

Adult Social Care and Health Committee

Monday, 01 July 2013 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 3 June 2013 | 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 | Service Overview Promoting Independence and Public Protection | 7 - 16 |
| 5 | Extra Care Housing Scheme Development in Gedling District | 17 - 22 |
| 6 | Update on Pressures on Health and Social Care Services for Older People | 23 - 26 |
| 7 | Multi Agency Safeguarding Hub (MASH) | 27 - 32 |
| 8 | Progress Report on Nottinghamshire Welfare Assistance Fund | 33 - 38 |
| 9 | Overview of Savings and Efficiencies Programme | 39 - 46 |
| 10 | Work Programme | 47 - 52 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

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

minutes

Meeting	ADULT SOCIAL CARE AND HEALTH COMMITTEE
Date	3 June 2013 (commencing at 10.30 am)

Membership

Persons absent are marked with 'A'

COUNCILLORS

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

Ex-officio (non-voting)

A Alan Rhodes

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, Joint Commissioning, Quality and Business Change

Paul Davies, Democratic Services Officer

Sarah Gyles, Committee Support Officer

David Hamilton, Service Director, Personal Care and Support for Younger Adults

Paul McKay, Service Director, Promoting Independence and Public Protection

David Pearson, Corporate Director, Adult Social Care, Health and Public Protection

Liz Pritchett, Labour Group Assistant Research Officer

Jon Wilson, Service Director, Personal Care and Support for Younger Adults

MINUTES

The minutes of the last meeting held on 22 April 2013 were confirmed and signed by the Chairman.

DECLARATIONS OF INTEREST

There were no declarations of interest.

OVERVIEW OF ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

RESOLVED: 2013/040

That the report be noted.

COMMISSIONING OF SENSORY IMPAIRMENT SERVICES

RESOLVED: 2013/041

- (1) That approval be given to procure the Deaf Floating Support Service and the Dual Sensory Impairment Service together as a single tender exercise.
- (2) That a progress report be presented to committee six months after the start of the new service.

SHARED LIVES - CARER PAYMENT PROCESS

RESOLVED: 2013/042

- (1) That a three month consultation period be carried out with existing carers regarding the proposed implementation of the new Shared Lives payment scheme.
- (2) That existing carers who would otherwise see a decrease in their income be protected.
- (3) That a three month consultation be carried out regarding the proposal that service users living in Shared Lives services should make a set contribution towards their food and fuel bills.

CO-LOCATED TRANSITIONS SERVICE

RESOLVED: 2013/043

That 1 fte post (37 hours) of Business Support Administrator, NJE Grade 3, scp 14-18 (£16,054 - £17,161 per annum) on a temporary two year basis.

ALTERATIONS TO THE ESTABLISHMENT AND MANAGEMENT OF THE ADULT ACCESS TEAM

RESOLVED: 2013/044

- (1) That 1 fte (37 hours) post of Team Manager, temporary for two years, be established on Pay Band D, scp 42-47 (£35,430 - £39,855 per annum), to be based at Mercury House, Annesley, and the post be allocated approved car user status.
- (2) That 0.7 fte (26 hours) post of temporary Project Manager, Pay Band B, scp 34-39 (£28,636 - £32,800 per annum) be extended for a further year from 31 March 2013 to 31 March 2014, and the post continue to be allocated approved car user status.

- (3) That 1fte (37 hours per annum) of Social Worker be established on Pay Band A/B, scp 29-39 (£24,646 - £32,800 per annum) on a temporary basis for two years, and the post be allocated approved car user status.

WORK PROGRAMME

RESOLVED: 2013/045

That the work programme be noted, subject to the inclusion of the progress report on the new sensory impairment services.

The meeting closed at 12.05 pm.

CHAIR

1st July 2013

Agenda Item: 4

REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE AND PUBLIC PROTECTION

SERVICE OVERVIEW – PROMOTING INDEPENDENCE AND PUBLIC PROTECTION

Purpose of the Report

1. The purpose of the report is to provide an overview of the responsibilities of the Service Director for Promoting Independence and Public Protection.
2. As part of the overview the Committee will hear from service users about the care pathway and personalisation.

Information and Advice

Promoting Independence and Public Protection Function

3. The Promoting Independence and Public Protection service is responsible for two key areas:

Promoting Independence

- the management of customer access to adult social care services,
- the development of the personalisation agenda and personal budgets,
- provision of reablement services

Public Protection

- trading standards
- emergency management
- safety in sports grounds
- coroners
- registration and celebratory services

4. The Public Protection service is overseen by the Community Safety and Planning and Licensing Committees.
5. The Promoting Independence service is overseen by the Adult Social Care and Health Committee.
6. This report will focus on the Promoting Independence area only.

7. The Service Director manages four Group Managers (the first two are Promoting Independence):

- Group Manager - Customer Access Social Care
- Group Manager - Reablement Services
- Group Manager - Trading Standards
- Group Manager - Emergency Management and Registration.

What is Promoting Independence?

8. The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for long-term support from the Council or health services.
9. To achieve this social care and health work together to develop and deliver a range of integrated, effective and accessible preventative services such as intermediate care and reablement services.
10. Reablement helps people to regain the skills necessary for daily living, which may have been lost through deterioration in health or increased support needs through intermediate care and assessment beds in a care home and the START service in the community. This is alongside supporting a range of low level services, such as access to minor adaptations and assistive technology.
11. For people who do have an ongoing social care need, workers arrange for the person to have maximum control and choice over their support and care through a personal budget.

Responsibilities of the Group Manager Customer Access

Customer Access to Social Care

12. Through the Customer Service Centre and the Adult Access Service the department assesses whether someone is in need or likely to be in need of support. To determine this, the department uses Government guidance to decide whether a person's ability to live independently would put them at risk if services are not provided or arranged to help them. This is called Fair Access to Care Services (FACS). If there is a risk to a person's independence the department has to decide whether the risk is critical, substantial, moderate or low. Councils have a statutory responsibility to meet needs that are not met by other means, such as through care provided by informal carers or the health service.
13. People will be eligible for help if they have needs that pose a critical or substantial risk to their independence. If the identified needs pose a moderate or low risk to their independence people are not be eligible for ongoing support from the Council.
14. In addition workers have a significant role in providing information and advice for people who are not eligible for council funded social care services or are self-funders. This includes signposting people to alternative sources of support. From September 2011 the service was

extended to offer advice, information and training on welfare benefits to the public and voluntary organisations.

15. To make it easier to receive advice, support and an assessment the customer journey has been streamlined to make it easier to receive support and an assessment. The department has increased the number of queries that are resolved at the Customer Service Centre and the Adult Access Service, enabling social care staff to spend time on people with complex needs. As a result, there has been an overall drop in the number of social work assessments to district teams by 33% and the number of people needing an occupational therapy assessment by 18%.
16. Since October 2011, the local authority has had responsibility for providing independent mobility assessments for blue badge applicants where they are not automatically entitled and are subject to further assessment. This follows national changes to the eligibility for blue badges. Two occupational therapists have been employed to do these assessments at clinics across the County. On average they have completed 91 assessments per month. Over 12 months (May 2011 – May 2012) 1,192 people were assessed and of those, 751 were approved and 208 were agreed for 3 years and 233 were refused.
17. The Benefits Training Information Advice team consists of one senior, three Benefits Officers and one temporary Project Manager; they are based in the Adult Access Team at the Customer Service Centre. The Benefits Training and Advice Team offers specialist telephone advice, training and information on benefits on behalf of the Council. The team provide the following services:
 - Production of web information relating to welfare benefits, Tax credits and advice provision
 - Undertake promotional campaigns to inform residents in Nottinghamshire and relevant Nottinghamshire County Council staff of welfare benefit related issues.
 - Provide guidance to Customer Service Centre staff on welfare benefit matters.
 - Develop and deliver a training programme for staff on welfare benefit matters.
 - Provide telephone benefit advice to customers where Customer Service Centre staff establish specialist advice is appropriate.
18. The team also oversee the Nottinghamshire Welfare Assistance Fund (NWAFF), which provides emergency financial support to vulnerable people who cannot get help from anywhere else. The fund can help people to remain living in the community or help following an emergency or crisis.

Personalisation

19. The Group Manager for Customer Access is also responsible for personalisation.
20. The Coalition Government's Vision for Adult Social Care 'Capable Communities and Active Citizens' and its White Paper 'Equity and Excellence: Liberating the NHS' maintain the drive towards the personalisation of public services in health, social care and beyond. The

Department of Health publication, 'Think Local, Act Personal' builds upon the delivery and objectives of Putting People First.

21. The National targets to deliver Putting People First and the objectives within Think Local, Act Personal have been met.
22. The County Council has also been visited by a number of local councils to learn from the authority's work on personalisation. This includes councils from Sweden, Scotland and English councils. In particular the council's work on prevention, micro providers, reviews and support to self-funders have received national recognition.
23. The key objectives of Think Local, Act Personal are:

(a) A personalised and community-based approach

Personalisation and a community-based approach requires an efficient, effective and integrated service delivery alongside partnership working to support individuals and, their families, carers and the wider community - reducing the need for acute health and care support.

(b) Prevention

The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for crisis or acute services. It also involves ensuring that people who have long term conditions or increasing levels of disability retain as much independence and choice and control as possible. Social care and health will work further to develop and deliver a range of effective and accessible preventative services such as intermediate care, Linkages, reablement services and assessment beds in the community. This is alongside supporting a range of low level services, such as access to minor adaptations.

For people who do have an ongoing social care need, then they should have maximum control and choice over their support and care.

(c) Self Directed Support

Self directed support is the name of the process that people go through to have a personal budget which provides choice and control over their support and care.

If the Council believes someone is in need of social care they will complete an assessment. The assessment will look at the support the person needs in different areas of their life, decide whether the person is eligible for long-term social care support, and if they are eligible, decide how much money the Council will provide through a personal budget and the persons contribution towards this.

The Council uses Government guidance to determine whether someone is entitled to support. The guidance states that the Council has to decide whether the ability of the person to live independently puts them at risk if the Council did not provide or arrange services to assist them. If there is a risk to someone's independence,

the Council decides whether the risk is 'critical, substantial, moderate or low'. A person is entitled to assistance with problems that pose a critical or substantial risk to their independence. The Council sign-posts and advises people who have a moderate or low risk to their independence.

(d) Personal budgets

A key way the Council is delivering control and choice for those who need social care is through personal budgets. A personal budget enables people eligible for social care to know how much money they can have for their support and can spend the money in ways that achieve their outcomes. The budget can be taken as:

- A direct payment - a cash payment for people who would like to arrange, and pay for their own care and support services.
- A managed personal budget - for people who would like the Council to arrange and manage the services on their behalf. Although a managed personal budget is personalised, it offers less flexibility to the individual.
- Or a combination of a direct payment and a managed service.

24. The national target was for 70% of all eligible service users and carers to be on a personal budget by 2013. At the end of March 2013, 91% of all eligible service users helped to live at home received a personal budget. The definition of service users who are helped to live at home are people who receive services such as home care, day support, personal assistance, respite and transport.

25. In addition we have moved all people who live in a care home onto a personal budget. We are also a national pilot site for giving people a direct payment who live in a care home.

26. The key message from the Government is that the default position is a personal budget should be taken as a direct payment. A third of all eligible people who are helped to live at home now receive support through a direct payment.

27. It is important to note that the responsibility of the authority is to create the condition in which service users and carers can receive a direct payment. However many people will not want this responsibility and will prefer a managed personal budget.

Reviews

28. The Council has a responsibility to carry out a review of service users needs on an annual basis. The Group Manager for Customer Access is responsible for three temporary reviewing teams that were established to move people onto a personal budget and to ensure the Council was meeting the needs of service users in the most cost effective way. From April 2011 to March 2013 over £5 million savings have been achieved and the teams are on target to achieve a further £1 million saving for 2013/14.

Responsibilities of the Group Manager - Reablement Services

Short-Term Assessment and Reablement

29. In line with Think Local, Act Personal, the aim is to enable people to remain as independent as possible and reduce or avoid the need for long-term care.
30. The service aims to provide support to people that will enable them to regain or maintain their independence wherever possible, to avoid unnecessary hospital admissions and support successful discharge from hospital care, and to avoid the need for long-term care support.
31. This is achieved through having a range of effective multi-disciplinary services including intermediate care and home-based services.
32. The Short-Term Assessment and Reablement Team (START) works with people to help them regain the skills and confidence to live as independently as possible. It helps with personal care and domestic care tasks. START staff may suggest doing things differently to how they have been done in the past, offer small items of equipment to make tasks easier and inform people about other kinds of help they could receive. This support normally lasts for up to six weeks and is free of charge. During this time support needs are constantly reviewed to see if people will require any long-term personal support.
33. If someone has ongoing needs workers are expected to complete the community care assessment within 14 days, the national target is 28 days.
34. There are now no delays for people waiting for the START service or waiting to be discharged after a period of reablement.
35. Response times for the service have improved with 100% of service users receiving a service within the 4 day target, with 85% being started within 3 days.
36. 57% of people reabled require either no service, or no ongoing service against a target of 40%. This is amongst the best performance nationally.
37. Consequently there have been 1000 less referrals passed to district teams for a community care assessment.
38. In line with Think Local Act Personal, if someone has an ongoing need they are encouraged to take their personal budget as a direct payment. As a result over 40% of people have a direct payment following reablement.
39. Previously there has been a culture of offering interim care in a care home if a support package was not available. By bringing forward the assessment process and support planning process to the earliest point possible offers of interim care have been dramatically reduced. Interim care is now seen as a last resort. It is viewed as a 'failure' as it does not meet the preferred choice of service users to return home as soon as possible.

Intermediate Care

- 40. Intermediate care is a residential care-based service that helps people regain their independence through rehabilitation after they have left hospital.
- 41. The service provides a specialist multi-professional assessment that promotes faster recovery from illness, prevents deterioration and maintains the daily living skills people have.
- 42. The support includes an assessment from Occupational Therapists, Physiotherapists, Nurses and Social Workers.
- 43. The service has reduced the number of unnecessary care home admissions and has enabled timely discharge from hospital.

Community Hospitals

- 44. The Group Manager is responsible for the social care teams based at Lings Bar Hospital and the Ashfield and Mansfield Community Hospital.
- 45. The key task of the social care teams is to undertake community care assessments and arrange support to enable people to be discharged safely.
- 46. There are no delays in transfers of care at Lings Bar or Mansfield and Ashfield Community hospitals. This is the first time in three years that there have not been any delays attributed to social care at Lings Bar.

Strategic Objectives for 2013-14

- 47. The key strategic objectives are as follows:

- (a) **Personal Budgets**

All new and existing service users in long-term care are being offered a personal budget to meet expectations set out in Think Local, Act Personal.

- (b) **Information and Advice**

To support access to information and advice, there is a need to improve the provision of information to the public and staff to enable informed choices about support available at different points of the customer journey.

Work is underway to build upon the existing social care directory to develop an information hub for staff and the public to access information on support, resources and activities across a range of providers including commercial providers and community/voluntary groups. Providers are currently registering their details on the site, with the aim of it being available to the public in July.

(c) **Telecare**

Through the use of telecare and assistive technology, the Council can help maintain or improve the independence of service users and support carers. The use of telecare will be focussed on service user groups where there is evidence to support the benefit and will be extended to:

- Carer alert equipment and prompting equipment such as medication dispensers or movement activated message devices at first point of contact.
- Reablement, where telecare can be used to help people regain independence
- Assessment, to maximise choice and independence
- Following review, using facilities such as medication prompts to reduce the need for visits for this purpose.

(d) **Peer Support and Peer Support Planning**

As part of the implementation of Putting People First there was a requirement that each authority sponsored a User Led Organisation to inform the implementation of personalised services.

It is proposed to continue to work with the User Led Organisation, Disability Nottinghamshire, to develop peer support and peer support planning. Our current service agreement ends on 31st June 2013 and we are in the process of signing off a revised agreement to cover the period 1st July 2013 to 31st March 2014.

(e) **Direct Payments**

As part of the process of providing support to enable those who wish to take a direct payment to do so, we have introduced a direct payment card. Two hundred and four people now have a direct payment card.

(f) **Reablement**

To maximise the number of people benefiting from reablement to regain or maintain their independence wherever possible, to avoid unnecessary hospital admissions and support successful discharge from hospital care, and to avoid the need for long-term care support.

(g) **Community Hospitals**

To reduce the length of stay in community hospitals by working with health colleagues to arrange a safe and expedient discharge.

Other Options Considered

48. The changes identified in the report are as a result of national requirements. The options considered are related to the pace of change and detailed implementation.

Reason/s for Recommendation/s

49. The report is for information purposes only and there are no recommendations stemming from it.

Statutory and Policy Implications

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

RECOMMENDATION/S

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

- 1) Note the progress made to date.
- 2) Consider and comment on the information provided.

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

Paul McKay
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Email: paul.mckay@nottsc.gov.uk

Constitutional Comments

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

Financial Comments (KAS 17/06/13)

52. 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.

- a. [LAC \(DH\) \(2009\) 1 – Transforming Adult Social Care.](#)

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

c. Various reports to Committee on Nottinghamshire Welfare Assistance Fund

[Report to ASCH Committee - 29.10.12](#)

[Report to Policy Committee - 12.12.12](#)

[Update Report to ASCH Committee 25.03.13](#)

Electoral Division(s) and Member(s) Affected

All.

ASCH134

1st July 2013**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND
SUPPORT – OLDER ADULTS****EXTRA CARE HOUSING SCHEME DEVELOPMENT IN GEDLING DISTRICT****Purpose of the Report**

1. The purpose of this report is to provide an update with regards to an opportunity to develop an Extra Care Housing scheme in the Arnold district of Gedling.
2. To outline the proposed process by which the scheme could be delivered.
3. To seek permission to progress the project and develop the scheme in partnership with Gedling Homes.

Information and Advice

4. Extra care housing can provide a real alternative to long term care for many people. The proposed model of extra care can help people remain within their own homes with the necessary level of care and support. Across Nottinghamshire we still need to reduce the number of people who need to be in residential and nursing care and increasing our provision of extra care housing will assist with this.
5. As part of the Living at Home programme and the previous Aiming for Excellence programme the Council has recognised the need to see extra care provision made available as widely as possible. It has therefore previously committed to securing up to 160 new extra care places across the County to support older adults to live more independently in later life.
6. Following completion of a procurement exercise, phase 1 of the extra care project has secured the future development of 55 of the 160 places. The Council will have nomination rights to 30 of the total of 140 units at Eastwood in the Broxtowe district and 25 of the total number of 93 units in Retford which is in the Bassetlaw district.
7. The procurement process used for phase 1 did not award a contract in the Mansfield district and it therefore remains a priority to deliver a scheme in the Mansfield and Ashfield districts during phase 2. We are currently awaiting the outcome of a joint bid for funding to develop an extra care scheme in the Mansfield district in partnership with Mansfield District Council. If successful this will enable a scheme to be built in Mansfield within the next eighteen months.

8. Phase 2 of the extra care project is now focussed on securing the remaining 105 units across the County in areas where there are currently gaps in the provision of extra care housing and two main options have been identified as being able to deliver these.
9. Firstly, work is underway with colleagues in strategic property looking at land that the Council owns which could be used to build new extra care schemes on the same or a very similar basis to Eastwood and Retford.
10. Secondly, the Council is open to considering opportunities that may be available to deliver schemes in existing suitable housing stock that could be converted to meet the service specification for extra care housing.
11. One such opportunity has been identified in Gedling at St. Andrews House in the Arnold District. The accommodation was built in the late 1980s by the Borough Council and is now owned by Gedling Homes, the social landlord who owns and manages the former Gedling Borough Council housing stock.
12. Gedling Homes are considering undertaking a refurbishment programme of St. Andrews House. However, their available investment is not sufficient to renovate it to a standard which the Council would consider to be a suitable extra care housing scheme.
13. As has been previously identified by the County Council the provision of extra care is one that meets a social and general economic need of the community and it has, as part of its policies, looked to improve extra care provision across the County area.
14. This report seeks approval to reach an agreement with Gedling Homes in order to ensure that they can complete the renovation of St. Andrews House to an extra care standard required by the County Council in return for a fixed number of nomination rights.

St. Andrews House

15. St. Andrews House is located on Digby Avenue in the Arnold South District of Nottinghamshire and currently consists of 53 bedsit apartments. Currently operated as a sheltered housing scheme, it was built in the late 1980s as an 'extra care' scheme under the then accepted standards. The scheme was sheltered housing accommodation that had an onsite warden but did not provide any care support. The building is split over three floors and also has two additional buildings on site, one spacious storage facility and another building containing three two bedroom flats that were originally used as staff accommodation.
16. Gedling Homes, as part of a rolling schedule of refurbishments have identified St. Andrews House as in need of updating and had planned to reduce the overall number of units to improve the specification of the accommodation.
17. St Andrews House also currently provides a number of communal areas, a computer and conference facility and an operating commercial kitchen. There is also a conservatory and outside space that enhances the accommodation.

Opportunity for Nottinghamshire County Council and Gedling Homes

18. There is an opportunity for the Council to work in partnership with Gedling Homes to develop an extra care scheme that would meet the same specification that the Council has recently used for the proposed new builds in Eastwood and Retford.
19. In order to do this the Council would enter into an agreement with Gedling Homes with the County Council providing payment for the upgrade in the completed works necessary for St. Andrews House to become an extra care facility.
20. As a part of the arrangements the Council would have access to approximately 15 units for nominees of the Council who would otherwise be at risk of being admitted into long term care.
21. In addition to the one and two bedroom apartments that the Council will have nomination rights to, the scheme will have a degree of flexible space that can be used by the tenants to develop their own networks and also invite in visitors i.e. health professionals, chiropodists, hair dressers, evening classes. Services such as wellbeing clinics could also take place at the scheme.
22. The structure of the relationship between the Council and Gedling Homes will be developed with legal advice and will be appropriate to ensure that the Council meets all its legal obligations, in particular it will ensure that the funding made available is only that funding necessary to meet the shortfall to ensure the building is delivered to the Council's extra care standards and there shall be no over compensation.

Timings and Cost

23. The cost to the Council would be no greater than £592,000.
24. Gedling Homes have estimated a 10 month refurbishment schedule pending planning approval. The anticipated start date is September 2013 with a proposed completion date of July 2014.

Other Options Considered

25. Throughout the Aiming for Excellence programme and subsequent Living at Home programme significant work has been carried out to secure a site in the Gedling district where a new build scheme could be developed. Officers have also met on a number of occasions with officers from Gedling Borough Council to see if there is any other suitable land but this has not resulted in anything suitable or available being found.
26. The County Council does not own any suitable land in the district and there have not been any other opportunities that could deliver a scheme. This therefore means that there is no extra care service provision in the district and at the moment there are no possible alternative opportunities.

Statutory and Policy Implications

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

Implications for Service Users

28. The proposal enhances the service offer available for older adults in Gedling.

Social Value Considerations

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

Financial Implications

30. See costs section above.

Equalities Implications

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

RECOMMENDATION/S

It is recommended that:

- 1) Approval is given to officers to continue discussions and develop an agreement with Gedling Homes.
- 2) The proposed agreement for extra care at Gedling be brought back to Committee for approval.

DAVID HAMILTON

Service Director for Personal Care and Support – Older Adults

For any enquiries about this report please contact:

Cherry Dunk

Programme Manager – Living at Home Programme

Cherry.dunk@nottscg.gov.uk

Constitutional Comments (LM 12/06/13)

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

Financial Comments (CLK 10/06/13)

33. The financial implications are contained in paragraph 30.

Background Papers and Published Documents

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

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

[Update report 29th October 2012](#)

[Update report 7th January 2013](#)

Electoral Division(s) and Member(s) Affected

All

1st July 2013**Agenda Item: 6****REPORT OF SERVICE DIRECTOR PERSONAL CARE AND SUPPORT
OLDER ADULTS****UPDATE ON PRESSURES ON HEALTH AND SOCIAL CARE SERVICES FOR
OLDER PEOPLE****Purpose of the Report**

1. The report seeks to provide an update on the report to the Adult Social Care and Health Committee of 22nd April 2013 on the current pressures on services for older people within the health and social care system.

Information and Advice

2. Nottinghamshire's health and social care services are currently facing significant pressures caused by demographic change. Local hospitals are facing unprecedented demand and community based services are having to cope with large numbers of older people requiring care and support.
3. The Nottingham University Hospital (NUH) Trust has seen a 2.6% increase in the number of emergency admissions via Accident & Emergency, and a rise in demand for beds for people over 65 by 9% since January 2013. The report of the 22nd April 2013 stated that the social work teams at the Queens Medical Centre (QMC) and City hospitals received a 50% increase in referrals compared to the highest figures from the previous year. That level of demand has continued to rise since then on both hospital campuses. There were 297 referrals to the hospital teams at the QMC in May; a 60% increase compared to the same period last year.
4. Pressures on the Council's hospital social work teams and community based health services therefore are continuing and there is an increasing focus on how we can work differently across health and social care to deliver better more integrated services for frail elderly people.
5. The Strategic Implementation Group for Nottingham South (SIGNS) is a forum of managers from health and social care. They have been working together since September to develop a shared understanding of how to deliver improvements in care for older people. They have identified a number of problems that need to be addressed. For example, people are admitted to hospital when alternative services could have met their needs and stay in hospital longer than they need to.

6. The SIGNS group have identified “Transfer to Assess” as a key priority in the programme for change. This is an approach that seeks to discharge older adults from hospital to a safe setting in either their own homes or other care setting where further rehabilitation and support can be delivered. An assessment would then be carried out to determine the most appropriate way to meet the individual’s needs. Recent evidence from the use of our existing assessment beds has shown that more people are enabled to return home following a period of reablement outside of a hospital setting.
7. A Transfer to Assess working group of health and social care managers has been established to take this work forward with the aim of delivering improvements in services from this September.
8. The Department is working on an integration project with the Nottingham North and East (NNE) Clinical Commissioning group. The project is looking at how social care and primary care services can be better coordinated in order to provide better services for frail older people.
9. As a partnership across health and social care in Nottinghamshire the Council intends to apply for pioneer status with a new programme sponsored by the Department of Health - “Integrated Care and Support: Our Shared Commitment”. Key agencies including the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) have signed up with health partners in a national collaboration to ensure that health and social care agencies work together to find joint solutions to the better commissioning and delivery of services. The Department intends to use the NNE Integration Pilot in a bid to achieve recognition and support as an early adopter local authority in the national integration agenda.

Reason/s for Recommendation/s

10. This report is for noting only.

Statutory and Policy Implications

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

Implications for Service Users

12. It is anticipated that service users will benefit from the new arrangements as there will be a range of services available to them that will help them transfer from hospitals and assist in promoting independence.

Financial Implications

13. There are no financial implications resulting from this report, as the report is for noting only.

RECOMMENDATION/S

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

- 1) Notes the contents of this report.
- 2) Receives further reports on the progress of this work.

DAVID HAMILTON

Service Director, Personal Care and Support Older Adults

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Constitutional Comments

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

Financial Comments (CLK 10/06/13)

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

Background Papers and Published Documents

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

- a. [Report to the Adult Social Care and Health Committee 22nd April 2013.](#)

Electoral Division(s) and Member(s) Affected

All.

ASCH 136

1st July 2013**Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING,
QUALITY AND BUSINESS CHANGE****MULTI-AGENCY SAFEGUARDING HUB (MASH)****Purpose of the Report**

1. The purpose of this report is to inform the Adult Social Care and Health Committee about the progress made since the Multi-Agency Safeguarding Hub (MASH) went live and provide information about demand and the subsequent staffing requirements.
2. To request approval to extend one of the Advanced Social Work Practitioner (ASWP) posts for a nine month period.

Information and Advice**Progress to Date**

3. The MASH is based at the Customer Services Centre at Mercury House and acts as the first point of contact for Children's social care and for safeguarding concerns about both children and adults. The purpose of the MASH is to improve information sharing between partner agencies to allow better and more timely decisions to be made about safeguarding thresholds and better signposting to other available services. It involves over 60 representatives from the County Council's adult social care, children's social care and education services, the Police and Health partners co-located and working together. Virtual links have also been developed with other services and agencies which are not located in the MASH, these include the Probation Service.
4. The MASH commenced operations in December 2012 for children's social care and safeguarding enquiries and following a phased roll-out, it became fully operational in January 2013 with adult safeguarding enquiries and it has continued to evolve over the past six months with representatives of other agencies being incorporated at the site or through virtual links.
5. MASHs are being developed nationally but in the main they only address children's safeguarding concerns. Research highlights the clear benefits of taking a broader family approach and, as a result, the Nottinghamshire MASH deals with safeguarding concerns about vulnerable adults as well as children. The benefits of the MASH include providing a faster, more co-ordinated and more consistent response from partner agencies and services in relation to safeguarding concerns.

6. The MASH receives safeguarding concerns from members of the public and from professionals about children and vulnerable adults who have allegedly been abused or neglected and also acts as the referral point for all children's social care. Concerns are risk assessed and information is gathered from partner agencies to better inform social care decisions. As and where required the referrals are then passed to operational teams with the appropriate urgency. Where the concern does not meet the threshold for social care involvement, callers are signposted to appropriate services.
7. The benefits of the MASH are being seen on a daily basis. Those reporting safeguarding concerns are receiving a more consistent, professional response, with advice from social care professionals and feedback on the outcome of their concern. Risks are being assessed more consistently, and in a timely manner. Collating information from different sources is enabling better decisions to be made about cases. Operational teams are receiving more intelligence about the circumstances of a case, and are able to tailor their response accordingly.
8. As outlined above, one of the key benefits of the MASH is to enable information to be shared at an early stage in order to inform decision making on specific children's and adults social care and safeguarding cases. However, over the first few months of implementation, it became evident that there were some barriers preventing information being shared between the different statutory agencies within the MASH. In seeking to address this, Nottinghamshire County Council was successful in being selected as one of eight authorities to be involved in a joint project between the Department of Health and the Department of Communities and Local Government focusing on system leadership. Through this initiative, the Office for Public Management has been working with the Council and partner agencies to help to address and overcome the barriers in information sharing within the MASH.

Issues Arising

9. The MASH started to address safeguarding concerns about vulnerable adults in January 2013 and since this date there has been a 73% rise in the number of telephone calls to the MASH. This increase relates to enquiries about children as well as about adult safeguarding. The number of adult safeguarding concerns being reported was considerably higher in the first few weeks than had been anticipated.
10. Regular monitoring of the number of calls shows that they have been reducing over the past three months, and while it looks like the numbers of enquiries will continue to be higher than initially anticipated, it is still too early to determine the levels of calls relating to vulnerable adults over the longer term.
11. All the partner agencies involved in the MASH continue to review their staffing levels and in light of the high volume of calls additional staff have been recruited by both health partners and the Police. Over the next couple of months at least eight additional staff will move into the MASH. In addition, children's services have recruited additional call takers and a service manager to manage the amount of work coming into the MASH.
12. There is limited capacity at Mercury House and the additional staff now being recruited and located in the MASH is creating pressure in terms of adequate desk space. This matter is currently being considered by the Council and the relevant partner agencies.

Adult Care Staffing in the MASH

13. At the point at which the MASH was being established it was not clear what the staffing requirements would be for each of the partner agencies. As a new way of working for all those involved, it was necessary to review and evaluate volumes of activity and workflow over a period of time.
14. With regards to adult safeguarding, the decision was to start with a complement of three full time Advanced Social Work Practitioners (ASWPs) to risk assess and triage the adult safeguarding referrals. Line management of these three posts is through the older adults services. It was originally envisaged that this line management could be 'long arm' support from a team manager based in an operational team who would be able to undertake this role alongside their existing responsibilities. However, given the nature and volume of the work during the implementation phase, it was necessary to review this and to have some dedicated team manager resource within the MASH. As such, a team manager is now seconded into the MASH for 30 hours a week for a temporary period.
15. As part of the bedding in of this new service, there are a number of areas of work for the team manager to complete in relation to adult safeguarding in the MASH over the next six months, including:
 - work with the 'call-handlers' who receive safeguarding enquiries to help them to fully understand the complexities of safeguarding of vulnerable adults and the importance of correct and complete information gathering
 - work with operational teams and ASWPs to ensure clearly understood and consistent decision making processes
 - represent adult services in the internal MASH management structure and address any multi-agency issues
 - provide strong leadership to create a cohesive and effective team
16. It is now evident that there is a need for three full time equivalent ASWPs required at any one time in order to deliver an efficient and effective service. Whilst there are three ASWPs at the MASH, this leaves the service especially vulnerable if one or more of the staff are away due to annual leave, sickness, or planned training.
17. Given the high volume of work being undertaken within the MASH, the Corporate Director for Adult Social Care, Health and Public Protection has, under delegated authority, approved recruitment of an additional ASWP post for a temporary three month period. The recruitment to this temporary position is underway. It is envisaged that the post holder will work in the MASH at times of need and at other times will work in the district operational teams, thereby operating peripatetically. This will also enable all the ASWPs to rotate and move into operational teams for a set period of time, returning to provide cover at the MASH as and where required including during times of increased demand. This has the added benefit of ensuring the ASWPs retain their skills and knowledge and services to connect the front end of safeguarding with operational teams.

18. This report seeks Members approval to extend this three month post for a further nine months to gain a better understanding of the volume of work and establish the best means of ensuring sufficient staffing levels including cover arrangements for adult safeguarding concerns within the MASH.

Other Options Considered

19. Consideration has been given to utilising staff from existing operational teams at times of need, this is not thought to be feasible because:

- a) Staff in the district operational teams are already very busy and there is a high risk that staff would be able to be released at short notice without negatively impacting on the delivery of care and support services provided by the operational team.
- b) The time taken to train the member of staff to use the bespoke IT system and be confident in the decisions that need to be taken would be considerable. Unless these skills were practiced on a regular basis they would not be retained.

Reason/s for Recommendation/s

20. It is recommended that the temporary ASWP post is extended for a further nine months, beyond the initial three month period, in order to ensure there is sufficient and robust business continuity within the MASH to address adult safeguarding enquiries and to provide an efficient and effective service to meet needs.

Statutory and Policy Implications

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

Implications for Service Users

22. The primary function of the MASH is to ensure that service users receive a fast and effective response arising from safeguarding enquiries and to ensure that risks are reduced through information sharing processes which enable concerns to be addressed promptly.

Financial Implications

23. To request approval to extend one of the Advanced Social Work Practitioner (ASWP) posts, Pay Band C, scp 39-44 (£41,434-£47,106 per annum), for a nine month period to be funded from the NHS Support to Social Care monies.

Human Resources Implications

24. This report proposes to extend the following post on a temporary basis for nine months:

- 1 fte (37 hours) Advanced Social Work Practitioner, Pay Band C, scp 39-44 (£41,434-£47,106 per annum).

25. The post will offer support and resilience at times of high demand for staff within the MASH as well as creating strong links between the point of referral and the work that follows a safeguarding referral with staff in district teams.

Ways of Working Implications

26. The proposal is that the post will be based at Mercury House. The issues regarding accommodation for all MASH staff have been considered by the strategic governance group and alternative options to accommodate the growing numbers of staff are being explored. In the short term it is anticipated this post can be accommodated via flexible working within the MASH and when working peripatetically can utilise accommodation within the district. The post holder will need to be provided with a secure email account and given appropriate access and training to the MASH IT systems. Business support staff are situated within the MASH and there are clear protocols regarding the role they undertake regarding MASH functions.

RECOMMENDATION/S

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

- 1) Notes the contents of this report.
- 2) Approves the extension of the temporary 1 fte Advanced Social Work Practitioner post, Pay Band C, scp 39-44 (£41,434-£47,106 per annum) within the Multi-Agency Safeguarding Hub for a period of nine months.

CAROLINE BARIA

Service Director for Joint Commissioning, Quality and Business Change

For any enquiries about this report please contact:

Claire Bearder

Group Manager, Safeguarding Adults

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Constitutional Comments (LM 21/06/13)

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

Financial Comments (CLK 10/06/13)

28. The financial implications are contained in the financial implications paragraph.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.



1st July 2013

Agenda Item: 8

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

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

Purpose of the Report

1. To advise Members of the progress in the implementation of the Nottinghamshire Welfare Assistance Fund from 1st April 2013.

Information and Advice

Background

2. The report of the Service Director for Promoting Independence and Public Protection to the Adult Social Care and Health Committee on the 29th October 2012 outlined the background to the transfer of responsibility for two elements of the Social Fund to the County Council, and recommended the procurement and subsequent appointment of a third party to work with the Council to administer the scheme.
3. A subsequent Policy Committee report from the Leader of the Council on the 12th December 2012 recommended the establishment of the Nottinghamshire Local Welfare Assistance Scheme.
4. The Nottinghamshire Local Welfare Assistance Scheme will support residents as outlined in the Policy Committee report. The criteria are broadly similar to those of Community Care Grants and Crisis Loans which the Nottinghamshire Welfare Assistance Fund replaces.
5. Some parts of the Social Fund will remain with the Department of Work and Pensions and these include the whole of the mandatory Social Fund (Sure Start Maternity Grants, Funeral Payments, and Cold Weather Payments) and Budgeting Loans which will continue until the introduction of Universal Credit when they will be replaced by Budgeting Advances.
6. The Policy Committee on 12th December 2012 agreed the criteria for eligibility for assistance from the Nottinghamshire Welfare Assistance Fund.
7. The Policy Committee on 12th December 2012 agreed that people who will be eligible to apply to the Nottinghamshire Local Welfare Assistance Scheme will be those that:

- are aged 16 or over; and
- are able to demonstrate they have been a permanent resident in Nottinghamshire County for at least one year immediately prior to applying (this excludes time spent living in temporary accommodation and in prison), with certain exclusions such as those suffering from Domestic Abuse; and
- are in receipt of benefits that will form part of the Universal Credit.

8. People meeting this criteria can apply if they:

- are leaving care and have a referral from a professional support worker (i.e. a social worker, probation officer etc.); or
- require support to stay in the community and have a referral from a professional support worker (i.e. a social worker, probation officer etc.); **and**
- have demonstrated they are without immediate resources to meet the basic needs of themselves and/or their dependents; **and**
- have demonstrated that they have tried to access other more appropriate discretionary funds or benefits.

9. Key areas for support will be to:

- a) Offer financial support/living expenses in relation to an emergency or as a consequence of disaster to avoid damage or serious risk to health and safety of the applicant or a member of their family.
- b) Alleviate immediately in a noticeable and substantial way the exceptional pressure being faced by a family.
- c) Help the applicant (or family member/carer) to remain living in the community where there is a high risk of the person needing to enter residential accommodation.
- d) Help the applicant (or family member/carer) to establish his or herself in the community following a stay in residential accommodation where care was provided.
- e) Help the applicant (or family member/carer) to set up home as part of a planned resettlement programme (following an unsettled way of life).
- f) Assist with travel expenses to visit a relative who is terminally ill or a relative's funeral, to ease a domestic crisis, to visit a child who is living with another parent pending a court decision or to move to more suitable accommodation.
- g) Allow an applicant or partner to care for a prisoner or young offender on a temporary license.

Delivering a Scheme for Nottinghamshire

10. Following a procurement exercise, Northgate Information Systems were appointed as the County Council's delivery agent to develop a managed service enabling applicants to apply to the fund via both online and via the telephone. Northgate have been appointed to administer Local Welfare Assistance Schemes for several other councils and unitary authorities, including Leicestershire County Council, Norfolk County Council, and the City of Portsmouth.
11. The local rate telephone line went live on the 2nd April 2013. Work to develop an online application process with Northgate is continuing. Despite the lack of online facility, this has not created a problem for applicants or support agencies in accessing the scheme.
12. In addition, the telephone system provides greater control over the information gathered to inform decisions and to ensure we target the scheme to people in the greatest need. As at 7th June 2013 there have been 631 applications made of which 169 met the eligibility criteria.
13. To date a third of the expenditure has been used to support people fleeing domestic violence to purchase essential household items such as fridges, bedding and cookers.
14. Another key area is to enable people to purchase essential food items. The remaining expenditure areas include travel, clothing and removal and storage.
15. In terms of the level of expenditure it is still relatively early in the financial year, but expenditure is within the budget available.

Future Developments

16. As part of developing the Nottinghamshire Welfare Assistance Fund the Council's aim is to source locally recycled furniture and white goods. Given the time constraints it was not possible to have this solution in place for the start of the scheme. Currently successful applicants receive vouchers for furniture or cash payments by pay point or BACS for travel and food.
17. We are currently investigating options to move towards a voucher scheme for localised options which include using food banks or establishing arrangements with supermarkets for the provision of food.
18. For awards for furniture and white goods initial discussions are taking place with local organisations on their ability to provide a localised service.
19. This will provide better value for money through utilising recycled and refurbished products. Additionally a localised solution to the awards would support the local economy.

Stakeholder Engagement and Communications

20. Stakeholders have been kept informed of the progress in accessing the fund.

Statutory and Policy Implications

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

RECOMMENDATION/S

- 1) It is recommended that the Adult Social Care and Health Committee note the contents of this report.

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments (KAS 07/06/13)

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

Background Papers

- a. Report of the Service Director for Promoting Independence and Public Protection to the Adult Social and Health Committee 29th October 2012.

<http://www.nottinghamshire.gov.uk/DMS/Document.ashx>

- b. Report of the Leader of the Council to Policy Committee 12th December 2012 – Establishment of a discretionary Nottinghamshire Local Welfare Assistance Scheme.

<http://www.nottinghamshire.gov.uk/DMS/Document.ashx>

- c. Report to the Adult Social Care and Health Committee on 25th March 2013

<http://www.nottinghamshire.gov.uk/DMS/Document.ashx>

Electoral Division(s) and Member(s) Affected

All.

ASCH133

1st July 2013

Agenda Item: 9

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

OVERVIEW OF ADULT SOCIAL CARE AND HEALTH SAVINGS AND EFFICIENCIES PROGRAMME (2011/12 – 2014/15)

Purpose of the Report

1. This report is for information purposes and updates on the progress of the Adult Social Care Health and Public Protection (ASCH&PP) Department's four year Savings and Efficiencies Programme (2011/12 to 2014/15) based on project information as at the end of May 2013. It compares the department's actual savings achieved to date against its savings targets.
2. The information outlined in this report covers projects delivered under the remit of the Adult Social Care and Health Committee only. A separate update is being provided to the Community Safety Committee on those projects coming under the remit of Public Protection.

Information and Advice

3. The budget approved by the County Council on 24th February 2011 required the ASCH&PP department to make savings and efficiencies totalling £63.827 million for the period 2011/12 to 2014/15. Over £27 million of these were to be delivered in the 2011/12 financial year, through delivery of projects spanning across both the Adult Social Care and Health and the Community Safety committees.
4. At the February 2012 County Council budget meeting the total savings target for the department was increased to £65.123 million over the four years of the programme, with the delivery of a further 8 projects. At the February 2013 County Council budget meeting the total savings target for the department was revised further, reducing the total target to £64.454m, profiled as follows:

	Year 1	Year 2	Year 3	Year 4	Total
Adult Social Care and Health	25,929	23,164	5,869	7,763	62,725
Public Protection	1,308	224	99	98	1,729
Total	27,237	23,388	5,968	7,861	64,454

5. As previously reported at the 4th February 2013 meeting, the department achieved £24.241 million of its £25.929 million savings target for Year 1 (2011/12), which represented 93% of

the target across all of the Adult Social Care and Health projects (i.e. excluding Public Protection targets).

6. Similarly, the department achieved £21.248 million of its £23.164 million savings target for Year 2 (2012/13), which represents 92% of the target, although £1.163m of actual savings covered delivery of savings that slipped from 2011/12 into 2012/13.
7. Within such a large programme there are inevitably some schemes that deliver ahead of schedule, or achieve greater levels of savings, and others that take longer to achieve or deliver less than anticipated. Through robust governance arrangements, the vast majority of the savings targets have been met. The strong performance to date is due to a number of factors, including:
 - a. A number of projects delivering some of their savings ahead of schedule.
 - b. The full year effect of savings where activity started to generate savings part way through 2012/13.
 - c. Similarly, some of the projects completed all of their implementation activity during 2011/12 and 2012/13, putting in place mechanisms ready for achieving savings during 2013/14.
8. The successful delivery of the projects has meant that the Department did not have to utilise any of the £8 million that was transferred into a corporate contingency at the start of the financial year in relation to demographic and cost pressures. However, it is important to note that given the nature of the services and the impact of future costs and increasing needs are likely to place considerable pressure on the budget.

Delivery of the 2013/14 Savings and Efficiency Target

9. There are currently only 15 savings and efficiency projects which remain to be delivered by the department during 2013/14, 14 of which fall within the remit of the Adult Social Care and Health Committee. Some of these will end this financial year and others will continue into 2014/15.
10. This financial year, there is a combined savings target of £5,869 million (excluding Public Protection targets). To date total actual savings achieved towards this target stands at £3,420 million. As referenced in paragraph 7 above, most of the actual savings to date this year are as a result of activity implemented in previous years, particularly 2012/13, that contributed part of full year savings towards 2013/14.
11. Of the 15 remaining projects, there are:
 - a. Six high governance projects (i.e. projects with total savings values of more than £1 million and / or high risk / high complexity), all within Adult Social Care and Health.
 - b. Nine low governance projects (i.e. projects with total savings values of less than £1 million and / or low risk / low complexity). Of these, eight come under the remit of Adult Social Care and Health and one under the remit of Public Protection.

12. A summary description for each of the remaining high governance projects is attached at Appendix I.
13. These projects will continue to be scrutinised monthly by the Department's Transformation Board, chaired by the Corporate Director for ASCH&PP. In addition, they are also managed via monthly project working groups, established to oversee delivery of each of the high governance projects.
14. Of the six high governance projects remaining, one (*Sherwood Industries*) is only likely to achieve £88,000 of its £250,000 total savings target. When this project was approved, at County Council in February 2012, Members committed to support any of the staff affected by the closure of Sherwood Industries who wished to find alternative employment, either within the Authority or with other employers. Sherwood Industries employed 43 staff in February 2012. Voluntary redundancy was facilitated for 16 staff. Of the 27 staff who expressed an interest in maintaining their employment with the authority, 14 have been successfully redeployed into alternative posts and 13 are working in supernumerary positions at a variety of work bases across the County Council. All of the staff group are well supported by the local line managers at the different work bases. County Council vacancies continue to be scrutinised in order to identify suitable alternative roles for the 13 staff however the salary costs of any of the staff group who remain in supernumerary placements will be a budget pressure for the service from 2014/15. As the remaining budget for Sherwood industries will be required to fund these staff the saving will be compromised and removed from the 2014/15 savings proposals as it cannot be realised.
15. Of the eight low governance projects remaining falling within Adult Social Care and Health:
- a. Four have already been completed and savings for 2013/14 have been delivered.
 - b. Four are currently 'on target' to achieve their Year 3 (2013/14) savings targets.
16. Low Governance projects will continue to be scrutinised monthly by the Savings & Efficiency Board, established to oversee delivery of all ASCH&PP projects, chaired by the Service Director responsible for delivery of the department's savings and efficiencies programme. Any exceptions will continue to be reported to the department's Transformation Board.

Other Options Considered

17. Since the completion of the service reviews in 2010/11 across the Council, and during the implementation of its savings and efficiencies programme over 2011/12 and 2012/13, the Department, through its Transformation Board, has continued to scrutinise the way in which services are arranged and delivered, with a view to identifying further opportunities for achieving efficiencies and improving services. Options for achieving additional savings over the period 2014/15 to 2016/17 are currently being developed.

Reason/s for Recommendation/s

18. This report is for information purposes only and there are no recommendations arising from it. A separate update on progress against those savings and efficiency projects coming under Public Protection will be provided to the Community Safety Committee.

Statutory and Policy Implications

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

RECOMMENDATION/S

- 1) It is recommended that the report be noted.

CAROLINE BARIA

Service Director for Joint Commissioning, Quality and Business Change

For any enquiries about this report please contact:

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Constitutional Comments

20. Because this report is for noting only, no Constitutional Comments are required.

Financial Comments (CLK 19/06/13)

21. This report is for noting only and does not contain any financial implications.

Background Papers

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

- a. 24th February 2011 County Council – Budget meeting: [11-12 Budget Report](#)
- b. 23rd February 2012 County Council – Budget meeting: [12-13 Budget Report](#)
- c. 28th February 2013 County Council – Budget meeting: [13-14 Budget Report](#)

Electoral Division(s) and Member(s) Affected

All

Appendix I: Description - Remaining High Governance ASCH Savings and Efficiency Projects

Project Name	Total Expected (£000's)	2011/12 Expected (£000's)	2011/12 Actual (£000's)	2012/13 Expected (£000's)	2012/13 Actual (£000's)	2013/14 Expected (£000's)	2013/14 Actual to Date (£000's)	2014/15 Expected (£000's)
Day Services Modernisation	4,436	600	600	1,216	1,325	2,029	829	591

This programme aims to modernise the current range of day services available in Nottinghamshire in order to increase flexibility and cost-effectiveness, offer choice to service users and meet all presenting needs. This includes the investment of £4m to improve the quality of day service buildings, creating a network of modern, multi-purpose centres that offer a pleasant environment and which appeal to older people and those with learning and physical disabilities alike.

Living at Home	3,108	238	0	368	0	0	0	2,502
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This programme aims to support older people in their own homes and in their local communities, supported by a range of flexible services so that they can be independent for longer. The programme consists of the following 6 individual projects:

1. Care and Support Centres – using the Council's 6 retained residential care homes to provide more short term and respite care services, more support to carers and testing out a range of support services that will enable older people to live within their own home environment for longer.
2. Extra Care Housing – developing phase 2 of the extra care strategy, which will ensure that there is an extra care housing scheme in each district of the county.
3. Assistive Technology - increasing take up of AT to give more support and reassurance to service users and their carers living in their own homes.
4. Admissions to Care - managing admission processes to ensure a consistent approach to the management of long term care placements across the county.
5. Joint Working and Integration with Health- working with health colleagues to reduce the number of discharges from acute settings directly in to long term care. Also, increasing awareness amongst key stakeholders of the Living at Home Programme and the need to support older people.
6. Reablement - increased take up of reablement services, intermediate care beds and assessment beds.

Project Name	Total Expected (£000's)	2011/12 Expected (£000's)	2011/12 Actual (£000's)	2012/13 Expected (£000's)	2012/13 Actual (£000's)	2013/14 Expected (£000's)	2013/14 Actual to Date (£000's)	2014/15 Expected (£000's)
Review Expenditure on Learning Disability & Mental Health Community Care	5,124	1,281	1,281	1,281	2,404	1,281	787	1,281
<p>This project involves the delivery of 11 workstreams that together aim to:</p> <ul style="list-style-type: none"> • Reduce the demand for services, • Review the commissioned level of service, • Deliver alternatives to residential care, • Implement new ways of working, • Tender for new care arrangements, • Reduce the cost of supplying services, • Implement equitable, affordable and transparent pricing, • Apply more robust management controls. 								
Reductions in Supporting People Budget	10,000	2,423	2,423	4,077	4,077	1,470	1,365	2,030
<p>This project aims to make efficiency savings from the Supporting People budget, which supports a range of housing related support services, commissioned mainly through community based care and support providers and housing associations.</p> <p>It does this through targeting funding at the most vulnerable people and those at greatest risk; maximising value for money from providers and achieving scale economies; offering new, more cost-effective forms of support; and encouraging greater volunteering and shared responsibility for care.</p>								
Redesign of Home Based Services	865	0	0	0	0	0	0	865
<p>This project aims to review and redesign current home based care and support services and internal processes for commissioning care and support, and develop a range of community based services.</p> <p>This includes re-tendering of existing home based services contracts, the replacement of an existing electronic monitoring system with a more efficient system, and streamlining internal and external processes. Savings are not due to be realised until 2014/15 onwards.</p>								

Project Name	Total Expected (£000's)	2011/12 Expected (£000's)	2011/12 Actual (£000's)	2012/13 Expected (£000's)	2012/13 Actual (£000's)	2013/14 Expected (£000's)	2013/14 Actual to Date (£000's)	2014/15 Expected (£000's)
Sherwood Industries	250	0	0	0	0	104	88	146
<p>Sherwood Industries provided supported employment to people with a wide range of disabilities in furniture manufacturing.</p> <p>This project involved the closure of Sherwood Industries, with support being provided to the staff to either find alternative jobs within the County Council or with other employers, where this was their preferred wish.</p>								
Totals	23,783	4,542	4,304	6,942	7,806	4,884	3,069	7,415

1 July 2013**Agenda Item:****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

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

Information and Advice

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None.

Reason/s for Recommendation/s

6. To assist the committee in preparing its work programme.

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using

the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) That the committee's work programme be noted, and consideration be given to any changes which the committee wishes to make.

Jayne Francis-Ward
Corporate Director, Policy, Planning and Corporate Services

For any enquiries about this report please contact: Paul Davies, x 73299

Constitutional Comments (HD)

1. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (PS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
1 July 2013			
Promoting Independence and Public Protection	Report to update members on the area of work of the Service Director for Promoting Independence and Public Protection	Service Director for Promoting Independence and Public Protection	Paul McKay
Living at Home – Extra Care	To report on the outcome of the bid for funding to the Department of Health and the Homes and Communities Agency's Care and Support Specialised Housing Fund.	Service Director for Personal Care and Support – Older Adults	Cherry Dunk/ Paul Boyd
Multi-Agency Safeguarding Hub (MASH) Advanced Social Work Practitioner	Report to seek approval for posts within the MASH Team	Service Director – Joint Commissioning, Quality and Business Change	Claire Bearder
Nottingham Welfare Assistance Fund	Quarterly update on the Nottingham Welfare Assistance Fund	Service Director – Promoting Independence and Public Protection	Paul McKay
Overview of Adult Social Care and Health savings and efficiencies programme	Update on progress of projects in the department and savings made to date.	Service Director – Joint Commissioning, Quality and Business Change	Kate Revell
Pressure on health and social care services for older people	Update report on pressure on health and social care services for older people.	Service Director for Personal Care and Support – Older Adults	Phil Teall
22 July 2013			
Personal Care and Support – Younger Adults	Report to update members on the area of work of the Service Director for Personal Care and Support – Younger Adults	Service Director for Personal Care and Support – Younger Adults	Jon Wilson
Carers Strategy - Update	Update on Carers Strategy and how the additional funding will be used across Health and Social Care.	Service Director for Personal Care and Support – Older Adults	Penny Spice
Care Quality Commission – Secondment of an Officer – progress report	To report on the progress of the Secondments.	Service Director – Joint Commissioning, Quality and Business Change	Caroline Baria
Peer Challenge and	Report to update Members on the Peer Challenge and	Service Director – Joint	Anne Morgan

Updated 03.06.2013 - SEG

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Outcome	its outcome	Commissioning, Quality and Business Change	/ Jennie Kennington
ICES Project Manager	Report to seek approval of TUPE Transfer of ICES Project Manager	Service Director – Joint Commissioning, Quality and Business Change	Phil Teall
Young Carers Project	Report to update members on the Young Carers Project	Service Director for Personal Care and Support – Younger Adults	Sue Foster
Extension of Reviewing Teams	To seek approval of the extension of the Reviewing Teams	Service Director – Promoting Independence and Public Protection	Jane North
23 September 2013			
Personal Care and Support – Older Adults	Report to update members on the area of work of the Service Director for Personal Care and Support – Older Adults	Service Director for Personal Care and Support – Older Adults	David Hamilton
Update on the progress of assistive technology use in maintaining the independence of vulnerable people	Update on the progress on the Assistive Technology (see report of the 29 th October 2012)	Service Director for Promoting Independence and Public Protection	Mark Douglas
Transforming Care – Nottinghamshire's Response to Winterbourne View Hospital	To provide an update on the local action being taken to respond to the national concerns.	Service Director for Personal Care and Support – Younger Adults	Jon Wilson
Proposals for redesign of community based services	Update on redesign of community based care services.	Service Director – Joint Commissioning, Quality and Business Change	Sue Batty
Direct Payments Support Service	Report on Direct Payments Support Service	Service Director – Joint Commissioning, Quality and Business Change	Sue Batty
Safeguarding adults at risk – update report	Update from the Chair of Nottinghamshire Safeguarding Adults Board (6 monthly)	Corporate Director for Adult Social Care, Health and Public Protection	Allan Breeton
Occupational Therapy Service Policy	Report to members on the Occupational Therapy Service Policy	Service Director for Personal Care and Support – Older Adults	Sarah Hampton
28 October 2013			

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Joint Commissioning, Quality and Business Change	Report to update members on the area of work of the Service Director for Joint Commissioning, Quality and Business Change	Service Director – Joint Commissioning, Quality and Business Change	Caroline Baria
NHS Support for Social Care	To report back to Members as stated in the report on the 29 th October 2012	Service Director for Personal Care and Support – Older Adults	Jane Cashmore
Nottingham Welfare Assistance Fund	Quarterly update on the Nottingham Welfare Assistance Fund	Service Director for Promoting Independence and Public Protection	Paul McKay
Care Support and Enablement Services	Report on Care Support and Enablement Services	Service Director for Personal Care and Support – Younger Adults	Jon Wilson
25 November 2013			
6 January 2014			
Care Quality Commission – Secondment of an Officer – final report	To report on the conclusions of the Secondments.	Service Director – Joint Commissioning, Quality and Business Change	Caroline Baria
Nottingham Welfare Assistance Fund	Quarterly update on the Nottingham Welfare Assistance Fund	Service Director for Promoting Independence and Public Protection	Paul McKay
3 February 2014			
Development Initiatives within the Social Care Workforce	Update on the progress of Development Initiatives within the Social Care Workforce	Service Director for Personal Care and Support – Older Adults	Claire Poole

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