. The financial implications are contained within paragraph 20 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. Support for disabled parents and young carers – protocol dated July 2011
- b. Report to the Adult Social Care and Health Committee – Temporary Community Care Officers - Young Carers project September 2012
- c. Young Carers Strategy Update – report to Policy Committee March 2013

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

All.

ASCH141







**22<sup>nd</sup> July 2013**

**Agenda Item: 8**

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

**SECONDMENT OF COMPLIANCE MANAGER FROM THE CARE QUALITY  
COMMISSION TO NOTTINGHAMSHIRE COUNTY COUNCIL - PROGRESS  
UPDATE**

**Purpose of the Report**

1. The purpose of the report is to provide a progress update to the Committee on the secondment of the Compliance Manager from the Care Quality Commission (CQC) to Nottinghamshire County Council.

**Information and Advice**

2. At the Adult Social Care and Health Committee on 17 January 2013, members approved the secondment of one of CQC's Compliance Managers to Nottinghamshire County Council for a 12 month period. The purpose of the secondment is to share knowledge and expertise about care standards and to further support the development of the care market. This initiative is part of a wider number of measures to enhance the joint working between the Council and the CQC with a specific focus on improving quality of care services and supporting a vibrant and sustainable social care market across Nottinghamshire.
3. At the same time, members also approved one of the Department's Market Development Officers to be seconded to the local CQC office to undertake the role of an inspector. This opportunity will enable a better understanding of how the role of the Council's Market Development Team can complement the regulatory responsibilities of the CQC.
4. The Compliance Manager commenced her secondment with the Council on 23 January 2013. Since this time the officer has been co-ordinating a programme of work which looks at the roles and responsibilities of the relevant statutory agencies, including health partners, with a specific focus on improving quality to ensure good outcomes for the people who receive regulated care services.
5. One of the officer's key tasks is the co-ordination of a task focussed project called the 'Strategic Review of the Care Home Market'. This project has been sponsored by the County Council's Corporate Director of Adult Social Care, Health and Public Protection, the City Council's Interim Director of Adult Social Care, the Chief Officer of Newark and Sherwood and Ashfield and Mansfield Clinical Commissioning Groups, and the Chief Officer of the Nottingham City Clinical Commissioning Group. The Strategic Review is being

chaired by Allan Breeton, the Independent Chair of the Nottinghamshire Safeguarding Adults Board. The aim of the review is to consider the mechanisms in place to promote and support a diverse and robust market of care home provision across the different service areas which provide high quality outcomes for users of services. The work includes:

- reviewing the measures that are currently in place to identify and monitor risks to service users arising from poor quality provision
- ensuring there are processes in place to enable the identification and management of risk in order to ensure continuity of care for people who live in care homes
- identifying any gaps in existing processes across health and social care with a view to making recommendations on how these measures can be improved

6. The Compliance Manager is also involved in the following work:

- a review of the effectiveness of current quality monitoring processes
- reviewing and revising the audit framework, descriptors and supporting methodology to ensure that the annual audits undertaken of care services is outcomes based
- the development of a risk tool which collates and holds qualitative intelligence about care providers and which is used as the basis of information sharing with partner agencies and which enables work to be undertaken with providers to enable them to make improvements in the services they provide
- the refinement of a multi-agency escalation process to enable the effective oversight of failing providers
- involvement in the development of the Dementia Quality Mark Award which is to be implemented for care homes that provide dementia care

7. The above work is being undertaken jointly with staff within the Joint Commissioning Unit, and the Safeguarding Adults' Team, staff from operational teams and in partnership with health commissioners and officers from the City Council. Some of the work outlined above has also been discussed with the Nottinghamshire Care Association and care home providers.

### **Reason for Recommendations**

8. This report is to inform members of the progress made in the work undertaken by the Compliance Manager and is for information only. A report will be brought to Committee in January 2014 on the outcomes of the secondments.

### **Statutory and Policy Implications**

9. 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**

10. The salary of the Compliance Manager, plus on-costs, will be £49,000 for a 12 month period. This is being met by the Department through the use of NHS Support to Social Care Funding (Section 256). The Department already has an allocated budget within the Market Development Team to fund the backfill of the Market Development Officer post.

## **RECOMMENDATION/S**

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

- 1) Note the progress made by the Compliance Manager over the past six months.
- 2) Receive a further report on the outcomes of the secondments in January 2014.

## **DAVID PEARSON**

**Corporate Director for Adult Social Care, Health and Public Protection**

**For any enquiries about this report please contact:**

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## **Constitutional Comments**

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

## **Financial Comments**

12. The financial implications are contained within paragraph 10 of the report.

## **Background Papers**

None.

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

All.

ASC138



**22<sup>nd</sup> July 2013****Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE,  
HEALTH AND PUBLIC PROTECTION****FEEDBACK AND OUTCOMES FROM THE PEER CHALLENGE****Purpose of the Report**

1. To update the Committee on the recent peer challenge and the feedback provided by the peer challenge team; and to approve implementation of the action plan to respond to the feedback.

**Information and Advice**

2. The national performance framework for adult social care has recently changed; there is no longer an inspection regime and the focus has moved to sector-led improvement, through self-assessment, peer reviews and challenges, and shared learning. The approach to improvement is being developed with and through regional branches of the Association of Directors of Adult Social Services (ADASS).
3. As part of the new framework for sector-led improvement agreed by local authorities across the East Midlands, Nottinghamshire volunteered to be the pilot site to test out the peer challenge process. The challenge visit took place at the end of April 2013. A two year cycle of peer challenge visits is scheduled across the region.
4. The aims of the peer challenge are to:
  - provide an objective evaluation of the key strengths and areas for development
  - build leadership capacity for self-improvement and create a sustainable regional model
  - provide learning and development opportunities for reviewers and those being reviewed
  - provide opportunities to tackle difficult/challenging issues
5. Preparation for the visit comprised of:
  - completing a self-assessment form to measure the performance and activities of the department across six key themes
  - producing a core data set of performance indicators to enable analysis and benchmarking across the region
  - identifying the peer challenge team

- agreeing three key areas to be explored by the Peer Challenge team
- gathering documentation useful to the team in preparation of the challenge visit
- agreeing a schedule of interviews, meetings and workshops with managers, staff, partners and service users

6. The key areas identified for in-depth evaluation were:

- **integrated commissioning for older people** - how effective are current arrangements at targeting joint health and social care resources to produce better outcomes
- **safeguarding** - additional activities, systems or processes that could be developed to ensure the safety of vulnerable adults
- **personalisation** - whether the Council has developed choice and control and embraced personalisation

7. The peer challenge team spent three days in the department. The team was led by Mick Connell, Director of Adult Social Care, Leicestershire County Council. He was assisted by Ruth Lake, Assistant Director at Leicester City Council, and Brian Frisby, Assistant Director at Derby City Council. For future peer challenges it is envisaged that there will be an Elected Member as part of the challenge team. Training on the peer challenge process has been provided to senior managers and Elected Members across the region, and is ongoing. The Chair of the Adult Social Care and Health Committee will be attending the training later on in the year.
8. During the three days the team met with the Chief Executive, Senior Leadership Team, 45 members of staff (managers and front line staff), 6 external partner organisations and 8 service users.
9. The Peer Challenge Team fed back on their findings to the Senior Leadership Team informally on the final day of the challenge. This was followed by a formal letter with more detailed feedback. This has been attached as Appendix A.
10. The department received some very positive feedback as a result of the peer challenge, and some areas for consideration which were felt to be helpful and appropriate. Some of these are highlighted below.
11. The feedback on integrated commissioning for older people reported good examples of effective service delivery, encouraging signs regarding the impact of the 'Living at Home' programme in reducing residential care admissions. It identified a solid platform for integrated commissioning through the Health and Wellbeing Board and recognition by health partners that Nottinghamshire County Council is the 'glue' keeping everyone together during times of change. Areas for consideration include the need to develop a single shared vision to achieve county-wide whole system change, increasing the pace and scale of change and ensuring that integrated commissioning at the strategic level is mirrored at the individual service user level.
12. The feedback on safeguarding confirmed sound practice with excellent examples of innovative practice to keep people safe. It identified that strategic partnership is working well, an obvious focus on care home quality and recognition of the early benefits of the Multi-Agency Safeguarding Hub (MASH). The areas for consideration include ensuring changes

following the peer challenge conducted in 2011 are embedded in practice. It suggested improving recording processes in Framework and speeding up the review of multi-agency policy and procedures; as well as further work to get the MASH running smoothly and to increase staff awareness and understanding of the Nottinghamshire Safeguarding Adults Board.

13. Personalisation demonstrated a strong emphasis on front end service, very good progress with getting people onto personal budgets and direct payments. The challenge team also identified a strong emphasis on building infrastructure to support personalisation and a sense of it being everyone's business. Areas for consideration include moving the emphasis to focus on self-directed support and a more creative and innovative approach. The team suggested looking at more outcome focussed support planning, developing clear evidence of the impact of personalisation and consideration of relevant systems, processes and procedures.
14. An action plan to address the areas for consideration identified in the feedback letter has been developed and is attached as Appendix B.

### **Other Options Considered**

15. Not applicable.

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

16. The recent Peer Challenge has presented the department with an opportunity for an external review of three areas of activity. This 'critical friend' approach has offered the department evaluation and areas for improvement which have been translated into an action plan and will lead to improvements to both process and outcomes for service users.

### **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. There are a number of planned actions that should benefit service users by improving the efficiency and effectiveness of processes.

### **Human Rights Implications**

19. The ongoing work relating to safeguarding ensures service users are adequately protected from harm and abuse.

## **RECOMMENDATION/S**

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

- 1) Notes the work undertaken for the peer challenge and the feedback produced as a result of the process.
- 2) Approves the action plan for implementation.

**DAVID PEARSON**

**Corporate Director, Adult Social Care, Health and Public Protection**

**For any enquiries about this report please contact:**

Anne Morgan, Team Manager, Performance Improvement Team

Jennie Kennington, Senior Executive Officer

**Constitutional Comments (LM 09/07/13)**

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

**Financial Comments (KAS 01/07/13)**

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

**Background Papers and Published Documents**

None

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

All.

ASCH139



Mr D Pearson, Director - Adult Social Care, Health  
and Public Protection  
Nottinghamshire County Council  
County Hall  
West Bridgford  
Nottingham NG2 7QP

Date: 8 May 2013  
My ref: mc/tmw/13-89  
Your ref:  
Contact: Mick Connell  
Phone: (0116) 3057454  
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Dear David

**NOTTINGHAMSHIRE ADULT SOCIAL CARE PEER CHALLENGE: 23-25 APRIL 2013**

I am writing to give formal feedback to you after the Peer Challenge.

I was pleased to be able to lead the Peer Challenge Team and was ably supported by my colleagues, Brian Frisby, Director of Younger Adults and Housing, Derby City Council and Ruth Lake, Director of Adult Social Care and Safeguarding, Leicester City Council. We had the benefit of invaluable assistance from Daniel Routledge, from the School Development Support Agency (SDSA). I think I can say confidently that we all enjoyed the experience and found it very interesting and helpful from our own perspective, giving us plenty of food for thought to take back to our own councils.

I would like to thank you for putting Nottinghamshire forward to host the 'pilot' for Peer Challenge within the wider sector led improvement approach in adult social care that we have developed in the East Midlands. I know that your offer is appreciated by all DASSs in the region, providing us with a valuable opportunity to fully test the process.

My thanks are also due to all your staff, partners, service users and carers, who participated in the Peer Challenge. We were made most welcome and were impressed by the open and honest way everyone joined in the discussions, making our task so much easier. Particular thanks are due to Anne Morgan, our main contact with Nottinghamshire, for her excellent preparatory work, close support on site and generous hospitality in ensuring all our needs were met.

We presented our informal feedback to you as the final stage of the Peer Challenge on the 25 April. This formal feedback builds on the presentation. We have included, at your request, some of the more detailed feedback which will be of interest to you in gaining full value from the Peer Challenge.

contd over .....

Adults and Communities

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Mick Connell, Director of Adults and Communities

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**ACCESS TO RECORDS:**

"The Council has an open access to service users social care records. Individuals now have a right to see personal information about themselves held by the Council, in accordance with the Access to Personal Files Act 1987"

## **Overview**

We observed a strong sense of collaborative working given the difficult times we are all facing and in a complex environment. This was demonstrated in many conversations with senior leaders and endorsed by partners. Your corporate approach is very good as evidenced by the findings of the Corporate Peer Challenge in 2012. We were pleased to be able to have this explained to us personally when we met the Chief Executive, Mick Burrows.

The Senior Leadership Team is confident, experienced and committed to working through staff. We heard this expressed by managers and staff that we met. There is an open and outward looking culture with strong partnership relationships at a senior level. These have helped to support continuity during periods of change and are particularly beneficial at the present time with so many partner organisations experiencing significant organisational change.

There is a strong focus on delivery and performance management which should give confidence for the challenges ahead. The adult social care environment is very complex but we saw an increasing recognition of outcomes and what really makes a difference to people's lives. The early consideration of what is required for the next period of change, with the setting up of the Transformation Board and an emerging new model for social care given much reduced resources, bodes well for the future.

We heard positive feedback from many people we spoke to about the progress you are making and the willingness to work together for the benefit of Nottinghamshire residents.

## **Integrated Commissioning**

*The Council asked us to consider how effective current arrangements are at targeting joint Health and Social Care resources in order to improve outcomes for older people in line with your joint strategic direction.*

## **Strengths**

The Council has created a solid platform for integrated commissioning through the Health and Wellbeing Board and its sub-structures with the Integrated Commissioning Group co-ordinating a varied range of activities. There are good examples of effective delivery, with the work on dementia being a particular highlight. The geography and organisational landscape of Nottinghamshire is complex, but despite this more whole-system models are emerging with NHS partners. This positive work across the partnership has been assisted by a proactive approach from the Council and previous agreements about use of resources with the NHS.

There is evidence of an increasing focus on outcomes through the work on Early Intervention and Prevention with colleagues from Public Health and future procurement of home care. The focus on interventions, that really make a difference to people's lives will both achieve better outcomes and reduced costs.

3 contd

The Living at Home Project is an ambitious attempt to address a major performance and cost issue for the Council. It is consistent with the overall approach to enable people to be as independent as possible and continue living in their own homes. There are encouraging signs that the work is beginning to make an impact with a reduction in the number of people supported in care homes by the Council.

The Council is recognised as a strong contributor in the quest to strengthen integrated commissioning to meet future challenges. It is respected and valued by NHS partners as the 'glue' keeping everybody together during times of change.

Integrated commissioning will be vital to the next stage in transforming adult social care. It is encouraging that early thinking is taking place about what this will mean for Nottinghamshire residents and that Clinical Commissioning Group representatives will be part of the Transformation Board.

#### Areas for consideration

It is acknowledged in the Council that greater alignment with health services is essential in addressing the huge financial challenge the public sector is facing and to achieve the best possible outcomes for residents. While progress is being made as described above, there is not yet a single shared vision or an agreed way to achieve whole system change across the whole county. It is apparent that, while delivering value in many other ways, the current integrated commissioning arrangements will not deliver whole system change. In common with most other parts of the country, work on resolving this issue needs to progress at a quicker pace and the central/local balance needs to be worked out more clearly.

The pace and scale of change needs to be quicker/bigger in other areas too. There is much good work taking place in reablement and positive ideas about how this can be better aligned with NHS intermediate care. However, while it is important to test out new approaches a proliferation of 'pilots' is unlikely to make the bigger impact required given the pressures on the health and social care system.

Integrated commissioning at the strategic level needs to be mirrored at the individual level if it is to meet the requirements of personalisation. The link between strategic commissioning and integrated commissioning needs strengthening. The progress the Council has made in personal budgets and the advent of personal health budgets presents an opportunity to do this. This would add real value for service users given the experiences shared directly with us about the dislocation of care and funding in relation to social care and continuing health care.

The question also arises about what commissioning for personalisation entails and we feel that this needs to be more clearly understood in the next stage of development, for example the future of in-house services.

### **Safeguarding**

*The Council asked us to consider, in addition to the existing safeguarding adults' processes, what additional activities, systems or processes could be developed or enhanced to ensure the safety of vulnerable people in Nottinghamshire.*

#### **Strengths**

The Peer Challenge in November 2011 has provided a helpful platform from which to review performance and progress. Our headline conclusion is that the key message from that review was reinforced; practice is basically sound, with some excellent examples of innovative approaches to keeping people safe. It was clear that the Council has taken on board those earlier recommendations and made further improvements over the past year.

We identified a strong sense of the strategic partnership working well – this was evidenced in discussions with many managers and board officers/chair. It could also be seen in operation, for example the partnership roles taken on by non-Council officers, such as the Fire and Rescue Service.

There was widespread recognition that safeguarding was a priority for the Senior Leadership Team; people commented positively on the understanding and commitment of senior managers and politicians regarding safeguarding.

The focus on, and improvements made, to tackling care home quality were evident. This could be seen in work to develop partnership approaches, eg Care Quality Commission secondment, via the Multi-Agency Safeguarding Hub (MASH) links and providers stating that the safeguarding adults' process was generally clear to them.

The MASH itself was generally well regarded as an initiative to improve safeguarding and people described some of the early benefits, for example reducing unnecessary safeguarding investigations for local teams via effective screening. People recognised that there were further benefits to be realised as it beds in.

There was a sense that safeguarding was everybody's business. Managers felt staff demonstrated expertise in practice; staff understood their role and knew that managers had this firmly on their agenda. The level of board engagement indicates that partners see this as part of their strategic agenda too.

#### **Areas for consideration**

Whilst there has been a thorough response to the Peer Challenge, some areas might benefit from further consideration. Some actions are rated green on the basis of actions being completed, such as training or issuing of guidance; the Senior Leadership Team might wish to follow this through to assure themselves that change is embedded in practice. An example

would be the extent to which consistency in the use of the lessons learned field in Framework has been achieved; also the work to develop the language used, where frontline staff were still of a view that this was variable.

The Council self-identified teething problems with the MASH and this was reflected in the discussions we had with staff and managers. Not everyone was clear what the MASH did with information that did not trigger a safeguarding investigation; for example some staff felt that information about local care home quality was lost to the organisation, as they no longer received this. Others understood the links to the contracting functions. Capacity pressures were cited, with an impact being that feedback on referrals was not always happening and that the information received by local teams was sometimes of poor quality. Some staff felt that an unintended consequence was the severing of some local relationships. However these comments were made in the context of people recognising that this was early days.

Framework was much cited as an operational challenge. People referred to it as 'clunky' and 'time consuming'. The impact was described as a disincentive to use it to its full benefit regarding capturing outcomes and lessons learned. People also highlighted the practice issues regarding the lessons learned process, in that managers were completing this based on the Framework information on the safeguarding episode; as staff did not always capture the challenges within this part of the system, they were not being pulled through for further consideration.

There was a sense from staff, managers and board officers that the multi-agency policy and procedures review was keenly awaited. As these provide the platform for consistent work with partners, the Senior Leadership Team might wish to consider the pace for delivery and resources required, as it feels to be a significant piece of work.

Staff and managers described a variation in the level of engagement from partner agencies that they experienced at a local level in safeguarding casework. The Council could consider how the Nottinghamshire Safeguarding Adults Board (NSAB) might further support communication and engagement activity across the partnership, targeted at the frontline workforce.

With regards to the NSAB, its profile within the operational tiers did feel to be quite low; only staff directly linked to the board's governance structures could identify the impact of the board on safeguarding approaches, with the exception of the training delivery, which was more widely recognised.

Staff and frontline managers also felt that the Senior Leadership Team might benefit from greater dialogue with practitioners about safeguarding issues. Equally they wanted to know more about what the senior team did with information they generated, such as the lessons learned feedback. There are clearly some good mechanisms for communicating with staff via newsletters and annual reports; the Senior Leadership Team might wish to consider further opportunities for conversations with operational teams about safeguarding.

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To summarise, we have seen nothing that would raise any significant concern, much to be proud of and I hope that our observations are constructive to your ongoing development of the safeguarding agenda.

### **Personalisation**

*The Council asked us to consider whether it has delivered choice and control and embraced personalisation.*

#### **Strengths**

We found a number of strengths in the approach that the Council has taken in delivering personalisation, through its Putting People First and Think Local, Act Personal programmes. The Council has designed and implemented a new service user pathway that is well understood by managers and staff. There is a strong emphasis at the front end to signpost and give people information such that they don't need to enter the service and at reablement, to avoid users needing longer term support.

There has been excellent progress in moving people on to personal budgets, with only 40 service users who now do not have a personal budget – and an ever increasing number of people taking this as a direct payment.

We found a strong sense that personalisation is becoming everybody's business and that the new process was becoming well embedded as the only process that could be followed.

Attention has been paid to building and sustaining the infrastructure in the move towards personalisation and most of the pieces are in place to enable users to do different things with their budget. Existing and new providers are responding in new ways, for example, we heard about a pub in the north of the county that is delivering good quality meals to people's homes – giving users value and a community connection and supporting local business.

Users and carers we met who had a direct payment, were clear that this was giving them more choice, control and flexibility. We heard evidence that some users, particularly younger adults, were achieving much better outcomes in terms of independent/ordinary living options. For example, we heard about a young woman who had lived with her mother - who was understandably protective – who used her personal budget to move into supported living and secure her own tenancy. She is now planning to get married and is looking for work.

#### **Areas for consideration**

Based on feedback that we had from staff and managers, it appears that further work is required to move the emphasis on from personal budgets to self-directed support. The Council's brokerage model appears to emphasise the purpose of personalisation as giving users personal budgets to purchase services, rather than shaping care and support around

their individual circumstances in more 'creative' ways. It seems to be mostly Council staff that are 'doing' self-directed support to people, rather than supporting users to take control. The view was expressed a number of times that the approach remains risk averse in many areas, with a sense of being some way off from 'letting' people do their own support planning.

Providers who we met observed that many support plans passed to them by staff are still very task orientated and not outcomes based – and it was left to them to make them more personalised, with the service users.

This was not the case across the board and there appear to be exceptions. For example, residential care admissions for physically disabled people have significantly reduced, young people in transition are being supported to avoid/bypass traditional services and there is evidence of positive risk taking with learning disabled people. The Council's plan to develop the 'empower and enable' model alongside the User Led Organisation will assist in achieving a more significant shift to supporting users and carers to self-direct. However, there is almost certainly a further cultural shift that will be required at all levels with regards to relinquishing power and control and gearing up to exploit the opportunity to increase the 'self-service' nature of self-directed support as the Council faces challenging Medium Term Financial Plan (MTFP) budget reductions.

We found limited evidence of the impact of personalisation for users. There is good data about the numbers of people with a personal budget and direct payment, the Adult Social Care Outcomes Framework indicators, aggregation of reviews and some anecdotal success stories. But we found less systematic evidence of how personalisation is delivering on outcomes as defined by users, such as: routinely using POET to evaluate impact, reducing residential care admissions, increasing the numbers of older people remaining in their own home, people accessing adult learning or making greater use of community sports/leisure/cultural services instead of traditional services.

There appears to be a need to further relinquish control (systems, processes, decisions) to achieve better outcomes and reduce costs in the future. It is not clear to what extent the allocation of resources to individuals is creating more equity and fairness. There seems to be more work to clarify how much the Council reasonably expects to pay in the future for each person's care and support taking account of the availability and price of the services people may wish to purchase.

There are a number of 'hand-offs' along the personalisation pathway that appear to diminish the relationship between staff and users. For example, we were told that users and staff missed having a continuing relationship, especially the opportunity for the worker who

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completed the original assessment to undertake the annual review, with the opportunity for both parties to observe and celebrate outcomes being achieved.

It seems to be the case that in spite of the intention for personal budgets to increase innovation, many traditional approaches are still apparent. Amongst older people direct payments are generally used to purchase services from agencies. However, amongst younger adults there is growth in the use of micro-providers. There are signs of some older people beginning to use their budget more creatively, but a view that what is being offered is not substantially different. For example, we were told about a carer who used a direct payment to buy traditional day care, where the cared for person was picked up by a bus at a time that didn't really suit them, which is not a satisfactory experience. The pre-payment card is seen as a way of making 'self-direction' easier for some users, though locking them in to certain services – and in that way has been seen as inflexible by others.

The Council has created a new set of processes and procedures for embedding the move to personal budgets, but some ways of working prevent service users and staff resolving issues quickly. For example, having to use the assessment and resource allocation process where the worker is clear at the outset that they will need to go outside of the 'Resource Allocation System' (RAS) to agree the indicative budget.

There is an opportunity for the Senior Leadership Team to use the new service model under development to manage the next phase of transformation and achieve more join-up. As the Council presses on to further embed personalisation, respond to the MTFP and explore customer self-service, there is an opportunity to make further progress on:

- managing risk positively, relinquishing power and control and supporting users to identify 'what is a good life for me';
- making sure that the whole system is 'preventative' and 'reabling' – as opposed to these being only located within prevention and reablement services;
- clarifying the policy on the degree of creativity and innovation in promoting alternative solutions to traditional services;
- ensuring that personalisation is 'everything we do' – alongside commissioning and safeguarding as fully integrated activities;
- driving whole systems change.

In conclusion, I hope that you find this feedback helpful and accept it positively. We have tried to get the balance right between support and challenge which is the key, in my view, to the achievement of our objectives within sector led improvement. If it assists Nottinghamshire in its improvement journey the time has been very well spent. As I stated earlier we will take learning, reflections and insights back to our workplaces for which we are grateful.

In addition to this feedback, the Peer Challenge Team has drawn up some learning points from our experience of the pilot. I know that it is your intention to do this also from your perspective as the host. It would be helpful if you could send this information to Daniel Routledge at the



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SDSA so that he can prepare a composite lessons learned report for the East Midlands ADASS meeting on the 20 May 2013.

Finally, I would like to thank you and your colleagues once again for hosting this 'pilot' Peer Challenge and your positive contribution to achieving a successful outcome.

Yours sincerely

A handwritten signature in black ink that reads "Mick Connell". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

**Mick Connell**  
**Director of Adults and Communities**

cc Ruth Lake, Director of Adult Social Care and Safeguarding, Leicester City Council  
Brian Frisby, Director of Younger Adults and Housing, Derby City Council  
Daniel Routledge, SDSA



## ASCH & PP Peer Challenge Action Plan – July 2013

<b>Integrated Commissioning for Older People</b>			
<b>Areas for consideration</b>	<b>Activities</b>	<b>Lead/Resources</b>	<b>Review date</b>
Develop greater alignment with health services to achieve whole system change and improve outcomes for service users	Bid with health partners across Nottinghamshire (south/mid-Notts/Bassetlaw) to become 'integration pioneer'	Corporate Director/Chief Operating Officer, Newark and Sherwood CCG/ Chief Operating Officer, Nottingham West CCG/ Director of Transformation, Mansfield & Ashfield CCG and Newark & Sherwood CCG	September 2013
	Service Director input as members of CCG (Clinical Commissioning Group) boards	Senior Leadership Team	Ongoing
Increase the pace and scale of change in this area without further proliferation of pilots	Accelerate the current project initiatives under the 'Living at Home' programme	Service Director - Personal Care and Support Older People/ Programme Manager - Living at Home Programme	October 2013
	Greater alignment of reablement service with NHS including building based intermediate care and non building based services	Service Director, Promoting Independence and Public Protection/ Project Manager- Health and Social Care Integration South CCGs/ Group Manager, Reablement	Dec 2013
	Frail Elderly workstream in south Nottinghamshire	Group Manager - Older Adults - Community Care	Dec 2013

	Mid-Nottinghamshire Transformation project	Project Manager- Health and Social Care Integration South CCGs/Group Manager, Older Adults, Community Care	Dec 2013
	Integration of health and social care project	Project Manager- Health and Social Care Integration South CCGs	Feb 2014
Integrated commissioning at a strategic level needs to be mirrored at the individual level.	Review of oversight and provision of social care and continuing health care	Commissioning Manager (Older Adults), Joint Commissioning	Dec 2013
	Ensure that the approach to the roll out of Personal Health Budgets is aligned with social care Personal Budgets to ensure they offer choice to patients and improve outcomes for reduced relapse rates, recovery rates, avoiding acute NHS stays and demand for residential care.	Health and Wellbeing Strategy - Consultant in Public Health/ Group Manager, Customer Access – Social Care	Jan 2015

Clearer understanding of commissioning for personalisation in next stage of development	Establish regular Direct Payments (DP) reports to inform strategic commissioning, comparator costs of care and support services.	Group Manager, Joint Commissioning/ Group Manager, Customer Access – Social Care	Dec 2013
	Market development to identify and address market issues that may drive up DP costs e.g. lack of service availability in an area	Group Manager, Joint Commissioning/ Market Development and Care Standards Manager	Nov 2013
	Share relevant DP information with providers as part of developing local markets to inform their business planning e.g. through Market Position Statement	Group Manager, Joint Commissioning/ Market Development and Care Standards Manager	Nov 2013
	Include outcomes focused approach to Home Based Care as part of re-tender	Group Manager, Joint Commissioning /Think Local Act Personal Team (TLAP)	Oct 2013
	Embedding micro- provider work as part of mainstream market development, working with Economic Development on legacy plan	Group Manager, Joint Commissioning/ Market Development and Care Standards Manager/ Micro Provider Co-ordinator	Dec 2013
	Ensuring an outcomes focused	Group Manager, Joint Commissioning	Dec 2013

	<p>approach to the tender for Direct Payments Support Services (DPSS)</p> <p>Work with Public Health, CCGs, District Councils and Health on a joint Prevention and Early Intervention Strategy</p> <p>Work with District Councils and Health to further develop strategies for ensuring the future housing supply meets needs of ageing population (as well as people with mental ill-health, physical, sensory and learning disabilities)</p>	<p>Service Director Joint Commissioning, Quality and Business Change/ Group Manager, Joint Commissioning / Programme Manager - Supporting People</p> <p>Integrated Commissioning Group Chairs/ Group Manager, Joint Commissioning</p>	<p>Mar 2014</p> <p>Ongoing</p>
<b>Safeguarding</b>			
<b>Areas for consideration</b>	<b>Actions</b>	<b>Lead/Resources</b>	<b>Review date</b>
Ensure actions undertaken since safeguarding peer challenge are fully embedded at an operational level	<p>Review the completed actions within the action plan and support further work with staff where required.</p> <p>Review work to develop use of consistent language by staff</p>	Service Director Joint Commissioning, Quality and Business Change/ Group Manager, Safeguarding Adults	Sept 2013
Consistent use of Framework for	Review how staff and	Group Manager Safeguarding Adults	Oct 2013

recording safeguarding activity	<p>managers are using Framework in line with procedures, especially:</p> <ul style="list-style-type: none"> <li>• capturing outcomes</li> <li>• consistency in use of lessons learned field</li> </ul> <p>Review of all safeguarding processes and procedures</p>	/Nottinghamshire Safeguarding Adults Board (NSAB)/ Framework Team	Jan 2014
Accelerate delivery of the reviewed multi-agency policy and procedures	Identify resources required to deliver this piece of work and review the timetable	Service Director Joint Commissioning, Quality and Business Change/ Group Manager Safeguarding Adults	July 2013
Better engagement from partner agencies in safeguarding investigations	NSAB to consider how it might support communication and engagement across the partnership, targeted at frontline staff	NSAB/ Independent Chair of the Safeguarding Board	Oct 2013
Improve communication with staff regarding safeguarding issues and the profile of NSAB	<p>Develop understanding of the role of NSAB across all operational staff through internal communications (Team Talk/Frontline/intranet)</p> <p>Review communications to ensure staff:</p> <ul style="list-style-type: none"> <li>• understand how MASH works</li> <li>• are aware of the link</li> </ul>	<p>NSAB</p> <p>Group Manager Safeguarding Adults /MASH Project Manager</p>	<p>Nov 2013</p> <p>Aug 2013</p>

	<p>between MASH and the Market Development Team to capture care home quality issues</p> <p>Identify opportunities for dialogue between senior managers and frontline staff on safeguarding issues, eg. feedback on lessons learned.</p>	Group Manager Safeguarding Adults	Ongoing
<b>Personalisation</b>			
<b>Areas for consideration</b>	<b>Actions</b>	<b>Lead/Resources</b>	<b>Review date</b>
Greater emphasis on more creative and innovative approaches to self-directed support	Progress development of 'empower and enable' support planning model alongside ULO (User Led Organisation) and other partners.	Think Local, Act Personal Team (TLAP) with Joint Commissioning Person Centred Planning leads	Nov 2013
	Continue to develop the personalisation of social care in line with the future model of adult social care	Service Director, Promoting Independence and Public Protection	Ongoing
	Develop strategy to increase the Personal Assistant (PA) market as part of Direct Payments Support Services (DPSS) tender and role	Commissioning Manager (Younger Adults)/ TLAP team	Dec 2013



	Implementation of Choose My Support	Group Manager, Joint Commissioning / Commissioning Manager (Older People) / Commissioning Officer, Choose My Support	Sept 13
	Develop 'Making it Real' workstream	TLAP Team	Ongoing
Consider personalisation processes and procedures to achieve better outcomes and reduce costs	Review of support planning and brokerage and testing of a partnership approach	Service Director, Promoting Independence and Public Protection /TLAP	October 2013
	Support staff to embed an outcome based approach to support planning	Service Director, Promoting Independence and Public Protection /TLAP	Dec 2013
	Review customer journey ensuring proportionality of assessments/support plans and efficient commissioning/set up of both managed budgets and direct payments	Service Director, Promoting Independence and Public Protection /TLAP	October 2013
Clear approach to assessing impact of personalisation for service users	Pilot of Direct Payments in care homes to establish whether using a DP in this setting increases choice and control	Service Director, Personal Care and Support, Older Adults/TLAP team	Pilot runs until March 2015
	Joint project with the Alzheimer's Society to address barriers to increasing personalisation for people with	Service Director, Promoting Independence and Public Protection /TLAP team	Project runs until July 2014

	<p>dementia and their carers</p> <p>Regular reporting around the number of outcomes achieved at review</p> <p>Report on how people are spending their DPs to inform commissioning</p> <p>Consider further use of POET (Personalisation Outcome Evaluation Tool) to evaluate success of Personal Budgets</p>	<p>Service Director, Promoting Independence and Public Protection/ TLAP/Performance Improvement Team</p> <p>Group Manager, Joint Commissioning /TLAP</p> <p>Service Director, Promoting Independence and Public Protection/ TLAP/Performance Improvement Team</p>	<p>Quarterly reports- review in Sept 2013</p> <p>Changes to Framework in Aug 2013- reports available thereafter</p> <p>Dec 2013</p>
<p>Clarification of future funding and offer to service users in light of budget reductions</p>	<p>Establish regular management reports on Personal Budgets/Direct Payments</p> <p>Review the Resource Allocation System (RAS)</p>	<p>Service Director, Promoting Independence and Public Protection /TLAP/ Performance Improvement Team</p> <p>Service Director, Promoting Independence and Public Protection /TLAP/ Performance Improvement Team /Finance</p>	<p>Monthly reports- continuous review</p> <p>Work starts June 2013- review complete by October 2013</p>

	Approval of Use of Resources policy	Policy Committee	September 2013
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**22<sup>nd</sup> July 2013****Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING,  
QUALITY AND BUSINESS CHANGE****TRANSFER OF NOTTINGHAMSHIRE ICES PARTNERSHIP MANAGER POST  
TO NOTTINGHAMSHIRE COUNTY COUNCIL****Purpose of the Report**

1. This report outlines the proposal to transfer the Nottinghamshire Integrated Community Equipment Service (ICES) Partnership Manager Post to the employment of Nottinghamshire County Council.

**Information and Advice**

2. The Integrated Community Equipment Service (ICES) was formed in Nottinghamshire in April 2004 as a result of national Government requirements. It became a mandatory requirement for all areas of the Country to set up integrated services following a review of all community equipment provision by the Audit Commission.
3. Nottinghamshire established a partnership between the local authorities and health organisations. In 2004 this was established as two separate partnerships and services that covered South Nottinghamshire and North Nottinghamshire.
4. On 09 June 2010, Cabinet approved the establishment of a single Integrated Community Equipment Service across the County and City geographical area. Nottinghamshire County Council was the lead commissioner for the service which includes Nottingham City council and Health partners across Nottingham City and Nottinghamshire County including Bassetlaw. The commissioning of a single countywide service enabled all partners to achieve considerable savings by replacing the two previous North and South partnerships. These savings included rationalisation of the ICES partnership team into one unit as outlined below.
5. This countywide partnership established a Partnership Team including 1fte (37 hours) ICES Partnership Manager. This post replaced the two existing partnership manager posts one for the North and one for the South. The successful candidate for the unified post is a Nottingham City Council employee who is currently on secondment to the County Council.

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

6. The County Council hosts the Partnership Team because they are the lead commissioners for the ICES partnership. The current post holder, on secondment from the City Council, manages the Partnership Team made up of 1 fte Occupational Therapist, 1 fte Finance Officer and 1 fte Administrative Assistant. These three post holders are all County Council employees.
7. The City Council and County Council have reviewed the secondment of the manager and given that Nottinghamshire County Council will always be the lead commissioner for this service, it would be better for the partnership manager to be employed by Nottinghamshire County Council. It would be appropriate to transfer under TUPE regulations the ICES Manager post to the County Council for the following reasons set out below.
8. The manager is required to use County Council systems including BMS, Framework and e-mail and manages staff who are County Council employees.
9. The manager manages the contract on behalf of and is answerable to the ICES Partnership Board chaired by the Service Director for Joint Commissioning, Quality and Business Change and is line managed on a day to day operational basis by the Group Manager Older Adults Gedling. Lines of accountability would therefore be improved by transferring the post to the County Council.
10. Managers and human resources colleagues from both Nottinghamshire County Council and Nottingham City Council have met with the staff member concerned to ensure due diligence in consulting with her and her Trade Union representatives over the proposed transfer. The staff member has indicated her willingness to transfer to the employment of the County Council but maintain Nottingham City Council's terms & conditions under the TUPE transfer arrangements. It is proposed that the transfer of this service happens in September 2013.

## **Statutory and Policy Implications**

11. 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.

## **Human Resource Implications**

12. The Transfer of Undertakings (Protection of Employment) Regulations 2006 applies in the transfer of this post holder. Due consultation is taking place, and terms and conditions of employment will be protected in accordance with the Regulations.
13. This report proposes to transfer the ICES Partnership Manager, Pay Band GLCP I (£34,549-£38,042) to Nottinghamshire County Council. The post is to carry approved car user status.

14. The risk of redundancy should the partnership be dissolved for any reason is shared equally amongst the partners so that staff within the partnership team would be eligible for re-deployment in any of the partner organisations. The proposed transfer of the manager's post therefore would not add to this potential risk for Nottinghamshire County Council.

15. The Trade Unions have been consulted and no comments have been received.

### **Financial Implications**

16. The funding of the ICES Partnership team is already covered within the Partnership agreement and as such there are no financial implications for the proposed transfer of the post to the County Council.

## **RECOMMENDATION/S**

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

- 1) Approves the TUPE transfer of employment of the ICES Partnership Manager, Pay Band GLCP I (£34,349-£38,042) to carry approved car user status from Nottingham City Council to Nottinghamshire County Council with effect from September 2013.

### **CAROLINE BARIA**

**Service Director, Joint Commissioning Quality and Business Change**

**For any enquiries about this report please contact:**

Phil Teall

Group Manager, Older Adults Gedling

phil.teall@nottsccl.gov.uk

### **Constitutional Comments (KK 08/07/13)**

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

### **Financial Comments (CLK 10/07/13)**

18. The financial implications are contained within paragraph 16 of this report.

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

None

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

All.

ASCH140





**22<sup>nd</sup> July 2013****Agenda Item: 11****REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE  
AND PUBLIC PROTECTION****EXTENSION TO THE REVIEWING TEAMS****Purpose of the Report**

1. To recommend the proposal for the extension of the dedicated reviewing teams until March 2014.

**Information and Advice**

2. There is a legal requirement for local authorities to review everyone who receives a personal budget in accordance with the national guidance 'Fair Access to Care'.
3. The purpose of a review is to check whether a person's needs or circumstances have changed, or the needs of their carer; that a person is still eligible for long term social care; and their eligible outcomes are being met in the most cost effective way. It is an opportunity for the person to discuss the quality of their support and identify what is working well or what they would like to change.
4. The first review takes place up to three months from when the support was put in place and then there is a requirement to review people at least every year. Some people receive more frequent reviews because their needs have changed, they have complex needs or they are at risk.
5. The review can be face to face or via the telephone depending on the circumstances. There are currently 11,642 people in community based services and 2,889 in residential services who require an annual review of their personal budget each year.
6. In order to meet the national target of moving all people onto a personal budget in line with the national 'Think Local, Act Personal' agenda and achieve savings of £4.75 million, it was necessary to employ additional social care staff on a temporary basis to complete all the reviews.
7. The delegated decision AC/2010/00094 established the dedicated reviewing teams and subsequent reports extended the funding until 30 September 2013. Since April 2011, the reviewing teams have ensured 100% of eligible service users are on a personal budget and achieved over £5 million savings for the Council.

8. It is proposed that the dedicated reviewing teams are further extended until March 2014. By extending the teams the Council will be able to meet its responsibilities to provide an annual review of service users' needs and to ensure the Council meets people's eligible outcomes in the most cost effective way. For 2013/14 the team is on target to achieve a further £1 million saving.

### **Focus of the Reviewing Team**

9. In total the number of people that need to have a review is 14,531. As a minimum people require an annual review, however depending on an individual's circumstances more frequent reviews are sometimes needed. Moving people on to personal budgets has initially led to a significant increase in work. As more people take their personal budget as a direct payment it is important that the Council regularly review people to ensure outcomes are being met.
10. In addition the social care teams are facing significant pressures caused by demographic change. Local hospitals are facing unprecedented demand and community based services are having to cope with large numbers of older people requiring care and support.
11. The Nottingham University Hospital Trust has seen a 2.6% increase in the number of emergency admissions via Accident and Emergency. This has led to a 60% increase in referrals compared to the highest figures from the previous year.
12. Every year there are an additional 130 younger people with learning disabilities who reach adulthood who need support from Nottinghamshire County Council.
13. Since the Multi-Agency Safeguarding Hub began to address safeguarding concerns about vulnerable adults there has been a 73% rise in the number of telephone calls to the MASH. Consequently there has been an increase in the number of adult safeguarding concerns being investigated. As a result of the pressures in demographic changes, hospitals and safeguarding the Reviewing Teams have assisted with safeguarding, undertaking assessments, arranging support plans and completing reviews.

### **Funding**

14. The expenditure for the teams will be funded from the remaining Social Care Reform Grant Reserve for which the uncommitted balance is estimated at £253,000, with the balance of up to £547,000 from the NHS Support to Social Care money.
15. It is recommended funding is approved for:
- a. 3 fte Team Managers (Reviewing), Pay Band D, scp 42-47 (£35,403 - £39,855) and the posts to carry approved car user status. Funding to be extended from October 2013 to 31 March 2014.
  - b. 40 fte (1480 hours) Community Care Officers (Reviewing), NJE Grade 5, scp 24-28 (£20,858 - £23,708) and the posts to carry approved car user status. Funding to be extended from October 2013 to 31 March 2014.

- c. 2 fte (74 hours) Business Support (Reviewing), NJE Grade 3, scp 14-18 (£15,725 - £17,161). Funding to be extended from October 2013 to 31 March 2014.

### **Other Options Considered**

16. The younger adult and older adult care management teams do not have the capacity to undertake all the reviews required. The department is exploring alternative options on how to complete reviews through social care clinics and more telephone based reviews within existing resources. This will be subject to a further report.

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

17. This report requests approval for the intended use of the remaining Social Care Reform Grant as part of Putting People First plus the Adult Social Care, Health and Public Protection reserves to achieve further efficiencies for the Council through reviews of support packages and to ensure people needing long term support have eligible needs met in the most cost effective way.

### **Statutory and Policy Implications**

18. 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**

19. The total cost of extending the reviewing teams from 01 October 2013 to 31 March 2014 is £800,000.
20. The expenditure will be funded in the first instance from the remaining Social Care Reform Grant Reserve for which the uncommitted balance is estimated at £253,000 with the balance of up to £547,000 from the NHS Support to Social Care money.

### **Human Resources Implications**

21. This report proposes to extend the following posts on a temporary basis until 31<sup>st</sup> March 2014:
- a) 3 fte Team Managers, Pay Band D, scp 42-47.
  - b) 40 fte Community Care Officers, Grade 5, scp 24-28
  - c) 2 fte Business Support, Grade 3, scp 14-18

22. The Trade Unions have been consulted and no comments have been received.

### **Ways of Working Implications**

23. These posts are already established on a temporary basis and therefore are already accommodated within existing office resources.

## RECOMMENDATION/S

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

- 1) Approves for 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) Approves the extension of 3 fte Team Managers (Reviewing), Pay Band D, scp 42-47 (£35,403 - £39,855) until 31<sup>st</sup> March 2014. The posts to carry approved car user status.
- 3) Approves the extension of 40 fte (1480 hours) Community Care Officers (Reviewing), Grade 5, scp 24-28 (£20,858 - £23,708) until 31<sup>st</sup> March 2014. The posts to carry approved car user status.
- 4) Approves the extension of 2 fte (74 hours) Business Support (Reviewing), Grade 3, scp 14-18 (£15,725 - £17,161) until 31<sup>st</sup> March 2014.

**PAUL MCKAY**

**Service Director for Promoting Independence and Public Protection**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (LM 21/06/13)**

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

### **Financial Comments (KAS 19/06/13)**

25. The financial implications are contained within paragraphs 19 and 20 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. [LAC \(DH\) \(2009\) 1 – Transforming Adult Social Care.](#)

- b. [Think Local Act Personal](#) – A sector-wide commitment to moving forward with personalisation and community-based support.

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

All.

ASCH130



**22<sup>nd</sup> July 2013****Agenda Item: 12****REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING,  
QUALITY AND BUSINESS CHANGE****ESTABLISHMENT OF A DATA INPUTTING TEAM****Purpose of the Report**

1. To seek approval to establish a Data Inputting Team within the Adult Social Care, Health and Public Protection Department's Business Support structure to administer the data inputting activities on the Frameworki system for the commissioning of packages of care and support for service users and carers.
2. To seek approval to establish 5 fte Business Support Assistant posts for a temporary 12 month period.

**Information and Advice**

3. Frameworki is the electronic records system which social care staff use to record information about approximately 18,000 older people and disabled or vulnerable adults who receive social care and support from the Council. This includes the process of arranging the services once a service user's needs have been identified and their personal budget allocated.
4. Frameworki is used to identify the cost of care and support packages and enables the Council to monitor financial commitments to enable budget monitoring and forecasting. As the care and support needs of service users fluctuate, it is essential that information about care packages is recorded accurately on Frameworki in order to avoid the over commitment of financial resources and overpayment to providers for care services.
5. Currently, the data input of activities required to commission and maintain adult social care services is undertaken by approximately 400 social care staff. The commissioning of care packages on Frameworki is a complex process which, alongside the selection of the correct care service, involves the inputting and balancing of financial data. Although this is an administrative function it is critical in terms of ensuring accuracy to enable effective financial management. It is recognised that the various commissioning 'episodes' in Frameworki are complex to navigate. The tasks vary from case to case making it difficult for staff to become familiar with the process and, as a result, the process can be time consuming for social care staff to complete. Despite regular training, many staff report a low level of confidence in carrying out these activities and this is seen to be a primary reason for the inconsistent description of the department's financial commitments that the Frameworki system provides.

6. The Council has commenced a wholesale systems review to look at the various systems that are currently being used for the commissioning of adult social care services. This will include Frameworki, BMS and Abacus, which is a separate system used by the Adult Care Financial Services for payment to providers and for collating service users' contributions.
7. Whilst much has been done to improve the quality of data within Frameworki, more needs to be done, particularly in relation to information about financial commitments. Currently the Council has not been able to implement proposals to make payments to providers via Frameworki and the Abacus system continues to be used for this purpose creating additional work in entering information into two separate systems.
8. During 2012, training was provided to all operational social care staff in relation to a new 'personalisation' episode on Frameworki when all service users were allocated a Personal Budget. In order to make the necessary changes to existing service user records in Frameworki, a dedicated data inputting team was recruited for a temporary three month period to commission the required social care services whilst the training programme was rolled out. The team was able to develop a good level of expertise, achieve faster processing times and focus on data quality. This also released considerable time for social care staff to undertake their other duties including increased face to face time with service users.
9. Contact has been made with other local authorities that use Frameworki to understand whether they have similar challenges in relation to accuracy of financial commitments and data quality. Derbyshire County Council, Worcestershire County Council and the Royal Borough of Greenwich Council have all established a dedicated team to undertake this data inputting activity. All three authorities report that data integrity has improved as a result of the introduction of dedicated input teams. One local authority reports that prior to the introduction of their dedicated teams in 2011 out of a sample of 200 social care purchase orders, only 12% were correct, whereas since the introduction of the dedicated teams they perceive that they are achieving over 80% accuracy. Due to the high level of confidence in the financial commitments these authorities now also pay providers for services directly from Frameworki or are working towards this.
10. In December 2012, a Business Analyst from the Improvement Programme undertook a business process review and completed an options appraisal to help increase the confidence in the data. In summary, the report recommended that the department should give consideration to the establishment of a dedicated Data Inputting Team to commission adult social care services on Frameworki, highlighting the benefits as follows:
  - the development of expertise in relation to complex commissioning processes and in enabling higher levels of data accuracy
  - achieving a more efficient and responsive service through faster processing times
  - releasing time for front line social care staff to undertake their social care activities including assessing the needs of service users and carers, reviewing packages of care and in undertaking safeguarding activities
11. The business process review considered the skills required to undertake this role and it is widely agreed that the data inputting tasks can effectively be completed by business support staff rather than social care staff. This will also have the benefit of releasing some



of the time of social care staff to enable them to undertake other activities, including increased face to face time with service users. The review also considered the number of staff that would be required based on the volume of commissioning of packages on Frameworki both for new services and for changes to existing packages, and the average time taken to complete the tasks. On the basis of this work, it is anticipated that 10 fte Business Support Assistant posts would be required to undertake the required data inputting work.

12. It is therefore proposed that the Data Inputting Team consisting of 10 fte Business Support Assistants is established for a 12 month period, to be reviewed during this time in terms of its effectiveness.
13. The tasks that would be undertaken by the Data Inputting Team would include:
  - 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 and issuing purchase orders
  - informing operational social care staff of completion of the commissioning episode on Frameworki and confirming the start date for the care package
14. Social care staff will continue to use Frameworki on a daily basis to record their social care activities in relation to individual service users and carers.
15. The total cost of the team, based on the options appraisal recommendation of 10 fte Business Support Assistants will be £217,290 for a 12 month period. In order to deliver in-year savings, tight criteria have been applied to the filling of vacant posts and as such, there are five vacant business support posts within the department which could be released to fund half of the posts on the Data Inputting Team. Funding for the 5 remaining posts would be met from departmental reserves.
16. Although this proposal will not realise immediate savings it can be viewed as an enabler for future savings and efficiencies. Also, it will release the time of more costly social care staff to enable them to undertake other activities.
17. It is proposed that the Business Support Assistants will report to an existing Business Support Officer to ensure consistency within the Business Support structure. The team will receive technical support from existing Business Systems Support Officers and from the Frameworki Team.

### **Other Options Considered**

18. One option is to continue to support social work staff to undertake this activity and to offer further training to improve their technical skills and confidence in relation to data inputting on to Frameworki. However, there are mounting pressures arising from inaccurate financial information on Frameworki making it difficult to accurately forecast financial commitments. This has required considerable input from finance colleagues to check and validate commitments to enable more accurate financial reporting.

19. Consideration was given to establishing a permanent Data Inputting Team in order to address the concerns about data quality and confidence. However, it is important to review the impact of the team in terms of improved data recording and a subsequent improvement in budget monitoring and forecasting. The establishment of a team on a temporary basis will also help contribute to the wider corporate systems review that is underway to enable better informed proposals about the future systems requirements of the Council.

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

20. It is anticipated that the introduction of a dedicated Data Inputting Team, within the existing Business Support structure should:
- improve the commissioning of adult social care services
  - reduce the associated financial risk
  - improve the effectiveness of social care staff's time

### **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 establishment of a Data Inputting Team will not have any direct impact on service users or the way in which they access services from the County Council. However, improved systems and processes may ensure the services they receive are more responsive.

### **Financial Implications**

23. The total cost of the 10 fte Business Support posts will be £217,290. Half of this (£108,645) will be funded from existing Business Support vacancies and from in year under spends arising from the strict application of the vacancy control process. The remaining half of this (£108,645) will be funded from departmental reserves.

### **Ways of Working Implications**

24. It is anticipated that the data input Business Support Assistants will be based at existing County Council locality bases: Prospect House, Sherwood Energy Village, Sir John Robinson Way (subject to the retention of the building) and Lawn View House.

### **Human Resources Implications**

25. This report proposes to establish the following additional posts to complement the use of the existing 5 fte vacant Business Support posts:
- a. 5 fte Business Support Assistants, NJE Grade 3, scp 14-18 on a temporary 12 month basis to form part of the new Data Inputting Team.

26. The posts will be advertised on a fixed term basis in accordance with the Council's vacancy control process. Prior to internal advertisement, posts will be considered for redeployment of displaced staff or other staff requiring redeployment. Normal redeployment processes operated by the County Council will apply.

## **RECOMMENDATION/S**

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

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

**CAROLINE BARIA**

**Service Director for Joint Commissioning, Quality and Business Change**

**For any enquiries about this report please contact:**

Jennifer Allen

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### **Constitutional Comments (KK 08/08/13)**

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

### **Financial Comments (CLK 10/07/13)**

28. The financial implications are contained in paragraph 23 of the report.

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

None

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

All

ASCH146



**22<sup>nd</sup> July 2013****Agenda Item: 13****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE  
HEALTH AND PUBLIC PROTECTION****NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE 2013****Purpose of the Report**

1. The purpose of the report is to seek approval for the Chair of the Adult Social Care and Health Committee to attend the National Children and Adult Services Conference being held at the Harrogate International Centre from 16-18 October 2013.

**Information and Advice**

2. This Committee's terms of reference include approving councillors' attendance at conferences. Members are asked to consider whether attendance at the event should be approved for the Chair of the Adult Social Care and Health Committee together with the necessary travel and accommodation arrangements.
3. The information included within the following sections of the report should ensure compliance with normal decision making rules. If attendance is approved, the details referred to below will be used to compile the Public Register, which is available on the Council's website.
4. The conference is organised by the Local Government Association (LGA), Association of Directors of Social Services (ADASS) and Association of Directors of Children's Services (ADCS). It addresses issues for children and adults and is regularly attended by more than 1,000 delegates.
5. The Corporate Director for Adult Social Care, Health and Public Protection, the Chair of the Children and Young People's Committee and the Corporate Director for Children, Families and Cultural Services will also attend the conference.
6. A separate report is scheduled for the Children and Young People's Committee seeking permission for the Chair to attend.

**Reason/s for Recommendation/s**

7. It is recommended that approval is given for attendance at the conference so that the County Council's representatives can consider issues that are vital to councillors, senior officers, policymakers and service managers with responsibilities for children's services and

adult social care in the statutory, voluntary and private sector. It is also an important opportunity for networking with partners and MPs in related fields.

## **Statutory and Policy Implications**

8. 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**

9. The cost of attendance at the conference is £450 plus VAT per person. Two or three nights' accommodation will also be necessary. An estimate from the conference information suggests a hotel within reasonable walking distance from the conference centre will be in the region of £100-£130 per person per night for bed and breakfast.
10. The cost will be met from the Member Training Budget.

## **RECOMMENDATION/S**

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

- 1) Give Approval 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) Receive a report from the Corporate Director for Adult Social Care, Health and Public Protection to update Members following attendance at the conference.

**DAVID PEARSON**

**Corporate Director for Adult Social Care, Health and Public Protection**

**For any enquiries about this report please contact:**

Sarah Gyles

Committee Support Officer

Email: [sarah.gyles@nottsccl.gov.uk](mailto:sarah.gyles@nottsccl.gov.uk)

## **Constitutional Comments (LM 10/07/13)**

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

## **Financial Comments (KAS 11/07/13)**

12. The financial implications are contained within paragraphs 9 and 10 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. Invitation to attend the conference from the Local Government Association.

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

All

ASCH144





**22<sup>nd</sup> July 2013****Agenda Item: 14****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE,  
HEALTH AND PUBLIC PROTECTION****GREAT BRITISH CARE AWARDS 2013 – SUPPORT FROM  
NOTTINGHAMSHIRE COUNTY COUNCIL****Purpose of the Report**

1. To inform the Committee of the Great British Care Awards and the upcoming East Midlands event, and to request approval for the department to provide sponsorship of the event.

**Information and Advice**

2. The Great British Care Awards have been in existence since 2008. The Awards take the form of a series of regional events throughout England and are a celebration of excellence across the care sector. The purpose of the awards is to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work. Last year there were 9 regional awards leading to 2 national finals for the home care and care home sectors, which took place in May and June this year.
3. There are nineteen awards categories available for nomination, which represent all areas of the social care sector, including awards for care team and care worker as well as awards in training, innovation and putting people first. The awards are all inclusive, bringing together the statutory, independent and voluntary sectors, as well as unpaid carers.
4. The awards have received support from across the social care sector, including the Department of Health, the Association of Directors of Adult Social Services (ADASS), Ceretas, the English Community Care Association (ECCA), the Social Care Institute for Excellence (SCIE), the National Skills Academy and Skills for Care.
5. Nottinghamshire County Council has supported the East Midlands awards event since its inception. It is viewed as part of the Council's commitment to supporting, developing and valuing the social care workforce across all sectors.
6. Sponsorship of the event is at a cost of £3,900 which will be met from the Corporate Director of Adult Social Care, Health and Public Protection's budget. The cost includes a table for 10 guests at the October awards ceremony in Nottingham, publicity on the awards website and in the brochure for the awards ceremony, sponsorship of an individual award category and the opportunity for a Council representative to hand out this award at the event.

7. In previous years the Council has enjoyed much success in terms of employees who have been short-listed as finalists in their category, and finalists who have gone on to win awards. Last year the Council had 3 finalists at the awards event:
- Care Team award - Promoting Independence Workers from the Broxtowe, Gedling and Rushcliffe Physical Disability Team
  - Care Trainer award – Elise Adam and Steph Pindor. NHS Notts County employees working on a joint project with the County Council to develop high quality end of life care across the health and care sector
  - Dignity in Care award - Veronica Bell, Mental Health Social Worker. Veronica was successful in winning the regional award at the event held in Nottingham.
8. In 2011, the Putting People First award was won by Sue Mercer, Business Support Administrator at Mansfield Day Service in recognition of her support to service users in gaining their NVQ in Administration. Also short-listed in this category was the Adults with Asperger's Team. Jane Buxton, Care Assistant at Mansfield Day Service was a finalist in the Dignity in Care category. Prior to this, Council employees have picked up the award for Outstanding Contribution to Social Care on two occasions.
9. In June 2013 at the prestigious final of the Great British Home Care Awards in London, Veronica Bell was presented with the national Dignity in Care Award.

### **Other Options Considered**

10. The Council could decide to stop its sponsorship of this event, but as highlighted earlier in the report it is seen as a good opportunity to show that the Council supports and values the social care workforce in Nottinghamshire and beyond.

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

11. The sponsorship is a low cost but valuable means of showing the Council's support for the social care sector and workforce. Recent media around poor quality care has made it even more important to recognise and promote excellent practice and good quality care. The Care Bill 2013 also includes a duty for local authorities to support a care market that delivers a wide range of high quality services. These awards offer an opportunity to do this in the region.

### **Statutory and Policy Implications**

12. 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**

13. Greater recognition and valuing of the work of staff in the care sector, as well as the promotion of good practice as a result of work highlighted by the awards, can only have positive implications for users of care services.

## **Financial Implications**

14. These are laid out in paragraph 6 of the report.

## **Human Resources Implications**

15. The awards provide an opportunity for care staff to be recognised for their work and the impact it has on service users. Being nominated and winning awards has proved to have a very positive effect on staff morale.

## **RECOMMENDATION/S**

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

- 1) Notes the contents of this report.
- 2) Gives approval for the Council to provide sponsorship of the East Midlands Awards event in October 2013 at a cost of £3,900.

## **DAVID PEARSON**

**Corporate Director, Adult Social Care, Health and Public Protection**

### **For any enquiries about this report please contact:**

Jennie Kennington

Senior Executive Officer

Jennie.kennington@nottsccl.gov.uk

## **Constitutional Comments (LM 10/07/13)**

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

## **Financial Comments (KAS 11/07/13)**

17. The financial implications are contained within paragraph 6 of the report.

## **Background Papers and Published Documents**

None

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

All.

ASCH147



**22 July 2013****Agenda Item: 15****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**

<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
<b>22 July 2013</b>			
Personal Care and Support – Younger Adults	Report to update members on the area of work of the Service Director for Personal Care and Support – Younger Adults	Service Director for Personal Care and Support – Younger Adults	Jon Wilson
Carers Strategy - Update	Update on Carers Strategy and how the additional funding will be used across Health and Social Care.	Service Director for Personal Care and Support – Older Adults	Penny Spice
Care Quality Commission – Secondment of an Officer – progress report	To report on the progress of the Secondments.	Service Director – Joint Commissioning, Quality and Business Change	Caroline Baria
Peer Challenge and Outcome	Report to update Members on the Peer Challenge and its outcome	Service Director – Joint Commissioning, Quality and Business Change	Anne Morgan / Jennie Kennington
ICES Project Manager	Report to seek approval of TUPE Transfer of ICES Project Manager	Service Director – Joint Commissioning, Quality and Business Change	Phil Teall
Young Carers Project	Report to update members on the Young Carers Project	Service Director for Personal Care and Support – Younger Adults	Sue Foster
National Children's and Adults Conference	Report to seek approval for attendance at the National Children's and Adults Conference	Corporate Director for Adult Social Care Health and Public Protection	Sarah Gyles
Joint Agency Vulnerable Persons Identification Project	Report to inform Members about the joint agency vulnerable persons identification project between Nottinghamshire Fire and Rescue Service and Nottinghamshire County Council	Service Director – Promoting Independence and Public Protection	Chris Walker
Extension of Reviewing Teams	To seek approval of the extension of the Reviewing Teams	Service Director – Promoting Independence and Public Protection	Jane North
<b>9 September 2013</b>			
Personal Care and Support – Older Adults	Report to update members on the area of work of the Service Director for Personal Care and Support – Older Adults	Service Director for Personal Care and Support – Older Adults	David Hamilton
Update on the progress of	Update on the progress on the Assistive Technology	Service Director for Promoting	Mark Douglas

<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
assistive technology use in maintaining the independence of vulnerable people	(see report of the 29 <sup>th</sup> October 2012)	Independence and Public Protection	
Transforming Care – Nottinghamshire’s Response to Winterbourne View Hospital	To provide an update on the local action being taken to respond to the national concerns.	Service Director for Personal Care and Support – Younger Adults	Jon Wilson
Proposals for redesign of community based services	Update on redesign of community based care services.	Service Director – Joint Commissioning, Quality and Business Change	Sue Batty
Direct Payments Support Service	Report on Direct Payments Support Service	Service Director – Joint Commissioning, Quality and Business Change	Sue Batty / Gill Vasilevskis
Safeguarding adults at risk – update report	Update from the Chair of Nottinghamshire Safeguarding Adults Board (6 monthly)	Corporate Director for Adult Social Care, Health and Public Protection	Allan Breeton
Occupational Therapy Service Policy	Report to members on the Occupational Therapy Service Policy	Service Director for Personal Care and Support – Older Adults	Sarah Hampton
Establishment of Senior Practitioner Post in the Intake Team	Report to seek Member approval for the establishment of a Senior Practitioner Post in the Intake Team.	Service Director – Promoting Independence and Public Protection	Jane North
Draft National Eligibility Criteria	To inform Members of the Draft National Eligibility Criteria and invite them to participate in a small working group to discuss.	Service Director – Joint Commissioning, Quality and Business Change	Jennie Kennington
Quarterly update on Performance	Quarterly update report from the Performance Improvement Team	Service Director – Joint Commissioning, Quality and Business Change	Anne Morgan / Nick Parker
<b>28 October 2013</b>			
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 29 <sup>th</sup> October 2012	Service Director for Personal Care and Support – Older Adults	Jane Cashmore
Nottingham Welfare	Quarterly update on the Nottingham Welfare	Service Director for Promoting	Paul McKay



<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Assistance Fund	Assistance Fund	Independence and Public Protection	
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
<b>25 November 2013</b>			
<b>6 January 2014</b>			
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
Nottingham Welfare Assistance Fund	Quarterly update on the Nottingham Welfare Assistance Fund	Service Director for Promoting Independence and Public Protection	Paul McKay
<b>3 February 2014</b>			
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

### **ASCH 143**

