

Adult Social Care and Health Committee

Monday, 08 February 2016 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 11 January 2016 | 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 | Carers Hub Information and Advice Service | 7 - 14 |
| 5 | Additional Extra Care Accommodation for Nottinghamshire | 15 - 20 |
| 6 | Future Advocacy Services Proposals | 21 - 30 |
| 7 | Performance Update for Adult Social Care and Health | 31 - 40 |
| 8 | Direct Services Delivery Group Update | 41 - 46 |
| 9 | Direct Payments in Residential Care Trailblazer | 47 - 56 |
| 10 | Work Programme | 57 - 62 |

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 **11 January 2016 (commencing at 10.30 am)**

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)
Alan Bell (Vice-Chair)

John Cottee
Sybil Fielding
Mike Pringle
Pam Skelding
Stuart Wallace

Jacky Williams
Yvonne Woodhead
Liz Yates
Jason Zadrozny

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, ASCH&PP
Sue Batty, Service Director, ASCH&PP
Paul Davies, Advanced Democratic Services Officer, Resources
Jennie Kennington, Senior Executive Officer, ASCH&PP
Ainsley McDonnell, Service Director, ASCH&PP
Jane North, Transformation Programme Director, ASCH&PP
David Pearson, Corporate Director, ASCH&PP
Sorriya Richeux, Team Manager, Corporate and Environmental Law, Resources

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 30 November 2015 were confirmed and signed by the Chair.

UPDATE ON PROPOSAL TO ESTABLISH A LOCAL AUTHORITY TRADING COMPANY FOR THE DELIVERY OF ADULT SOCIAL CARE SERVICES

It was agreed to circulate a summary of consultation responses to committee members after consultation closed on 31 January 2016.

RESOLVED 2016/001

That the progress to date, initial consultation responses and next steps in developing a business case to establish a Local Authority Trading Company to deliver adult social care services be noted.

OVERVIEW OF DELAYED TRANSFERS OF CARE AND SEVEN DAY WORKING

RESOLVED 2016/002

That the key changes to the Delayed Transfer of Care (DTOC) guidance, the Council's improving performance and progress with seven day access to services be noted.

ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF CURRENT DEVELOPMENTS

RESOLVED 2016/003

- (1) That the work and progress of the Commissioning and Market Management Delivery Group be noted.
- (2) That the current situation and progress in relation to Deprivation of Liberty Safeguards be noted.
- (3) That 1 fte Temporary Team Manager, Hay Band D be recruited for an initial period of six months to cover the Gedling Older Adults Team Manager post, to allow this role to oversee countywide recruitment (at a cost of £26,430 to be funded from the Care Act funding).
- (4) That 1 fte Business Support Officer, Grade 5, be recruited for an initial period of six months to cover the release of a post to support the countywide recruitment work (at a cost of £11,210 to be funded from the Care Act funding).

NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE, 14-16 OCTOBER 2015

RESOLVED 2016/004

That the report on attendance at the National Children and Adult Services Conference in Bournemouth in October 2015 be noted.

TRANSFORMING CARE UPDATE

RESOLVED: 2016/005

That the progress of the Nottingham and Nottinghamshire Fast Track Programme and the plan for transformation of services for individuals with a learning disability and/or autism spectrum disorder be noted.

WORK PROGRAMME

RESOLVED: 2016/006

That the work programme be noted.

CARE HOME PROVIDER CONTRACT SUSPENSIONS

RESOLVED: 2016/007

That the overview of live suspensions of care home provider contracts in Nottinghamshire be noted.

EXCLUSION OF THE PUBLIC

RESOLVED 2016/008

That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

EXEMPT INFORMATION ITEMS

ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF CURRENT DEVELOPMENTS

RESOLVED 2016/009

That the information in the exempt appendix be noted.

CARE HOME PROVIDER CONTRACT SUSPENSIONS

RESOLVED: 2016/010

That the information in the exempt appendix be noted.

The meeting closed at 12.15 pm.

CHAIR

8 February 2016**Agenda Item: 4**

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE CARERS HUB INFORMATION AND ADVICE SERVICE

Purpose of the Report

1. To update Committee on the development of the Nottinghamshire Carers Hub, following the awarding of the contract to Carers Trust East Midlands.

Information and Advice

Contractual arrangements and context

2. As reported to the June 2015 Committee meeting, the contract for the provision of an advice and information service for carers was awarded to Carers Trust East Midlands, following a competitive tender process. The service is called 'Nottinghamshire Carers Hub'. The contract was awarded for 2 years and 8 months (until 31 March 2018), with an option to extend for a further year. The service began operation on 1 August 2015 and is available to all carers who are looking after someone who is a resident of Nottinghamshire (excluding Nottingham City); this includes all carers registered with GPs in the six county Clinical Commissioning Groups.
3. The main purpose of the contract is to provide timely, responsive and reliable information and advice that meets the changing needs of local carers through:
 - a. provision of information and support for carers, signposting to appropriate services and facilitating onward referral
 - b. assistance to carers to complete their assessments online
 - c. provision of, or procurement of, personal development opportunities for carers including training group/community development
 - d. facilitation of engagement and involvement opportunities for carers with the local Clinical Commissioning Groups and Nottinghamshire County Council.
4. The service is commissioned jointly by Nottinghamshire County Council and the six Clinical Commissioning Groups that operate within Nottinghamshire County. It is part funded through the Better Care Fund. It was established as part of the joint work to achieve the strategic objectives of the Integrated Carers' Commissioning Strategy, the NHS Outcomes Framework 2013-14 and to ensure that the requirements of the Care Act 2014 are met. It also contributes to achieving the aims of the Adult Social Care Strategy, in particular, to provide good quality information and advice and to share responsibility with individuals, families and communities to maintain their health and independence.

5. The 'Carers Survey 2014-15' is a national survey and was recently carried out with randomly selected carers in the County. The results include a section on information and advice. The survey showed an increase in both those carers finding it very easy to find the information and advice that they were looking for (15.9% in 2014/15 compared to 12.1% in 2012/13) as well as an increase in those finding it very difficult to do so (14.8% in 2014/15 compared with 10.1% in 2012/13). As a central point, the Carers Hub aims to help make it easier for carers to find information and it will use different methods and media in order to reach more carers. It is anticipated that this will increase the proportion of carers who find it easy to access the information that they need.
6. The Carers Hub service forms a key part of the County Council's arrangements to meet its duty, under Section 4 of the Care Act 2014, to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers. It operates alongside other Local Authority provision for information and advice, including:
 - a. the Nottinghamshire Help Yourself website, which incorporates a specific section providing information on local services for carers
 - b. the in-house development and publication of information materials, particularly the Carers Information Pack comprising a range of factsheets on services available to carers
 - c. information provided on the County Council's website
 - d. the Carers Support Service, which undertakes carers' assessments over the telephone, providing information, advice and signposting when appropriate. This service is delivered directly by the Council, as part of the Adult Access Service
 - e. the provision of telephone information and advice by the Customer Services Centre.
7. The Carers Hub provides a resource for Adult Social Care and Health (ASCH) locality teams, the Carers Support Service and the Customer Service Centre. Many carers can be signposted to the Carers Hub when they first contact the County Council, thus preventing or delaying the need for social care support. The Carers Hub services are also available to those carers for whom ASCH assessment and support planning is appropriate.

Carers Hub Service Provision

8. The Carers Hub provides a telephone advice service and is establishing face-to-face provision across all districts within the County, including support for carer groups and drop-in advice sessions. The service has been operational for five months and has established a team of support workers managed by a service manager. Some staff transferred from the previous information contract provider and some were newly recruited. In addition, volunteers, who are often carers or former carers, offer peer support including befriending and a volunteer sitting service.
9. In addition to the directly contracted Carers Hub services, carers are also able to access other services that Carers Trust East Midlands offer as a voluntary sector organisation. These include access to carers grants and to holiday home accommodation. Together, these form the Carers Hub service offer, which comprises:
 - a. information, advice and guidance
 - b. signposting to other organisations

- c. short break accommodation
- d. access to carers support groups
- e. free health and well-being memberships
- f. free training and caring support
- g. carers benefits and discounts
- h. carers grants
- i. peer support.

Contract Performance

10. The contract to provide information and advice includes a number of key performance indicators. **Appendix 1** shows a list of these indicators.
11. Carers Trust East Midlands has provided performance information for the first three months of operation for the Carers Hub (August to October 2015), which indicates that the Carers Hub is meeting its service specification. This information focused on quantitative performance data about contacts made with carers, as well as some narrative information about the activities undertaken to establish service provision. In future, reports will be provided quarterly and annually, and will report against the full range of performance indicators described in **Appendix 1**.
12. Key messages from the performance data provided are:
 - a) the Carers Hub has identified a significant number of new carers, 672 in total. This exceeds the minimum threshold in the contract, which is to identify 1,500 per annum, equating to 375 per quarter
 - b) the majority of initial contacts have been by telephone (652 contacts) although some carers have used other methods, including email, post or face-to-face contact
 - c) new carers have been identified across all of the County, with approximately equal numbers from each district
 - d) the majority of new carers identified were of White British ethnicity, with a small proportion of Asian or Asian British, Black or Black British and Mixed ethnic groups (further analysis will be undertaken to compare this with population data for Nottinghamshire)
 - e) volunteer peer supporters have provided significant support, making 155 home visits and delivering 400 volunteer hours.
13. The Carers Hub provides support to carer groups. It has taken on responsibility for a number of carer groups across the County that transferred from the previous contract provider, and is developing some new carer groups or drop-in support sessions for carers. A list of carers groups currently supported is at <http://www.carerstrustem.org/assets/carers-groups-and-cafes-leaflet.pdf>
14. Carers Hub workers have made contact with a number of voluntary organisations including: Macmillan, Multiple Sclerosis Society, Carers Council, Alzheimer's Society, Age UK, First Contact, New Directions, Hetty's and POHWER. They have established links with key County Council services, including the Customer Service Centre, the Adult Access Service and the welfare benefits team. In addition, they have worked with Clinical Commissioning Groups and support workers have visited GP practices.

15. The Carers Hub has supported a volunteer carer to deliver ten Carers Roadshows across the County. These were funded by the Better Care Fund and by a financial contribution from Carers Trust East Midlands and they brought together a number of support organisations to provide drop-in advice to members of the public. A total of 1,188 people attended these events and 82 carers registered to receive further support from the Carers Hub.

Future Plans

16. The Carers Hub has recently undertaken a survey of carers to identify what training activities carers would value and this will inform the development of future training activities. While the results of this survey have not yet been analysed, informal feedback from carers at group events and meetings suggests that there is a need for more moving and handling training. The Carers Hub is considering how this might be delivered across the County and is likely to undertake some pilot activities to test best practice.
17. Part of the Carers Hub contract includes the engagement of carers in contributing to service development and review. Over the next few months, the Carers Hub will be undertaking an engagement activity with those carers who currently make use of respite care through Nottinghamshire's Care and Support Centres. This work will include focus groups to identify carer views on the future development of respite care.
18. The Carers Hub will be an important part of the online Carers' Assessments implementation planned for early 2016. Carers Hub support workers will provide support to carers in completing online assessments.
19. The Carers Hub has plans to establish further drop-in sessions as well as carer support groups in a number of locations across the County. It aims to deliver these in innovative and collaborative ways. For example, it has set up a carer support group in Toton to be delivered in the local Tesco store community room and this will be promoted in the Tesco store. A carers' drop-in and support group in Ashfield is being developed together with Mansfield and Ashfield Clinical Commissioning Group, and will be provided in the Ashfield Health and Wellbeing Centre.
20. The County Council has recently appointed a temporary commissioning officer for seldom heard carers, as part of the implementation of the Integrated Carers Strategy for Nottinghamshire. The commissioning officer will be working with the Carers Hub to ensure that its contact methods and service provision are appropriate for all carers. As part of its contract reporting, Carers Hub provides comprehensive information on carers' location, age, ethnicity, gender, sexual orientation and disability. This information will facilitate the development and monitoring of this work.

Other Options Considered

21. The contract with Carers Trust East Midlands was established after a competitive tender process which gave due consideration to all interested providers. This is described in the report to the November 2014 meeting of the Committee, available as a background paper.

Reason/s for Recommendation/s

22. As this report is for information, there are no specific recommendations for action.

Statutory and Policy Implications

23. 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

24. The implications were detailed in the report entitled 'Carers Information and Advice Hub' considered at the Adult Social Care and Health Committee on 3 November 2014, which is available as a background paper.

Implications for Service Users

25. The Carers Hub contract provides information and advice to carers, including both those who are eligible for ASCH support and those who are not. Performance in delivering this work therefore contributes to the overall effectiveness of services provided by the Local Authority and its partners.
26. The Adult Care Quality of Life Tool will be used with a sample of carers to assess how effectively the Carers Hub service is in improving outcomes for carers. This is an instrument which is published by the University of Nottingham and the Princess Royal Trust for Carers, based on completion of a questionnaire.

RECOMMENDATION/S

- 1) That the Committee notes the update on the development of the Carers Hub service delivered by Carers Trust East Midlands.

Sue Batty
Service Director, Mid Nottinghamshire

For any enquiries about this report please contact:

Penny Spice
Commissioning Manager
T: 0115 9773012
E: penny.spice@nottscg.gov.uk

Constitutional Comments

27. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 15/01/16)

28. The financial implications are contained within paragraph 24 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.

Carers Information and Advice Hub – report to Adult Social Care & Health Committee on 3 November 2014

Carers Information and Advice Hub and support service – report to Adult Social Care & Health Committee on 1 June 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH365

Key Performance Indicators for Carers Hub Information and Advice Contract

Summary of Performance Indicators

The table below shows the performance indicators for the Carers Hub. The contract service specification requires a minimum of six-monthly or annual reporting for the majority of these indicators, but Carers Trust East Midlands has agreed to provide quarterly reports.

Carers Trust East Midlands has provided some performance information for the first three months of operation for the Carers Hub (August to October 2015), which indicates that the Carers Hub is meeting its service specification. They included reporting of quantitative performance data for indicators 1 and 3, with some narrative information about activities undertaken to establish the Carers Hub service. Future quarterly and annual reports will include reporting against the full set of indicators. In future, quarterly reports will monitor performance against the full range of performance indicators.

	Performance Indicator	Minimum Threshold
1	Number of new contacts with carers	1,500 per annum Equivalent to: <ul style="list-style-type: none"> • 750 per 6 months • 125 per month
2	Number of carers supported to complete an online assessment	200 per annum Equivalent to: <ul style="list-style-type: none"> • 100 per 6 months • 17 per month
3	Number of face to face contacts	10% of all contacts
4	Carers' discussion groups	4 meetings per annum
5	Training activities	6 per annum 80% of carers attending reporting a positive outcome Evaluation to include the Good Indicators guide by Nottingham University's Manual for Adult Carer Quality of Life * http://static.carers.org/files/adult-carer-qol-published-version-5571.pdf
6	Number of adult carer quality of life evaluations * http://static.carers.org/files/adult-carer-qol-published-version-5571.pdf	5% of service users
7	Provide case studies	6 per annum across the County
8	Assist carers to represent the views of a wider carer group at meetings to be decided	6 carers per annum while funding is available for this work

* The Adult Care Quality of Life Tool is an instrument to assess the quality of life of unpaid carers, published by the University of Nottingham and the Princess Royal Trust for Carers, based on completion of a questionnaire.

8th February 2016

Agenda Item: 5

REPORT OF SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE**ADDITIONAL EXTRA CARE ACCOMMODATION FOR NOTTINGHAMSHIRE****Purpose of the Report**

1. At its meeting on 30th November 2015, the Committee approved work with Mansfield District Council (MDC) to develop proposals for additional Extra Care accommodation on the former Mansfield General Hospital site – with the condition that a report be brought back in early 2016 to confirm and seek approval for the exact amount of Extra Care capital funding required.

Information and Advice

2. In addition to the Poppy Fields Extra Care development in Mansfield, the District Council is also preparing to build a new housing scheme for older adults on the site of the former general hospital in Mansfield (with construction expected to start in May 2016). The new older adults housing scheme, off West Hill Drive, will consist of:
 - 12 bungalows
 - an apartment block of 42 apartments (34 two bed and 8 single bed apartments).
3. The District Council has applied to the national Homes and Communities Agency for grant funding to help with the cost of developing the site and has offered the County Council use of 10 of the apartments as Extra Care accommodation, in return for a capital contribution of £400,000, which would:
 - secure nomination rights for the County Council to use 10 apartments for a 25 year period to provide its service users with an alternative to residential care;
 - ensure all the new accommodation (12 bungalows and 42 apartments) would be designed to meet the County Council's Extra Care Design Standard (e.g wheelchair accessible accommodation, lifeline alarms, bathrooms with level access showers etc). This standard of accommodation helps to prevent the need for health and social care intervention (for example, helping to prevent falls in the home) which in turn means that all the older adults living in the scheme (both those in the Council's nomination units as well as those in the rest of the units) benefit from living in accommodation designed to help older adults remain living at home safely for longer.

4. As part of its approach to Extra Care, the County Council is considering opportunities to use the 24/7 onsite care teams to deliver care services to the local older adults communities adjacent to Extra Care schemes. This type of 'Extra Care Outreach' model has been shown to be effective in supporting older adults to remain living in the community safely for longer – for example, in Rushcliffe, the Spring Meadows and Cricketers Court schemes operate as an outreach to the Hilton Grange scheme. As another example, in 2010 the Council's Extra Care outreach year long pilot in the rural district of Bassetlaw found that significant savings could be made from the provision of a flexible 24 hour response service delivered to people in their own home environment. The scheme demonstrated that it was a realistic flexible and responsive alternative to residential care. Following this pilot the existing Night Time Response service was developed that still runs today supporting several hundred older adults across the County.
5. The former General Hospital site is relatively near the Poppy Fields scheme, just a few minutes away by car. It is therefore proposed that the 10 units of accommodation on this new site could be used as an Extra Care Outreach scheme to Poppy Fields i.e. County Council service users living in the 10 apartments would be supported by the Care Team, based 24/7 on the Poppy Fields site, with staff driving to the new scheme on the former Hospital site to deliver commissioned care and support within a 24 hour period. In addition, the use of lifeline alarms on both sites would mean that the Care Team at the Poppy Fields site would be ready and able to respond quickly to any ad hoc care needs as required on either site.

The Extra Care Strategy for Nottinghamshire

6. The Extra Care Outreach scheme proposed by this report would be part of the Council's Strategy for the development of Extra Care accommodation across Nottinghamshire. The Council currently has nine existing Extra Care schemes and as part of its intention to improve choice for older people is committed to creating 160 new Extra Care places by March 2018 as an alternative to residential care.
7. To deliver the required new Extra Care places, the Council has allocated £12.65m of capital – to date £9,554,552 of the total capital available has been committed to develop 135 new units of Extra Care accommodation as follows:
 - 24 new Extra Care Places at two new schemes which opened in 2015 (St Andrew's House in Gedling and Bilsthorpe Bungalows in Newark & Sherwood)
 - 56 new places to be delivered by two further new schemes due to open by March 2016 (Poppy Fields in Mansfield and Darlison Court in Ashfield)
 - 55 new places in 2017/18 to be delivered by two further new schemes approved by Committee for development (Retford Extra Care and Eastwood Extra Care)
8. In addition to the above schemes, the Committee has also given approval for proposals to be developed and submitted for consideration relating to the creation of Extra Care accommodation in Arnold, Newark, Worksop and the former General Hospital site in Mansfield. Together these four additional schemes could create a further approx. 110 new Extra Care places for older adults as an alternative to residential care.

9. The Mansfield scheme set out in this report would be the first of those four proposals to be submitted to Committee for approval as MDC intends to start work on site in May 2016. Currently £3,095,448 of the original £12.65m is unallocated – and the capital contribution of £400,000 proposed by this report could be funded from the remaining £3,095,448 Extra Care capital. In addition to the proposal set out in this report, exact costs for the other three proposed schemes are being finalised. It is however anticipated that the Council would need to access some of the second tranche of capital funding available to create Extra Care (£12.35m) in order to fund the creation of all four schemes.

Other Options Considered

10. In addition to the 48 new Extra Care nomination units being created on the Poppy Fields site as part of phase one, construction is now underway for a phase two development on the site to create an additional 20 general needs older adults homes (also due to be ready in 2016). Following careful consideration, it has been decided that it would not be suitable to use any of the phase 2 accommodation for additional Extra Care nomination units as it would lead to a scheme that would be overly populated by older adults with care needs – in contrast, the County Council's Extra Care model is to have nomination rights to a proportion of the overall total number of housing units provided, in order to help create a balanced and sustainable older adults community for the service users that live there.

Reason/s for Recommendation/s

11. The Council's 'Living at Home' Programme (which manages the creation of new Extra Care schemes for the Council) is bringing the use of residential care in line with Nottinghamshire's comparator authorities by increasing alternative choices for older people to residential care and thereby delivering savings to the ASCH budget. The net revenue saving to the County Council of placing an older adult in Extra Care (as opposed to residential care) is £94 per person per week, equating to an annual saving of £4,888 per person per year. This means that within approximately eight years, the savings to the County Council would have recouped the £400,000 capital investment in the Mansfield scheme proposed in this report.
12. In addition, the Council is keen to create a range of flexible options to provide local community based support to older adults, such as short term assessment beds. The use of 10 apartments as Extra Care on the new Mansfield site would enable a corresponding number of the Council's nomination units on the Poppy Fields site to be used for short-term assessment beds. This would ensure the Council can replace those assessment beds currently provided at Kirklands without needing to reduce the overall number of Extra Care places created in Mansfield. This would be a cost effective approach as the Council would not need to commission replacement assessment beds from the independent sector (saving the Council an anticipated cost of £528 per bed per week based on a residential band 5 rate). It would also build on the extremely positive work underway locally by the Council's Older Adults Team for Mansfield – where strong and effective partnership working with the Clinical Commissioning Group and MDC is enabling a wide range of accommodation to be used to ensure the safe and timely discharge of older adults from hospital.

Statutory and Policy Implications

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

Financial Implications

14. The £400,000 capital funding that would be required to cover the cost of securing 10 nomination units for this proposed new Mansfield scheme could be covered from within the £3,095,448 funding currently unallocated in the Extra Care Capital budget.

Implications for Service Users

15. The creation of additional Extra Care provision will provide additional choice and opportunities for service users who in the past would have had one option which would have been a place in a residential care home.

RECOMMENDATION/S

- 1) That approval be given for the Council to enter into an agreement with Mansfield District Council regarding the Mansfield Extra Care scheme on the former hospital site as set out in paragraphs 3 to 5 of this report.

Sue Batty
Service Director for Mid Nottinghamshire

For any enquiries about this report please contact:

Cherry Dunk
Group Manager Strategic Commissioning
T: 0115 9773268
E: cherry.dunk@nottscc.gov.uk

Constitutional Comments (LM 14/01/16)

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

Financial Comments (KAS 22/01/16)

17. The financial implications are contained within paragraph 14 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.

Proposals for additional Extra Care accommodation in Mansfield – report to Adult Social Care & Health Committee on 30 November 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH366

8 February 2016**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING****FUTURE ADVOCACY SERVICES PROPOSALS****Purpose of the Report**

1. Further to the report to Adult Social Care and Health Committee on 30 March 2015, this report provides Members with an update on the key issues impacting on the provision of independent advocacy services including financial implications arising from legislative and policy changes.
2. The report advises Members that consultation on the future of the advocacy service provision has now been completed and it provides a summary of the findings.
3. The report proposes a new model of provision and funding for the delivery of independent advocacy services and seeks approval to retender the service in partnership with the City Council and the City and County Clinical Commissioning Groups (CCGs) with authority for the approval of the contract award to be delegated to the agreed responsible officer.

Information and Advice**Current Service Contract**

4. The current advocacy service is jointly commissioned by Nottinghamshire County Council, Nottingham City Council, each of the 6 CCGs in Nottinghamshire and Nottingham City CCG. The County Council is the lead commissioner of the service.
5. Following a competitive tender process during 2011/12, the contract was awarded to POhWER (advocacy making your voice heard) and the service, called 'Your Voice, Your Choice', commenced in April 2012. The service is also delivered by Age UK Notts as a sub-contracted provider.
6. The current contract provides a range of advocacy support including statutory provision (support that the Council has a legal duty to provide) and non- statutory provision. The Council is not legally bound to provide this support; it has done so at its own discretion. It has provided this in the past to support vulnerable adults e.g. people with a learning disability, mental health condition or sensory impairment.

7. The annual contract value at commencement was £688,195 and the County Council's contribution to this was £422,944. The contract was awarded for a three year period with the provision to extend for up to five years.
8. The service model includes a single point of access, with a triage process known as 'Access to Advocacy' (A2A). Service users, agencies and organisations are able to contact the service directly via a single telephone number and website or referrals can be routed through the Council's Customer Service Centre. The triage process is undertaken remotely at a centre in Birmingham which links to all staff and services across the country, offering advice, information and a supported signposting service. The aim of this service is to deliver a timely and effective intervention which will meet the needs of the majority of people who make contact and thereby prevent escalation of issues.
9. The statutory advocacy service that POhWER currently provides includes:
 - Independent Mental Capacity Advocates (IMCA) - when someone is assessed by a doctor or social worker as lacking mental capacity to make key decisions in their lives - perhaps because of mental illness, dementia, learning difficulties, a stroke or brain injury - they can have the help of a specialist Independent Mental Capacity Advocate (IMCA). This is a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views.
 - Independent Mental Health Advocates (IMHAs) - these were introduced under the Mental Health Act 2007. From April 2009 there has been a legal duty to provide IMHAs for all eligible people. An IMHA is an independent advocate who is specially trained to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment.
 - Paid Representatives - the Mental Capacity Act Deprivation of Liberty safeguards were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007. It introduced a legal framework and right to appeal to protect people who lack capacity to consent to being deprived of their liberty, who are not detained under the Mental Health Act. Everyone who has a Deprivation of Liberty Safeguards (DoLS) authorisation must have a representative to ensure any conditions are being met, inform the person of their rights and how to exercise those rights. This is a vital role in ensuring the person deprived of their liberty is safeguarded. A representative can be a family member or a friend. If there is no unpaid person who is willing or able to take on this role a Paid Representative is appointed.
 - NHS Complaints Advocacy (ICAS) since April 2013 - helps people make a complaint about health and social care. NHS Complaints Advocacy is free, confidential and independent of the NHS
 - Care Act Advocacy since April 2015 - The Care Act (2014) stipulates that local authorities must involve people in decisions made about them and their care and support. The local authority must help people to understand how they can be involved, how they can contribute and take part and sometimes lead or direct the process. They must provide advocacy to people who have a 'substantial difficulty' and

no one appropriate available to support and represent them, to enable them to be involved in social care processes.

10. POHWER is currently responsible for the delivery of non-statutory advocacy support; this element of the service is sub-contracted to Age UK Notts. There are no significant differences in what statutory and non-statutory advocates do, the difference lies in the eligibility criteria for each type of advocacy support service.
11. Legislative and policy changes have substantially extended the scope of statutory advocacy which means that significantly more vulnerable adults are eligible for statutory support from April 2012. Ceasing non-statutory advocacy will have an impact for some service users, however, this risk is mitigated by the fact that a higher proportion of people are now eligible for the statutory service.
12. This current criteria for accessing advocacy support has been developed through legislation requirements and in response to case law to ensure people in specific circumstances have their rights protected. To access non-statutory advocacy a person must have a mental health condition, a physical disability, sensory or learning disabilities, including those who are elderly or reside in residential care homes. Currently Age UK works with individuals on a number of issues including benefits, housing and care. The aim is to help people to develop their confidence and to empower them to help themselves in the future.

Additional advocacy service requirements

13. Since the commencement of the contract, local authorities have increased duties and responsibilities which are detailed below:
 - The Health and Social Care Act 2012 placed a duty on local authorities to commission a local Independent Complaints Advocacy Service (ICAS). Local authorities were required to commission: 'the provision of assistance for individuals making or intending to make an NHS complaint (which includes a complaint to the Health Service Ombudsman)'. The current contract was extended to meet these requirements from April 2013.
 - The Cheshire West Supreme Court ruling – this has increased the number of service users who fall within the scope of Deprivation of Liberty Safeguards. Where the service users do not have capacity and they do not have a relative or carer to act on their behalf, the Council is required to ensure that they have access to an independent advocate where they are subject to Best Interest decisions.
 - The Care Act, 2014 - local authorities have extended responsibilities to ensure advocacy services are made available to individuals where they had experienced 'substantial difficulties' in identifying and meeting social care needs. It also extended the range of activities for which advocacy should be provided, including assessment, care and support planning and review. The current contract was extended to meet these requirements from April 2015.

Current cost of advocacy

14. In order to meet the requirements of the Cheshire West ruling, and the need for additional IMCAs and Paid Representatives, additional funding of £100,000 was identified and this has been funded by County and City. The County's contribution was £67,000 and the City's was £33,000. This additional funding was allocated to the provider from April 2015.
15. Despite the additional funding, this has not been sufficient to meet the increased demand and an additional sum of £66,000 has been allocated from the County's Deprivation of Liberty Safeguards (DoLS) contingency budget in order to meet the anticipated demand during the current financial year. The increased demand is a result of an increase in the number of referrals under DoLS.
16. To meet increased demand arising from the extended Care Act duties, POhWER was also allocated £50,000 in April 2015 to meet the initial impact, with a further £50,000 to be allocated on a cost and volume basis across the year if necessary. Again the County's contribution was £67,000 and the City's was £33,000.
17. The recorded demand for this service has been lower than anticipated and this pattern is being reported across other local authorities nationally. The department has analysed the reasons for the low take up and it appears that the reason is that individuals who would have been eligible for Care Act Advocacy have in fact been accessing the discretionary service. In addition, there has been random sampling of 140 case notes and it is clear that Advocacy has been explored and provided but it has not always been recorded appropriately. Work is in progress to make the recording of Advocacy a mandatory field which will ensure accurate recording in future.
18. Commissioning Officers have also been in touch with neighbouring authorities to see how the Council compares with them. Feedback has shown that Nottinghamshire is more proactive in ensuring that individuals have the appropriate Advocacy support where needed. This has also been the feedback from the providers who work with other local authorities across the country. POhWER is continuing to provide commissioners with detailed monitoring information on the take up of the service.
19. The current cost of the existing contract is £1.09 million in total with the Council's contribution to this being £672,000.

Tender Process

20. Whilst there is the provision to extend the current contract with POhWER, advice from the Corporate Procurement team and from Legal Services is that, due to the legislative and policy changes and the subsequent need to increase the volume of provision, the service should be re-commissioned to ensure compliance with European Union procurement regulations.
21. A tender planning process has commenced and a timetable has been agreed with Corporate Procurement and Legal Services to enable a new service to be in place by October 2016. Given the value of the County Council's financial contribution towards the service, the Council will again lead the process on behalf of the other partner agencies.

Consultation

22. The consultation, which was undertaken in partnership with the CCGs and the City Council, commenced in July 2015 and was completed at the end of November 2015. The purpose of the consultation was to seek views from people in the City and County on the future model of the advocacy support service including the possibility of reducing or ceasing funding of the discretionary elements of the service.
23. The consultation process consisted of an on-line survey and a number of discussions with key stakeholder groups which included the Older People's Advisory Group (OPAG), Carers Federation, County Learning Disability and Autism Partnership Board, Milbrook Patients Council, Deaf Advisory Group, Disability Information Group, and Nottinghamshire Partnership Board User Forum. Views were sought on the following:
- the Council would provide statutory advocacy and cease funding all non-statutory advocacy
 - the Council would provide a continuation of non-statutory advocacy but would manage demand for the service by raising the eligibility criteria across all service user groups
 - the Council would provide a continuation of non-statutory advocacy but would target specific groups of people such as people with mental health and/or learning disability needs
 - the Council would cease all non-statutory advocacy and develop alternatives e.g. peer support.
24. The on-line survey was sent to organisations that work with people who are likely to be affected by any changes to the services. It was also sent to service user and carer groups across the City and County. 150 people responded with 100 of these coming from individuals who live in the County. The responses where provided were as follows:
- 16 (12%) felt that statutory advocacy should be provided and non-statutory advocacy should cease
 - 62 (45%) felt that a non-statutory advocacy service should be provided but that the eligibility criteria should be raised to reduce the take up across all service user groups
 - 40 (29%) felt that non-statutory provision should only be provided to a few key groups
 - 20 (14%) felt that non-statutory advocacy should be ceased and alternatives developed. e.g. peer support.
25. There were concerns raised in the consultation about safeguarding and there were a number of comments about compounding social isolation for those people who have no other means of support. Needs such as these could be met by the provision of alternative support. It was suggested by respondents that there are a range of existing organisations that could be used to help give vulnerable people a voice; generally people felt it was important to explore and use alternative support for people where possible and that the Council should look to improve peer support and information services as this may reduce the need for more formal advocacy support. There was also a recognition that the increase in demand for these services comes at a time of significant reductions in local authority funding and that there may need to be some prioritisation of service.

Additional factors to consider

26. Consideration is being given to a number of factors which will help scope the advocacy provision and shape the new delivery model. These factors include:
- The 2015 Mental Health Code of Practice makes reference to the commissioning of the IMHA service. This proposes increasing the number of IMHAs available for individuals with additional needs, such as language or communications difficulties and IMHAs that can respond to the diversity of detained patients. In 2016 a Bill is to be put before parliament to amend the Mental Health Act 1983 which includes the requirement for advocacy to be made available to informal patients so again extending the number of people able to access the services of an IMHA. Discussions are ongoing with the CCGs regarding a possible requirement for additional funding.
 - Transforming Care for people with Learning Disabilities - advocacy will become an integral part of the considerations about an individual's care and support services and service arrangements and discussions are currently underway to consider the most appropriate way of delivering this
 - the recent consultation on DoLS indicates that in the future there may be a consolidation of advocacy provision across the Care Act and Mental Capacity Act, and that Independent Mental Capacity Advocates would be replaced with a single system of Care Act advocates and appropriate persons.
 - proposed changes to the Independent NHS Complaints Advocacy Service (ICAS) are currently being discussed nationally. At this time it is uncertain as to whether the Council will be required to continue to deliver this service. Further clarification around this element of the contract is expected early in 2016. This provision is currently grant funded so if the duty to provide this service is transferred from the local authority then this would not produce a saving as the Council would no longer receive the grant.
 - the feasibility of continuing to commission non-statutory advocacy services given the significant increase in demand anticipated for the statutory advocacy services. Nottingham City has given an early indication that given the increase in the demand for statutory advocacy they are unlikely to be able to meet the cost of any non-statutory advocacy going forward.

Proposed Model and costs

27. A comprehensive review has been undertaken of the current advocacy provision and the changes in the legislative framework underpinning the service. Taking into account the consultation and also in the knowledge that the Council has increased duties and responsibilities at a time when it is facing significant financial pressures, it is proposed that the Council continues to fund the statutory advocacy services and ceases funding all discretionary advocacy services.
28. The proposed new model of service will include a signposting service that offers information, advice and guidance. The specification will require the advocacy providers to develop self-help and peer support.

29. The impact of ceasing funding for non-statutory advocacy would be mitigated by the comprehensive web-based Information and Advice provision (Nottshelpyourself.org.uk) that is already available. This brings together five previous information and advice local websites and has been developed in partnership with Children, Families & Cultural Services (CFCS), Mid-Nottinghamshire CCG, Nottingham City Council and Nottingham City CCG. An extensive training programme has been completed to train staff from key third sector agencies that deliver face to face support and help to vulnerable adults on how to get the most out of the website so they can support their service users effectively.
30. The CCGs have confirmed that they will fund the Transforming Care programme advocacy service until April 2018 for individuals identified with a learning disability and complex and challenging behaviours and this will be reflected in the tender documentation. There will also be provision in the contract to increase or decrease the service according to the future CCG budgets.
31. The other non-statutory service user groups who may attract NHS funding are informal patients in mental health units who are ineligible for the IMHA service. Funding for this specific provision is subject to ongoing discussion with the local CCGs.
32. Given the pressures outlined, including the projected increased demand for DoLS advocacy and possible increased demand for Care Act advocacy, the estimated cost of this model is £1.25 million and it is estimated that the County contribution could be up to a maximum of £780,000 per annum.
33. It is proposed that a tender is commenced at the earliest opportunity to put in place a new service for commencement in October 2016.

Other Options Considered

34. Following a full review of the advocacy services a number of alternative options have been considered including continuing to provide a discretionary service and also looking to target specific groups of service users. However the costs are prohibitive in a time of considerable financial constraints.

Reasons for Recommendations

35. The report seeks to ensure that Members are fully advised of the changes required to deliver services in the future which will meet the increased duties and responsibilities placed on the Council. It highlights the cost pressures arising from these legislative and policy changes and also the financial impacts which mean that the Council will no longer be in a position to fund non-statutory advocacy.

Statutory and Policy Implications

36. 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

37. When the contract was awarded in 2012 the funding allocated to the service was £688,195 of which the County Councils allocation was £422,944. However, due to legislative changes additional funding has been allocated to enable the Council to meet its statutory responsibilities making its total allocation currently £672,000.
38. The estimated cost of the new service model is £780,000. To contribute to this, £337,000 has been requested as a part of the DoLS budget pressure considerations. The Council has £310,000 in its base budget allocation and receives a further £208,000 as part of the Local Reform and Community Voices grant. However, this grant has not yet been agreed for 2016-17.
39. If this grant is agreed, the service can be funded from mainstream budget. If this grant is not agreed, there will be a shortfall of £133,000 and the service will need to reduce expenditure accordingly. Should the Community Voices grant be ended or reduced, the continued delivery of the Independent Complaints Advocacy Service (ICAS) will be reviewed and either reduced or ended, depending on the outcome of the review.

Implications for Service Users

40. It is anticipated that a high proportion of individuals that have used the discretionary service in the past will be eligible for the statutory service. Web based information and advice is also available via the Notts Help Yourself website.

RECOMMENDATION/S

That the Committee:

- 1) notes the update on the key issues impacting on the provision of independent advocacy services and the financial implications arising from the legislative and policy changes
- 2) notes the summary findings from the consultation on the future of the advocacy service provision
- 3) approves that the Council will cease funding all discretionary advocacy services and will only fund services that it has a legal duty to do so from the commencement of the new contract
- 4) approves the budget to be allocated for statutory advocacy services as outlined in **paragraph 38**
- 5) approves commencement of the tender process in 2016 in partnership with the City Council and the City and County Clinical Commissioning Groups
- 6) agrees to delegate authority for the approval of the contract award to the agreed responsible officer.

Caroline Baria
Service Director, Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

Gill Vasilevskis
Commissioning Manager
T: 0115 9773008
E: gill.vasilevskis@nottsc.gov.uk

Constitutional Comments (SLB 18/01/16)

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

Financial Comments (KAS 25/01/16)

42. The financial implications are contained within paragraphs 37-39 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.

Advocacy Services – report to Adult Social Care and Health Committee on 30 March (previously published)
Details and summary of all consultation undertaken

Electoral Division(s) and Member(s) Affected

All.

ASCH361

8 February 2016**Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH****Purpose of the Report**

1. To provide the Committee with an update on performance for Adult Social Care and Health for the period from 1 April to 30 September 2015.
2. To provide the Committee with an update on the Adult Social Care and Health Portfolio within Redefining Your Council for the period 1 October to 24 December 2015.

Information and Advice

3. This report provides the Committee with an overview of performance up to Quarter 2 against the department's key performance and operational priorities. The performance measures that are reported quarterly to the Committee reflect statutory returns provided to Government and the Council's priorities following the adoption of the Strategic Plan 2014-18.
4. A summary of these performance measures is set out below with a performance dashboard including the target and performance data up to and including 30 September 2015 (Quarter 2), set out at **Appendix A**.
5. This report also provides an overview of progress on the Adult Social Care and Health Portfolio within Redefining Your Council. The programmes include:
 - Adult Social Care Strategy and market development: preventing and reducing care and support needs by promoting independence
 - Integration with health: implementing joined up initiatives with health
 - Public Health Outcomes: working with key stakeholders on how to allocate the current budget
 - Care Act implementation: embedding the changes from Part 1 of the Care Act and a watching brief on Part 2 of the Care Act, which is postponed until 2020
 - Direct Service Provision: developing different ways of delivering services.

Assessments

6. A health and social care assessment is undertaken to help determine a person's specific care and support needs and their eligibility for support as determined by national eligibility criteria. Measuring assessment timescales is useful to track the volume of demand and the efficiency of the Council's processes.

7. Overall assessment timescales up to Quarter 2 are below target, but show better performance than for the equivalent period during 2014-15, particularly for Occupational Therapy (OT) assessments. Up to Quarter 2 of 2015-16, 54% of OT assessments were in timescale, compared to just 34% during 2014-15; this relative improvement in performance is coupled with an increase in the numbers of people assessed during 2015-16.
8. The introduction of Part 1 of the Care Act in April 2015 and other legislative changes around the safeguarding of adults has increased the demand for OT as well as other assessments. A number of new ways of working are being introduced to improve efficiency including the piloting of OT clinics and the increased use of mobile working and auto-scheduling technology to help speed up the time taken to pass work onto operational teams. A working group has been established to identify options to further improve the completion of assessments and reviews in Adult Social Care.

Reablement

9. 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 short period of intensive support. There are two main formats for reablement: START reablement takes place in the person's own home and Intermediate Care reablement can take place either in the person's home or in a residential setting.
10. An important measure of the success of the Reablement service is whether, following this specific intervention, service users can live independently and require no further ongoing formal support. Performance for Quarter 2 shows that 67% of people required no ongoing package of support following the START Reablement service. This is an improvement on 2014-15 and matches the annual target.
11. A further measure of both START and Intermediate Care reablement is the proportion of older adults who are still at home 91 days after being discharged from hospital into one of these services. At Quarter 2, 92% of older adults having received one of these services were still living independently 91 days after they were discharged from hospital. This measure is a national measure and is part of the Council's Better Care Fund submission. The Council's performance nationally is good and is currently above target.

Delayed Transfers of Care

12. A delayed transfer of care is when someone is ready for discharge from hospital, but requires a further service or support to be in place, such as care provision at home, before they can physically leave hospital. A delay may be caused by Health, by Social Services or by a combination of both. The Council's performance on delayed transfers of care is positive and within target. Practice around this is being reviewed following guidance recently released by the Association of Directors of Adults Services (ADASS).
13. A series of workshops are currently being held to focus on improving practice around the hospital discharge process and a report to outline these changes and progress against requirements was considered by Members at the meeting of the Committee on 11 January 2016.

Admissions

14. Reducing or delaying the need for long-term residential or nursing care for older adults (65 years and above) and young people (18 to 64 years) remains 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.

15. For younger adults, performance is within target for Quarter 2 (36 against a full year target of 75). Admissions into long-term care are being actively managed through the use of alternative placement types such as supported living where appropriate.
16. For older adults, the number of new admissions into long-term care is just on target to date (475 against an annual target of 948). The target set for this year represents an annual 15% reduction in admissions. This challenging target aims to move Nottinghamshire's position closer to its peer group average for this measure. Admissions into long-term care are being actively managed through scrutiny of all cases at accommodation panels and the provision of more alternatives within the community such as Extra Care and short-term assessment beds for those older people leaving hospital.
17. Admissions into long-term care direct from hospital have reduced since the introduction of short-term assessment beds for people being discharged from QMC hospital. This service is based in Leivers Court and enables people being discharged from hospital to receive reablement support and a more thorough assessment to see if they are able to return home.
18. As this service expands and is able to accept more people the number of admissions into long term residential or nursing care direct from hospital should reduce further.

Personalisation

19. Previous 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 2. Nottinghamshire's performance nationally is good.

Better Care Fund

20. 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.
21. 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 four measures reported in **Appendix A** form part of the national Better Care Fund suite of measures which commenced in 2014-15 and continues within the current year.
22. The measures relating to admissions to care homes and reablement are the responsibility of the County Council, and the measure for non-elective admissions to hospital is the responsibility of Health. Quarter 2 performance shows an improvement on the previous year.

Adult Social Care and Carers Surveys

23. The remaining four measures are based on the Adult Social Care Survey which is a national survey conducted annually for social care service users. The survey asks service users questions about quality of life and the impact that the services they receive have on their quality of life. It also provides information about self-reported general health and well-being.

24. Final results for the 2014-15 survey are available in **Appendix A**. Overall the majority of measures have seen positive improvement on the previous year with the exception of overall satisfaction which saw a minor reduction.

Adult Social Care and Health Portfolio update

25. An update on key achievements for the five programmes that comprise the Portfolio, as listed in paragraph 5, is contained in **Appendix B**.
26. The Portfolio is reporting good progress in achieving key outcomes and benefits required from the programme. The update also provides a forward view for the next three months. It is intended to include these key achievements and milestones in the next Council-wide Performance and Redefining Your Council Progress Update to Policy Committee.
27. The next report to Policy Committee also considers performance reports on savings projects within Redefining Your Council and this is subject to a more detailed quarterly report on progress with savings projects to Adult Social Care and Health Committee on 7th March 2016.

Other Options Considered

28. The report is for noting only.

Reason/s for Recommendation/s

29. The report is for noting only.

Statutory and Policy Implications

30. 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

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

RECOMMENDATION

That the Committee:

- 1) notes the performance update for Adult Social Care and Health for the period 1 April to 30 September 2015.
- 2) notes the update on the Adult Social Care and Health Portfolio within Redefining Your Council for the period 1 October to 24 December 2015.

David Pearson

Corporate Director for Adult Social Care, Health and Public Protection

Page 34 of 62

For any enquiries about this report please contact:

Matthew Garrard
Performance, Intelligence & Policy Team Manager
T: 0115 9772892
E: matthew.garrard@nottsc.gov.uk

Jane North
Transformation Director
T: 01159 773668
E: jane.north@nottsc.gov.uk

Constitutional Comments

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

Financial Comments (KAS 15/01/16)

33. The financial implications are contained within paragraph 31 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.

Overview of Delayed Transfers of Care and 7 Day Working – report to Adult Social Care and Health Committee on 11 January 2016

Electoral Division(s) and Member(s) Affected

All.

ASCH369

Indicator	Current Value	Annual Target	Previous Period	Good is...
Assessments				
Percentage of assessments carried out within 28 days (Q)	61%	80%	60%	high
Reablement				
No on-going package following START Reablement (Q)	67%	67%	66%	high
Delayed Transfers of Care				
Delayed transfers of care attributable to adult social care per 100,000 population(Q)	1.8	2.3	1.6	low
Delayed transfer of care from hospital per 100,000 population (Q)	6.8	11.2	5.5	low
Admissions				
Permanent admissions to residential or nursing care for older adults (Q)	475*	948	222*	low
Permanent admissions to residential or nursing care for adults aged 18-64 (Q)	36*	75	18*	low
Personalisation				
Service users who receive self-directed support and/or a direct payment (Q)	100%	100%	100.0%	high
Service users who receive self-directed support all or part as a direct payment (Q)	50%	53%	51%	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)	33%	34%	34%	low
Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (Q)	92.0%	90.7%	91.0%	high
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population. (Q)	2,531	2,689 (Q)	2,559	low
Permanent admissions of older people to care, per 100,000 population (Q)	587	657	549	low
Surveys				
Social care related quality of life (A)	19.3	NA	19.2	high
People who use services who have control over their daily life (A)	80.4%	NA	80.0%	high
Overall satisfaction of service users with their care and support (A)	64.9	NA	65.0	high
People who use services who feel safe (A)	67.0%	NA	67.0%	high

*Figures are cumulative within the year

Reporting Frequency

(Q) Quarterly

(A) Annual/Yearly

Redefining Your Council – Adult and Health Portfolio as at December 2015

Progs.	<ul style="list-style-type: none"> • Adult Social Care Strategy & market development – preventing & reducing care needs by promoting independence • Integration with health – implementing joined-up working practices and initiatives with health • Public Health Outcomes – working with key stakeholders to establish how to allocate the current budget • Care Act Implementation – implementing the changes needed for the next stage of the Care Act • Direct Services Provision – developing different ways of delivering services 	
Benefits to be delivered	<ul style="list-style-type: none"> • Promoting independence and preventing, reducing and delaying the need for care and support (including providing information and advice to encourage people to look after themselves and each other) • Better and more joined-up working with partners (e.g. health) to improve outcomes for service users • More efficient, flexible and mobile staff by using technology to maximise staff time and help manage demand • Providing services that are creative, sustainable, value for money and legally compliant 	
Key achievements in last 3 months		Expected delivery over next 3 months
<ul style="list-style-type: none"> • The Adult Social Care Strategy and Care Act videos have been launched. These explain what is social care and how the Council supports people to maintain their independence. The audience is staff, Members, partner organisations and the public. The videos can be found at notts.cc/care-act-films • Staff engagement events have been held to help raise awareness about how to implement the Adult Social Care Strategy in their day to day work. Information from these events is being used to inform the Workforce Development Plan and cultural change plan. • New activity and performance reports have been produced which enable a better understanding the current position of the service and improved evidence-based decisions for future plans. • The Customer Service Centre is increasingly using 'Nottinghamshire Help Yourself', an online directory of support available in Nottinghamshire, to help resolve queries as early as possible with personalised information and advice • New ways of working have been developed and are being piloted; this includes the use of assessment clinics in two districts and the automatic booking of appointments for customers with social care staff in another two districts. The greater use of telephone assessments and reviews, where appropriate, is being encouraged. • New hospital discharge arrangements, such as staff working at weekends or over the holiday period, speed up people being discharged from hospital. 		<ul style="list-style-type: none"> • A development programme targeted at Team Managers is being planned, this is an extension of the Corporate Leadership Programme and will look to develop areas such as performance management and coaching to further support managers and help teams to adopt the Adult Social Care Strategy • Development of 'performance dashboards' that display relevant performance information allowing managers to monitor their team contribution to achieving the Social Care Strategy • Developing district based plans on how to roll out new ways of working, such as assessment clinics and scheduling appointments. This is in response to increased demand for assessments with reduced resources. • Development of a business case to establish a council owned company for the delivery of some adult social care services in consultation with key stakeholders. • Integrated Care teams in place across South Nottinghamshire enabling improved and more joined-up care and support provision. • Go live with online forms for carers that allow them to make contact and complete their assessments in a more convenient, flexible and more efficient way. • Improvements to the first point of contact for customers by improving the quality of advice and information. This will increase further the proportion of customers whose enquiries are resolved without having to wait for an

Appendix B

<ul style="list-style-type: none"> • ‘Have your say’ on proposals to establish a council owned company for the delivery of some adult social care services has been launched with the public. These services include County Enterprise Foods (the meals at home service), day services and short breaks to give carers a break from their caring role. • The cross-party Members Reference Group on Health Integration continues to meet to debate the key topics for an integrated health and social care system. These debates are informing proposals and key decisions for ASCH Committee. One example of this is the Better Together Memorandum of Understanding (Mid-Nottinghamshire) which was agreed and signed off at November ASCH Committee. This enables work to proceed to create an Alliance across the NHS, the Council and voluntary sector organisations working in Mansfield, Ashfield and Newark & Sherwood. • To raise awareness about the new social care offer an event was held with health commissioners and providers across the County. Key actions included developing shared messages for frontline staff across all organisations about what the public can expect from both health and social care, based on the shared principle of keeping people independent at home. • In Bassetlaw social workers have now joined the Integrated Neighbourhood Teams, a good example of health and social care joining-up to deliver better outcomes for service users. • Awarded contracts, to commence April 2016 for sexual health services (joint contract with Nottingham City and oral health promotion service). • Completed inward transfer of Family Nursing and Health Visiting commissioning responsibilities from NHS to the County Council. 	<p>assessment. Better outcomes through effective signposting will be monitored through a customer survey.</p> <ul style="list-style-type: none"> • Further work to increase the shared understanding of the NHS in Nottinghamshire about the implications of the Adult Social Care Strategy on how we deliver services. • Further work to develop the Better Together Alliance in Mid-Nottinghamshire, so that the Council can consider whether to join the formal Alliance from April 2016. • Phase 2 of Health Visiting, Family Nursing and School Nursing service modelling and consultation to take place, in preparation for re-commissioning during 2016/17.
<p>Key risks to delivery</p>	<ul style="list-style-type: none"> • Managing demand for services when there are increasing pressures from rising demographics and increased responsibilities from legislation. • Maintaining service quality as much as possible in the face of falling budgets and the continued need to find savings. • Maintaining care provision in the face of increased costs and problems with staff recruitment and retention. • Enabling alternatives to paid support through the development of community based support in order to reduce demand.

8 February 2016**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE &
DIRECT SERVICES****ADULT SOCIAL CARE AND HEALTH DIRECT SERVICES DELIVERY GROUP
UPDATE****Purpose of the Report**

1. To provide an update on the current portfolio of savings and transformation projects which are overseen by the Direct Services Delivery Group.

Information and Advice

2. The projects are:
 - development of a single integrated meals production and delivery service
 - gain alternative paid employment for remaining Sherwood Industries staff
 - Day Services
 - development of Extra Care Housing and promotion of independent living in place of the current provision of 6 Care and Support Centres
 - Short Breaks/Respite Care
 - increasing income for Short Breaks
 - consultation on the future of the County Horticulture & Work Training Service

Development of a single integrated meals production and delivery service

3. The meals production and delivery service will be located onto one site at Worksop and a small 'pick and pack' operation to serve the south of the County and secure vehicle parking retained at Rainworth. This along with other changes will produce efficiency savings within the service.
4. An update on this project was provided to the Adult Social Care & Health (ASCH) Committee on 30 November 2015. Since that time all staff identified at risk of redundancy have been consulted with and support is being provided to redeploy them to alternative posts within the Council or to process voluntary redundancy where this has been their preference.
5. Staff have been written to about other contractual changes that had been proposed, for example, the return of vehicles to the base at the end of each working day. Staff have been

asked to notify the Service Manager of any difficulties these changes present for them by 8 January 2016 so that meetings can be arranged to consider these.

6. The project remains on track to deliver its target savings of £293,000 by 1 April 2016.

Gain alternative paid employment for remaining Sherwood Industries staff

7. This project is supporting the remaining 11 disabled staff to move out of temporary and supernumerary positions within the Council and into secure alternative long-term employment, either within the Council or in the wider employment market. These staff members are being provided with specialist job coaching support including job matching.
8. The project target of supporting two of the disabled staff into alternative employment this year has already been reached and we are confident of further success.

Day Services

9. This project was established to deliver £1.1 million of savings over three years through the closure of five day service units and the cessation of weekend working.
10. The project is on track to deliver the final £490,000 of the savings target by the end of March 2016.
11. Further work is being undertaken to consider whether the closure of the Ollerton Day Service remains viable as the savings from the closure of the building may be reduced by the additional cost of transferring service users to alternative services. Regardless of this, the project will still have achieved all of its £1.1 million target savings.

Development of Extra Care Housing and promotion of independent living in place of the current provision of 6 Care and Support Centres

12. The Council is building on the success of existing Extra Care services within the County. This option proposes to develop Extra Care housing and alternative high quality care services in place of the Council's current provision of Care and Support Centres. People will be offered choices so that they can continue to live in their local community.
13. Long term admissions to the centres ceased in February 2015 following approval of the proposal. Since this time the number of long term residents has decreased across the six services from 128 at the end of October 2014 to 93 in December 2015.
14. The services are now providing more short term and assessment beds to support discharge from hospital and to help reduce the number of people going into long term care arrangements. Currently James Hince Court in Carlton is providing 10 intermediate care beds and 10 assessment beds; Leivers Court is providing 15 assessment beds; Kirklands is providing 12 assessment beds; and St Michael's View and Woods Court are providing a very successful fall and fracture service.
15. Kirklands is due to close at the end of June 2016 and planning is underway with the long term residents about where their care will be provided in the future. The closure of Kirklands is scheduled to occur after the opening of the Poppy Fields Extra Care scheme

in Mansfield (fully open by mid March) and Darlison Court Extra Care scheme in Ashfield (also set to open in March). At this time no firm dates are available for the closure of Woods Court and St Michael's View, as this is dependent on the timescale for Extra Care developments to come on line.

16. It has been reported that the profile of savings associated with this project will slip, however is anticipated that the £4.3 million target attached to the project will be achieved.

Short Breaks/Respite Care

17. This project managed the closure of Kingsbridge Way (Beeston) Short Breaks Services for people with learning disabilities.
18. A report was presented to ASCH Committee on 5 October 2015. Since that time the service has been provided from three locations across the County: Holles Street in Worksop, Helmsley Road in Rainworth and Wynhill Lodge in Bingham and provides 32 short breaks beds across the County.
19. The Helmsley Road service in Rainworth has recently been inspected by the Care Quality Commission and received a "Good" rating.

Increasing income for Short Breaks

20. This project aimed to reduce costs in 2015/16 by £212,000 by increasing the income within the Council's Short Breaks services through their approval as service providers under the NHS Carers Breaks Scheme. The NHS Carers' Short Breaks scheme has a dedicated budget to fund carers who need a short break from caring. All CCGs with the exception of Bassetlaw contribute to this fund, so it is available to all carers outside of Bassetlaw.
21. It is anticipated that all of the savings will be delivered but will not be realised in full until 2016/17. Eligibility for the Carers' Short Breaks scheme is based on a current carer's assessment. Changes to the carer's assessment were required as a result of the Care Act and there has been further work to ensure the Council's Short Breaks policy works effectively across all service user groups.
22. All the carers' assessments required will be completed through the Adult Access Team by the end of March 2016.

Consultation on the future of the County Horticulture & Work Training Service

23. Reflecting the outcome of the consultation held between December 2014 and February 2015, a revised proposal for Brooke Farm was approved by ASCH Committee on 7th September 2015.
24. The revised scope of the project will see the development of a time-limited Employment and Skills Training Hub at Brooke Farm, in conjunction with allowing current service users to continue to attend. There will be additional investment in staffing for three years (£62,500 a year) to support this.

25. Since September an event has been held for service users and carers, attended by Councillor Weisz, Chair of the ASCH Committee, and service area managers, to feedback on the revised proposal.
26. Work has begun with the staff group to reorganise the team in order to deliver the new agenda and to agree a new structure. This consultation will run until 12 February 2016.

Other Option/s Considered

27. The report is for information only.

Reason/s for Recommendation/s

28. The report is for information only.

Statutory and Policy Implications

29. 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

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

RECOMMENDATION

- 1) That the update on the current portfolio of savings and transformation projects which are overseen by the Direct Services Delivery Group be noted.

Ainsley Macdonnell

Service Director, North Nottinghamshire & Direct Services

For any enquiries about this report please contact:

Ian Haines

Strategic Development Manager

T: 0115 977 2142

E: ian1.haines@nottscc.gov.uk

Constitutional Comments

31. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 15/01/16)

32. The financial implications are contained within paragraph 30 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.

Development of a single integrated meals production and delivery service – report to ASCH Committee on 30/11/2015

Progress on directly provided short breaks for adults with a learning disability and the shared lives scheme - report to ASCH Committee on 05/10/2015

Consultation about the future of the County Horticulture Service - report to ASCH Committee on 07/09/2015

Electoral Division(s) and Member(s) Affected

All.

ASCH367

8th February 2016**Agenda Item: 9**

REPORT OF TRANSFORMATION PROGRAMME DIRECTOR

DIRECT PAYMENTS IN CARE HOMES TRAILBLAZER

Purpose of the Report

1. The purpose of this report is to:
 - update the Committee on the direct payments in care homes trailblazer in Nottinghamshire and the Government's postponement of the national roll out of direct payments until 2020
 - propose that the Council continues to offer direct payments in residential care in the interim period until 2020.

Information and Advice

Background

2. Nottinghamshire County Council has been a trailblazer for direct payments in residential care since April 2013.
3. The offer of direct payments to people in residential care is included within the Direct Payments Policy approved by the Adult Social Care and Health (ASCH) Committee in June 2015 and Policy Committee in September 2015.
4. Under the Care Act 2014, the Government's intention was to roll-out direct payments in residential care from April 2016. This was the same timescale for Part 2 of the Care Act, which included the financial reforms and independent appeals, but Part 2 of the Care Act was later postponed until 2020.
5. In November 2015, the Government reviewed the decision to roll out direct payments, based on the interim report from the national evaluation (available as a Background Paper). On 6 January 2016, all trailblazer sites were informed that the national roll out of direct payments in care homes would be delayed until 2020 (see **Appendix 1**). The Government proposes that the position for local authority trailblazers remains, which is that under current regulations they must continue to meet an adults needs in residential care with a direct payment, if it is deemed appropriate. However, the Government will remove the local authority from the regulations if the local authority can demonstrate reasonable grounds not to continue to offer direct payments in residential care.

6. Nottinghamshire County Council requested an extension to the deadline so that the decision can be considered by ASCH Committee. The revised deadline has been granted. The implications of this is that if the Council decides to withdraw, Nottinghamshire would need to be removed from the regulations and this could not be heard by Parliament until May or June 2016.

Current Position

7. Nottinghamshire was the leading local authority during the trailblazer, with 15 people on a direct payment in residential care, making up 50% of the national numbers. Under the Direct Payments Policy, direct payments should be offered to all people moving into, or living in residential care.
8. A direct payment in residential care has many benefits, for both service users and their families and care homes. This is demonstrated in the film "How direct payments can work in a care home" and the case study below. The film can be viewed by following this link notts.cc/care-act-films (scroll down to the last film).

Nessie's story

9. Last year one of the residents at Five Gables in Kirkby-in-Ashfield was offered the opportunity to be part of the Nottinghamshire County Council's direct payments trailblazer. Nessie has an interest in politics and she has a modern mind. She liked the idea of being part of something new and being part of the big changes that are on the horizon in social care. With the help of her daughter-in-law (Wendy), Nessie decided she would accept a direct payment to purchase her care directly.
10. Nessie has resided at Five Gables since 2005. The process began with a review of Nessie's needs with Nessie, and key people in her life including her daughter-in-law, Wendy, the manager of Five Gables, Alison, and a social care worker. The focus of the support plan was to find out what was important to Nessie, and what her outcomes were. The next step was to ask Five Gables how they would support Nessie to meet her outcomes. The care home fed back that this new style of review paved the way for good, personalised support planning, with Nessie telling the social worker about several things she'd like to do or have help with, that she has never told the care home or her daughter-in-law.
11. From the review, Alison, Nessie and Wendy agreed some plans. In the main, Nessie wanted little things, such as carers to help her use her telephone. Nessie also wanted to have someone different to talk to. Wendy and Alison worked together to look at local groups that might come in and a volunteer to have one to one time with Nessie. Amber now comes in at the weekends to spend some time with Nessie; they talk about all manner of things, she paints Nessie's nails and Nessie enjoys her company.

"We have always had a good working relationship with Nessie and her family, but the direct payment has enhanced this as we now deal directly with Nessie and Wendy to ensure we are delivering the services that really matter to Nessie, the little things that make a difference." Alison, Five Gables.

12. More information on the people in Nottinghamshire having a direct payment, further case studies and quotes are available as a Background Paper.

13. The benefits and implications for the Council in continuing to offer direct payments in residential care are listed below:

Benefits:

Quality – Improve Personalisation

- The offer of a direct payment in a care home is being used as a mechanism to promote a person's independence and achieve more personalised outcomes. This varies depending on the level of needs of the person, but it is about ensuring care homes are supporting people to do as much as they can for themselves, and not fostering dependency within the care home setting. This project is working with Portland College, a younger adult care home, to consider how a direct payment can be used to assist younger adults to gain greater independence and control within a care home, with a view to them moving out of care and into supported living or their own home.
- Direct payments pave the way for good support planning because they focus on how outcomes can best be met within the available budget allocation. A good support plan is the catalyst for personalised outcomes. The project has worked with a small number of care homes to ensure they contribute to the support plan by telling us how they will meet the outcomes.
- The option of a direct payment encourages self-management where appropriate. Rather than doing things for people by organising and managing the care home placement, social care staff are supporting people by providing information and support to enable them to make their own choices and take control of the care home placement within the agreed personal budget.
- The project is working with care homes to ensure they are able to meet a person's outcomes in a more personalised way, rather than the person being expected to 'fit in' to the service offer. This means the care home needs to review what they offer and consider what they can do differently or improve upon. One example is to be more outward looking in how they support people to meet outcomes, by looking at what is available in the community.
- This work aims to promote a high quality care home market which provides better outcomes for people.
- In the longer term, the aim is to work with Health to integrate a pathway for personal budgets and personal health budgets, to ensure one pathway for people in receipt of continuing healthcare and social care funding when living in a care home.

Delivery

- Currently there are fifteen people living in a care home using a direct payment to purchase the cost of the care home. The Council has evidenced, through the fifteen case examples that direct payments in care homes can work well and deliver better outcomes within the same financial envelope as a managed personal budget.

Lead time

- **Back office systems** - an extensive amount of work has been undertaken to ensure there are the back office systems in place to make direct payments work.
- **Cultural change with social care staff** - the project is requiring and challenging staff to work differently in a care home setting. One of the main challenges of the project has been the cultural change required to engage social care staff to offer direct payments to all people entering a care home.
- **Cultural change with care homes** - it has been a challenge to engage care homes in the project. As with social care staff, we have worked hard to engage care homes in how the direct payment can be used as a mechanism to improve personalisation. The film made by the Council is a good example of how the project has worked positively with a care home.

Implications and Mitigation:

There are some *potential* risks to continuing with the project and these are listed below with mitigating actions.

Cost: that the cost of care homes increases, to enable flexibility to meet outcomes

Mitigation: The information and guidance to service users, families, social care staff and care homes sets out that the budget allocation is within the current cost envelope. This means that the amount paid to the care home is the same as that paid for a managed service, and there is no increase in costs to the Authority.

Policy: offering personal budgets in all care settings raises policy questions, such as, the right to choose a care home and to use a direct payment to make that choice.

Mitigation:

- 1) Seeking on-going advice and support from the Department of Health
- 2) Updating staff guidance to ensure there is a clear framework about how and when a direct payment can be used, in line with the Care Act and Adult Social Care Strategy.

Resources: that resources are required to continue to manage the project

Mitigation:

It is proposed that this project becomes business as usual and resources will be met within existing resources. This can be met within existing resources, because the system and process is established and financial services report that direct payments have been straightforward to process. There has been a low uptake of the offer, and it is anticipated numbers will continue to be small in the future.

Other Options Considered

14. Nottinghamshire County Council no longer offers direct payments in care homes and provides the Department of Health with “reasonable grounds” to amend the regulations, by removing the Council from the schedule. However, this would mean that the time and cost

would have to be expended twice to reinstate the structures and culture change required in 2020.

Reason/s for Recommendation/s

15. It is recommended that the Council continues to offer direct payments in residential care, in line with the Direct Payments Policy and the Adult Social Care Strategy, for the reasons stated in **paragraph 13**. Nottinghamshire has committed to this project and in doing so has completed the preparatory work required to deliver direct payments in residential care settings. The project has shown how a direct payment can be used positively in a care home setting, and the Council is committed to improving personalisation for people living in care. Achieving the cultural change required has been the most difficult aspect of this project and to cease the offer may confirm views that increasing personalisation in care homes via the use of direct payments is too difficult.

Statutory and Policy Implications

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

Financial Implications

17. This is covered in **paragraph 13** on resource implications. In summary, the amount paid to the care home for a direct payment is the same as that paid for a managed service so there is no increase in costs to the Authority. It is proposed that this project becomes business as usual and no additional resources are required.

Human Resources Implications

18. This is covered in **paragraph 13** on resource implications.

Implications for Service Users

19. This project has evidenced better outcomes for service users within the budget allocation, as it promotes good person-centred support planning. By using a direct payment to purchase the care directly from the care home, service users and carers are put in the driving seat. Within the project, service users and their families have been engaged to provide their views and be involved. This feedback has ensured the successful delivery of the project.

Implications for Sustainability and the Environment

20. This project has evidenced better outcomes for service users within the budget allocation.

RECOMMENDATION/S

That:

- 1) the update on the direct payments in care homes trailblazer in Nottinghamshire and the Government's postponement of the national roll out of direct payments until 2020 be noted
- 2) the Council continues to offer direct payments in residential care in the interim period until 2020, in line with the Direct Payments Policy and the Adult Social Care Strategy.

Jane North
Transformation Programme Director

For any enquiries about this report please contact:

Debbie Draper
Commissioning Officer
T: 0115 977 3386
E: Debbie.draper@nottsc.gov.uk

Constitutional Comments (SLB 25/01/16)

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

Financial Comments (KAS 26/01/16)

22. The financial implications are contained within paragraphs 13 and 17 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.

Direct Payments Policy - report to Adult Social Care and Health Committee on 1st June 2015
<http://ws43-0029.nottsc.gov.uk/dmsadmin/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3306/Committee/480/Default.aspx>

Direct Payments Policy – report to Policy Committee on 9th September 2015
<http://ws43-0029.nottsc.gov.uk/dmsadmin/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3718/Committee/475/Default.aspx>

Direct Payments Policy
<http://intranet.nottsc.gov.uk/policiesperformance/policy/policy-library/?entryid100=539195&q=0%7edirect+payments%7e11026968%7ePolicy%7e>

Evaluation of Direct Payments in Residential Care Trailblazers second interim report
<http://www.piru.ac.uk/assets/files/DP%20Trailblazer%20Second%20Interim%20Report.pdf>

Electoral Division(s) and Member(s) Affected

All.

ASCH371

Appendix 1

Letter from Rt. Hon. Alistair Burt MP, Minister of State for Community and Social Care

Rt Hon Alistair Burt MP

Minister of State for Community and Social Care

Department of Health

Richmond House 79 Whitehall London SW1A 2NS

Tel: 020 7240 4850

05 Jan 2016

Dear Colleague,

Following the completion of the Direct Payment in Residential Care trailblazer project in September I am writing to let you know that a decision has been taken to postpone the national rollout of direct payments in residential care until 2020.

As a trailblazer site, I wanted to thank you, and all the staff involved, for all your hard work in participating in the trailblazer.

We are aware of the amount of effort that you have put in to make this work so far and are committed to ensuring that your knowledge, experience and lessons learned are captured both to support the rollout in 2020 and to inform further policy development about how we can deliver personalisation in residential care at scale. The Department has also asked SCIE to work with trailblazers to capture the learning from the trailblazer project.

The lower than expected take up of Direct Payments during the trailblazer indicates that direct payments alone do not deliver personalisation in residential settings at scale. However, we do intend to proceed with the rollout to all local authorities in 2020 alongside the introduction of the cap on care costs so that direct payments can operate as a mechanism for local authorities to fund people in residential care once they have reached the cap.

The Department remains resolutely committed to the principle that choice and control should be at the heart of care and support - irrespective of whether the setting is residential or in the community. We are working with the Social Care Institute for Excellence (SCIE) and the Think Local Act Personal (TLAP) partnership to design and implement a new programme of work to find, develop and share good practice in personalisation in residential care.

The independent evaluation by Policy Innovation Research Unit (PIRU) will continue as planned, with publication of the final report expected in autumn 2016 and I am grateful for your ongoing and valued support of their work. The Department is committed to learning lessons from the independent evaluation.

The current position for trailblazers is that under the current regulations they meet an adult's needs for long term residential care by making a direct payment if that is how the adult wishes those needs to be met, and the local authority considers it an appropriate way to meet the needs in question — that is if all the conditions in section 31 or, as the case may be, section 32 of the Care Act 2014 are met.

We propose that this position will remain because we consider there are likely to be

advantages in maintaining the status quo rather than dismantling the structures already in place only to expend time and costs when reinstate them in 2020. The low level of demand by care home residents in trailblazer LA's for direct payments suggest that this will not create an additional burden for trailblazer sites

However, we recognise that as the trailblazer funding is no longer available, you may not wish to make direct payments for long-term residential care in care homes for the time. If this is the case and you have reasonable grounds for not wishing to use direct payments to meet needs for long term residential care we will amend the regulations accordingly by removing your authority from the schedule

I want to be absolutely clear that we will ensure that there will be no change for anyone who is getting a direct payment in residential care, unless they request it. As such, whichever option you take you will continue to provide direct payments for anyone who is currently receiving a direct payment as part of the trailblazer scheme, provided, of course, that the relevant conditions are met This ensures that no inconvenience or distress is caused by a requirement to change the way in which you are currently meeting their needs.

Please can I ask you to email the Department a letter, acknowledging receipt of this letter? Please send your decision and, if you do not wish the status quo to continue, your reasoned decision, at the following email address scpppersonalisation@dh.gsi.gov.uk by 6.00pm on Thursday 28 January 2016. This will enable us to make any necessary changes to the regulations at the earliest legislative opportunity, in order for them to come into force in April 2016.

If you have any questions or would like more information please direct these to Laura Smith at laura.smith1@dh.gsi.gov.uk.

ALISTAIR BURT

8 February 2016**Agenda Item: 10**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2016.

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

- 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, Resources

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 AND HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
7th March 2016			
Proposed Changes to the First Contact Scheme: Outcome of Consultation	Report on the outcomes of the consultation and the recommendations for action	Service Director, Strategic Commissioning, Access and Safeguarding	Lyn Farrow / Josephine Yousaf
Adult Social Care and Health – Overview of Current Developments	Overview report to update committee on a range of developments and activities taking place across the department (including progress with Personal Health Budgets across Nottinghamshire, savings and efficiencies delivery group update, Disabled Persons' Registration Card and Transforming Care update)	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington/ Ellie Davies/Sarah Hampton/Cherry Dunk/Cath Cameron-Jones
Organisational Health Check for Adult Social Care Assessment and Care Management Team	Feedback on the 'Health Check' appraisal of how a section of the department's workforce is coping at a time of significant change. It identifies the relevant issues and the plans that need to be put in place to ensure that staff are supported to work safely and effectively in the future.	Service Director, Strategic Commissioning, Access and Safeguarding	Tina Morley-Ramage/ Sarah Hampton
Update on the Future of the County Horticulture Service	Update on the proposed revised staffing structure for the new service following consultation	Service Director, North Nottinghamshire and Direct Services	Jane McKay
Development of the Mid Nottinghamshire Better Together Programme – commissioner provider alliance agreement	Progress report	Service Director, Mid Nottinghamshire	Wendy Lippmann
Integrated Community Equipment Loan Store (ICELS) progress report	Update on the current position and progress of the service.	Service Director, Strategic Commissioning, Access and Safeguarding	Jane Cashmore
Extension to East Midlands Regional Business Support and	To seek approval to extend the East Midlands Regional Business Support post (4 days) and the Regional Improvement Programme Managers	Corporate Director, Adult Social Care, Health and Public Protection	Lee Harrison

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Regional Improvement Programme Manager posts	post (3 days) for a further 12 months, until 31 March 2017.		
National Children and Adult Services Conference: 2 - 4 November 2016	Report seeking approval for Members to attend the NCAS Conference	Corporate Director, Adult Social Care, Health and Public Protection	David Pearson
18th April 2016			
Update on future funding of temporary posts	Update on the situation with regard to temporary posts across the department	Programme Director, Transformation	Jane North
Stakeholder engagement – proposed re-design	To outline future proposals for better engagement with all stakeholders, particularly service users and carers through co-production	Service Director, Strategic Commissioning, Access and Safeguarding	Felicity Britton
Outcome of consultation on establishment of local authority trading company for adult social care direct services		Service Director, North Nottinghamshire and Direct Services	Jennifer Allen/Ian Haines
Health and Wellbeing Board update	Overview report on work of Health and Wellbeing Board over the last 6 months.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
16th May 2016			
Outcome of the Sector Led Improvement Peer Review 2016	Report of the sector led improvement peer review of ASCH&PP in March 2016.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
Personal Outcomes Evaluation Tool (POET) survey – implementation	Report on implementation of outcomes	Service Director, Strategic Commissioning, Access and Safeguarding	Penny Spice

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
of outcomes			
Progress report on the actions from the Peer Review March 2015 (Commissioning for Better Outcomes)	Report on progress against actions identified as a result of the peer review on commissioning for better outcomes which took place in March 2015.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Laura Chambers
13th June 2016			
11th July 2016			
Update on Integrating Health and Social Care: Two Schemes to Reduce the Length of Stay in Hospital	Progress report since June 2015 on two schemes (SCOPES and EOSS) to reduce the length of stay in hospital	Service Director, Access and Public Protection	Steve Jennings-Hough / Yasmin Raza
Update on the Transfer of the Independent Living Fund	Progress report since June 2015 on the transfer of the Independent Living Fund	Service Director, South Nottinghamshire	Paul Johnson
To be placed			
Appropriate Adults Service			Gill Vasilevskis
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard

