Nottinghamshire County Council

REPORT OF SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE AND PUBLIC PROTECTION

SERVICE OVERVIEW – PROMOTING INDEPENDENCE AND PUBLIC PROTECTION

Purpose of the Report

1. The purpose of the report is to provide an overview of the responsibilities of the Service Director for **Promoting Independence and Public Protection**.

2. As part of the overview the Committee will hear from a service user who has gone through the reablement process and a Health colleague about the successful work at Lings Bar.

Information and Advice

Promoting Independence and Public Protection Function

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

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

    Public Protection
    • trading standards
    • emergency management
    • safety in sports grounds
    • registration and celebratory services.

4. The Public Protection service is overseen by the Community Safety and Planning and Licensing Committees.

5. The Promoting Independence service is overseen by the Adult Social Care and Health Committee.

6. This report will focus on the Promoting Independence area only.

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

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

What is Promoting Independence?

8. The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for long-term support from the Council or health services.

9. To achieve this social care and health work together to develop and deliver a range of effective and accessible preventative services such as intermediate care and reablement services.

10. Reablement helps people to regain the skills necessary for daily living, which may have been lost through deterioration in health or increased support needs and intermediate care and assessment beds in the community. This is alongside supporting a range of low level services, such as access to minor adaptations and assistive technology.

11. For people who do have an ongoing social care need, workers arrange for the person to have maximum control and choice over their support and care through a personal budget.

Responsibilities of the Group Manager Customer Access

Customer Access to Social Care

12. Through the Customer Service Centre and the Adult Access Team the department assesses whether someone is in need or likely to be in need of support. To determine this, the department uses Government guidance to decide whether a person's ability to live independently would put them at risk if services are not provided or arranged to help them. This is called Fair Access to Care Services (FACS). If there is a risk to a person's independence the department has to decide whether the risk is critical, substantial, moderate or low. Councils have a statutory responsibility to meet needs that are not met by other means, such as through care provided by informal carers or the health service.

13. People will be eligible for help if they have needs that pose a critical or substantial risk to their independence. If the identified needs pose a moderate or low risk to their independence people may not be eligible for ongoing support from the Council.

14. In addition workers have a significant role in providing information and advice for people who are not eligible for Council funded social care services or are self-funders. This includes signposting people to alternative sources of support. From September 2011 the service was extended to offer advice, information and training on welfare benefits to the public and voluntary organisations.

15. To make it easier to receive advice, support and an assessment the customer journey has been streamlined to make it easier to receive support and an assessment. The department has increased the number of queries that are resolved at the Customer Service Centre, enabling social care staff to spend time on people with complex needs. As a result, there has been an overall drop in the number of social work assessments to district teams by 18% and the number of people needing an occupational therapy assessment by 33%. This does not result in a corresponding reduction in workload as it is the longer term, more complex situations that continue to be referred for a social work or for occupational therapy assessment.

16. Since October 2011, the local authority has had responsibility for providing independent mobility assessments for blue badge applicants where they are not automatically entitled and are subject to further assessment. This followings national changes to the eligibility for blue badges. Two occupational therapists have been employed to do these assessments at clinics across the county. On average they have completed 70 assessments per month. Over the last 6 months, 420 people were assessed and of those, 330 were agreed and 90 were refused. In total, 14 complaints were generated about the change to the process all of which were resolved. There were also 2 positive letters about how well the worker dealt with the anxious situation for the applicant.

17. The Benefits Training Information Advice team replaced the Welfare Rights Service and are based in the Adult Access Team at the Customer Service Centre. The team are midway through a series of benefit workshops for staff, providing updates on changes to benefits, developing a new web-page and policy and a referral process for district teams.

Personalisation

18. The Group Manager for Customer Access is also responsible for personalisation. The modernisation of social care and the development of personalisation has been described as the most significant change in social care since the creation of the Welfare State.

19. The Coalition Government's Vision for Adult Social Care 'Capable Communities and Active Citizens' and its White Paper 'Equity and Excellence: Liberating the NHS', maintain the drive towards the personalisation of public services in health, social care and beyond. The Department of Health publication, 'Think Local, Act Personal' builds upon the delivery and objectives of Putting People First.

20. The National targets to deliver Putting People First and the objectives within Think Local, Act Personal have been met.

21. The County Council has also been visited by a number of local Councils to learn from the authority's work on personalisation. This includes Councils from Sweden, Scotland and English Councils. In particular the Councils work on prevention, micro providers, reviews and support to self-funders have received national recognition.

22. The key objectives of Think Local, Act Personal are:

    (a)   <u>A personalised and community-based approach</u>

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

(b)   Prevention

The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for crisis or acute services. Social care and health will work further to develop and deliver a range of effective and accessible preventative services such as intermediate care, Linkages, re-ablement services and assessment beds in the community. This is alongside supporting a range of low level services, such as access to minor adaptations.

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

(c)   Self Directed Support

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

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

The Council has met the target of contacting 100% of people who are asking for assistance for the first time within 48 hours. This is completed at the Customer Service Centre. The aim is to then complete the assessment within 28 days.

The Council uses Government guidance to determine whether someone is entitled to support. The guidance states that the Council has to decide whether the ability of the person to live independently puts them at risk if the Council did not provide or arrange services to assist them. If there is a risk to someone's independence, the Council decides whether the risk is 'critical, substantial, moderate or low'. A person is entitled to assistance with problems that pose a critical or substantial risk to their independence. The Council sign-posts and advises people who have a moderate or low risk to their independence.

(d)   Personal budgets

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

- A direct payment - a cash payment for people who would like to arrange, and pay for their own care and support services.

- A managed personal budget - for people who would like the Council to arrange and manage the services on their behalf. Although a managed personal budget is personalised, it offers less flexibility to the individual.

- Or a combination of a Direct Payment and a Managed Service.

23. The national target was for all eligible service users and carers to be on a personal budget by 2013 and the Council is on course to meet this. At the end of March 2012, 100% of all eligible service users helped to live at home received a personal budget. The definition of a service users who are helped to live at home are people who receive services such as home care, day support, personal assistance, respite and transport.

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

Reviews

25. The Council has a responsibility to carry out a review of service users needs on an annual basis. The Group Manager for Customer Access is responsible for four temporary reviewing teams that were established to move people onto a personal budget and to ensure the Council was meeting the needs of service users in the most cost effective way.

26. Since April 2011, over 3,000 reviews have been completed. This has enabled the Council to move people onto a personal budget and at 21st May 2012 this has resulted in £4.55 million saving in the community care budget with a projected overall saving of £5 million.

Responsibilities of the Group Manager - Reablement Services

Short-Term Assessment and Reablement

27. In line with Think Local, Act Personal, the aim is to enable people to remain as independent as possible and reduce or avoid the need for long-term care.

28. The service aims to provide support to people that will enable them to regain or maintain their independence wherever possible, to avoid unnecessary hospital admissions and support successful discharge from hospital care, and to avoid the need for long-term care support.

29. This is achieved through having a range of effective multi-disciplinary services including intermediate care and home-based services.

30. The Short-Term Assessment and Reablement Team (START) works with people to help them regain the skills and confidence to live as independently as possible. It helps with personal care and domestic care tasks. START staff may suggest doing things differently to how they have been done in the past, offer small items of equipment to make tasks easier and inform people about other kinds of help they could receive. This support normally lasts

for up to six weeks and is free of charge. During this time support needs are constantly reviewed to see if people will require any long-term personal support.

31. If someone has ongoing needs workers are expected to complete the community care assessment within 14 days targets against the national target of 28 days.

32. There are now no delays for people waiting for the START service or waiting to be discharged after a period of reablement.

33. Response times for the service have improved with 100% of customers receiving a service within the 4 day target, with 85% being started within 3 days.

34. 57% of people reabled require either no service, or no ongoing service against a target of 40%. This is amongst the best performance nationally.

35. Consequently there have been 1000 less referrals passed to district teams for a community care assessment.

36. In line with TLAP if someone has an ongoing need people are encouraged to take their personal budget as a direct payment. As a result over 50% of people have a direct payment following reablement.

37. Previously there has been a culture of offering interim care in a Care Home if a support package was not available. By bringing forward the assessment process and support planning process to the earliest point possible offers of interim care have been dramatically reduced. Interim care is now seen as a last resort. It is viewed as a 'failure' as it does not meet the preferred choice of service users to return home as soon as possible.

Intermediate Care

38. Intermediate care is a residential care-based service that helps people regain their independence through rehabilitation after they have left hospital.

39. The service provides a specialist multi-professional assessment that promotes faster recovery from illness, prevents decoration and maintains the daily living skills people have.

40. The support includes an assessment from Occupational Therapists, Physiotherapists, Nurses and Social Workers.

41. The service has reduced the number of unnecessary Care Home admissions and has enabled timely discharge from hospital.

Community Hospitals

42. The Group Manager is responsible for the social care teams based at Lings Bar Hospital and the Ashfield and Mansfield Community Hospital.

43. The key task of the social care teams is to undertake community care assessments and arrange support to enable people to be discharged safely.

44. There are no delays in transfers of care at Lings Bar or Mansfield and Ashfield Community hospitals. This is the first time in three years that there have not been any delays attributed to social care at Lings Bar.

Strategic Objectives for 2012-13

45. The key strategic objectives are as follows:

   (a) **Personal Budgets**

   From 2nd April 2012 all new and existing service users in long-term care are being offered a personal budget to meet expectations set out in Think Local, Act Personal. Plans are in place to achieve this by the end of January 2013. This will enable the Council to achieve the national target from all service users in long-term care to be on a personal budget by April 2013.

   (b) **Information and Advice**

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

   Work is underway to build upon the existing social care directory to develop an information hub for staff and the public to access information on support, resources and activities across a range of providers including commercial providers and community/voluntary groups.

   (c) **Telecare**

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

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

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

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

   It is proposed to continue to work with the User Led Organisation, Disability Nottinghamshire, to develop peer support and peer support planning.

(e) **Direct Payments**

People are also being encouraged to take a personal budget as a direct payment. As part of this, direct payment cards have recently been introduced to 75 people. The aim is for all new people to have a direct payment and further encourage the take up of direct payments of existing service users

(f) **Reablement**

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

(g) **Community Hospitals**

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

Other Options Considered

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

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

1) note the excellent progress made to date
2) consider and comment on the information provided.

PAUL MCKAY
Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

Paul McKay
Tel: (0115) 977 3909
Email: paul.mckay@nottscc.gov.uk

Constitutional Comments (SLB 16/05/2012)

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

Financial Comments (RWK 16/05/2012)

50. The financial implications are set out in the report.

Background Papers

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

a. LAC (DH) (2009) 1 – Transforming Adult Social Care.

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

Electoral Division(s) and Member(s) Affected

All.

ASCH17