

Adult Social Care and Health Committee

Monday, 02 March 2015 at 10:30

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

AGENDA

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|----|--|---------|
| 1 | Minutes of the last meeting held on 2 February 2015 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Nottinghamshire Safeguarding Adults Board | 7 - 12 |
| 5 | Integration of Health and Social Care Services in Bassetlaw | 13 - 20 |
| 6 | Transforming Care - A National Response to Winterbourne View Hospital | 21 - 36 |
| 7 | Briefing on the Care Act 2014 - Key Changes to the Duties and Responsibilities of the Local Authority. | 37 - 44 |
| 8 | Members' Visits to Council and Independent Sector Care Homes | 45 - 48 |
| 9 | Extension of Contract for Support to East Midlands Improvement Programme in Adult Social Care | 49 - 52 |
| 10 | Performance Update for Adult Social Care and Health | 53 - 60 |
| 11 | Work Programme | 61 - 66 |

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.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 2 February 2015 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)
Yvonne Woodhead (Vice-Chair)

Alan Bell
Kay Cutts MBE
Sybil Fielding
Michael Payne
Andy Sissons

Pam Skelding
Stuart Wallace
Jacky Williams
Liz Yates

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, ASCH&PP
Sue Batty, Service Director, ASCH&PP
Paul Davies, Advanced Democratic Services Officer, PPCS
Lucy Dadge, Director of Transformation, Mansfield and Ashfield CCG
Cherry Dunk, Group Manager, Strategic Commissioning, ASCH&PP
Adam George-Wood, Finance Business Partner – Care Act, E&R
Jennie Kennington, Senior Executive Officer, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Catherine Munro, Labour Group Research Assistant
Jane North, Programme Manager, Care Act
Stacey Roe, Project Manager, Transformation Team, PPCS
Jon Wilson, Temporary Deputy Director, ASCH&PP

GREAT BRITISH CARE AWARD FINALISTS

At the start of the meeting, the Chair referred to the recent success in the regional Great British Care Awards of the Adult Deaf and Visual Impairment Service Team and Giles Blower, Supported Living Coordinator in the Newark Community Learning Disability Team. The Chair presented certificates to Giles Blower and Denise Scott, Team Manager, Adult Deaf and Visual Impairment Service Team in recognition of their achievement as finalists. She thanked them and their teams for their excellent work.

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 5 January 2015 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillor Liz Yates had been appointed in place of Councillor Dr John Doddy on a permanent basis, and Councillor Kay Cutts had been appointed in place of Councillor John Cottee, for this meeting only.

DECLARATION OF INTEREST

There were no declarations of interest.

BETTER TOGETHER PROGRAMME IN MID-NOTTINGHAMSHIRE

Lucy Dadge gave a presentation on the Better Together Programme, and responded to questions and comments.

RESOLVED 2015/010

- (1) That the issues and implications of establishing a capitated budget and single accountable provider across Ashfield, Mansfield and Newark and Sherwood be noted.
- (2) That further work be undertaken to consider the development of the capitated budget and single accountable provider model in mid Nottinghamshire.
- (3) That the committee receive a further progress report on the Better Together Programme in April 2015.
- (4) That the committee receive further reports in the integration of social care and health in South Nottinghamshire and Bassetlaw respectively.
- (5) That a workshop event be arranged to further discuss the integration of health and social care services.

UPDATE ON DEVELOPMENT OF NEW EXTRA CARE SCHEMES FOR NOTTINGHAMSHIRE

RESOLVED 2015/011

- (1) That approval be given for the Council to enter into an agreement with Mansfield District Council regarding the Mansfield Extra Care scheme on Brownlow Road as set out in paragraphs 6 and 7 of the report;
- (2) That approval be given for the Council to enter into an agreement with Newark and Sherwood District Council regarding the Bilsthorpe Extra Care scheme as set out in paragraphs 8 -10 of the report;
- (3) That approval be given for up to £20,000 from the Council's Extra Care Capital Programme for the creation of a small 'touch down' office at the Burton Court Community Centre (for use by care staff serving the nine Bilsthorpe Extra Care bungalows) as set out in paragraph 10 of the report, with the detail to be included as part of the Bilsthorpe legal agreement referred to in resolution 2 above;

- (4) That approval be given for officers to work in partnership with Newark and Sherwood District Council to develop a proposal for the creation of an Extra Care scheme on Bowbridge Road in Newark as set out in paragraphs 11 - 14 of the report, with the detailed plans (including financial implications) to be brought to Committee during the course of 2015 for consideration and decision regarding approval to make a financial contribution from the Council's Extra Care capital allocation;
- (5) That approval be given for officers to work in partnership with Bassetlaw District Council to develop a proposal for a new Extra Care scheme in Worksop as set out in paragraphs 15 - 17 of the report, with the detailed plans (including financial implications) to be brought to Committee during the course of 2015 for consideration and decision regarding approval to make a financial contribution from the Council's Extra Care capital allocation;
- (6) That approval be given for officers to work in partnership with Gedling Borough Council to develop a proposal for Extra Care in the Arnold area of the Gedling Borough as set out in paragraphs 18 - 20 of the report, with the detailed plans (including financial implications) to be brought to Committee during the course of 2015 for consideration and decision regarding approval to make a financial contribution from the Council's Extra Care capital allocation.

APPROVAL TO TENDER FOR EARLY INTERVENTION SUPPORT SERVICES

RESOLVED 2015/012

- (1) That the following early intervention and prevention services be approved to proceed to tender at an annual cost of £1.713m:
 - Short term support to self care
 - Medium term support to promote independence
 - Specialist deaf support
- (2) That this budget be supplemented by an additional budget of approximately £85,000 that is linked to specific individuals currently supported through the Care, Support and Enablement contract.

ORGANISATIONAL REDESIGN AND RESOURCES REQUIRED FOR ACT IMPLEMENTATION

Jane North, Adam George-Wood and Stacey Roe gave a presentation on the staffing and finance required to meet obligations under the Care Act, and the implications for organisational redesign in the Adult Social Care, Health and Public Protection Department.

RESOLVED 2015/013

- (1) That approval be given to the proposals for the establishment of 86.7 fte additional posts and the extension of existing posts for 2015/16, as summarised in the table on page 7 of the report, to ensure that the Council meets the legal requirements of the Care Act from 1 April 2015;

- (2) That approval be given to the proposal to achieve existing savings proposals by reducing the permanent staffing budgets and it be agreed that the Council's Care Act Funding Grants can be utilised to fund the additional posts required to implement the Care Act for 2015/16;
- (3) That the contents of the report relating to the Care Act be noted.

VULNERABLE PERSONS PANELS

RESOLVED 2015/014

That the report and the development work of the Vulnerable Persons Panels be noted.

NATIONAL CHILDREN'S AND ADULTS' SERVICES CONFERENCE, OCTOBER 2014

RESOLVED 2015/015

That the overview in relation to adult services at the National Children's and Adults' Services Conference be noted.

WORK PROGRAMME

RESOLVED 2015/016

That the Work Programme be noted.

The meeting closed at 1.00 pm.

CHAIR

2 March 2015**Agenda Item: 4****REPORT OF THE INDEPENDENT CHAIR FOR THE NOTTINGHAMSHIRE
SAFEGUARDING ADULTS BOARD****NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD****Purpose of the Report**

1. The purpose of this report is to update the Adult Social Care and Health Committee on the work and progress of the Nottinghamshire Safeguarding Adults Board during the financial year 2013/14.

Information and Advice

2. The Nottinghamshire Safeguarding Adults Board (NSAB) is the multi-agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy to safeguard adults at risk. We are committed to preventing and reducing the incidence of abuse and neglect of people in need of care and support and to improving the outcomes for people when abuse or neglect has occurred.
3. This year the membership of NSAB has been strengthened further with the addition of the Chief Executive of Healthwatch as an associate member.
4. Much of the work of the Board in 2013/14 has been targeted in two key areas; firstly, to ensure that the Board is "fit for purpose" to undertake the requirements of the Care Act 2014 which place adult safeguarding on a statutory footing as of 1st April 2015 and, secondly, to begin the work to understand and embed a "Making Safeguarding Personal" (MSP) approach to adult safeguarding which seeks to put the service user at the centre of all we do.

Making Safeguarding Personal (MSP)

5. During 2013/14 Nottinghamshire took part in a national MSP project whereby locally two teams were asked to approach safeguarding cases with an outcomes focus, working much closer with the person at risk to understand what he/she wants. The results of the pilot were fed back into the national project and the learning was used to inform the subsequent review of our policies and procedures. We have improved the way we consult with service users, carers and their representatives and involved service users in the delivery of training.

6. Adult Social Care, Health and Public Protection have supported the temporary secondment of the Group Manager, Access and Safeguarding, to work one day per week with the Local Government Association (L.G.A) to support the national roll out of the MSP agenda.

Policy Review

7. NSAB has carried out a review of its multi-agency safeguarding procedures jointly with Nottingham City Adult Safeguarding Partnership Board. This work has been overseen by our Quality Assurance Sub Group. The revised procedures were published on 7th October 2013. The documents have been streamlined, providing a thorough overview of what staff need to do, either to raise a concern or make a referral about a vulnerable adult who is at risk of significant harm, abuse or neglect in Nottingham City or Nottinghamshire. This information is now in one document, the Multi-Agency Safeguarding Vulnerable Adults Procedure. Additional information to consider and support agencies raising a concern or making a referral, including guidance on legislation, links to domestic violence and possible indicators of abuse, is contained within the Multi-Agency Safeguarding Vulnerable Adults Guidance.
8. Additionally Nottinghamshire has reviewed its Safeguarding Adults Procedures following a referral. Our new procedures adopt a MSP approach which is person led and outcome focused and which puts the individual at the heart of the process. The revised procedures were published in July 2014 and Nottinghamshire is one of the first Local Authorities to adopt this approach which is advocated by the Care Act 2014.

Serious Case Reviews

9. The Serious Case Review Sub Group considers cases of death or serious harm to vulnerable adults where abuse or neglect is known or suspected to be a factor. The Chief Operating Officer for Newark and Sherwood Clinical Commissioning Group is the Chair.
10. The group ensures that cases of death or serious harm that involve abuse or neglect are thoroughly reviewed. Its aim is to find out why things went wrong and then to ensure that lessons are learned and shared across agencies.
11. On 8th October 2013 NSAB commenced a serious case review, SCR F 13, jointly with the Nottinghamshire Safeguarding Children's Board, following the death of an 18 year old woman who was detained under Section 3 of the Mental Health Act in an independent hospital. The review focused on the effectiveness of transition arrangements from children's to adult services and involved a number of statutory and non-statutory organisations. An independent expert was commissioned to author the final overview report which was approved at an extra-ordinary meeting of NSAB on 22nd May 2014. NSAB is monitoring the implementation of recommendations and action plans arising from this review.

Partnership Board

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

13. Our two events for the year 2013/14 focused on the Multi-Agency Safeguarding Hub (MASH) and the Care Act 2014. At our November meeting attendees received presentations and updates on the progress of the MASH and were able to provide valuable feedback as to what was working well and importantly what needed to improve. In May 2014 attendees were updated on the requirements of the Care Act and implications for safeguarding adults.

Annual Report 2013/14 – Key Facts and Figures

14. As in previous recent years NSAB has produced an annual report which is clear, concise, free from jargon and accessible to members of the general public. The annual report, which is available on our website at www.safeguardingadultsnotts.org contains statistical and qualitative data on the performance of the Board and adult safeguarding. Some of the headline data is set out below.

Referrals

15. In 2013/14, the upward trend in safeguarding referrals made to Nottinghamshire County Council continued with a total of 4,751 referrals being received. This is an increase of 560 referrals (13%) on 2012/13.

Referrals which led to Assessment

16. The statistical returns provided to central government concentrate on those referrals which were assessed as requiring a safeguarding response and which led to a safeguarding assessment. In Nottinghamshire, 1,006 of the 4,751 referrals received in 2013/14 went on to assessment. Whilst the number of referrals remains on an upward trend the actual number, and percentage, of those which required a safeguarding assessment has reduced from 1,441 (34.4%) in 2012/13 to 1,006 (21.2%) in 2013/14. Part of the reason for this has been the role of the MASH in scrutinising and prioritising referrals. 41% of all referrals received by the MASH which don't meet safeguarding thresholds have been diverted to other service areas to provide a more appropriate response. This has allowed the County Council and its partners to focus its safeguarding resources on those referrals where there is the greatest risk of harm and which require a safeguarding response.

Next steps-The Care Act 2014

17. The Care Act 2014 places adult safeguarding on a statutory footing and Local Authorities are required to have safeguarding arrangements in place by 1st April 2015. This includes a Safeguarding Adults Board which has a membership consisting of the Local Authority, Police, Clinical Commissioning Groups and "any other persons who the Safeguarding Adults Board considers appropriate". The Safeguarding Adult Board has a "strategic role which is greater than the sum of the operational duties of the core partners" and its objective is "to help and protect adults in its area by co-ordinating and ensuring the effectiveness of what each member does". The Board will have 3 core duties which it must carry out. It must publish a strategic plan, publish an annual report and conduct any Safeguarding Adult Reviews.

18. NSAB was created in April 2008 and is well placed to undertake the statutory requirements of the Care Act 2014. The Board is well supported by senior representatives from the core agencies and many others. Over the years it has published annual reports, produced strategic plans and been proactive in undertaking and learning from Serious Case Reviews/Safeguarding Adult Reviews. The Board has more recently embraced the MSP philosophy which underpins much of the Care Act Statutory Guidance and leads the way in its implementation.

Other Options Considered

19. This report is for information only and there are no other options considered.

Reason/s for Recommendation

20. This report is to update the Adult Social Care and Health Committee on the work carried out by NSAB 2013/14.

Recommendations

21. The Adult Social Care and Health Committee note the work of NSAB.

Statutory and Policy Implications

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

ALLAN BREETON

Independent Chair of the Nottinghamshire Safeguarding Adults Board

For any enquiries about this report please contact:

Claire Bearder

Group Manager - Safeguarding

Email: calire.bearder@nottscg.gov.uk

Constitutional Comments (SG 04/02/2015)

23. Because this report is for noting only Constitutional Comments are not required.

Financial Comments (KAS 28/01/2015)

24. There are no financial implications contained within this report

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

2 March 2015**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR FOR MID AND NORTH NOTTS****THE INTEGRATION OF HEALTH AND SOCIAL CARE SERVICES IN
BASSETLAW****Purpose of the Report**

1. The report provides an update on progress in delivering the five strategic programmes to transform services and deliver integrated health and social care in Bassetlaw.
2. This report requests approval for the establishment of four temporary social worker posts as part of the pilot of integrated neighbourhood teams.
3. Committee are asked to agree further work to be undertaken to determine the future configuration of services in the context of integrated health and social care commissioning and provision.

Information and Advice

4. This report is one of a series of three which sets out the work on health and social care integration being undertaken across Nottinghamshire. On 2nd February 2015 an up-date on the mid Notts Better Together Programme was presented to Committee. This report also set out some of the key issues and potential impacts of greater integration requiring consideration for the local authority and social care. The report being considered today covers work within Bassetlaw and the final report on 30th March will up-date on progress within the south planning group.
5. Bassetlaw Clinical Commissioning Group (CCG) is working with Nottinghamshire County Council and other partners on plans to deliver the shared commitment to integrating services where it will improve outcomes for citizens. National and global evidence on integrated models of care shows that this can promote independence through preventing illness starting or getting worse, can improve the early identification and management of people with long term conditions, support self-care and facilitate proactive identification of patients at risk of admission to hospital and residential care.
6. Health and social care partners formed a Bassetlaw Integrated Care Board (ICB) in April 2013 to drive forward the vision for better care along with ambitious plans to improve the health and wellbeing of Bassetlaw residents. The partners involved in the ICB are:

- Bassetlaw CCG and member GPs
- Providers – Doncaster and Bassetlaw NHS hospitals Foundation Trust; Bassetlaw Health Partnerships; East Midlands Ambulance Service (EMAS); Nottinghamshire NHS Healthcare Trust;
- Nottinghamshire County Council (social care and public health)
- Bassetlaw District Council
- Third sector
- Patient and public representatives

The ICB has agreed a joint vision and commitment to deliver five transformational change programmes in Bassetlaw:

- A. Integrating Care in the community** - improving the pathways of care and integrating local services for frail and vulnerable people
- B. Urgent (Same Day) Care** – providing equitable same day 24 hour urgent care services in Bassetlaw based on local population need and including GP out of hours service and patient self-care
- C. Care Homes and Specialist Accommodation for Older People** – health and social care working better together to improve the quality of care and standards in Bassetlaw's care homes and develop a range of housing and accommodation options.
- D. Mental Health Services** – improving links and integration between physical health and mental health services with an increased emphasis on prevention and earlier intervention and less reliance on acute based mental healthcare
- E. Getting people out of hospital after acute illness** - helping people to become independent after leaving hospital, providing more re-ablement and rehabilitation support at home and in the community

The aim of these transformational programmes is to align services through the integration of health, care and support across Bassetlaw to improve the quality of care and patient outcomes whilst driving forward efficiency and value for money for the local tax payer.

During 2014/15 the ICB has governed the planning and clinical development of the priorities and new models of care and from April 2015 the CCG and partners will move into the transition phase of change as the integration programme starts to mobilise.

Workstream A - Integrating Care in the Community

7. Community services, primary care, the third sector, mental health and social care services in Bassetlaw are not currently integrated which often results in patients experiencing hand offs from one professional to another throughout their pathway causing unnecessary delay in accessing the right professional at the right time. Introducing integrated working across health and social care is the first of Bassetlaw CCGs five transformation programmes due to be fully mobilised from March 2015. This is a major part of the integrated care programme and is key to achieving the Better Care Fund targets; reduction of avoidable A&E attendances, admissions and readmissions, residential care home placements, outpatient attendances and GP appointments.
8. From March 2015 the existing community services provided by Bassetlaw Health Partnerships will be reconfigured into four Integrated Neighbourhood Teams, teams aligned with GP practices across the Bassetlaw district. Each team will cover one or a number of GP

practices with a population of circa 25000 patients. Within each team will be a full complement of clinicians; district nurses, community matrons, case managers, therapists, and health care support workers. The teams will include social care and support from the voluntary sector (social prescribing; see paragraph 12). The aim is that each of the four integrated neighbourhood teams will initially pilot having a qualified social worker aligned to each as part of the team. This will be evaluated in order that longer term decisions are informed by a full understanding of the nature and volume of the work requiring social care input, type of social care role needed to complete the work and the impact of this new way of working on demand for social care services. It will also consider how this fits with levels of demand, priority work and geographic spread of other social care assessments and care management posts across all of Bassetlaw.

9. The virtual ward model of community care has been introduced for patients with more complex needs. This is a proactive coordinated way of working linked with GPs to provide personalised care for over 75s. Patients are identified to work with through a risk stratification process, in order to target multi agency intensive support which puts the patient and their family at the centre of their care. It will also facilitate quicker discharge from hospital and avoid unnecessary hospital readmissions. The working arrangements of clinical and therapy staff and social workers have been reconfigured to increase the hours of working into the evening Monday to Friday and during 2015 we will enhance this further with seven day working in the community and social care. Staffing levels have been increased above the current establishments to ensure the project can meet its objectives from commencement, accepting that new working arrangements will take time to bed-in. Evaluation will determine the final structure for each team.
10. Geriatrician led care, a community based elderly care service working with the integrated neighbourhood teams, will commence from April. This will provide consultant led geriatric care in the community in addition to acute geriatric care in Bassetlaw Hospital. The service will be part of the virtual ward model linking in with the neighbourhood teams, providing comprehensive geriatric assessments in the community and advice and support to GPs and community teams managing the care for older people.
11. The transition of change will have three stages. From March, Bassetlaw Health Partnership (BHP) staff will work as a team with GPs and practices, integrating pathways, risk assessing and case managing the frail and elderly. The new way of working will be agreed through a memorandum of understanding. The second stage from April is for the introduction of a qualified social worker into each team. This role will carry a case load and will support the integrated team in care planning and case management of patients particularly patients identified at risk of admission and requiring support packages of care in the community. The third stage from May 2015 is to develop links into mental health teams with each team having a named NHT contact to support referrals into mental health services.
12. Social prescribing is a mechanism for linking people with non-medical sources of support within the community delivered through local voluntary services. Primary care professionals can 'prescribe' support using a menu of services for patients who are often the frail elderly and people with long term conditions. Support services include healthy lifestyle advice, physical activity, learning new skills to get back to work, volunteering, mutual aid, befriending and self-help, as well as support with, for example, housing, debt or legal advice. The local third sector in Bassetlaw is a key partner in the primary care integrated model and the CCG is working with partners to increase the number of voluntary services available in Bassetlaw

and are exploring opportunities for joint working with the both the County Council and District Council who also run similar schemes in Bassetlaw.

13. The CCG has established a community social prescribing scheme (a one year pilot starting February 2015) that supports patients needing emotional, practical and social support. The scheme will be integrated into the neighbourhood teams with 'social prescribers' assessing need with patients and arranging support with them. This will develop and increase capacity in the third sector and will extend the options of patient support services available to GPs, community staff and social workers. The pilot scheme is initially supporting the frail elderly and people who are socially isolated and pending successful evaluation will be extended in year for people with long term conditions.

Workstream B - Urgent (Same Day) Care

14. Increased demand into Bassetlaw hospital emergency department of patients with minor illness over the last few years has initiated the development of plans for a one year pilot GP led urgent care centre to be co-located on site of the emergency department at BDGH. The pilot will integrate GP out of hours and will provide GP and advanced nurse specialist capacity during specific times of the day. The pilot will start in June 2015.
15. The CCG has agreed a short term pilot with East Midlands Ambulance Service (EMAS) to increase the ambulance and first response vehicle capacity in Bassetlaw via a "Bassetlaw dedicated service". This will increase resources locally and improve the response time to the rural areas in Bassetlaw particularly in the north of the district. If the scheme evaluates successfully discussions will be opened with EMAS through the lead commissioner around further dedicated services within current contract levels.

Workstream C - Care Homes and Specialist Accommodation for Older People.

16. Health and social care are working together to improve the quality of care and standards in care homes supporting people to stay longer in their home of choice and avoid unnecessary hospital admissions. A Steering Group made up of statutory agencies and providers meets regularly and informs identification of the key improvement areas and actions. A number of initiatives agreed as part of the Better Care Fund are now due to start, including enhancement of dementia support to care homes and competency based training packages covering nutrition, hydration and End of Life Care. The other strand of this work-stream is developing a joint plan with the District Council, in order to offer a range of appropriate specialist accommodation options to local older people.

Workstream D - Mental Health Services

17. The CCG has developed an ambitious mental health strategy that will transform mental health services in Bassetlaw, providing an opportunity to move from what are considered to be traditional mental health services into a more proactive and holistic approach to care putting more focus on parity of esteem, prevention, early intervention and shifting services out of hospital into the community. The strategy has a number of recommendations that will move mental health services in Bassetlaw to a more proactive and sustainable model of care that will offer the highest quality of care to patients. A new mental health unit will be built at Bassetlaw hospital and the Acute Trust, CCG and Nottinghamshire Healthcare Trust are currently in discussions regarding the critical path and timeframe for this.

18. As part of the new model to integrate and streamline mental health services a mental health and wellbeing hub (accessed through both open access and referral) will provide advice and support for people seeking early help from a range of different services such as signposting to early intervention and resilience support in the community/ third sector or debt advice and housing issues which will be linked to the social prescribing scheme and the district council. A single point of access will be a key part of the hub for people that need a referral to specialist mental health support. Offering a multi-faceted approach early in the patient journey could prevent deterioration in the mental health condition and will support people who need more intensive care into the right service in a timely manner. The new model will also offer a more comprehensive discharge support package to prevent relapses and readmissions and crisis house provision as an alternative to acute inpatient care that could potentially significantly reduce inpatient provision in the area. The MH crisis care concordat requirements will be met by the new model around the development of the mental health acute liaison team at Bassetlaw Hospital and out of hours support for patients and professionals.
19. The transformed services will take 3-5 years to implement and changes are currently being made to existing services provided by Nottinghamshire Healthcare Trust in terms of streamlining and integrating services. Non recurrent resources have been committed by the CCG for service and pathway changes required during the 2015/16 initial transition year. These changes are currently being negotiated with NHT through the contract round.

Workstream E - Getting people out of hospital after acute illness

20. Bassetlaw CCG is working with the Council and health care providers to develop options for a more integrated model of Intermediate Care and re-ablement. The scope includes the current services and arrangements for health and social care funded re-ablement (START) and intermediate care. It is agreed that a new way of operating which is less reliant on beds and seeks to re-able more people at home is required. Better integration will aim to remove the current separate pathways, services and duplication in the system, in order to create a service focused around individual's needs. An options appraisal of new potential models of integrated care providing more home and community based support will be considered by the ICB work group leading this project in March 2015 and then taken through agencies respective governance processes.
21. Timely discharge from hospital relies on multi-disciplinary working across health, social care and housing, involving the voluntary sector where necessary. Patients with complex care needs, particularly the frail elderly, sometimes stay longer in an acute bed at Bassetlaw hospital than they may need to, whilst their discharge is fully planned and implemented. This additional length of stay on a ward has been targeted as an area that both health and social care staff can improve, through better and earlier planning for discharge and alternative short term placements. Some people, for example, may be medically fit for discharge but may need a slightly longer period of intense re-ablement before being ready to return home, or may require further assessment, for example, for Continuing Health Care. Others may not be able to return home directly because they need to have minor adaptations completed in their homes. The aim is that these people will not need to wait in hospital, but will transfer to specific short term beds whilst these type of tasks are undertaken. The longer term plan agreed by Bassetlaw ICB is to develop a re-ablement unit in 2016 that will provide some bed based intermediate care and transfer to assess capacity where complex discharge patients will be transferred to for their continued care pathway. In the short term, interim options for commissioning local residential and nursing home beds for short term assessment i.e. 28

days maximum length of stay, are being explored. An options appraisal will be completed in March.

Other Options Considered

22. The national direction of travel is clearly towards greater integration of health and social care services where this can evidence improved outcomes for people, carers and organisations. The vision for services has been agreed in Bassetlaw. Then detail of how this can be implemented now needs to be agreed and further reports setting out the options, benefits and risks will be presented to Committee to enable decisions to be made.

Reason/s for Recommendation/s

23. The pressure of increased demand for services means that partners are predicting a rising financial gap if nothing is done to address this and better manage demand. Developing integrated service in key areas is one way to address this.

Statutory and Policy Implications

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

Financial Implications

25. Bassetlaw CCG has already confirmed that £98,000 is available in 2015/16 to fund four Band B posts for a six month pilot. The CCG are considering whether further funding can be identified to enable these posts to be funded for up to a maximum of one year. A longer length of pilot would improve the set of set to be analysed. It would also allow more time to approve and implement the recommendations of the pilot, which may include review of how staff are deployed within the assessment and care management teams across Bassetlaw.

Human Resources Implications

26. The move to seven day working is requiring greater use by social workers of the enhanced weekend payment rate. Seven day working is a priority of the Better Care Fund and will be rolled out across the county as part of the three Transformation Programmes. Any future integrated team reorganisation offering seven day working will need to consider the impact of this for staff, managers and contractual terms and conditions.

Implications for Service Users

27. Achieving better outcomes for the citizens of Bassetlaw is at the heart of the strategy. The aim is that people will get the care and support they need at the right time and only have to go into hospital if they need to. Care will be more co-ordinated and person centred.

Ways of Working Implications

28. The new temporary posts will be working from CCG office bases

RECOMMENDATION/S

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

- 1) notes the progress in delivering the five strategic programmes to transform services and deliver integrated health and social care in Bassetlaw set out in this report.
- 2) approves establishment of the following four temporary posts for between a minimum of six and maximum of twelve months (dependent on final confirmation of CCG funds available):
 - 4 FTE Social Worker posts, Hay Band (Grade B), scp 34-39, £37,811 - £43,397 (which includes on-costs) plus approved car user status
- 3) agrees further work to be undertaken to determine the future configuration of services in the context of integrated health and social care commissioning and provision within Bassetlaw.

Sue Batty,
Service Director, Personal Care and Support, Mid and North Notts

For any enquiries about this report please contact: Sue Batty

Constitutional Comments (SLB 16/02/15)

Adult Social Care and Health Committee is the appropriate body to consider the content of this report. Changes to staffing structure are subject to the provisions of the Employment Procedure Rules regarding consultation with the trade unions and HR advice.

Financial Comments (AGW 16/02/2015)

The financial implications are contained within paragraph 23 and recommendation 2. The £98,000 sum quoted as being made available by Bassetlaw CCG would be sufficient to fund the stated posts for 6 months including on-costs and car user allowance.

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All Divisions in Bassetlaw
- Councillors Campbell, Fielding, Gilfoyle, Greaves, Ogle, Place, Rhodes, Skelding, Yates

2 March 2015:

Agenda Item: 6

REPORT OF THE SERVICE DIRECTOR FOR SOUTH NOTTINGHAMSHIRE ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

REPORT ON TRANSFORMING CARE: A NATIONAL RESPONSE TO WINTERBOURNE VIEW HOSPITAL

Purpose of the Report

1. To inform Committee members of the progress made towards the local response to the Department of Health report, 'Transforming Care; A National Response to Winterbourne View Hospital'.
2. To approve the spending of £415,000 capital funding from the Department of Health.

Information and Advice

3. In December 2012, the Department of Health (DH) report Transforming Care: 'A National Response to Winterbourne View Hospital' was published. The report identified a range of actions required at a national and local level to drive up the quality of support provided to people with learning disabilities, particularly those that are identified as having challenging behaviour so they can receive high quality healthcare and be supported to live in the community. At the same time a national Concordat Programme of Action was published backed up by a joint improvement programme led by the Local Government Association (LGA) and NHS England.

Progress in Nottinghamshire

4. In March 2013 Nottinghamshire identified 58 people in hospital settings. This included people in The Nottinghamshire NHS Trust Assessment and Treatment Unit (ATU), people in locked rehabilitation services and people in secure hospital (low, medium and high).
5. Since then Nottinghamshire County Council has facilitated 24 moves out of hospital, not including people who have had a short stay in ATU and returned to their previous accommodation.
6. 15 people have moved into supported living and nine people have moved to residential care.

7. A further seven people have plans to move before the end of March 2015.
8. Further reviews are being undertaken in line with Government guidelines and ten reviews have taken place in December and January identifying a further five people who are ready to leave hospital within the next 6-9 months.
9. This review process is on-going and it is expected that there will continue to be discharges at the same rate over the next two years.
10. Since April 2013 there have only been five new admissions to locked rehabilitation. Of these, one was from out of County (and is unlikely to become Nottinghamshire's responsibility due to changes made in the Care Act) and one was a placement by the Ministry of Justice. The other three were admitted from the community and previously known to social care in 13/14 due to mental ill health.
11. There have been 20 admissions to ATU in 2014 with five people in ATU at year end. The average length of stay (which includes city patients of which there were a further 18) was 94 days.
12. It is recognised that there are times when people need to go into hospital. However, we also wish to ensure that people are only in hospital for as long as they need to be. We will, therefore, be concentrating going forward on ensuring regular robust reviews of people going into both ATU and into locked rehabilitation with the aim of reducing the amount of time a person stays in hospital.
13. There is a large amount of development going on currently in terms of developing supported living, in partnership with housing providers and our four core supported living providers which will meet the needs of people who challenge services. We have recently been successful in a bid to the Department of Health for some capital funding (£450,000) which will be used to develop single person bungalows for people with very complex needs, as well as extending our provision around 'step down' accommodation to enable people to move out of hospital settings whilst awaiting suitable longer term accommodation and support.
14. Discussion is taking place with health colleagues about the resource required going forward in terms of both community support staff (social workers and clinical teams) and on-going cost of providing support packages. A pooled budget is being developed and will ensure that in 2015/16 resources are aligned and monitored to better inform pooling arrangements which we hope to be fully in place by April 2016.
15. There continues to be challenges to moving people out of hospital
 - 15.1. Staff recruitment for care support and enablement providers. This is an issue across the whole of the care sector in Nottinghamshire presently. Providers are holding regular recruitment events and Supported Living plus (used for people with very complex needs such as those leaving hospital) pays a higher wage than standard supported living. So far Winterbourne projects have not been delayed due to the inability to recruit but it is an area of concern due to the high levels of staffing required when new supported living services are set up.

15.2. The development of housing has been a delaying factor in moving people out of hospital. 23 new supported living plus services have been developed in Ollerton, Hucknall, Huthwaite, Worksop and Stapleford to date with plans for three more flats in Ruddington and, supported by £415,000 from a bid put into the Department of Health, a single person service and four bungalows to house five people in Mansfield. Further developments are being explored alongside the development of standard supported living accommodation in other districts. We have developed a residential step down service in Rainworth which has already been used as an interim step for 5 people moving out of hospital, four of whom have since moved onto supported living. Further DH capital funding is enabling us to make alterations to another 4 bed unit which will also give us the capacity to have a 'step up' property which could prevent people having to go into hospital in the first place. The remaining DH capital is being used to undertake surveys, draw up plans and start development of a further 12 bungalows in Mansfield. The condition of this DH funding is that it was spent before the financial year end on properties to help people leave hospital. We were successful in our application because we had projects started where we could deploy the capital. This has prevented the use of Nottinghamshire County Council capital which would have been the alternative.

15.3. The overall cost of service provision is increasing. While the actual cost of community placements so far have tended to be lower cost than hospital placements, this is partly because the 'less complex' people have already moved out and packages of support for the more complex service users can be significantly more expensive than hospital placements. This, however, is only part of the cost as the provision of appropriate levels of community support is stretching current resources. The community resource, for example psychologists, psychiatrists, social workers and learning disability nurses required to manage complex people in the community and prevent new admissions is currently stretched and an exercise to predict the additional resource required is being carried out currently.

16. The next report to committee will identify the full costs of developing alternatives to hospital care, including the share of Health and Social Care funding, and the resources which have been made available to support this.

Statutory and Policy Implications

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

Financial Implications

18. Capital expenditure of £415,000 would be required for the building of the single person service and the bungalows in Mansfield. This is funded by a capital grant from Department

of Health, which has already been received by the Council. The next report to committee will include a full breakdown on spend since April 2013 as detailed in paragraph 15. A variation to the capital programme will be reported to Finance and Property Committee as part of the Period 10 Financial Monitoring Report.

RECOMMENDATION/S

It is recommended that the Committee:

- 1) Notes the content of the report and progress being made to commission suitable care and accommodation for people currently placed in hospital settings.
- 2) Subject to the approval of Finance and Property Committee, approve the spending of the Department of Health capital funding as set out in the bid attached as appendix 1 and outlined in paragraph 15.2.

Caroline Baria

Service Director, South Nottinghamshire, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (CEH 20/02/15)

19. The recommendations fall within the remit of the Adult Social Care and Health Committee by virtue of its terms of reference. The necessary legal agreements will need to be put into place for the payment of the funding out to third parties to deliver the schemes and ensure the Council's compliance with the grant funding conditions.

Financial Comments (AGW 20/02/15)

20. The financial implications are contained within paragraph 18 of the report.

Background Papers available for Inspection

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

None

Electoral Division(s) and Member(s) Affected

All

Criteria	LA response
<p>(1) The LA/NHS must identify individuals in the relevant cohort (*people with learning disability, autism who may also have behaviour that challenges or mental health problems currently in or at severe risk of admission to inpatient settings) where the need for suitable housing is identified as one of the issues that may enable:</p> <ul style="list-style-type: none"> a. them to be discharged from inpatient settings into the community b. or to prevent their admission c. or readmission into inpatient settings 	<p>Nottinghamshire County Council is making plans for accommodation to prevent service users with challenging needs entering long term hospital settings. As part of it's prevention work the Council has started to look at service users who are at risk of entering long term hospital settings due to challenging behaviour and issues in their current accommodation.. In one district alone of the seven in Nottinghamshire we are aware of 9 service users (more information can be supplied – for reasons of confidentiality we have not supplied actual names) in this category.</p> <p>The Council estimates on recent trends that around three or four new service users per year (many of these will be young people coming through Transitions) may require an alternative to a Winterbourne hospital setting as a preventative measure each year and the projects bid for below will help to provide these preventative services.</p> <p>In Nottinghamshire there is a list of individuals on our Winterbourne list i.e. who are currently in long term hospital placements and we are working to help them move on to more appropriate community settings. We are currently working with these service users to ensure that they stay in hospital no longer than they need to and where appropriate making plans for them to move on to more suitable community placements. All of these service users will be eligible to use services mentioned below in our DoH capital bid. We have not supplied names of these service users for confidentiality reasons but instead have supplied the NHS tracking numbers from the Winterbourne programme. The service users are: O4E-007, O4E-017, O4M-002, O4N-002, O4E-018, O4H-00, 2O4H-008, O4H-007, O4E-013, O4H-006, O4N-005, O4N-001, O4H-009, O4H-014, O4M-001, Bass-10-1, O4N-005. There are also 3 further Winterbourne individuals for whom I do not have a reference number due to them being Nottinghamshire's responsibility now but for whom the details are held by another CCG (e.g. Nottingham City for Ordinary Residence purposes). There are also another three individuals in Low Secure without a reference number who are known to Nottinghamshire who may benefit from bespoke accommodation in the future.</p> <p>Nottinghamshire County Council in partnership with Nottinghamshire and Bassetlaw CCGs has moved 20 people from hospital as part of the Winterbourne work, 10 of these have moved to supported living services. Nottinghamshire is committed to providing supported living wherever this is considered the best option for individuals. Up to 24 people still in hospital settings have been</p>

	<p>identified as suitable for supported living upon discharge as oppose to residential care.</p> <p>Nottinghamshire has worked closely with housing partners to develop small units of flats which allows people to have their own self-contained flat but benefit from shared background support, often as a compliment to high levels of 1:1 support. However, there are a number of people in hospital who need accommodation which is even more self-contained as they struggle to live with other people, with plenty of outside space. Therefore we want to develop a number of bungalows suitable for 1 person or two people with self-contained elements within them. 18 individuals on Nottinghamshire's Winterbourne list (i.e. were in hospital on 1 April 2014 and have not yet been discharged) would benefit from this kind of service.</p> <p>Part of the delay in discharge, or historical reason people have gone into hospital in the first place is lack of suitable accommodation and service in emergencies e.g. carer breakdown or times of escalating mental health issues. In Nottinghamshire we have developed a step down residential property where people can go while they are awaiting completion of their supported living property when being discharged from hospital (this is especially helpful if the Court of Protection is required for Deprivation of Liberty safeguards as this can take 6 months or more and could significantly delay discharge from hospital into supported living environments in future).</p> <p>This step down is a 4 bed residential unit and has been very successful for three individuals for whom supported living property is being built but will not be completed until December 2014. However, it did not work for one individual as he found the shared environment difficult. We would therefore like to convert a second 6 bed care home that we have available on the same site into 4 more self-contained units so that we can offer this step down option to a wider group of people. We have 16 people currently in hospital whom we feel this would be a good option for and would also then be able to use this as a longer term alternative to ATU in times of emergency where actual treatment is not required or can be provided in a peripatetic way by our Community Assessment and Treatment team.</p> <p>Finally, the council has some further development options and is currently working with its approved housing providers to look at more clusters of flats. However, in order for the development to go ahead, appropriate land must be sourced. The council has some potential sites</p>
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	<p>but these require substantial scoping before the suitability of them can be decided. This includes ground surveys, architect plans and negotiations with potential providers from our approved housing list. 19 service users on the Winterbourne list may benefit from this development and this will also be part of a wide range of options available in the future to prevent admission and reduce time spent as an inpatient for the people of Nottinghamshire.</p> <p>Some of the service users eligible to join the above schemes have been counted more than once as they may be suitable for more than one of the options, depending on which of the projects gets the go-ahead.</p>
(2) The LA's expression of interest must be agreed with local health partners	<p>We have monthly Winterbourne Project High Level Board meetings with the CCG's and local NHS Healthcare Trust and they are in agreement with our expression of interest. Our plans were discussed at the October meeting and all were agreed that the projects we want the DoH to consider are the right ones. There is also a monthly meeting between social work and health practitioners to discuss each name on the Nottinghamshire Winterbourne list and this has helped inform our accommodation plans going forward for service users who may need housing now but also when their treatment in hospital ends.</p>
(3) Local partners must be able to demonstrate that activity will lead to improved outcomes for these individuals in their community	<p>Nottinghamshire County Council is working with health and housing providers to develop better supported housing pathways for service users with challenging needs. This involves a number of plans designed to improve outcomes for service users. All of our activity in this bid is designed to allow service users with challenging needs to live fulfilling lives in their own homes via supported housing. This activity ranges from bespoke bungalow accommodation for that small number of individuals who struggle to live with or near anyone else to preventing admission or improving pathways from hospital to using Council owned land to develop new supported housing. All of these developments are aimed to ensuring service users have bespoke housing within their community, have choice and control in their life over what they do and when, can lead independent and safe lives and have access to benefits that allow an income adequate to meet the needs for a dignified life in the community. Without this the individuals will remain in hospital where they are not free to come and go as they like, are restricted on their daily activities and do not have a place to call home as well as having a very low income each week.</p>

	<p>Example from service users who have already moved from hospital under the Winterbourne programme: 3 service users currently living in the same hospital were assessed as being able to leave and they wanted to live together in supported housing. A housing provider – Progress – was commissioned to build a block of flats to meet their needs. Due to planning delays it was agreed with the service users they move to our newly commissioned step/step down residential service whilst their accommodation was being built. All three are now in the residential home and working towards moving in Dec 2014. All three have transitional hours now with the support provider they are going to have when they move. This has helped them make the move from hospital successfully, attend day services, be safe, maintain relationships with each other which is important to them. One of the service users is working towards going out in the community with encouragement and reassurance but also practical assistance as due to her eyesight she is unable to judge the speed of oncoming traffic, is not confident using stairs, can't judge depth and distance etc. She is working on having meals out, bowling, shopping, going to shows – all of which are outcomes she was unable to undertake whilst in hospital. On one occasion all three recently 20 miles to the famous Goose Fair in Nottingham, something that would have been unthinkable only months before. They are excited and motivated to move to their newly built housing which will be ready for them to move into before Christmas. It is anticipated once they move to supported housing they will have increased finances that will allow them much more choice over daily activities and how they choose to live their life. The service users have a support plan that is delivering their outcomes and this example shows the ways that Nottinghamshire will deliver on improved outcomes for individuals with DoH capital.</p>
(4) Local partners must share learning with other recipients and other authorities	<p>We are happy to share learning with other recipients and other authorities. We have already attended a number of regional and national Winterbourne events and would be happy to share our learning with others at future events. We are members of the Housing and Support Alliance and currently host it's LA Housing Interest Group and would be able to share learning through this network of commissioners which meets on a quarterly basis. We work very closely with our CCG colleagues who would be able to share learning through regional and national networks. We are open to colleagues for other areas visiting new ways of working that we are able to develop in Nottinghamshire. For example we recently were host to a visit by Zandrea Stewart, Principal</p>

	Advisor to the Winterbourne JIP, to share our learning so far on our newly developed interim residential service that provides quicker pathways out of hospital settings.
(5) The local area must be able to spend the capital funding by March 2015	<p>Our plans are based on a realistic set of ideas that are deliverable within the timeframe laid down by the DoH for capital funding.</p> <p>For each of our bids we are confident that capital will be spent by March 2015 and this is detailed below:</p> <p><u>Cluster of bungalows</u> – the Council has an approved list of housing providers and we are in discussion with two of the providers to purchase on the open market a set of bungalows close together. There are a number of potential housing developments on the open market that we are looking at – we have offers from two housing providers to purchase the bungalows as soon as DoH approves the capital bid. The housing providers are confident that purchase can be achieved in a timely manner to ensure the Council is able to spend it's DoH capital by March 2015.</p> <p><u>Adaptations to step up/step down interim residential care service</u> – a design for adaptation has been drawn up by our Occupational Therapists and shared with the service provider (a local Housing Association). The provider has given assurances the capital money will be spent on building works within the March 2015 deadline.</p> <p><u>Potential to use land owned by the council for Supported Housing</u> – as part of this bid discussion has already taken place over the work plan required to undertake the scoping exercise. The Council would ensure that this scoping exercise is staffed internally, with appropriate land surveys and architect plans are be undertaken by the end of March 2015 with a view to developing at least one of the three potential sites in 2015/16 with additional core and cluster type accommodation to provide a range of supported living, including at least 5 additional units for supported living plus (our enhanced support service for people with very challenging needs).</p>

Required supporting information	LA response
(1) The funding required by the LA	<p>Nottinghamshire has worked out 3 schemes that it requires funding for. These are:</p> <ol style="list-style-type: none"> 1. £225k – A cluster of 3/4 bungalows specially adapted for service users with very challenging needs 2. £125K – To make adaptations to run a step up/step down interim residential care home that allow service users to avoid or leave hospital early whilst we find them suitable supported housing. cater for service users with very challenging needs and will aim to prevent them being admitted to hospital and/or allow early discharge from hospital 3. £65k – to undertake a scoping exercise to look at the potential to use land owned by the county council to develop new supported housing. <p>Depending on the funding granted by the DoH capital funding the Council would like to develop one, two or all of these schemes. The above prices are best estimates at the time of the bid and actual proportion of spend may vary slightly when deployed.</p>
(2) The LA's plans for using the funding	<p>£225k – A cluster of 3/4 bungalows specially adapted for service users with very challenging needs. As part of it's Winterbourne programme the Council has already discharged 17 service users from hospital. However we are finding that service users with more challenging and profound needs are proving very hard to move to suitable independent accommodation. These service users often struggle to live in in shared accommodation or even core and cluster blocks of flats due to very challenging behaviour or an inability to tolerate other people well. Our solution is to develop very bespoke bungalows that can be adapted to give the right environment to these service users. By developing a group of bungalows some economy of scale in terms of support costs can be made and it will allow staff the opportunity to work with different service</p>

	<p>users to avoid burn out. The Council has an approved housing provider list and has been talking to two of the providers – BEST and Reside. Both are Registered Social Landlords and are interested in purchasing a group of bungalows on the open market. There are a number of current developments for sale in the county that would meet our requirements and both providers have indicated they would be able to purchase accommodation by the end of March 2015. The bungalows would be adapted to ensure individual accommodation could be provided and would be built to be robust enough for service users who challenge (e.g. reinforced walls, under floor heating etc.). The housing provider would contribute the capital required to purchase the bungalows and the DoH capital would be contributed on behalf of the Council to ensure that the rent required by the housing provider would meet Housing Benefit levels.</p> <p>£125K – To make adaptations to run a step up/step down interim residential care home that allow service users to avoid or leave hospital early whilst we find them suitable supported housing. The accommodation is designed to cater for service users with very challenging needs and will aim to prevent them being admitted to hospital and/or allow early discharge from hospital. Although this is a residential service stays will be limited to up to 2 years whilst the support provider assesses and supports the service user to become more independent and allows time for the Council to identify appropriate supported housing. The Council's experience so far of the Winterbourne programme is that some service users are ready to move before we have identified appropriate supported housing – this service will allow service users to leave hospital to work on their independent living skills whilst suitable supported housing is commissioned. Accordingly the aim of this bid is to facilitate the development of supported housing rather than spending money on a residential care service in itself. The Council has already started a partnership with Nottingham Community Housing Association to set up a step up/step down residential care service as a short term alternative to hospital or pathway from hospital. This service has been running since May 2014 but we have found the design of the building is not adequate to provide support for service users who have challenging needs. At present the accommodation has 6 bedrooms in a shared environment – this is too many people with challenging needs in a confined shared space. The Council would like to use DoH capital to re-design the internal layout of the building to be suitable</p>
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	<p>going forward to challenging individuals. The plans therefore are to spend money on a range of adaptations including making the corridors much lighter, reduce awkward spaces where aggression is hard to manage, remove radiators with under-floor heating, increase the space available in 4 bedrooms, give more space away from each bedroom etc.</p> <p>£65k – to undertake a scoping exercise to look at the potential to use land owned by the county council to develop new supported housing. Initial discussion with the Council's property services indicates that the Council owns 3 potential parcels of land that could be used for the development of supported housing. As there will be a value to the land there will be work required to get the council to agree to use this land for supported housing. Under this project the Council would provide staffing take the project forward and to liaise with Property Services, the planning process, housing providers, Architects, social care staff and Occupational Therapy to develop new, innovative ways to develop Supported Housing. Discussion has also taken place with ExtraCare colleagues to find ways to collaborate on developing new housing for all service groups in exciting new ways. Planning with housing provider partners will take place to determine who will be involved, how the work can be progressed and the responsibilities of the Council and provider.</p>
(3) That the LA's expression of interest demonstrates that there is agreement to a support plan including ongoing funding for individuals	<p>All of the service users identified as part of the Winterbourne cohort in Nottinghamshire have up to date care plans and reviews as well as a named care co-ordinator. There is a dedicated team – New Lifestyles Team – who have been commissioned especially to work with service users in the Winterbourne cohort. This team meets monthly with LA and CCG commissioners to track progress and ensure the support plan is moving forward in the expected fashion or to make adjustments in the plan as required. The Council has specially commissioned supported living providers who are expert at working with challenging service users and they are involved in support planning</p> <p>The New Lifestyles Team works to ensure requests for funding are approved before a service user moves and in a timely fashion. There is agreement with the CCG's that</p>

	<p>requests for Continuing Health Care assessments are completed as a priority and in a way that does not delay a service user moving from a hospital setting. There are well developed arrangements for funding to be agreed on Continuing Health Care between Nottinghamshire County Council and the CCG's.</p>
(4) The capital plans of the LA	<p>As part of it's Adult Social care Strategy the Council is working to ensure it meets the needs of service users at the most affordable cost to the authority. Accordingly it has a programme to help service users in with complex needs who live in residential care move to supported housing where this promotes independence and saves the Council money. The Council has an approved list of 6 housing providers who it can work with to develop new supported housing and it is expected these provider are able to fund new housing themselves and using rents as income. However in certain circumstances where no housing provider is able or prepared to develop required accommodation or make adaptations the Council is prepared to invest capital to make the accommodation happen. For example the council is working with a housing provider who has a shared house with a vacancy that has remained unfilled for over 12 months. The Council is working with the housing provider to convert the property into bespoke single person accommodation for challenging service users. The housing provider is happy to do this but requires £30k to make this happen – the Council has given a commitment to the housing provider to do this as it will ensure the accommodation is converted and allows the housing provider to charge a reasonable rent eligible for Housing Benefit.</p>

	<p>The Council recognises timely injections of capital can unlock accommodation for service users who otherwise would not be able to access appropriate accommodation. However to inject capital the Council needs to access finance through it's Corporate Capital programme as it's social care budgets are already being reduced over time. Such borrowing obviously has a long term interest cost. Therefore any assistance that the DoH can give in contributing to the cost high cost of accommodating very challenging service users through it's capital funding pot will be essential to facilitating bespoke accommodation to be developed.</p>
(5) The provider(s) the LA will work with	<p>£225k – A cluster of 3/4 bungalows specially adapted for service users with very challenging needs. The Council has an approved housing provider list and has been talking to two of the providers – BEST and Reside. Both are Registered Social Landlords and are interested in purchasing a group of bungalows. They are both interested since the DoH capital will allow them to develop accommodation they normally cannot undertake i.e. for service users with very challenging needs who need accommodation that will be too expensive to be covered by Housing Benefit – the DoH capital will allow them to undertake the purchase and conversion.</p> <p>£125K – To make adaptations to run a step up/step down interim residential care home – the Council has already started a partnership with Nottingham Community Housing Association to set up a step up/step down residential care service as a short term alternative to hospital or pathway from hospital. Accordingly the Council already has a provider to work with and just requires DoH capital to facilitate an upgrade to the property.</p> <p>£65k – to undertake a scoping exercise to look at the potential to use land owned by the county council to develop new supported housing. The Council has 6 housing partners – Framework, Inclusion, Nottingham Community Housing Association, Gedling Homes, Progress and who are on an approved list and we will select which partner will work with us on developing this accommodation by a process that will involve the providers in conversation around the needs of the Council and the way they can work with us to</p>

	<p>deliver. An initial meeting has already taken place with housing providers to gauge interest and further work will be undertaken to develop partnerships.</p>
<p>(6) The LA's progress on delivering <i>Transforming care</i> commitments so far</p>	<p>In April/May 2013, 28 people were assessed as being ready to leave hospital by June 2014.</p> <p><u>So far 20 people have moved out:</u></p> <ul style="list-style-type: none"> • 3 of these people have moved to a new residential service where they will live whilst their supported housing is built – expected to be December 2014. • 10 people have moved directly into supported living services. • 7 people have moved into residential care <p><u>8 people who we originally thought would be ready to move have not done so. This is due to:</u></p> <ul style="list-style-type: none"> • 3 people not being given Ministry of Justice permission to leave yet • 4 people have not got better as quickly as we had thought they would and are still having treatment. • 1 person did move out but then went straight back to hospital because he did not want to leave. We are still working with him to help him move again. <p><u>Reflections on the Winterbourne Programme</u></p> <p>We are pleased with the progress made in Nottinghamshire to improving lives for vulnerable service users. As the figures above show Nottinghamshire has made strong progress in reviewing and moving service users in hospital to new lives in the community. This has involved considerable effort in working with service users and their families as well as developers of new accommodation and with care providers in supported living and residential care.</p> <p>We continue to make plans to develop further supported housing as well as working with health colleagues to improve community health support to service users who challenge</p>

	by, for example, improving availability and access to CAAT services.
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2 March 2014**Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE****BRIEFING NOTE ON THE CARE ACT 2014 – KEY CHANGES TO THE
DUTIES AND RESPONSIBILITIES OF THE LOCAL AUTHORITY****Purpose of the Report**

1. This is a report to Committee on the key changes required to deliver the new legislative requirements of the Care Act 2014. These key changes cover:
 - A new statutory framework for adult safeguarding
 - A national minimum eligibility threshold for adults with care and support need and carers
 - A national assessment framework for adults and carers
 - New duties in relation to people who move in or out of Nottinghamshire
 - New duties to prisoners
 - New support entitlements for carers
2. The report also seeks approval for the Council to respond to the consultation the draft regulations and guidance on the implementation of the cap on care costs and proposals for a new appeals system for care and support, which are Part 2 of the Care Act and are due to come in to effect in April 2016. As the response is due by 30 March 2015, a delegation to the Corporate Director, Adult Social Care, Health and Public Protection in consultation with the Chairman of the Adult Social Care and Health Committee is proposed.

Information and Advice

3. The Care Act introduces a set of legislative reforms to the way that care and support for adults is provided and paid for. It is founded on the new statutory principle of 'promoting wellbeing' and must be delivered within the context of personalisation, prevention of social care needs and access to information and advice on support available in Nottinghamshire. Previous social care legislation and statutory guidance, including the Community Care Act, have been repealed, revoked or cancelled.
4. The Care Act is supported by the Human Rights Act 1998 and the Equality Act 2010 and must be delivered in the context of both.

5. Some legal duties, powers and responsibilities remain unchanged and other parts of the Act put into place ways of working that are already existing practice in Nottinghamshire, such as personal budgets. However, the Act also introduces a series of new duties, powers and responsibilities, such as a national minimum threshold for support. This briefing focuses on the new and changed requirements.
6. The Care Act is intended to work in partnership with the Children and Family Act 2014, which amends the Children Act 1989 and applies to 0 - 25 year old children and young people who have Special Educational Needs (SEN) and Disabilities. In combination, the two Acts enable the Council to prepare children and young people for adulthood from the earliest possible stage, including their transition to adult services.
7. The social care reforms within part one of the Care Act come into force on 1 April 2015.
8. The financial reforms, such as the introduction of a cap on the amount that a person will be required to pay for their care and support in their lifetime, will come into force in April 2016. The draft guidance on the financial reforms is expected to be published in February 2015 for a period of consultation.

Safeguarding

9. There are two sets of procedures in relation to safeguarding adults in Nottinghamshire:
 - i) a joint document with Nottingham City to inform those who need to make a safeguarding referral;
 - ii) a Nottinghamshire only document which describes the processes and procedures to be followed when a safeguarding referral is received into the local authority.
10. Both of these documents are managed and owned by all the partner agencies in Nottinghamshire under the auspices of the Nottinghamshire Safeguarding Adults Board (NSAB)
11. Despite significant work recently being undertaken to make the safeguarding procedures person centred, the following changes are required to be made across both documents to ensure that the local authority is compliant with the Care Act 2014:
 - a) Terminology requires updating, for example the term 'vulnerable adult' has changed to 'adult [at risk]' and the term 'abuse' is used instead of 'significant harm'
 - b) The scope of the document needs updating to ensure that those adults who meet the criteria defined in the Care Act are included, for example 'self-neglect' is a new category of abuse not previously included;
 - c) Ensure that procedures and guidance direct and support staff to work in a person centred way, focussing on outcomes for the adult at risk or abuse;
 - d) Ensure procedures and guidance direct and support staff to 'cause others to make enquiries' and provide the required feedback where this is relevant.

Next Steps

12. The minor changes to the joint Nottingham City and Nottinghamshire referrers' procedures have been agreed with the City's adult safeguarding board and will be submitted for approval by Nottinghamshire at the NSAB Quality Assurance Sub Group on 4 March 2015.
13. The broad change in approach to the Nottinghamshire only procedures, in particular enabling the local authority to 'cause others to make enquiries', were agreed by the Nottinghamshire Safeguarding Adults Board (NSAB) on 8 January 2015. A draft version of the procedures will be presented at the NSAB Quality Assurance Sub Group on 4 March 2015 and a final draft for approval at NSAB on 16 April 2015.

A national assessment framework for adults and the minimum threshold for eligibility

14. The Local Authority's duty to assess under the Care Act 2014 replaces the previous equivalent assessment duties under the NHS & Community Care Act 1990 for adults and under the Carers (Recognition and Services) Act 1995; Carers and Disabled Children Act 2000 and Carers Equal Opportunities Act 2004 for carers.
15. The Care Act 2014 is supported by mandatory Statutory Regulations and Statutory Guidance in relation to assessment and eligibility for adults in need of care and support and carers in need of support.
16. The Act sets out a shared national assessment framework and two separate national minimum eligibility thresholds for adults and carers. From 1 April 2015, Nottinghamshire County Council must adhere to the national assessment framework as well as the two new national minimum eligibility thresholds.
17. This replaces the current system where councils have the discretion to set the eligibility threshold based on the Fair Access to Care Standards criteria of 'low', 'moderate', 'substantial' and 'critical'.
18. The Government's intention is to set the national minimum eligibility threshold at the equivalent of 'substantial'. As Nottinghamshire's threshold is already set at 'substantial' under the current legislation, there is no intention to re-assess existing service users or carers under the new legislation, unless it appears that their needs have changed. The next planned review will then assess their needs against the minimum eligibility threshold.
19. The new eligibility threshold is based on the well-being principle and there is a duty to 'promote wellbeing' for both service users and carers.
20. For adults the eligibility decision will be based on a three stage test, which is:
 - a) The adult's needs are caused by a physical or mental impairment or illness
 - b) As a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified in the regulations
 - c) And as a consequence there is, or is likely to be, a *significant impact* on the adult's wellbeing.
21. For carers, there are two ways by which they can be eligible for support:

- (a) in order to help them to maintain their caring role
- (b) if their caring is having a significant impact on their wellbeing and is having an adverse effect on their lives.

22. A local authority does not have to provide services to meet an adult's needs if those needs are being met by a carer.

23. The Care Act reaffirms the rights of adults with needs for care and support to have an assessment and to ensure eligible needs are met. The Care Act also reaffirms the rights of carers to have an assessment but for the first time puts carers on an equal statutory footing to the adults they provide care for by also placing a new duty on the Council to meet a carer's needs for support where they are assessed as having eligible needs

24. The requirement to carry out an assessment includes those who will be 'self-funders' (paying for their own care and support) who may not previously have come into contact with the Council. We have completed modelling on the number of self-funders in Nottinghamshire. It is estimated that there will be an additional 8,600 assessments in 2015/16.

25. There is a shift in emphasis under the Act from a duty to provide services, to a duty to meet need. The Act requires the assessment to consider the following:

- Establish how a person's needs impact on their daily life, their well-being and on their ability to achieve their identified outcomes.
- Consider the person's own strengths and capabilities and how to build on them, as well as their cultural and spiritual networks.
- Identify need, and support people to understand their situation and what they can do to reduce or delay the need for social care support.
- Identify needs that could be reduced, or delayed

26. This duty to meet needs is intended to be a broader duty than a requirement to just provide services. This is to encourage practitioners to consider more widely how a person's needs can be met through support planning, rather than by providing a particular service. There are a range of resources available to the practitioner to draw upon and this includes; informal support networks of support; support offered by the community and voluntary sector; additional support to informal carers; reablement services that could reduce, delay or avoid the long term need for social care; and support available from partner organisations, such as health or housing. This shift in approach is supported by the Adult Social Care Strategy. A personal budget should only be offered once other sources of support have been explored and fully considered.

27. The Act also introduces the concept of 'appropriate and proportionate' assessments. The guidance allows local authorities to conduct an assessment using a variety of methods to enable the Council to respond in a proportionate way to the request for assessment. In Nottinghamshire, the Council will make more use of different methods for assessment, including a supported self-assessment (where the person takes the lead) via post or on-line; telephone assessments; and clinic appointments. Where it is apparent that a person could not manage with an online or telephone based assessment, or the person requests it, a face to face assessment will be provided.

28. The Adult Social Care Strategy reinforces this change and staff will be expected to consider whether a person is able to take the lead and offer a supported self-assessment, or whether a telephone assessment will accurately identify a person's presenting needs, rather than routinely offering a face to face assessment at home, as is largely current practice.
29. The Care Act gives a new power for local authorities to delegate certain care and support functions to a third party, including assessment. Nottinghamshire needs to give further consideration to this new power and explore further the potential role of third party assessors, such as providers, partners (such as health and housing) and the voluntary and community sector to undertake assessments, support plans and reviews.
30. In Nottinghamshire, assessment tools have been changed to reflect the new changes. Local guidance is under development to support workers to provide a consistent approach to eligibility and assessment within the context of the Adult Social Care Strategy. Face to face training for all assessment and review social care workers and managers is planned from February 2015 onwards. This is supported by a range of local and national information available to staff on the intranet page. In addition, a bespoke e-learning package is under development that provides an overview of the Care Act to all Council staff and key messages on the local implementation within the context of the Adult Social Care Strategy and Redefining Your Council. For existing service users and carers, a letter will be sent from the Council making them aware of the national changes, what this means for them in Nottinghamshire and where to go for further information. This will include frequently asked questions on the Council's website. This will supplement the national media campaign, which commences at the beginning of February 2015 and includes a leaflet drop to the general public.

Continuity of Care

31. The Care Act places a duty upon local authorities to work together to ensure that there is no interruption to the person's care and support when they move. These procedures also apply to where the person's carer is receiving support and will continue to provide care for the person after the move. The Act refers to the local authority where the person is ordinarily resident as the 'first authority' and the local authority where the person is moving to as the 'second authority'. It is the second authority's responsibility to ensure the care and support required on the day of the move is in place.

Prisoners

32. Meeting the eligible needs of prisoners is a new duty. Prisoners will have the same rights as people living in the community including the right to have an assessment, social care support and advocacy. The only exclusions are access to direct payments and choosing where to live.
33. Modelling of numbers of prisoners has estimated that there are 50 prisoners in the County with long term care needs. Work is underway to develop a process to identify prisoners who may have social care needs and determine how the Council will provide care and support services to any prisoner with eligible needs.

Carers

34. It is the duty of the local authority to offer an assessment to carers. Carers are also no longer required to demonstrate that they provide 'regular and substantial care'. The Care Act Programme has completed modelling on the number of carers in Nottinghamshire who are likely to request an assessment. It is estimated there will be an additional 750 assessments in 2015/16.
35. The responsibility to carry out an assessment of an informal carer who appears to have needs rests with the local authority area in which the adult they care for is ordinarily resident.
36. Carers can be eligible for support whether or not the adult for whom they care has an assessment or eligible needs. Carers assessments must seek to establish the carer's needs for support and make a judgement as to whether the carer is willing and able to sustain their caring role. The carer's assessment must also consider the personal outcomes that the carer wants to achieve in their daily life; their activities beyond their caring responsibilities and the impact of caring on those activities.
37. If a person with care needs or a carer is deemed to have eligible needs, the local authority should prepare a 'support plan' for carers. For carers, the plan must help the carer decide how their needs should be met and which (if any) would be met by direct payment.
38. If there is more than one appropriate way to meet an eligible social care need, the Council can take this into account in its decision as to whether the proposed support arrangements are proportionate to need and cost-effective. For example, often the carer could be supported indirectly through support being directly provided to the adult in need of care and support.
39. In Nottinghamshire, the Council has reviewed existing facilities and services for carers to ensure they will be sufficient to meet demand and the new requirements from April 2015. There are a wide range of resources and services available to carers from preventative services, such as the Carers' Emergency Card Scheme (held by carers to alert people about the cared for person if a carer has an accident) through to respite care and short breaks or personal budgets for carers. The way the Council offers a personal budget to carers is under review to ensure it is fully compliant with the Act.
40. It is estimated there will be an additional 750 carers assessed assessments in 2015/16 and 550 provided with support to meet eligible needs. Work has been completed to ensure greater numbers of carers' assessments and reviews can be completed proportionately. This includes online contact assessments, telephone based assessments and the potential to use third party assessors via the Carers' Advice and Information Hub.

Consultation on draft regulations and guidance on funding reforms Part 2 of The Care Act

41. On 4th February, the Department of Health released the draft regulations and guidance on the implementation of the cap on care costs and proposals for a new appeals system for care and support, which are Part 2 of the Care Act and are due to come in to effect in April 2016. Upon releasing the draft regulations and guidance, the

Department of Health has been opened a period of consultation which ends on 30th March.

42. The funding reforms are expected to have a significant financial impact on local authorities and therefore it is proposed that the Council provides a comprehensive response to the consultation process. Given the tight timeframes for responding to the consultation, it is proposed that the Corporate Director, Adult Social Care, Health and Public Protection in consultation with the Chairman of the Adult Social Care and Health Committee, complete the response from the County Council.

Other Options Considered

43. The local authority needs to meet the new legal requirements to be Care Act compliant.

Reason/s for Recommendation/s

44. The recommendations are as a result of the Care Act 2014.

Statutory and Policy Implications

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

Crime and Disorder Implications

46. Adult abuse is often a crime and this proposal strengthens our approach to allegations of abuse.

Financial Implications

47. The financial implications of the Care Act for the additional staff required to meet the new requirements are in the report 'Organisational Redesign and Care Act Implementation', ASCH committee, February 2015.

Human Resources Implications

48. Guidance has been produced to support staff to use the revised guidance and procedures and training put in place.

Human Rights Implications

49. Adult abuse is an infringement of an individual's human rights. This proposal strengthens the Council's approach to allegations of abuse, ensuring that the person is always at the centre of all the work we do.

Public Sector Equality Duty implications

50. The changes arising from the Care Act will impact on all vulnerable groups of adults and children across Nottinghamshire's communities. An Equality Impact Assessment has been drafted to understand the impact of the changes on people with protected characteristics and this has informed the changes that will be required to local policies and procedures.

Safeguarding of Children and Vulnerable Adults Implications

51. By its very nature, the Act aims to reduce the risk to adults who are subject to abuse or neglect. It also makes reference to the safeguarding of children and informs staff of their duties in respect to this.

Implications for Service Users

52. The Care Act brings in new duties and responsibilities for the citizens of Nottinghamshire. The Act is founded on the new statutory principle of 'promoting wellbeing' and must be delivered within the context of personalisation, prevention of social care needs and access to information and advice on support available in Nottinghamshire.

RECOMMENDATION/S

The Adult Social Care and Health Committee are asked to:

- 1) Note progress on the implementation of the Care Act.
- 2) Authorise the Corporate Director, Adult Social Care, Health and Public Protection in consultation with the Chairman of the Adult Social Care and Health Committee, to complete the Council's response to the draft regulations and guidance on the implementation of the cap on care costs and proposals for a new appeals system for care and support.

Caroline Baria

Service Director, Personal Care and Support, South Nottinghamshire

For any enquiries about this report please contact: Jane North Tel: 01159773668

Constitutional Comments (LMcC 18/02/2015)

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

Financial Comments (KAS 30/01/15)

54. The financial implications are contained within paragraph 49 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.

Electoral Division(s) and Member(s) Affected

- All

2 March 2015**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC
PROTECTION****MEMBERS' VISITS TO COUNCIL AND INDEPENDENT SECTOR CARE
HOMES****Purpose of the report**

1. The report recommends a process for involving Members in quality monitoring visits to Council owned and independent sector care homes.

Information and advice

2. For a number of years the department has arranged visits by elected Members to Council owned care services. This allowed interested Members to undertake a review of the service provided and to give feedback to the department about aspects of the service they felt needed improvement. This has included the Care and Support Centres, day services, short breaks services and supported employment.
3. In 2012 the 'rota visits' system was reviewed and continued, with at least 17 Members from across the political groups subsequently undertaking visits. However, in view of plans to review and strengthen governance around the care home sector, it is felt prudent to review the programme for Member involvement in care home scrutiny, prior to further work to involve Members with day services, short breaks and supported employment oversight.

Context

4. The authority has recently successfully piloted a new multi-agency quality audit framework and methodology for the care home sector; as this new approach is rolled out, it is suggested that this would be a good opportunity to re-launch the involvement of all interested Members in this quality assurance role, and to make arrangements for them to participate in some of the Council's quality monitoring visits across its independent sector provision, and Care & Support Centres.
5. An overview of the quality audit methodology was previously shared with Members. Those Members who expressed an interest in being part of the panel would be supported through the specific expectations of their involvement. provided with support and officer advice (see 18b). This would include recommendations on how to select which visits to attend, how long each visit could be, how Members might liaise with staff and people living at the home as well as how they would record and handover any findings.
6. In planning the new quality audit framework, a risk based approach to scheduling was adopted, which enables the authority to focus the completion of audits at services where intelligence suggests outcomes for people require improvement. The intelligence includes

information requested from providers and once analysed offers evidence about how the service is managed and quality measured.

7. From the analysis of the desk top information and recent historic records, a work programme of annual quality audits has been established for all care homes for older people. This work programme maps dates of annual quality audits for each of the older people's care homes across the county between April and January of the following year.
8. A similar risk based work programme has also been established to support the completion of quality audits for care homes for younger adults.
9. The dates of the planned audits are not shared with the providers or managers to facilitate an unannounced approach. This approach had been previously discussed with providers and although initially resisted has since proved to be both understood as more effective and accepted. This methodology has enabled officers to ensure that people who are accommodated at the home are at the heart of our processes and gather a more accurate and current picture of their lived experience than was possible through previous methodology.
10. The confidential work programme audit dates would be shared with Members on the visit panel to enable them to plan which care home visits they wished to participate in.
11. The quality audit has been designed to provide an holistic picture of quality of care and support outcomes for people accommodated at the service. The tools and methodology used are equally applicable across residential, day services and 'care support and enablement' services.
12. Using the audit tools and methodology designed, an assessment is made in relation to the following five outcome areas:
 - People's experience of person centred support
 - People's lived experience
 - People being protected from harm
 - People who use services are supported by competent staff
 - Services are managed effectively
13. This new methodology puts people who use services at the heart of the audit. Their views, opinions, wishes, lived experience and involvement in the running of the service provide key evidence about the quality of care and support. To that end sample questions have been prepared in relation to each of the outcome areas to help gather people's voice about a service.
14. Whilst direct quotes from people who experience a service are an excellent source of evidence, it is recognised that there are a significant number of people in receipt of care who audit staff might not be able to communicate with because of their ill-health. In such instances, the questions can be used as triggers for observation of staff practice and outcomes for people.
15. The refined audit and quality monitoring methodology now requires that a significant period of time is spent talking with people who use services and observing the lived experience. It is thought that if Members visiting Council and independent sector care services adopted the same methodology, a consistent and rich vein of evidence about

care outcomes for people would be gathered. This would help to assure local Members about the provision of high quality service delivery for citizens of their ward or support the identification of those in need of further support to improve with the help of the Council.

16. It is proposed that evidence from Members' findings would inform the quality audits and quality monitoring visit reports prior to issue to the providers and also be reviewed at the monthly quality board, ensuring consistency and robustness of evidence.
17. Members would also be able to participate in quality monitoring visits to care homes using the same methodology detailed below should they be available and wish to attend. These dates are usually not planned as they are primarily responsive to information of concern and therefore offer less flexibility in arranging and conducting. Where a service is being routinely monitored because of identified concerns, a plan of visits is developed and this could be shared with Members who wished to be involved.
18. The suggested methodology for Member visits is as follows:
 - a. The cross-party Member panel will be re-launched, with additional interested Members coming forward to be involved
 - b. The Team Manager responsible for monitoring care quality in care homes will liaise with Members on the panel to arrange for a walk through of audit methodology, sample questions and the template for recording findings.
 - c. Members will be encouraged to shadow the quality audit process, after which they can determine which audits they wish to visit and report on.
 - d. After each visit is completed Members would complete the reporting template and return it to the lead Quality Development Officer (QDO) for the service within a week of the audit to allow compilation of the findings with other evidence. A list of care homes allocated to each QDO will be shared with Members to facilitate this.
 - e. The Quality Development Officer will respond to the Member with details of how the information has been, or is to be used within 2 weeks of receipt.
 - f. The monthly quality board and risk review panels will be used to evaluate Members' input and feedback into the quarterly reporting to the Adult Social Care and Health committee regarding the care home sector.

Implications for Service Users

19. People in receipt of care and support are often in the vulnerable positions through being placed in care homes. It is imperative that the services that they receive are of good quality and are delivered with dignity and respect. The proposals in this report seek to reduce and wherever possible eliminate poor quality care home provision whilst at the same time supporting the development of further high quality care home services through improved partnership working.

Statutory and Policy Implications

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

RECOMMENDATION/S

21. It is recommended that Committee:

- 1) approves the methodology for Member visits to care homes, as stated in paragraph 18; and
- 2) receives a further report in June 2015 giving an overview of the refreshed arrangements and proposing Member involvement in quality audit of other types of adult social care.

Paul McKay
Service Director for Access and Public Protection
Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:
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Constitutional Comments (SLB 03/02/2015)

22. Adult Social Care and Health Committee is the appropriate body to consider the content of this report.

Financial Comments (KAS 04/02/15)

23. There are no financial implications contained within 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. - None

Electoral Division(s) and Member(s) Affected - All

2 March 2015**Agenda Item: 9****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****REPORT TO EXTEND CONTRACT FOR SUPPORT TO THE EAST
MIDLANDS IMPROVEMENT PROGRAMME IN ADULT SOCIAL CARE****Purpose of the Report**

1. The purpose of the report is to request a 12 months extension to the temporary posts of East Midlands Joint Improvement Programme Manager and Business Support Administrator, until the end of March 2016.

Information and Advice

2. Members will recall that Nottinghamshire County Council hosts the regional Joint Improvement Programme for adult social care in the East Midlands, with funding from the Department of Health. The Corporate Director oversees this work on behalf of East Midlands Councils.
3. The regional posts provide coordination and oversight of regional improvement programmes such as the Sector-Led Improvement programme, Care Act implementation and Transforming Care (was Winterbourne View).
4. The initial Sector Led Improvement programme will be completed at the end of February 2015 with all local authorities in the region having had a peer challenge, submitted two annual self-assessments and taken part in two annual peer challenge summits. The full programme will be reviewed in March to build on and develop the work across the region with for example consideration being given to involving 'experts by experience' in the second programme.

Care Act 2014 Implementation:

5. Leadership of the programme is through the Care Act Leads meeting which has all 10 councils represented and engaged and is chaired by Caroline Baria, Service Director at Nottinghamshire County Council. To support individual councils the regional programme is using the existing networks to provide peer learning and support, sharing developing knowledge and experience between councils and identifying from the network members themselves what would be the most useful activities to bring forward regionally.

6. An extremely well attended regional Consultation event on the Care Act draft regulations and guidance was organised jointly with the National Programme Office in June 2014 for local authorities, together with partners from the voluntary and community and commercial sectors. A second event to consult on Part Two of the draft regulations and guidance is being organised for the 26th February 2015.

Care Act Workshop Events:

- **Prisons**, 18 November 2014 at HMP Whatton, all day with local authorities, prisons, healthcare providers, NHS England, National Offender Management Service (NOMS) and, for the morning session, serving prisoners either with disabilities or long term health conditions or involved in providing peer support to them.
- **Public Communications**, 11 December 2014, facilitated by Public Health England with local authority communication leads to share how the national programme will be delivered, introduced the tools that will be available for councils to download and to discuss what councils need to be putting in place to complement the national activity.
- **Other workshops planned** include an Eligibility workshop on Monday 2 February 2015 and Managing Market Failure Workshop on Tuesday 10 Feb 2015 with the Care Quality Commission.

Personalisation:

7. In Control were commissioned with funding from Think Local Act Personal (TLAP) to deliver a programme of work with seven out of ten Local Authorities on the Personal Outcomes Evaluation Tool (POET) Survey and Making it Real throughout 2014 and early 2015. This will be followed by a regional workshop in March to showcase good practice in the region as well as from the rest of the country.

Other regional activity:

8. A number of Regional Workshops and Networks have been progressed covering Safeguarding, Transforming Care, Autism, Assistive Technology and Learning Disability. A new regional Mental Health Leads network was established during the year.
9. A **seminar** with Directors of Adult Social Care and Directors of Children's Services, Lead Members for Children's and Adult Social Care and Independent Chairs of Adult Safeguarding Boards was held in November 2014 to cover Special Educational Needs and Disability (SEND) legislation and transition issues (16-25) and learning from regional pathfinders. This was followed by a joint meeting to update Lead Members and Independent Chairs on Sector Led Improvement, Better Care Fund and the Care Act.
10. A joint **Performance Leads** meeting with the Eastern Region was held at the end of June 2014, in order to share good practice and discuss issues around collaboration.
11. A regional event to showcase innovative **dementia projects** in Nottinghamshire and Leicestershire was held in early June 2014.
12. In the immediate future, the implementation of the Care Act presents a major challenge for local authorities. The continuation of regional networks such as Assistant Director

and Programme Leads to identify areas where regional working will create efficiencies and add value is essential.

Other Options Considered

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

Reason/s for Recommendation/s

15. The implementation of the Care Act, the continuation of Sector-Led Improvement and transforming care represent major challenges for local authorities. The work undertaken by these regional posts is essential in order to assist with the successful implementation of change across the East Midlands based on sharing of good practice and scope for efficiencies in delivery.

Statutory and Policy Implications

16. 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

17. These posts are externally funded from some legacy funding from the Joint Improvement Programme, together with regional Sector-Led Improvement and Care Act funding via the Local Government Association and Department of Health.

Human Resources Implications

18. It is proposed that Nottinghamshire County Council continues to host these posts, and that the Corporate Director, Adult Social Care, Health and Public Protection together with Branch Chair of the Association of Directors of Adult Social Services will provide oversight of the work of the post-holders.

RECOMMENDATION

- 1) It is recommended that the posts of the temporary East Midlands Joint Improvement Programme Manager (Grade F, 22 hours per week) and Business Support Administrator (Grade 4, 30 hours per week) be extended until 31 March 2016.

JON WILSON

Deputy Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (SG 30/01/2015)

19. The proposals in this report fall within the remit of this Committee. The Committee has responsibility for the approval of relevant staffing structures.
20. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (KAS 28/01/15)

21. The financial implications are contained within paragraph 17 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.

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

Electoral Division(s) and Member(s) Affected

All.

2 March 2015**Agenda Item: 10****REPORT OF THE DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH AND
PUBLIC PROTECTION****PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH****Purpose of the Report**

1. To provide an update on performance management for Adult Social Care and Health Committee for the period up to 31 December 2014.

Information and Advice

2. The report provides the Committee with an overview of performance in Quarter 3 (October to December 2014) against the department's key performance and operational priorities, linked to the measures and actions within the Council's Annual Delivery Plan.

Performance in Quarter 3, 2014-15**Key Measures**

3. The performance measures that are reported quarterly to Committee have been updated to reflect changes to the statutory returns and the Council's prioritisation following the adoption of the Strategic Plan 2014-18, and Annual Delivery Plan.
4. A summary of these performance measures, including the target and performance data up to and including 31 December 2014, is set out at **Appendix A**. Any measures where the process for collecting is still being developed or data is as yet unavailable, will be reported to Committee as soon as data becomes available.

Assessments

5. The first two measures in Appendix A relate to assessments. A health and social care assessment is undertaken to help determine a person's specific care and support needs. Measuring assessment timescales is useful to track the volume of demand and the efficiency of our processes.
6. Overall assessment timescales for Quarter 3 remain well below target and the Council is unlikely to achieve the annual target of 80%. Performance levels have fluctuated throughout the year dependant on increases in demand and seasonal variations linked to the holiday periods. Work is on-going on a number of connected initiatives to improve performance in this area, through streamlining processes, providing improved management information and the adoption of emerging mobile technologies to increase productivity.

7. Performance in relation to Carers assessments is more positive, with an increasing number of Carers being identified and assessed. Performance for Quarter 3 shows that 28% of Carers have received an assessment or review, against an annual target of 38%. This measure is important as it helps to monitor the number of Carers who are receiving an assessment / review in relation to their own care needs, separate from the assessment for the person they look after.

Reablement

8. The Reablement process enables people to safely return to live in the community, following a stay in hospital. It assists service users to regain their skills and confidence through a period (up to a maximum of six weeks) of intensive support in their own home. An important measure of the success of the Reablement process is whether, following this specific intervention by the County Council, service users can live independently and require no further ongoing formal support. Performance for Quarter 3 shows that 64% of people required no ongoing package of support following the Reablement process. We are on track to meet the annual target and we are consistently performing at a level that compares favourably with similar authorities nationally.

Integration with health

9. Improving integration between care and health services for the benefit of service users is a key outcome within our new Strategic Plan 2014-18 and a wider national priority. One of the indicators of how this integration is working from a service user perspective, is by measuring the delay in the transfer from hospital, to care provided through the County Council. Information on all delays is reported by health services to the Department of Health and this data is then used to calculate the length of the delay and the source. Performance has improved significantly from 2013-14 levels through on-going improved liaison and cooperation with the NHS Trusts in Nottinghamshire and is currently better than the annual target.

Admissions

10. Reducing or delaying the need for long-term residential or nursing care for older adults (65 years and above) and younger adults (from 18 to 65 years) is a national priority. The two main tools for managing performance are through providing appropriate alternatives to long term care and through the careful and consistent management of admissions to residential or nursing care. Performance for Quarter 3 in relation to numbers of admissions for older adults (65 years and above) is on track to meet the annual target.
11. Performance for younger adults' admissions continues to be off target with a higher level of admissions than predicted. To ensure that all admissions are carefully managed, an Accommodation Panel is now held monthly to scrutinise all requests across younger adults, including residential or nursing care, supported living and Shared Lives. Selected admission decisions are then reviewed at the highest level to ensure that a consistent and rigorous approach is being adopted across the whole department.

Personalisation

12. Our strong performance in relation to the personalisation of care as measured through the promotion of self-directed support and direct payments has continued during Quarter 3. Performance has marginally improved from the previous quarter and we anticipate that performance will be very close to the annual target of 100% by the end of financial year.

Better Care Fund

13. The next three measures form part of the Better Care Fund suite of performance indicators. The Better Care Fund is intended to transform local health and social care services so that they work together to provide better joined up care and support. It is a Government initiative, which combines resources from the NHS and local authorities into a single pooled budget. As these measures are new for 2014-15, we have no reported historic data to enable comparison with previous years.
14. This integration is a complex process and to help monitor progress nationally, a number of performance indicators have been prescribed to measure the impact from a service user's perspective. The three measures reported in Appendix A form part of the national Better Care Fund suite of measures. Performance for Quarter 3 shows consistent performance from the previous two periods, but comparison is difficult without having previous year's data to track progress against. The Council aims to perform at this consistent level throughout the current financial year and the results of improved integration will make a positive and sustained impact for service users.

Adult Social Care and Carers Surveys

15. The remaining four measures concern the Adult Social Care Survey which is a national survey conducted annually for social care service users. The results of this survey and the benchmarking with other local authorities provide a valuable resource to help us plan to improve outcomes for people. The results reported in Appendix A relate to the 2013-14 Survey. Work on the 2014-15 Survey is currently underway and the results will be available in summer 2015.
16. Complementary to the Adult Social Care Survey is the Carers Survey which is a national survey conducted every two years. The results of this Survey provide invaluable feedback on the role that Carers provide, the effect that fulfilling this role is having and Carers' perceptions of how well they are being supported and kept informed. The statutory responsibilities with regard to provision of support and information to Carers have been formalised in the recent Care Act. Responding to the legislative changes specific to Carers, is a key aspect of our ongoing work in conjunction with partners, to successfully implement the requirements of the Act.
17. Work on the Carers Survey started in October and was completed at the end of December. The Council sent out the survey to a random sample of 996 Carers with an anticipated response rate (to meet the national requirement) of 35%. However, the Council have had a response of 53% which is our best response rate since the survey was first launched in 2009-10. The Survey results will be formally submitted to Health and Social Care Information Centre and the preliminary results will be presented to Adult Social Care and Health Committee at its meeting on 27 April 2015.

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. There are no financial implications contained within the report

RECOMMENDATION/S

1). It is recommended that the Committee notes the content of the report.

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Anne Morgan, Policy, Performance and Research

Email: anne.morgan@nottscg.gov.uk

Constitutional Comments

20. There are no constitutional comments as this report is for noting purposes.

Financial Comments (KAS 05/02/15)

21. There are no financial implications contained within 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:

Electoral Division(s) and Member(s) Affected

All

Indicator	Current Value	Annual Target	Previous Period	Good is...
Assessments				
Percentage of assessments carried out within 28 days (Q)	57%	80%	60%	high
Carers receiving assessments or reviews (Q)	28%	38%	14%	high
Reablement				
No on-going package following START Reablement (Q)	64%	65%	64%	High
Delayed Transfers of Care				
Delayed transfers of care attributable to adult social care per 100,000 population(Q)	2.3	2.8	2.5	low
Delayed transfer of care from hospital per 100,000 population (Q)	10.9	11.5	10.8	low
Admissions				
Permanent admissions to residential or nursing care for older adults (Q)	590	900	364	low
Permanent admissions to residential or nursing care for adults aged 18-64 (Q)	65	75	40	low
Personalisation				
Service users who receive self-directed support and/or a direct payment (Q)	100%	100%	99%	high
Service users who receive self-directed support all or part as a direct payment (Q)	51%	42%	46%	high
Better Care Fund				
Permanent admissions of older people to care directly from a hospital setting per 100 admissions of older people to care (Q)	44%	35%	35%	low
Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (Q)	92.0%	89.8%	89.6%	high
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population. (Q)	2,636	2,546	n/a	low
Permanent admissions of older people to care, per 100,000 population (Q)	383	601	244	low
Surveys				
Social care related quality of life (A)	18.9		19.3	high
People who use services who have control over their daily life (A)	74.4%	80.3%	79.5%	high
Overall satisfaction of service users with their care and support (A)	68.6%	65.5%	64.7%	high
People who use services who feel safe (A)	65.9%	70.7%	69.8%	high

2 March 2015**Agenda Item: 11****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2015.

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 (NS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
30th March 2015			
Health and social care integration in south Nottinghamshire	Update on current plans and priorities regarding the integration of health and social care in the south of the county.	Service Director, South Nottinghamshire	Caroline Baria/Jane Laughton
Young Carers and Disabled Parents	12 month update on the work regarding Young Carers and Disabled Parents	Service Director, South Nottinghamshire	Wendy Adcock
Transformation Resource Requirements	Update on resource requirements to support delivery of transformation within the ASCH&PP Department.	Deputy Director for Adult Social Care, Health and Public Protection	Ellie Davies
Advocacy Services		Deputy Director for Adult Social Care, Health and Public Protection	Gill Vasilevskis
Progress on projects in Occupational Therapy services		Service Director, Mid and North Nottinghamshire	Steve Jennings-Hough
Update on Adult Social Care Strategy	Progress report to Committee on implementation of the Strategy and communications related to the Strategy.	Deputy Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Fees for Care and Support Services for 2015/16		Paul McKay	Kate Revell
Transfer of management for the Middle Street Resource Centre	Report to request approval to transfer management of the building from Council day services to a community group.	Deputy Director, Adult Social Care, Health and Public Protection	Wendy Lippmann
Development of employment and skills training hub	Report on the proposal to transform the County Horticulture service into a focused, time-limited employment and skills training hub to support people to develop skills in the fields of horticulture, retail and administration work.	Deputy Director, Adult Social Care, Health and Public Protection.	Jane McKay

Updated 20/02/2015 – JK

Report Title	Brief summary of agenda item	Lead Officer	Report Author
27th April 2015			
Work of the Customer Service Centre	Progress report regarding the work of the Customer Services Centre in relation to care packages	Service Director Access and Public Protection	Helen Scaman/Steve Jennings-Hough
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals.	Deputy Director for Adult Social Care, Health and Public Protection	Ellie Davies
Organisational redesign update report	Progress report on Organisational Redesign within Assessment and Care Management	Deputy Director for Adult Social Care, Health and Public Protection	Stacey Roe
Direct Payment Support Service	Update after 12 months of the changes to Direct Payment Support Services	Deputy Director for Adult Social Care, Health and Public Protection	Gill Vasilevki
Care provider contract suspensions update report	Overview of live suspensions of care provider contracts in Nottinghamshire.	Service Director Access and Public Protection	Kate Revell
Universal Credit	Impact of implementation in Bassetlaw and whether any other areas of the county will be effected in tranche 2	Deputy Director for ASCH &PP	Paul Stafford
Action Plan from Peer Challenge	Update on the action plan to address areas for development arising from the peer challenge	Deputy Director, Adult Social Care, Health and Public Protection	Jennie Kennington
1st June 2015			
Carers Information, Advice and Engagement Hub	Recommendation report regarding Carers Hub Tender.	Service Director for South Nottinghamshire/Service Director, Mid and North Nottinghamshire	Penny Spice
Progress report on the emergency beds at Helmsley Road Short Break Service	Progress report following the re-designation of the four emergency beds at Helmsley Road Short Break Service	Deputy Director for Adult Social Care, Health and Public Protection	Ian Masson
Independent Living Fund update	Progress report on transfer of funding and fund users to the Council.	Service Director for South Nottinghamshire	Paul Johnson

Updated 20/02/2015 – JK

Report Title	Brief summary of agenda item	Lead Officer	Report Author
29th June 2015			
Update on progress with personal budgets for people with dementia	Progress report to review situation one year on from project with Alzheimer's Society to increase no. of people with dementia who have personal budgets and direct payments.	Service Director, Mid and North Nottinghamshire	Jane Cashmore
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections.	Deputy Director for Adult Social Care, Health and Public Protection	Anne Morgan
Update on progress for the ICELS tender and review team	Progress report regarding the ICELS review team work on improving returns.	Service Director, Mid and North Nottinghamshire	Jessica Chapman
July (date TBC)			
Update on work of Health and Wellbeing Board	Summary report on work of HWB over last 6 months.	Deputy Director for Adult Social Care, Health and Public Protection	Jennie Kennington
August (date TBC)			
September (date TBC)			
Services to Carers	Progress report regarding work commissioned by the department for carers	Deputy Director for Adult Social Care, Health and Public Protection	Penny Spice
Just Checking pilot project		Deputy Director, Adult Social Care, Health and Public Protection.	Mark Douglas

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