

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

**Monday, 03 November 2014 at 10:30**

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

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### **AGENDA**

- |    |  |         |
|----|--|---------|
| 1  | Minutes of the last meeting held on 6 October 2014   | 3 - 6   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Adult Social Care, Health and Public Protection Local Account 2013/14  | 7 - 48  |
| 5  | Update on the Multi-Agency Safeguarding Hub (MASH)   | 49 - 56 |
| 6  | Provision of Financial Advice and Information as part of the Care Act Implementation   | 57 - 62 |
| 7  | Carers' Information and Advice Hub   | 63 - 68 |
| 8  | Overview of Departmental Savings and Efficiencies Programme  | 69 - 82 |
| 9  | Older People Community Care and Residential Care Savings Proposal  | 83 - 86 |
| 10 | Strategic Review of the Care Home Sector across Nottinghamshire - Progress Update  | 87 - 92 |
| 11 | Secondment of Group Manager Access and Safeguarding and Temporary Job-Share Arrangement  | 93 - 96 |

**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          6 October 2014 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

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

Alan Bell		Pam Skelding
John Cottey		Stuart Wallace
Sybil Fielding	A	Jacky Williams
Michael Payne		Liz Yates
Andy Sissons		

A    Ex-Officio: Alan Rhodes

**OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, ASCH&PP  
Sue Batty, Service Director, ASCH&PP  
Rebecca Croxson, Programme Officer, PPCS  
Paul Davies, Democratic Services Officer, PPCS  
Cherry Dunk, Group Manager, Strategic Commissioning, ASCH&PP  
Jennie Kennington, Senior Executive Officer, ASCH&PP  
Paul McKay, Service Director, ASCH&PP  
Jon Wilson, Temporary Deputy Director, ASCH&PP

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 8 September 2014 were confirmed and signed by the Chair.

**DECLARATIONS OF INTEREST**

There were no declarations of interest by members or officers.

**MEMBERSHIP**

It was reported that Councillor Liz Yates had been appointed in place of Councillor Dr John Doddy, for this meeting only.

**CHAIR'S ANNOUNCEMENTS**

The Chair drew attention to the recent success of County Enterprise Foods in winning three awards for the care catering sector. She also referred to recent press coverage about residential care homes. She pointed out that the authority took a

robust approach to standards in residential care. There would be a report to the November Committee meeting.

### **EXTRA CARE HOUSING STRATEGY**

Cherry Dunk and Rebecca Croxson gave a presentation on the County Council's Extra Care Housing Strategy, and the existing and proposed schemes in Nottinghamshire. They explained the benefits to residents and to the authority from the services available in an extra care setting, and responded to members' questions and comments. Members felt it would be helpful to have indicative site plans when the Committee was being asked to approve funding for extra care schemes.

#### **RESOLVED 2014/071**

That the presentation be received.

### **NEW POLICY FOR PROVIDING PLANNED SHORT BREAKS FOR ADULT SERVICE USERS AND THEIR CARERS**

Members requested that a review of the new policy be reported to committee after 12 months.

#### **RESOLVED 2014/072**

- (1) That the results of the Short Breaks Policy consultation be noted;
- (2) That the policy for providing planned short breaks for adult service users and their carers be recommended to Policy Committee for approval;
- (3) That it be recommended to Policy Committee that the policy be implemented from January 2015, due to outstanding work needed to finalise the required systems and train staff.

### **DEPARTMENT OF HEALTH FUNDING FORMULA FOR IMPLEMENTATION OF THE CARE ACT IN 2015/16 AND THE SECOND CARE ACT STOCKTAKE**

#### **RESOLVED 2014/073**

- (1) That the results of the Short Breaks Policy consultation be noted;
- (2) That the policy for providing planned short breaks for adult service users and their carers be recommended to Policy Committee for approval;

### **FRAMEWORK DEVELOPMENT TEAM PRIORITIES**

#### **RESOLVED 2014/074**

- (1) That the report be noted.
- (2) That approval be given to the funding and recruitment of

2 fte Technical Specialists Band C scp 39-44, £144,754 at top of scale including on costs for 18 months, to be met from departmental reserves;

1.5 fte Reports Specialist Band B scp 34-39, £95,550 at top of scale including on costs for 18 months, from Short and Long Term Care (SALT) data collection implementation funds and transformation fund.

The total salaries of the 3.5 fte additional posts requested being £240,304 over 18 months.

### **DIRECT PAYMENTS SUPPORT SERVICE PROGRESS UPDATE**

#### **RESOLVED 2014/075**

- (1) That the report and progress made with implementing the new Direct Payments Support Service model promoting greater independence and control for people in managing their Direct Payments be noted.
- (2) That pending further analysis of relevant newly emerging issues, recruitment to the proposed Council team to support this work be put on hold.
- (3) That an update report be presented to a future meeting.

### **ESTABLISHMENT OF ADDITIONAL DEPUTYSHIP OFFICER POST IN ADULT CARE FINANCIAL SERVICES**

The Committee requested a follow up report in 12 months.

#### **RESOLVED 2014/076**

That 1 fte additional permanent Deputyship Officer post, Band A, be established at a total cost of £36,644 per year, increasing the current establishment from 3 to 4 fte posts.

### **EXTENSION OF THE DATA INPUT TEAM**

#### **RESOLVED 2014/077**

- (1) That the contracts of the existing staffing of the Data Input Team be extended for a five month period to the end of the financial year, at a total cost of £56,000, which can be met from existing budgets.
- (2) That a further report be presented in early 2015 considering the permanent extension of the team.

### **WORK PROGRAMME**

Reports on the following items would be included in the Work Programme:

- Short Breaks Policy – review after 12 months
- Direct Payments Support Service
- Deputyship Officer Post – after 12 months

- Data Input Team – early 2015

**RESOLVED 2014/078**

That the Work Programme be noted.

The meeting closed at 12.15 pm.

**CHAIR**

**3 November 2014****Agenda Item 4****REPORT OF THE DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC  
PROTECTION****ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION – LOCAL ACCOUNT 2013-14****Purpose of the Report**

1. To request that the Adult Social Care and Health Committee approve the 'Local Account 2013-14' for publication (attached).

**Information and Advice**

2. The Association of Directors of Adult Social Services (ADASS) has recommended that all councils with social care responsibilities produce a 'local account' as a means of reporting back to people on the quality of services and performance in adult social care. Local Accounts were described in the Department of Health's 'Transparency in outcomes: a framework for adult social care' consultation paper (November 2010, section 4) as a way of being more open and transparent about the care and support that is provided locally by the Council.
3. The department has previously produced three Local Accounts for 2010-11, 2011-12 and 2012-13. Although this is not a statutory requirement, it is a document which is viewed as a key means of communicating with a variety of key stakeholders. The information within the Local Account acknowledges the invaluable contribution made by our health and care partner organisations. In order to ensure we have rightly represented this contribution and have accurately described how we plan to work together in the future, we have consulted with key partners in the preparation of the final document.
4. The purpose of the Local Account is to make the people of Nottinghamshire aware of the work undertaken by the Department during 2013-14, in relation to both social care and public protection. It uses a combination of performance information, survey results and case studies to demonstrate how Nottinghamshire County Council has enhanced the quality of life for people using care and support services.
5. The Local Account helps publicise the range and scale of services we provide. It includes plans to develop our services in the current and future years in line with the County Council's Strategic and Annual Delivery Plans. The Local Account will be published as a council wide document and made available to the public through the Nottinghamshire County Council website.

**Statutory and Policy Implications**

6. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and

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

### **Implications for Service Users**

7. The Local Account provides information to people who use or require social care and support services about the types of services that are available.

### **RECOMMENDATION/S**

- 1) It is recommended that the Adult Social Care and Health Committee notes the purpose and the content of this report and approves the publication of the 'Local Account 2013-14'.

### **JON WILSON**

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

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

Celia Morris

Group Manager, Corporate Strategy

Email: [celia.morris@nottsccl.gov.uk](mailto:celia.morris@nottsccl.gov.uk)

### **Constitutional Comments (SG 20/10/2014)**

8. The proposals in this report are within the remit of the Adult Social Care and Health Committee.

### **Financial Comments (KAS 17/10/14)**

9. There are no financial implications arising from the report.

### **Background Papers**

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

- None.

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

- All.

ASCH262









# Adult Social Care, Health and Public Protection

## Local Account 2013-14

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## Forewords

### **Councillor Weisz – Chairman of the Adult Social Care and Health Committee**

This is the fourth local account and comes at a time of great change and great challenge for the Council and the 797,000 residents we serve. We are operating in a very demanding financial environment and are working hard to balance the books. In addition to £160 million which has already been saved, there are plans in place to deliver a further £82 million worth of savings and we are working to identify a further £70 million worth of savings by 2017.

These are huge figures and can be daunting - however it is important in the current climate that we recognise and celebrate the great work being done by our teams delivering care and support to people in Nottinghamshire, some of whom relate their experiences in words and stories throughout this account.

This report aims to speak to Nottinghamshire residents about our achievements and successes and also the areas where we still have work to do.

### **Jon Wilson – Deputy Corporate Director for Adult Social Care, Health and Public Protection**

This report is important because it is one of the ways we are able to communicate directly with the people of Nottinghamshire about how well we have performed during the last year and also about our plans for the future.

Feedback from the people who use our services matters to us. During 2013-14 we conducted an Adult Social Care Survey which showed that overall 9 out of 10 people are satisfied with the care and support services they receive. Over the past 3 years this measure has improved slightly each year, from 88% in 2011-12 to 93% in 2013-14. During this period we have been operating in a very demanding environment so this represents a great achievement. Last year we also reported that 9 out of 10 people (88%) said that care and support services had helped to improve their quality of life - this figure has remained high and currently stands at 90% in 2013-14.

We should not however become complacent or lose hard won gains. The survey also showed that only 7 out of 10 people (73%) who have tried to find information about our services have found it easy or fairly easy to do so. Looking to the future we aim to develop a digital information, referral and assessment process - we also need to be creative in finding ways of reaching as many people as possible through a variety of channels.

A key principle is that people are supported to help themselves. This also helps the Council to manage its own resources and ensures we achieve value for money.

A good example of this principle in practice comes from one of our teams – 'D' had been residing in long term residential placements for most of their adult life but wanted very much to live independently. During 2013-14 Adult Social Care teams worked to assess and find a safe supported living placement together with the connections to supported living organisations. Skilled workers helped D leading up to and beyond the move.

D's story is a success - they are happy and settled in their own flat and working towards greater independence. As a result their care package was reduced by over £220 a week which, over a financial year amounts to a saving of over £11,000.

We should also recognise the essential day to day work carried out by our teams across the county - whether by the Adult Deaf and Visual Impairment Service (ADVVIS) who have had an increase in requests for their reablement and social work assessments, or the Trading Standards team who continue to ensure a fair and safe trading environment.

This year the County Council agreed unanimously to adopt the Adult Social Care and Health Strategy. In doing so the Council embraced a set of principles and a direction of travel which will deliver social care services to the people of Nottinghamshire into the future. The excellent work in 2013-14 provides a solid foundation for what we want to achieve in 2014-15 and beyond.

# 1

## What is a 'Local Account'?

A Local Account is a single document which tells you about the services the **Adult Social Care Health and Public Protection** (ASCHPP) department provides for the people of Nottinghamshire. The Local Account looks back on our achievements from last year, outlines our plans for the current year and looks forward to services that will be needed in the future.

Prior to being published, we share this report with a range of organisations and experts, key stakeholders, local groups and other Nottinghamshire healthcare providers who provide valuable feedback that can help us develop and improve.

The majority of our services are currently working well but we are always looking for ways to get better at supporting local people and providing value for money. The account considers how Nottinghamshire is changing and how demand for services is increasing. It summarises our key plans to help ensure we can satisfy this increased demand during times of increasing financial pressure.

# 2

## A brief look at the Adult Social Care Health and Public Protection department in 2013-14

**The department ensures that people with social care needs are able to access the services they require. Delivering social care is the main work of the department.**

The **main focus** for social care is to support individuals, their families and carers to manage disability and illness. We aim to help people live independently for as long as possible with as good a level of health and wellbeing as is possible. Ensuring people do not become dependent on services they require in the short term is part of maintaining people's independence. In section 6 of this local account you can read about the types of services that help people maintain or regain their independence. In addition to our core social care functions we also provide **Public Protection, Community Safety, Emergency Planning and Registration services.**

### ***How people can receive social care services...***

When someone requires help and support to continue to live at home, either following an illness or a stay in hospital or because of a disability, our teams will undertake an assessment to see if the person is eligible for our services. This assessment will also involve assessing whether the person is able to make a financial contribution towards the cost of their care. It is estimated that over 5,000 people in Nottinghamshire currently are funding their own care entirely. The Council has a responsibility to ensure that people who fund their own care have a well-developed market to choose from, providing a range of good value services.

If someone is **eligible** for social care services, they will be given information about the type and range of services available - the department can provide people with money for the person to use (often referred to as a Personal Budget) to purchase services to meet their specific needs. Support is also provided to help people arrange these services.

Where the individual has a carer (who is often a family member) who provides ongoing support to them, then the carer will be offered an assessment in their own right to see if they are also eligible to receive services to help them to continue in their caring role.

If we are unable to provide support because the person is **not eligible** for social care services then they will be provided with information and advice and will be helped to find information on alternative services within their local community.

#### **Last year:**

- Our Customer Service Centre received over 50,000 enquiries from people wanting support and advice for adult social care issues.
- Following a full assessment 16,000 people received services (which included services such as nursing care, residential care, day care, home care and other home based services).
- In addition people were provided with items such as equipment or blue badge parking permits to support them in living as independently as possible.
- During the year we also assessed over 4,500 people who cared for someone else

Each year we collect information and statistics on a wide range of activity in the department. The results and comparison with other authorities are too numerous to list here, however they can be seen online at several different websites. We regularly use and refer to this information. Some of the most useful sites are.

- The Health and Social Care Information Centre <http://www.hscic.gov.uk/home>
- Local Government Association <http://lginform.local.gov.uk/>
- Public Health England <https://www.gov.uk/government/organisations/public-health-england>

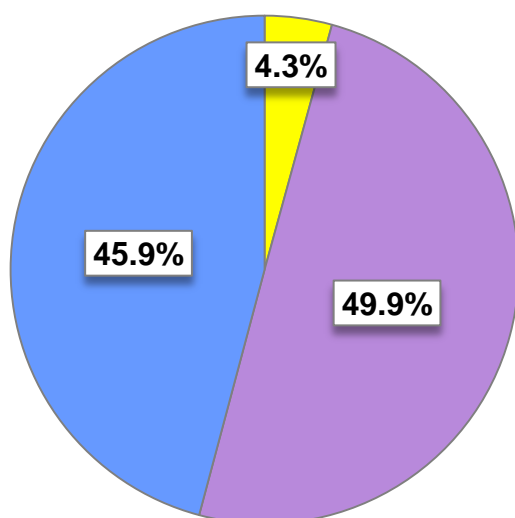
#### ***How much we spent in 2013-14...***

<b>Adult Social Care</b>		<b>Public Protection services</b>	
<b>Service Area</b>	<b>Net Expenditure</b>	<b>Service Area</b>	<b>Net Expenditure</b>
Departmental costs	*£498,185	Trading Standards	£1,467,811
Joint Commissioning, Quality & Business Change	*-£11,145,174	Emergency Planning	£247,929
Promoting Independence	£9,653,455	Coroners	£707,607
Younger Adults (18 to 64)	£112,530,923	Registrars	£202,109
Older Adults (65 plus)	£103,458,196	Community Safety	£804,764
<b>Total</b>	<b>£214,995,585</b>	<b>Total</b>	<b>£3,430,221</b>

\*This relates to income received from client contributions and savings within the department.



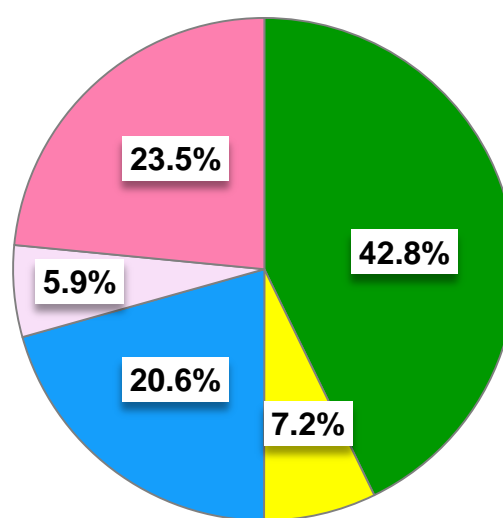
### Adult Social Care



- Promoting Independence
- Younger Adults (18 to 64)
- Older Adults (65 plus)

Total net expenditure for Adult Services was £214,995,585  
This included £107,180,250 from fees, charges and grants.

### Public Protection services



- Trading Standards
- Emergency Planning
- Coroners
- Registrars
- Community Safety

Total net expenditure for Public Protection was £3,430,221  
This included £3,710,274 from fees, charges and grants.  
*(This is noticeably higher than last year because the Community Safety team have recently moved to the department)*

### ***Our efficiency savings in 2013-14...***

- Adult services achieved business improvement efficiency savings of almost £6 million over the 2013-14 financial year.
- At the same time as delivering efficiencies savings the Council invested almost £18 million to meet the increasing demand for social care services.

The department will continue to deliver high quality services to the people of Nottinghamshire whilst at the same time ensuring that it meets its objectives in the most efficient and effective way.

# 3

## How we know if we are delivering good quality services

We use three main methods to understand how well we are performing - we aim to **listen to your views**, to **measure what we do** and to **compare ourselves to other authorities**. The most complete picture of how well our services are performing comes from using these methods together in a sensible and consistent way.

### 1. How we listen to your views

#### The Adult Social Care Survey

The national Adult Social Care Survey has been used since 2011 to provide consistent and comparable information to help us plan and improve the services we deliver. The introduction of the survey in 2010-11 was the first time people using our services had been surveyed on a national basis using the same methodology.

A key measure is whether someone receiving a service gets what they want from it (this is often called an 'outcome'). Listening to your views also helps us to understand more about how our services are affecting people's lives and how they feel about the services they receive.

The results of the latest survey show the positive impact our services have had on many people's lives and represent good performance for 2013/14.

- Importantly the headline score for service users who were satisfied with the care and support they received has remained high – this year the score was 93% (the East Midlands average score was 91%).

In the table below we have listed other key results and compared them to the average for other East Midlands local authorities for 2013-14.

Adult Social Care Survey results	Our 2013-14 score	East Midlands score
The overall satisfaction of people who use services with their care and support.	93%	91%
The proportion of people who use services who have control over their daily life.	95%	95%
The proportion of people who say that support services help them in having control over your daily life..	88%	89%
The proportion of people who say support services help them have a better quality of life.	91%	91%
The proportion of people who use services who say those services have made them feel safe.	88%	85%
The proportion of people who use services who find it easy to find information about services.	73%	73%

## 2. How we measure what we do and set targets

The aims of the County Council are outlined within the **Strategic Plan for 2014-18**. This Plan along with annual Delivery Plan lists the outcomes we wish to achieve for Nottinghamshire and outlines how we will measure our progress.

## 3. How we compare ourselves to other authorities

### Peer Challenge

A Peer Challenge is a way of improving care and support services by learning from Adult Social Care experts in other East Midlands authorities. The Challenge itself is an independent, cost-free assessment of our performance and effectiveness, and recently concentrated on three key areas - **Integrated Commissioning for Older Adults**, **Safeguarding** and **Personalisation**.

A **Challenge Team** of external experts initially considered background information and evidence in each area before carrying out a 3 day site visit during which they engaged with service users, managers and key partners in Nottinghamshire. The Challenge Team then produced a formal report of their findings, from which we have developed an Action Plan to address areas of weakness and future challenges and also build on identified strengths. Some examples include;

- A pilot study of the direct payment method in care homes to test whether using this form of payment gives service users more choice and control. This will run until March 2015. (A direct payment is where we pay the service user our contribution towards the money needed to pay for their care - they can then arrange the services they need themselves.)
- Working in partnership with district councils and Nottinghamshire Health authorities to ensure future housing supply meets the needs of an ageing population.

### Benchmarking

Benchmarking is the process of comparing our performance with other local authorities. Where another authority is performing at a noticeably different level, we can share learning around their approach and consider if this different approach would be appropriate to adopt and use within Nottinghamshire.

Within Adult Social Care this is achieved by using **ASCOF** measures (ASCOF stands for **Adult Social Care Outcomes Framework**). This is a set of information, completed annually by each authority and is designed to measure and compare how adult social care is performing.

# 4

## What we know about the health and social care needs of people in Nottinghamshire

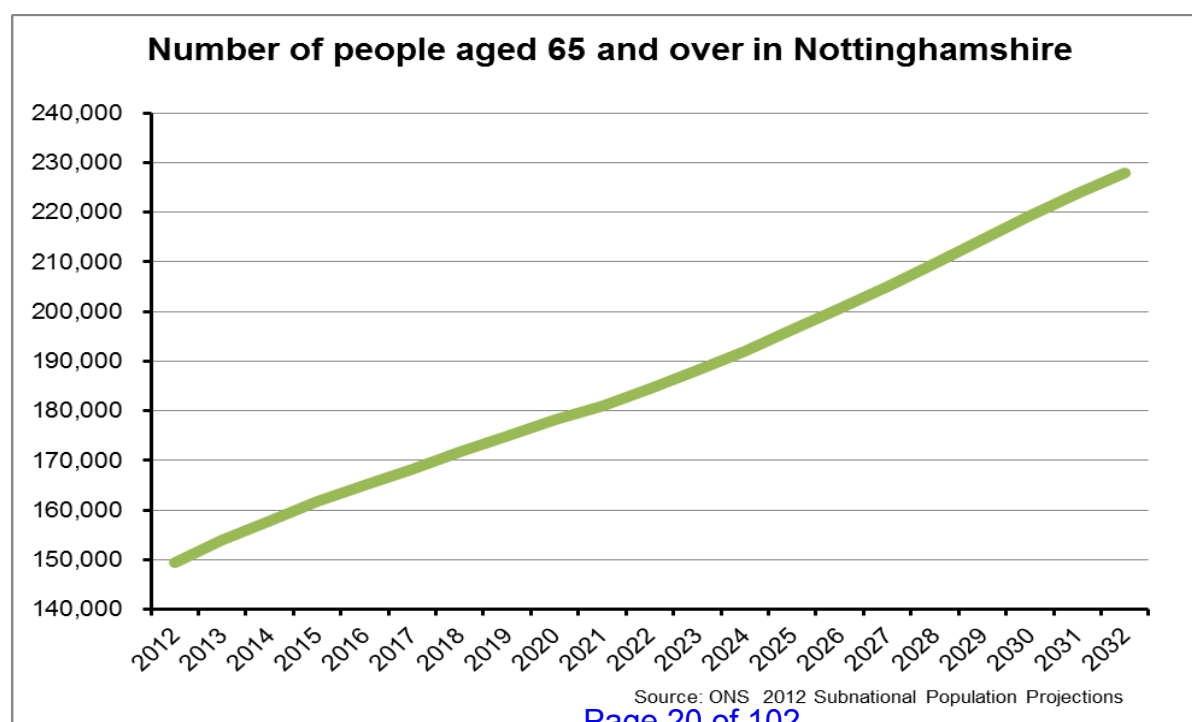
It is very important that we understand the current and future health and social care needs of people in Nottinghamshire.

- The **Health and Wellbeing Board** promotes close co-operation between the health service, local government and providers of services to ensure people receive the right level of support.
- The [Joint Strategic Needs Assessment \(JSNA\)](#) is a key piece of research that helps us understand current demand and plan how we deliver health, wellbeing and social care services in the future. The information in the Joint Strategic Needs Assessment is used to develop the Health and Wellbeing Strategy for Nottinghamshire.
- The [Health and Wellbeing Strategy for Nottinghamshire](#) aims to make real improvements to the health and wellbeing of the people of Nottinghamshire.

The [County Councils Strategic Plan 2014-18](#) contains five priority areas for the next four years. One of these priorities is 'providing care and promoting health' and includes key outcomes for Nottinghamshire residents to meet the increasing demand for our services, to improve integration with our partners in health care and to help narrow the health inequalities gap that exists within Nottinghamshire.

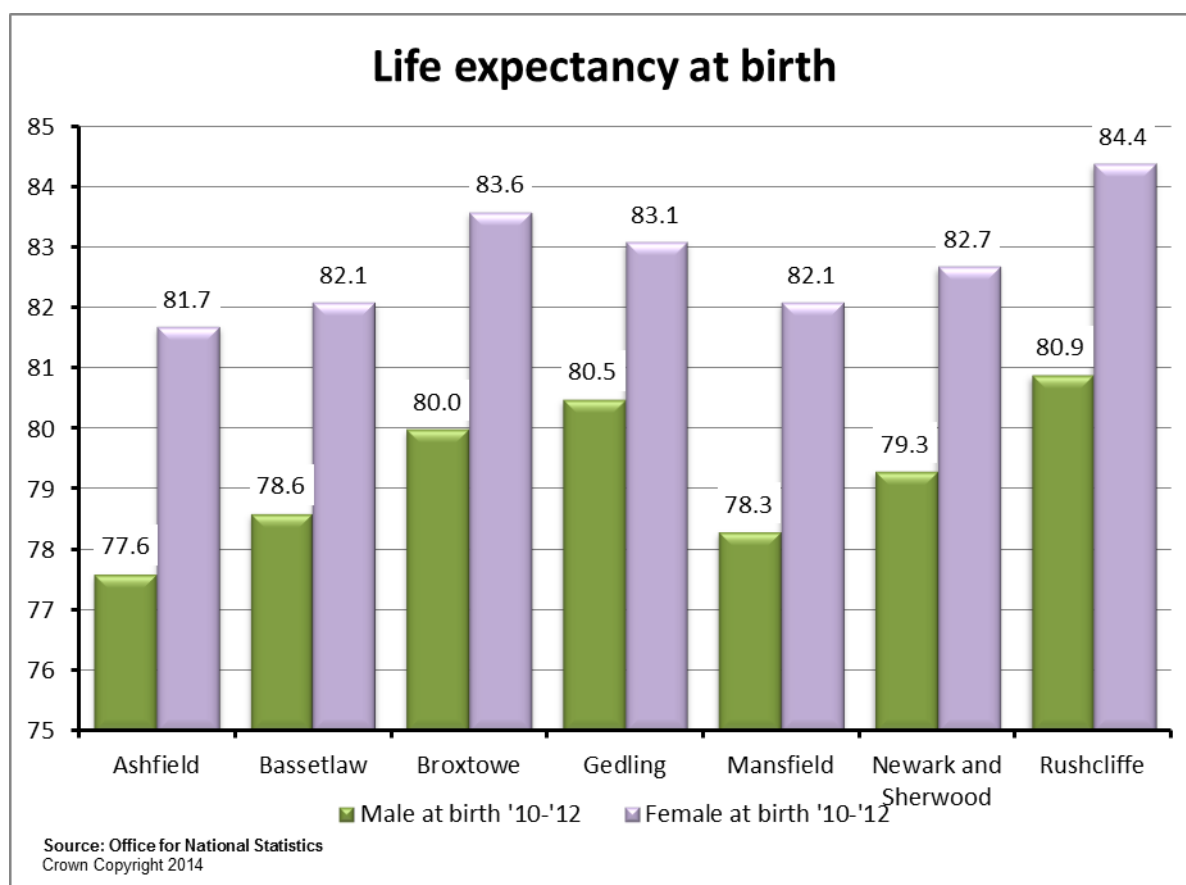
### Increasing demand for services

The provision of our services is facing the new challenge of increasing demand due to an ageing population with the positive expectation of people being supported to live longer, healthier and more independent lives. The graph below shows clearly the predicted increase in the number of people aged 65 and over in Nottinghamshire from 2012 to 2032.



## Health inequalities across Nottinghamshire

The health of people in Nottinghamshire is improving but not at the same rate for everyone. Some groups have worse health outcomes that are a consequence of where they are born, live, work and age. This health inequality gap between advantaged and disadvantaged groups will continue to widen unless action is taken with partners to address differences in local need. The graph below shows the difference in life expectancy for people born between 2010 -12 for men compared to women and between the different districts within Nottinghamshire.



# 5

## How we enhance quality of life for people with care and support needs

### In your words...

*"A carer was referred to us by social care - a lady caring for her husband who has dementia was near emotional breakdown due to endless nights of disturbed sleep and continual caring role during the day. We supported her by providing 8 waking nights service over 3 weeks' period so she was able to get some sleep. During the waking nights we helped the cared for with his personal care.*

*The feedback we received from carer stated that she felt like a new person after getting some quality sleep and enjoyed the emotional support she received from being able to talk to our care support worker."*

Our 2012-13 Local Account said ...	Some examples in 2013-14...
Where people have critical or substantial risks to their independence and they meet the national funding criteria, we will fund care and support only for as long as it is necessary.	<p>The concept of personalisation has been firmly embedded in the council's day to day work and underpins our approach to offering support and services.</p> <p>The percentage of community based service users and carers receiving any type of Personal Budget has increased from 6% in 2010 when the Personalisation initiative started, to 94% in March 2014.</p>
We will encourage and stimulate an efficient, diverse, affordable and high quality social care market.	<p>The Micro Enterprise Project was completed in 2013-14 and more Micro Providers are now available to deliver social care services. Work is ongoing with a range of partners - increasing the choice available to service users.</p>
Good quality information and advice will be available to all to help people plan for the future and avoid the need for care services.	<p>More information is available for service users through the Choose My Support site. The site is being developed and more choices added.</p>

## Personal Budgets and Direct Payments

A **Personal Budget** is an amount of money that will meet your long term social care needs. We will offer you a Personal Budget if your assessment says you are eligible for support. If you are eligible we will agree a plan with you to ensure you receive the correct support (a **support plan**). The preferred way to receive a Personal Budget is through a payment made directly to you (a **direct payment**) which can be used to purchase the services which have been agreed in your support plan. The aim is for people to manage their own support as much as they wish.

The intention is that a direct payment will be the main way people receive their personal budget within the next five years – direct payments offer people more choice and control and also provide the most cost effective way of providing support. We have also been increasing the use of Pre-payment cards (PPC's) which make direct payments more accessible and appeal to those service users that don't have or don't wish to have a separate bank account for their direct payment. Since their introduction in 2011 we now have 214 cards in use.

## The Direct Payments in Residential Care Project

Nottinghamshire County Council is taking part in a two year programme to test the use of direct payments in residential care. A final report will be presented to the Government early in 2016 to guide and inform how the initiative will be implemented nationally. The main focus of the project is to increase personalisation in residential care, offering people increased choice and control to enable them to receive the services they want.

Nottinghamshire's Adult Social Care Team have successfully worked with five care home providers and also engaged service users in discussions about the option to take a direct payment in residential care and what this means for them – people have already taken up the option of a direct payment as part of the project. We are now offering direct payments to all service users eligible for social care funding who are moving into or living in residential/nursing care.

'W' has opted to change to a direct payment with the support of her daughter-in-law. Her daughter-in-law advised that working with the care home staff meant they have been able to look at the support plan for W in more detail than previously. The end result was that small things important to W were identified and the care home are looking at more creative ways of supporting her to meet them. Her daughter-in-law likes being involved in the programme as she wants to have more control and hopes that it will make a difference to both W's life as well as her and her husband's.

## Carers' personal budgets

Personal Budgets were first available to Carers 2013-13. Since then they have proved to be popular and the percentage of carers using a Personal Budget to receive a service now stands at 88%. This funding enables carers to pursue their own particular interests, hobbies and educational opportunities or participate in a leisure/relaxation activity. In 2011, a Young Carers Project was implemented (for carers under 18 yrs) to support young carers through the development and implementation of Carers' Personal Budgets and personal budgets for the disabled parent.



## **Support for Carers**

It is essential that we continue to support the caring community by providing people who care for others with a range of respite, services and information.

### **Carer Support Service**

In 2012-13 a survey of adult carers found that only 66% of carers said information was very easy or fairly easy to find. Partly in response to this, a new Carer Support Service was set up in May 2013, within the Customer Service Centre. The aim of the service is to ensure that carers receive timely and accurate information, and services to support them in their caring role.

A full carer's assessment can be completed over the telephone and if they are eligible a one off personal budget can be arranged. Carers are also provided with advice and information and can also be referred to other agencies. The Carer Support Service also ensures that carers receive information regarding training, prevention and direct access services; for example local support groups in their area. It also identifies whether carers would benefit from other support such as the Carers' Emergency Card.

Evaluation of the Carer Support Service has demonstrated a significant positive impact on the carer experience and is viewed as very successful by both carers and staff. Some examples include;

- Carers can be assessed over the telephone and have reduced waiting times, with cases being assessed within an average of a 7 day period.
- They can have emergency respite arranged quickly and appropriately.
- Carers are referred for a carers' break provided by the NHS when appropriate.
- Carers are referred and signposted to relevant organisations.

### **Crisis Prevention Service for Carers**

The Crisis Prevention Service aims to support carers who need an unplanned break, which may be due to an emergency situation or to prevent a crisis occurring. We currently work in partnership with the Crossroads organisation to provide a Crisis Prevention Service for carers.

### **Carer Emergency Card**

All carers are able to apply for a Carer Emergency Card, which is a free small card that identifies the person as a carer in an emergency situation. It will alert anyone finding the card that the cardholder is a carer and that the person they care for may require assistance. During the year we received almost 200 applications for a card.

### **NHS Carers Breaks**

Local NHS Clinical Commissioning Groups (Rushcliffe, Newark & Sherwood, Mansfield & Ashfield, Nottingham North & East and Nottingham West) currently fund free breaks for eligible carers who have been assessed as at a 'substantial' or 'critical' level of need. Between April 2013 to March 2014, 647 breaks have been funded through the NHS Carers' Breaks scheme.



## Information and advice

The Council commissioned the **Choose My Support** website in 2013, with a view to making this a single point of information for services and support in Nottinghamshire.

- The site allows people to search for services and providers and importantly allows organisations and individuals who provide services to advertise their services – bringing together people who require a service and those providing services in a shared space.
- This website now houses the 'Support with confidence' directory and will also have information from the Notts50Plus, NottsInfo4U and equipment and social care directories.
- The Council also runs the information prescriptions service, NottsInfoScript, which provides information, advice and support to people living with long term conditions and their carers.

For more information please follow the link below:

<http://www.nottinghamshire.gov.uk/caring/adultsocialcare/supporttoliveathome/choose-my-support/>

## Brooke Farm

Brooke Farm is an in-house commercial enterprise growing vegetables and plants for sale to the general public and offering a full gardening maintenance service. The farm is located in the village of Linby and provides employment and training for people with learning disabilities. Everyone is supported according to their individual needs and offered a wide range of opportunities to improve their life and social skills - as well as being trained in practical horticultural subjects.

## Nottinghamshire Micro Enterprise Project

The Micro-Enterprise project ran from July 2010 to March 2014. Adult Social Care teams worked in partnership with the Community Catalysts organisation to increase the number of local sole traders, small businesses, charity and voluntary organisations who would be available to provide social care services.

- Over the 3 years of the project 275 enquiries were received.
- There are now **64 micro providers** offering a variety of services supporting over 900 people across the county.
- The project represents a good example of the way that working in partnership with other organisations can benefit the Council and Nottinghamshire residents.

*"The success of the project and of the providers has now begun to create a vibrant social care market that I hope will continually grow. It's great to know that the work of the project will continue in Nottinghamshire and that some great enterprises will continue to be helped to develop"*

Rebecca Stanley - Micro Services Project Manager

**Hope Springs Horticulture CIC** is a user led organisation that supports people with enduring mental health difficulties across North Nottinghamshire. A person who uses the service says...

*"The project has been a godsend to me, it gives me a reason to get out of bed in the morning and is very good therapy".*

The company is run by Helen and Anita who have thirty years' experience between them of mental health and running horticultural therapy projects. There were 3 projects that had previously been running for over 15 years but due to the local impact of national government funding reductions, the projects were due to be closed in September 2011. Faced with the closure of the projects and staff redundancies the team got together to try and find a way to keep the projects open.

The projects had always been very successful and well thought of by those that attended and by other agencies. Helen and Anita met with the Micro-services Project Manager to discuss their idea to keep the project going. They decided to set up a Community Interest Company (CIC) offering day to day activities in October 2011.

Helen says *"Rebecca and the micro-provider network gave us the initial encouragement and belief that we could successfully set up on our own. Her on-going support has helped us achieve our aims and led to us now running a well-regarded and thriving enterprise".*

They were successful in securing an award from the BIG lottery Reaching Communities Fund which will enable them to continue to run the enterprise for 5 years and means that their service is free for people to access.

## Day Services

Day services provide opportunities for vulnerable adults to meet other people for company and friendship, to develop skills that promote independence and to engage in activities that enhance well-being and physical fitness. In addition, these services give family carers a very important break from their caring role, enabling them to carry on caring.

After a 2 year period of extensive refurbishment and reorganisation of Council-run day services, service users and staff have welcomed the opportunity to have a period of stability during 2013/14, to allow people to get used to their new facilities and activity programmes. For many people, the improved environment and different structure of the service has meant that they have been able to make new friends and engage in a wider range of activities, not available to them in previous provision.

A new development is that specialist training has been provided to Council day service staff, to enhance their awareness of head injury and how best to support people with this condition.

In the external day service market, new providers have continued to apply for accreditation status and the choice of providers who meet the Council's quality and price benchmarks has increased from 26 to 31. These day services are available for people to purchase with managed budgets as well as direct payments. Other providers offer day services which can be purchased via direct payments.

## Assistive Technology to support people with care and support needs

In 2013-14 we piloted use of 'Flo' - a text messaging system originally developed by the NHS to help people to self-manage their long term health problems. Our Asperger's and Assistive Technology teams have worked with NHS colleagues in Nottinghamshire to adapt the Flo service to remind people with Asperger's to manage daily living activities, such as reminders to eat a meal or not stay up and use the computer all night. The system sends reminder messages, but can also request a reply to confirm that the person has acted upon the reminder. If the person repeatedly fails to act on the reminder, a carer can be alerted by text message so that they can offer further support.

'Flo' Case Study: 'M' has Asperger's Syndrome and used to go downstairs up to 12 times a night to check that the doors to the house were secure. He now receives a nightly text message from 'Flo' asking him to confirm that he has locked the doors.

M says... *"The text service is really good and has not let me down once. It saves me from going downstairs to check - I'd be down even if I heard a creak at night but now I just check my phone to see I've locked the doors."*

M's mother, who is the main carer, commented: *"This text service has changed both our lives. For nearly five years he has been up all night checking locks and doors due to his anxiety so we got little sleep and it was very distressing to witness as his carer. The difference has been amazing – we have got back to a normal life."*

## The Countywide Aspergers Services

The team provides support for Adults who have Aspergers syndrome and other high functioning autistic conditions. The service continues to experience a growing demand for services. The team has been praised for its work by the Department of Health and has been commended in the National Autism Strategy as an example of good practice. As with many other functions, financial pressures meant that the funding for the team has been thoroughly considered but the work carried out by the team was so highly regarded that it will continue to offer services.

## Work with the Alzheimer's Society

In March 2014 we completed a partnership project with the Alzheimers Society to develop Personal Budgets for people with dementia. The Council recognised that improvements are required on a range of fronts to improve the availability and use of Personal Budgets and Direct Payments for people with dementia. Recommendations from the final report included:

- Increase our own staff skills and confidence in Direct Payments as a positive option for people with dementia.
- Improve the information available at Customer Service Centre.
- Improve the flexibility and responsiveness of the customer service.
- Measure how many people with dementia use Personal Budgets.
- Obtain/act on feedback from people with dementia who have had a Personal Budget.

# 6

## How we delay and reduce the need for care and support

### In your words...

'D' recently lost her sight and was supported by the Adult Deaf and Visual Impairment Service (ADVIS).

*"I lost my sight over a period of 3 weeks and was told I had no chance of my sight returning. I was registered as Blind. The shock to me and my family was devastating and our worlds were turned upside down. Following my discharge from hospital I was contacted by a member of staff from ADVIS. Their help and advice has been invaluable to me. Following a discussion with me they helped and advised me on equipment to assist me with my independence."*

The ADVIS team helped D to obtain specialist equipment such as a specialist telephone which verbally lists M's personal directory, a talking watch with date and time announcement, a note detector identifying £5 £10 £20 notes and tactile markers on items such as the TV remote control, mobile phone, washer, and front door to easily find the lock. The team also contacted the NRSB (Nottinghamshire Royal Society of the Blind) and arranged services such as a volunteer from the British Wireless for the Blind who visited and assessed D's needs and a referral to the counselling scheme at NRSB - which was very valuable and helped to build confidence.

ADVIS devised an individual plan of training and development. After completing this training D was able to independently visit her daughter and family in Jersey which involved flying from the local airport and using a combination of assisted travel and long canes skills. D now feels confident to do this again.

*"Through this life changing support I have received from ADVIS my independence has been restored. My physical and mental well-being is healthy. I am a confident person who manages all kind of tasks that I would never have imagined I would have been able to do with no vision. I cannot imagine where I would be without the support I received."*

Our 2012-13 Local Account said ...	Some examples in 2013-14...
<p>We will reduce the demand for institutional care and the need for long term care in the community by commissioning or providing services that are known to support independence</p>	<p>Our Telecare services support people to live at home</p> <p>We are developing preventative strategy in partnership with district councils</p> <p>Comprehensive Assessment for Frail Older People are currently underway within Nottingham University Hospitals NHS Trust and Broxtowe Social Care to enable older people to live at home longer</p>
<p>We will expect to share responsibility with individuals, families and communities for their health and wellbeing</p>	<p>We have developed a Support Planning Toolkit which is being tested by volunteers and staff - this will support service users to be more involved in completing their own support plans, either by themselves or with support from friends, family or peers</p>
<p>We will promote individual health and wellbeing through joint and collaborative approaches across the public sector</p>	<p>We have worked collaboratively with a number of other organisations and agencies to improve the social care environment and opportunities for people who use services. Some of these include: Clinical Commissioning Groups, Micro Enterprises, Work Clubs, Schools, Colleges and local businesses</p>
<p>We will increase the number of people benefiting from integrated reablement services, avoid unnecessary hospital admissions and delays in hospital discharges.</p>	<p>We have continued to increase the number of people living independently through our 'START' reablement service.</p> <p>The percentage of successful reablement has increased from 72% to 79%; with 64% of people now requiring no on-going service and 15% needing a reduced service.</p> <p>We helped 89% of people who received reablement remain in their home 3 months after their discharge from hospital.</p>

## Reablement

The Reablement Service is a team of Occupational Therapy, Reablement and Social Work staff. They support people with illnesses and disabilities to live as independently as possible. Reablement Support can be provided either in a residential setting or at home. The aim is to enhance people's independence through provision of short-term intensive support which lasts between 1 and 6 weeks and is free of charge. During this time support is constantly reviewed to ensure goals are met. If longer term help is required it is arranged quickly.

From 2013 reablement was also made available to younger people (under 65 years old) with physical disabilities, including those with acquired physical disability, those who have long-term conditions such as Multiple Sclerosis and Muscular Dystrophy, and those with aspergers syndrome.

Mr P's wife had recently died leaving Mr P socially isolated and unable to cope by himself. There were also pressing financial issues. Mr P wasn't looking after himself, lacked kitchen skills and coupled with grief wasn't eating properly.

The Council's Promoting Independence Worker (PIW) was able to give support managing financial issues, give advice on benefits, support to enable him to maximise his income as well as support to manage his paperwork. Mr P was then able to remain living in his own home rather than have to sell it.

Access to various social activities and transport options was arranged to lessen his social isolation and Mr P was accompanied to some appointments to facilitate his attending. Help and guidance was given with basic shopping skills, food preparation and kitchen tasks. Support was also given which enabled Mr P to manage his nutritional intake both from the point of view of encouraging him to eat and to have enjoyable meals. The PIW was also able to support Mr P in dealing with some family issues.

### **Adult Deaf and Visual Impairment Service (ADVIS)**

ADVIS is a countywide service which provides reablement and social work assessments to adults over the age of 18 who live in Nottinghamshire. Reablement for people with a visual impairment usually consists a short period of support for 1-6 weeks, but if longer term assistance is required for something such as teaching mobility, then the team will continue involvement for some time. It is an individual tailor made service to a person's needs to help them regain daily living skills such as making a hot drink safely, preparing meals, cooking, marking up equipment, mobility, emotional support, giving advice and information on a variety of needs.

Reablement for people with a hearing impairment is focussed on the provision of environmental equipment to aid people to live independently at home. This may include an adapted smoke alarm, advice and information, baby alarms and alarm clocks. Some equipment is free while other equipment may need to be purchased – however we will provide support and advice to help people make the right choice.

The ADVIS social work team also undertake specialist social care assessments for eligible people with a sensory loss (to be eligible you will be registered as sight impaired (partially sighted), severely sight impaired (blind) or have a profound hearing loss). People outside of these criteria will be assessed by a social work team from the district they live in.

This year ADVIS have had an increase in requests for support and the team have developed new social care facts sheets about the service which are available via the Council's website. On average the reablement team now receive between 50-60 referrals a week.



## Partnership working – the ‘i-work’ team

We are committed to working together with other agencies and organisations to find ways for people to support themselves in society. During the year:

- Our i-work team (the team helps people with learning disabilities find paid employment), have worked on **Project Search** together with Foxwood School and Nottinghamshire Hospital Trust to enable school leavers to enter paid employment with the hospital.
- We have worked with colleges, schools, and the Learning Skills Information Service and local businesses to deliver meaningful and progressive work experience with paid outcomes. This initiative is up and running in Mansfield and we are developing a countywide service.
- As part of the Ashfield Partnership we are working with other organisations (such as remploy, the Department for Work and Pensions, the Shaw Trust and West Notts College) to engage local businesses in providing opportunities for employment.
- Worked together with ‘Pulp Friction’ - running a youth café in West Bridgford, looking at developing a smoothie business and also supplying this on site in a possible partnership with Boots.
- We have trained people to work on the **Notts Nosh** market store (Notts Nosh promotes locally produced food which is sold locally).
- We have attended **work clubs** across the county
- Some of the other organisations we have worked with include; JobCentre Plus, North Notts College, The Prince’s Trust and businesses across the county.

**County Enterprise Foods** are managed by the Council and offer work to people who need support in employment - 25 people are employed at the food production unit in Worksop. In Nottinghamshire around 1,700 residents currently use the service which offers a wide range of meals to choose from that can either be delivered to homes hot or frozen.

At a Training & Development Forum held in September 2013 contact was made with a company - the Swedish owner of the company subsequently contacted County Enterprise Foods with a view to supply products to Sweden for the care market. County Enterprise Foods now supply meals to Sweden to assist the Swedish government to provide their homeless hostels and refugees with a hot meal.

In meeting the terms of this contract the supported employees at the food production unit demonstrated their flexibility and teamwork skills in meeting tight deadlines for this new initiative as well as meeting the requirements of the day to day work, supplying meals at home for vulnerable residents. It is a credit to the team that this request could be turned into a reality within a short space of time. Similar orders have followed.

## Help to Live at Home

The Help to Live at Home programme was launched in autumn 2012. The aim of the project is to move our funding from paying for residential care to supporting ways of helping older people to live at home safely for longer.

- In November 2013 the Council launched plans to deliver a new **Extra Care** housing scheme for older people in Gedling (Extra Care Housing provides independent living accommodation for older people, with an on-site care team offering flexible care and support services)
- During 2013-14 the 'Living at Home' (LAH) Programme Team organised a workshop in each Nottinghamshire district. The workshops were jointly arranged with the local Health Service Clinical Commissioning Groups (CCGs) and also included voluntary and community groups. The aim was to agree ways we could work together to deliver our shared ambition to support older people to live safely at home for longer
- Trials took place for a new Comprehensive Assessment for Frail Older People commonly known as Comprehensive Geriatric Assessment (CGA) within Nottingham University Hospitals NHS Trust and within the adult social care team in Broxtowe. The assessment focusses on determining a frail elderly person's medical, psychological and functional capability, the development of a management plan and the identification of a case manager to enact it.

From 2014 onwards the project consists of 3 main areas – Improved Joint Working with Health, Appropriate Accommodation for Older Adults and Changing Culture and Expectations.

## Assistive Technology to delay and reduce the need for care and support

In the 2012-13 Local Account we said we would, improve access to and take-up of Assistive Technology in the county by older people and their carers.

- In 2013-14 we introduced a fast track process at our Customer Services Centre, so that eligible vulnerable people in need of assistive technology could access this equipment quickly. This and other changes led to a 40% increase in the number of people supported to maintain their independence at home using assistive technology. This includes sensors to alert carers if a loved one at risk of falls tries to mobilise unaided, or a person with dementia leaves their home in the middle of the night
- In 2012-13 we reported 18 cases where use of assistive technology had delayed or avoided the need for someone to be immediately moved into a residential or nursing care home. In 2013-14 this increased by over 400%, with 94 people who were assessed as being in immediate need of residential care, were supported to remain in their own home
- 42 people were also able to return home more quickly following an admission to hospital by using assistive technology to manage risks that could otherwise only be managed in hospital or a short term care setting.



## Assessment Beds

Following the success of the assessment beds service which has been operating across the county since 2011, a specialist service for older people with mental health problems and/or dementia has been established. The service started in January 2014 and operates in the Gedling area. It is a joint service provided in conjunction with Nottinghamshire Health Care Trust and offers support to people at risk of admission to hospital, discharge from hospital or who need a period of assessment due to their mental health issues.

Since the service started 44% of referrals were people who would have otherwise been admitted to hospital, 28% of people were being discharged from hospital and 28% required assessment. On discharge from the assessment bed service, 33% returned home, 33% moved in to a care home and 33% required further short term support or treatment.

Mr 'B' was admitted to hospital due to an infection and whilst in hospital he sustained a fall and fractured his hip. As a result of the fall Mr B developed heightened anxiety and refused to be discharged home with a care package. He remained in hospital for a period of over 4 months until he was referred to the assessment bed service for period of assessment and reablement. With the support of the multi-disciplinary Intensive Recovery Intervention Service team (IRIS) and the care staff he was enabled to return home with a reablement package which was subsequently reduced, as he regained his skills and his anxiety improved. A carer's assessment was also completed for his wife and main carer.

# 7

## How we ensure that people have a positive experience of care and support

### In your words...

*"Like to say a big thank you to all the lovely girls who have come and helped in the morning. They have done a wonderful job".*

*"Kind, caring and efficient very fortunate to have him allocated as mums social worker"*

*"Support team have all given encouragement to me and the confidence to achieve my own goals regarding recovery. I cannot speak too highly of them they are all so considerate and kind".*

*"THEY HAVE MADE SUCH A DIFFERENCE TO OUR LIVES"*

We want to ensure that people who use our services are satisfied with their experience of the care and support they received - there are several different ways we measure this.

### The Adult Social Care Survey

The national Adult Social Care Survey has been used since 2011 to provide consistent and comparable information to help us plan and improve the services we deliver. Key results from the survey are listed in Section 3 – 'How we know if we are delivering good quality services'.

## Complaints and compliments

Complaints and compliments from Nottinghamshire residents are an important source of information on how well our services are performing. During 2013-14 the department received

- 259 complaints (up from 238 in 2012-13)
- 141 compliments (up from 77 in 2012-13)

Most complaints are resolved without the need for a formal investigation because; from the outset there is an emphasis on negotiating a resolution with both the complainant and the department.

We use information from these complaints to learn how and where we can make improvements to the service we deliver. The Local Government Ombudsman has noted an increase nationally in the volume of complaints in relation to adult social care over recent years. This is possibly due to the increased volume of demand for care services, the increase in complexity of people's care needs and a higher profile in national media for the area of social care.

For information on the Council's Complaints, Comments and Compliments service go to <http://www.nottinghamshire.gov.uk/thecouncil/contact/comments/>

## Overall...

### Some good results

- We received 141 compliments for 2013-14 – double the number from the previous year (71 compliments)
- The overall satisfaction of people who use services with their care and support remains high at 93% and is above the East Midlands average (91%)

### Consistency

Several key measures have remained stable over the past few years in spite of ongoing pressure on services. These include

- 88% of service users say those services make them feel safe and secure (90% in 2012-13)
- 74% of people who use services have as much or adequate control over their daily lives compared to 79% in 2012-13

This year a new ASCOF indicator was introduced to measure social isolation (there is a link between loneliness and poor mental health and physical health). During 2013-14, 41% of people who use services said they had as much social contact as they like - slightly below the score for East Midlands authorities.

### Areas to work on

- The number of complaints has increased from 238 in 2012-13 to 259 in 2013-14
- 7 out of 10 people found it very or fairly easy to find information and advice. This means there is a sizeable minority who do not find it easy to access the information needed to inform their choices.

## End of Life Care

The aim of the End of Life Care (EOL) project is to enhance the quality of life for people with care and support needs at end of life. One way of achieving this is to provide health and social care professionals, carers and organisations in Nottinghamshire with a wide range of information and training on Advance Care Planning, Symptom Control, care in the last days of life, bereavement and spirituality.

We have succeeded in achieving our aims by working in partnership with organisations such as Skills for Care, Public Health, CCGs, Independent Sector Care Providers and the Voluntary Sector - Achievements for 2013-14 include:

- 38 care homes have successfully completed the Gold Standards Framework (GSF) Foundation Level training course and are helping to reduce inappropriate admissions to hospitals.
- 33 EOL Champions have been recruited from various backgrounds including GPs, social workers and care home managers. They are promoting good end of life practices in their own organisations and across health and social care organisations via events, conferences, the Nottinghamshire End of Life care newsletter, EOL websites and training courses.
- 14 GP practices in Newark and Sherwood and 4 wards at Kings Mill hospital are also undertaking GSF training as part of the GSF Cross Boundary Care Project. This reinforces the training that the care homes are undertaking and is improving communications and relationships across the community.
- Trainee social work students at Nottingham Trent University have also attended a half day EOL training course provided by EOL trainers. This has led to an increase in Social Workers wanting to be Palliative Social Workers.
- 200 people attended four Dying Matters awareness raising events which were held in public venues in May.

# 8

## How we safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm

### Safeguarding vulnerable adults

We are committed to ensure that people are free from physical and emotional abuse, harassment, neglect and self-harm and that people enjoy physical safety and feel secure.

Adults safeguarding is about both preventing abuse and neglect, enabling adults to retain their independence and promoting good practice when responding to specific concerns. Where abuse or neglect is suspected or alleged, Nottinghamshire's Safeguarding Adults Procedures can be used by the organisations involved to ensure that services provide a consistent and comprehensive response.

In our 2012-13 Local Account we said we would ...	In 2013-14 we have ....
We will enable people to live with the risks inherent in living independently whilst ensuring they are safeguarded from significant harm.	<p>Continued to learn lessons from cases to improve the way we safeguard adults at risk</p> <p>Commenced a review of our procedures "following a referral" with an emphasis on providing outcomes that are "right" for the individual</p> <p>Carried out a strategic review of the Care Home Sector and agreed a consistent approach with health colleagues to tackle those Care Homes which persistently provide poor quality care</p> <p>Realigned MASH and the Adult Access Service to provide a "seamless" service when contacting Adult Social Care regardless of the nature of the concern</p>

### Review of Policy and Procedures

In recent years the focus of adult safeguarding work has moved towards a "person centred approach". In October 2013, Nottinghamshire participated in national research to identify best practice around "making safeguarding personal". This review, together with the requirements of the Care Act (The Care Act is the single most important legislative change for Local Government at the moment – there is a section at the end of this report with more information) helped us to review our Procedures and Guidance.

The new Policy and Procedure was implemented in the summer of 2014. In practice, this means:

- We have an approach which puts the person at the centre of the safeguarding work, leading to the outcomes that people want.
- Safeguarding assessments will focus more on what support the person wants to manage future risk.

- There will be a proportionate response to allegations of abuse, meaning gathering evidence to ascertain whether abuse has occurred or not will be required less frequently.
- Where investigative work is required, there is greater clarity around partner agency roles and responsibilities.
- Improved recording of safeguarding work.
- We have a process that is clearer for staff to navigate, making it easier to complete appropriately and within timescales.

## **The National Capability Framework**

In 2013/14 the Council led work to embed the National Capability Framework (NCF) for Adult Safeguarding across the organisations which are members of the Nottinghamshire Safeguarding Adults Board (NSAB). The national framework helps us to develop the skills of our staff to provide a consistent approach to safeguarding adults. It clearly sets out a minimum standard of knowledge and skills which are needed by staff who undertake different roles in relation to adult safeguarding. It also gives managers a tool to evaluate the performance of workers and identify training needs.

We also have a Quality Assurance Scheme for training which provides us with a common approach to ensure safeguarding training which is being delivered is consistent and of a high standard. The scheme has been implemented in all NSAB member organisations.

## **Serious Case Reviews**

The Local Authority, through the serious case review sub group of NSAB, considers and commissions reviews of cases where individuals have died or been seriously injured and abuse or neglect is known or suspected to be a factor in their death.

- In 2013/14 the serious case review sub group monitored the completion of recommendations from previous serious case reviews and received presentations from senior people within organisations on how their service had improved as a result
- In October 2013 we commenced a review following the death of a young woman in a hospital setting who had been detained under the Mental Health Act

## **Multi-Agency Safeguarding Hub (MASH)**

The MASH is the county's first point of contact for new safeguarding concerns for vulnerable children and adults. The MASH in Nottinghamshire is one of only a handful of safeguarding hubs that handles concerns about both children and vulnerable adults. It has significantly improved the sharing of information between agencies with over 60 staff from the Police, Health, Probation Trust, Schools, Children's Social Care and Adult Safeguarding working together in the MASH office.

The MASH receives safeguarding concerns from professionals such as teachers and doctors as well as members of the public and family members. During 2013/14 – 4,751 adult safeguarding referrals were received, assessed and allocated via the MASH.

## Safeguarding Adults Awareness Survey

Between June and August 2013 we carried out a safeguarding adult's awareness survey which sought to capture information about what the public understands about adult safeguarding (for example - what it is, how to recognise it, what to do about it and how to report it). The information we received has enabled us to target our communications strategy towards ensuring the public are aware of the most appropriate way to report adult safeguarding concerns.

## Coroner's Services

We continue to work with the Coroner and her staff to route referrals through safeguarding procedures and to ensure that social care staff within the Council and within the independent sector are appropriately trained about the importance of good standards of care, proper implementation of procedures and of good comprehensive record keeping.

## Protecting the Public

### Feedback...

The Trading Standards Service is receiving national recognition for its innovative work as a partner within the Multi Agency Safeguarding Hub (MASH). Being an integral part of the MASH, Trading Standards Officers are able to identify victims of doorstep crime and scams and work more effectively with social care colleagues to protect them from repeat victimisation and help them to remain independent in their own homes.

In our 2012-13 Local Account we said we would ...	In 2013-14 we have ....
To continue to develop effective intelligence-led enforcement action to tackle rogue traders.	<p>Implemented the key features of the National Intelligence Model in the Service.</p> <p>Undertook investigations and prosecutions against a number of individuals deliberately flouting the law or posing significant health and safety risks.</p> <p>Developed prevention and protection measures to reduce the number of vulnerable people falling victim to a range of scams and frauds.</p> <p>Developed more relationships to support legitimate businesses to allow us more time to concentrate on those deliberately breaking the law.</p>



## Action against Problem Traders

The Trading Standards and Community Safety Service continue to tackle those traders causing the most detriment to Nottinghamshire residents.

A Director of Kirby-in-Ashfield based car trader pleaded guilty to 17 charges relating to unfair and aggressive trading practices and the supply of unroadworthy vehicles - staff had used abusive language, had intimidated customers, and had refused to rectify faults on vehicles. Fines totalling £10,550, compensation totalling £6,665 to the complainants involved, and £2,300 prosecution costs were ordered to be paid. In summing up, the District Judge commended the Trading Standards for the way it had pursued the matter to its conclusion.

## Safeguarding Vulnerable People

The Trading Standards Service continues to develop our work with partner agencies to protect older and vulnerable residents from falling victims to scams or unwittingly signing up to expensive unnecessary commitments.

Nationally Mass marketing scams cause around £3.5 billion of detriment annually to consumers. Vulnerable and disadvantaged residents are deliberately and repeatedly targeted causing significant harm to their health, well-being and independence. The Service signed an agreement with the new National Scams Hub to receive referrals regarding identified Nottinghamshire repeat scam victims. We are working with local partner agencies to raise awareness of mass marketing scams and to intervene to protect the vulnerable residents identified. The financial detriment involved is often great, with two Nottinghamshire victims having lost £250,000 and £300,000 to scams.

## Scam Alert Service

During the year we issued 15 warnings to communities to help them protect themselves. Nottinghamshire Alert is a web-based, secure messaging system that allows Nottinghamshire Police, Neighbourhood Watch and other public organisations to distribute messages concerning community safety to members of the public quickly and efficiently. Alerts are predominantly sent by email, but text and voicemail can also be used.

## E Crime

Crime perpetrated or facilitated using computers or the internet continues to cause problems. The Service continues to develop it's skills and tactics to combat the threats.

During one investigation, a website host for a rogue home improvements company was identified. The website contained a number of false claims, and also gave false addresses for the business. We worked with the webhost business to remove the problem site, and to also introduce a system to ensure that all of the other 900 websites it hosts have genuine contact details on.[Page 40 of 102](#)



## Product safety

The Service continues to ensure that products supplied to our residents are safe to use by working with importers and suppliers in the County to implement systems to ensure products are safe.

A business and its Director from the West Midlands were prosecuted for supplying dangerous products. The company sold a tread mill to a Nottinghamshire man. On setting up the equipment, the arms sprung out and severed his middle finger. The company were not able to show that they had a sufficient due diligence system in place to ensure the products they supplied were safe. On conviction, the Crown Court fined the Company £30,000 while the Director was fined £6,000.

## Supporting business

The Service continues to actively support businesses based in the County to comply with consumer protection law in the most efficient way possible.

The Service entered into 18 new Primary Authority partnerships with businesses in the year. The agreements give the companies the confidence to trade more widely and grow their businesses, as the advice that they receive is binding on all enforcers nationally. The businesses pay for the cost of this advice, bringing funds into the Authority.

## Protecting the Young

The Service is engaged in a range of activity to protect our young people.

The Service assisted Public Health England with a national project to assess the ease with which young people were able to buy E-cigarettes. The Government has plans to introduce age restrictions for these products, and this exercise was designed to obtain base line data of the current scale of the problem. The Authority conducted 20 test purchases, using a 14 year old volunteer who was able to purchase products at 4 (20%) of the premises visited.

The Service conducted a project to assess the level of diligence by off licences when checking the identity cards of people attempting to buy alcohol. Only 30% of the 97 premises visited refused sales to test purchase volunteers given identity cards that clearly belonged to someone else. The project raised awareness amongst retailers of the need for greater vigilance by their staff when selling alcohol.

## Lorry Watch

Trading Standards have continued to support the Highways team and to protect Nottinghamshire residents by enforcing vehicle weight restrictions - 87 enforcement exercises were carried out in 33 different restrictions, and 152 breaches identified. The Service has worked with County Councillors, Parish Councils, Local residents, County Council Highways representatives and contractors to look at individual problem areas to understand the causes and to identify solutions, including alterations in signage and amendments to the Orders that

implement the restrictions. There have also been discussions with some of the Haulage companies to amend their routes.

### **The Community Safety Team**

The Community Safety Team joined the Adult Social Care and Public Protection in April 2014. Team members contribute to tackling crime and disorder issues, priorities and work with other departments and external agencies to ensure an integrated approach to tackling issues affecting community safety such as anti-social behaviour, domestic violence, hate crime and drug and alcohol misuse. The team also co-ordinates the meetings of the Safer Nottinghamshire Board. Next year's Local Account will report on the team's work in 2014-15.

### **Emergency Planning**

The Emergency Planning Team continued to fulfil its role of facilitating the maintenance and development of resilience within the County Council and as a leading participant in the work of the Local Resilience Forum (LRF). This included chairing a range of key planning sub groups. The team fulfilled the County Council's commitment to the Service Level Agreement with the District and Borough Councils. During 2013-14 the team:

- Responded to severe flooding events during summer 2013, and engaged with affected communities afterwards to promote and support Community Resilience.
- Revised and updated County Council emergency plans, including that for Winter Weather, the Major Incident Plan for the One-Call Stadium in Mansfield, and the Elected Members Emergency Plan.
- Was a major contributor to Local Resilience Forum planning for Site Clearance and Emergency Mortuaries.
- Training events in support of key plans, including Water Awareness, Flood Wardens and 4X4 drivers.
- Key roles in exercises to validate plans, for example multi-agency emergency response to flooding and for emergency accommodation.

### **Registration and Celebratory Service**

The service maintained its full range of statutory functions, marking the major milestones of life from cradle to grave, while further developing the range of enhanced and non-statutory services offered to the public. In particular, the service was able to develop its expertise in civil funeral and nationality checking. Improvements were also made to the customer journey through registration services and to the information available on the internet. During the year the service:

- Registered 8701 births and 5583 deaths.
- Held 2370 weddings and civil partnerships at register offices and approved premises, such as hotels.
- Completed 169 other ceremonies, including the introduction of Civil Funerals.
- Welcomed 660 new British Citizens.
- Relocated Registration Offices in Newark and West Bridgford.
- Introduced a Nationality Checking Service.

## Our areas for development from 2014-15 onwards

A number of key areas of development during 2014-15 have been identified below. These key actions linked to the priority outcomes for residents of Nottinghamshire in line with the County Council's Strategic and Delivery Plans. This section also highlights the opportunities and challenges presented by the introduction of the Care Act.

### **The most vulnerable adults will be effectively protected and support;**

- Agency Safeguarding Hub (MASH) will be reviewed with partners, to ensure that they support the appropriate referral and information sharing for the most vulnerable children and adults
- We will update our Adult Safeguarding processes to reflect changes in the Care Bill. This will improve our processes and practice to ensure the service user is at the centre of all we do
- In response to the findings of the Department of Health report 'Transforming Care; A National Response to Winterbourne View Hospital' we will seek to return people who have been placed out of county back into Nottinghamshire
- We will consolidate the intelligence we have about our residential care homes, use this for the early identification of poor quality and work with these providers to improve standards of care

### **The public are confident that Nottinghamshire is a safe place to work and live;**

- We will focus on 15 Partnership Plus Areas in Nottinghamshire (with Safer Notts Board partners including Police and Crime Commissioner) providing administration of £392,000 of PCC funding for local priorities
- We will ensure effective spend of £364,000 Community Safety Budget including £25,000 for IPledge project to target 20 Nottinghamshire schools and £15,000 to work with three communities (Worksop, Mansfield and Eastwood) on the In our Hands project
- We will work with partners in Public Health, Trading Standards and Community Safety to address issues with vulnerable people including mental health issues through local vulnerable people panel e.g. setting up an event to be attended by agencies who work with vulnerable people to identify improvements to outcomes
- We will set up email alerts for scams using 'Emailme' to inform and enable residents to prevent and protect themselves
- As part of the Neighbourhood Policing Review, we will work with the Police to ensure that the views of the Borough / District and County Councils in Nottinghamshire help to shape how Neighbourhood Policing will operate in the future

### **Nottinghamshire is a fair and safe place to do business;**

- We will promote a fair, safe and thriving local economy by: providing high quality basic trader advice and guidance, expanding our tailored advice to and partnerships with legitimate businesses (on a cost recovery basis) and tackling those rogue traders who adversely impact legitimate businesses
- We will increase our work with other agencies and organisations to protect more vulnerable residents from frauds, scams and other crimes. We will tailor our intervention dependant on the type of problem and those most at risk from it and this will include working with colleagues across the social care spectrum and working more closely with the Police and others
- We will expand our use of a variety of communication channels, including emerging technologies such as social media, to share key messages/alerts to empower individuals and businesses to protect themselves

### **People with health and social care needs are able to maintain a satisfactory quality of life;**

- We will support the development of new Extra Care Housing and Supported Living Services for older and disabled adults
- We will work with health and social care colleagues around the issue of falls and to improve transfers of care for older adults leaving hospital, including campaigns to promote the increased use of assessment beds and increased awareness of falls support services
- We will develop the range of preventative services to support adults to remain living at home safely for longer and promote these through the Council and health partners
- We will fund a specialist 'Compass Worker' within each Intensive Recovery Intervention Service to support carers looking after a person with dementia through practical help, information and emotional support
- We will implement and evaluate the Carers' Crisis Prevention Service as part of the Home Based Services contract

### **Enable people to live independently and reduce their need for care and support;**

- We will maximise the number of both Younger and Older Adults who are enabled to remain living in their own home through refining the reablement process for Physical Disability and closer monitoring of all requests for admissions and revising panel processes
- We will help people to remain at home for as long as possible by providing a suitable period of reablement and rehabilitation to help maximise and maintain independence
- We will provide assistance to Carers so they are able to continue to provide the essential support for the people they care for
- Through our 'Living at Home Programme' and specifically our Extra Care schemes we will continue to reduce the amount of permanent admissions to residential and nursing homes

### **People have a positive experience of care and health support;**

- We will develop a tool that determines people's eligibility to be checked in advance. This will enable decisions to be made quicker and allow us to target our services to support the users and carers in greatest need
- We will make key information available to enable providers who are considering developing or setting up businesses in Nottinghamshire, to ensure there is a range of providers to meet social care needs
- We will improve access to and review information provided on Choose My Support online directory. We will establish future needs and options for a web based information and directory through joint working with Special Educational Needs and Disability

### **Improved integration with health care delivers improved services focussed on those with the greatest need;**

- In line with the Better Care Fund, working with the health service, GP's and other organisations we will reduce avoidable admissions to hospital. When people are admitted, we will work together to reduce the length of their stay and enable them to return home sooner
- By 2015 we will reduce the amount of people admitted directly to a Care Home from hospital by ensuring that all people are considered for a period of reablement or rehabilitation
- We will implement the Health and Well-Being Strategy to enable people with health and social care needs to be able to maintain a satisfactory way of life
- We will work with NHS Trusts within Nottinghamshire to improve the integration of transfers of care from NHS to care services – reducing any delays

## **The Care Act – looking forward**

The Care Act is the single most important legislative change for Local Government at the moment. **It will fundamentally change the way that care and support for adults and support for carers is provided in Nottinghamshire.** It provides a new legal framework which governs responsibilities and duties; it will change the way that social care and health is delivered, and the way that care and support is paid for in England

We have established a **Care Act Implementation Team** to enact the required changes and manage the risks for implementation. The requirements have been divided into fourteen specific workstreams, which are led by a named manager(s). Progress against each workstream is reported back into the wider Programme, with the overall programme managed via the Care Act Programme Board, chaired by a senior officer from Nottinghamshire County Council.

### Timescales

- The Care Act became law in May 2014 (the act itself establishes what needs to be achieved; the new regulations, guidance and funding reforms detail how this will these changes will be made).
- Draft social care regulations and guidance released initially for consultation, to be finalised in October 2014. Draft regulations and guidance on the funding reforms are expected in autumn 2014 for consultation, but it is anticipated these will not be finalised until late 2015.

**The Care Act sets out new and extended responsibilities for social care, health and housing.**

**On the one hand** it gives opportunities to review and improve services and ensure that people's needs are met, promoting their wellbeing and providing or arranging services or resources to help prevent, delay or reduce the development of needs for care and support.

**On the other hand** it presents new challenges for both Nottinghamshire County Council and its partners. There are very significant financial and resource implications to meet the new statutory requirements.

The Care Act together with the Better Care Fund and provides a framework for co-operation and integration with health, housing and other health related services. This framework includes the following areas:

- strategic commissioning and planning, including developing a diverse, sustainable and high quality market place to buy social care and health support
- access, assessment and planning for care and support, including integrated personal health budgets
- integrated advice and information across health, district councils and other partners
- joined up service delivery.

In response to these challenges, the Care Act and Integration with Health programme is a key area of activity within the Council's Transformation Programme as described in the document '**Redefining Your Council**'. The implementation of the Adult Social Care Strategy will ensure that we deliver these new duties and responsibilities in the most effective and cost effective way.

# 10 Getting in touch

If you would like more information about any of the services mentioned in this document you can visit:

<http://www.nottinghamshire.gov.uk/caring/adultsocialcare/>

or call the Customer Service Centre on:

0300 500 80 80

If you have any comments or further questions about the information contained in this report please use the contact details below to contact us

Performance Improvement Team  
ASCH&PP  
County Hall,  
Loughborough Road,  
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Nottingham,  
NG2 7QP

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3 November 2014

Agenda Item: 5

## **REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC PROTECTION**

### **UPDATE ON THE MULTI-AGENCY SAFEGUARDING HUB (MASH)**

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

1. The purpose of this report is to:
  - provide an update on progress and performance of the Multi-Agency Safeguarding Hub (MASH)
  - seek approval to disestablish one Advanced Social Work Practitioner (ASWP) post (Grade C)
  - seek approval to establish three Social Work posts (Grade B)
  - seek approval for the revised operational procedures for the MASH.

#### **Information and Advice**

##### **Background**

- 2 The MASH has been fully operational since January 2013 and is the single referral point for all children's social care and adult safeguarding enquires. The Nottinghamshire model is considered to be a beacon of good practice nationally in comparison to most other MASH's because of the inclusion of adults and a wide range of partners.
- 3 Since the MASH became operational, all partner agencies have reviewed their staffing levels in the light of the high volume of calls. As a result, additional staff members have been recruited by Health partners and the Police. Children's services have recruited additional call takers and a Service Manager to manage the increasing volume of children's safeguarding work.
- 4 In light of increasing demand a review of adult processes and staffing levels has been undertaken to ensure the service can manage the volume of adult safeguarding enquires.

##### **Adult Social Care Staffing Structure in the MASH**

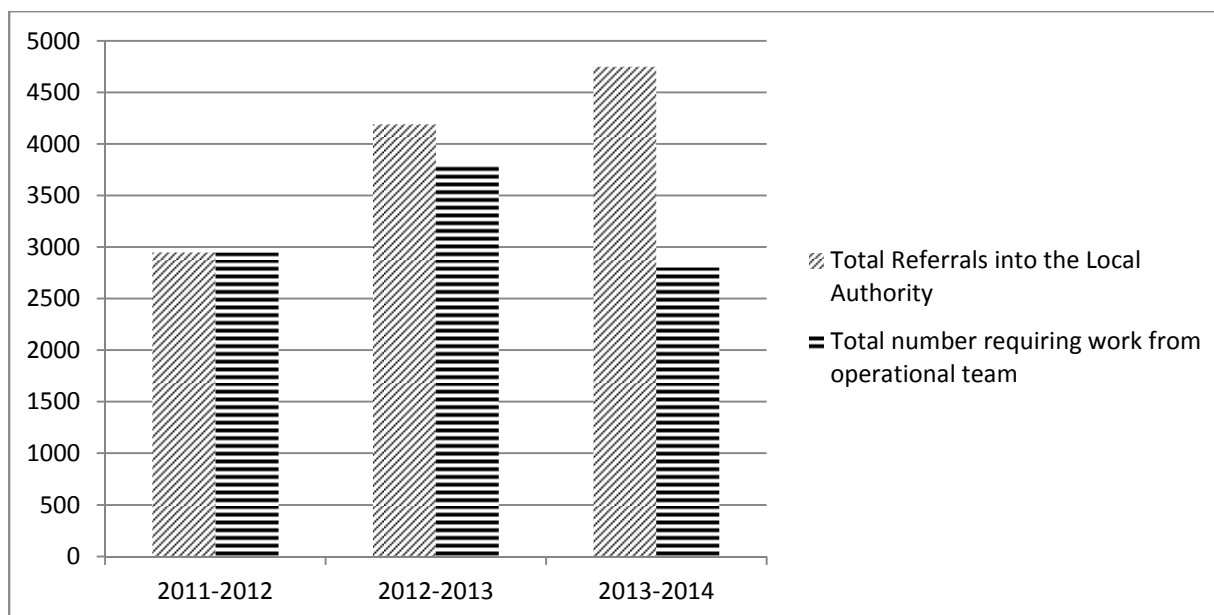
5. The agreed current staffing establishment in the MASH is:
  - Three permanent Advanced Social Work Practitioners (ASWPs);

- One temporary Advanced Social Work Practitioner (post due to end April 2015).
6. In order to deal with the demand of adult safeguarding enquires and to line manage the staff it was necessary for a Team Manager to be seconded into the MASH shortly after it went live.
  7. Due to the higher than expected and continued increase in the number of enquiries into the MASH, additional staff are required to cope with the volume of work.
  8. With the benefit of operational experience in the MASH, we now know that some of the adult safeguarding work can be carried out by less experienced Social Work staff under supervision. It is recommended that one of the ASWP posts is disestablished and additional funding is used to establish three Social Work posts. Retaining two ASWPs will provide sufficient capacity to supervise the Social Workers and deal with the more complex cases. The Team Managers in the Adult Access Service will take on the line management for the team, removing the need for the seconded Team Manager.
  10. The proposed structure for adults is also in line with the staffing ratio in children's services. If the staff ratios are the same for both adults and children's services they would have 4.78 staff to deal with the amount of safeguarding adult enquires currently being received in the MASH.
  11. Furthermore, the impact of the Care Act is likely to see an increase in the numbers of calls to the MASH and the recommended staffing structure will help us manage this demand.

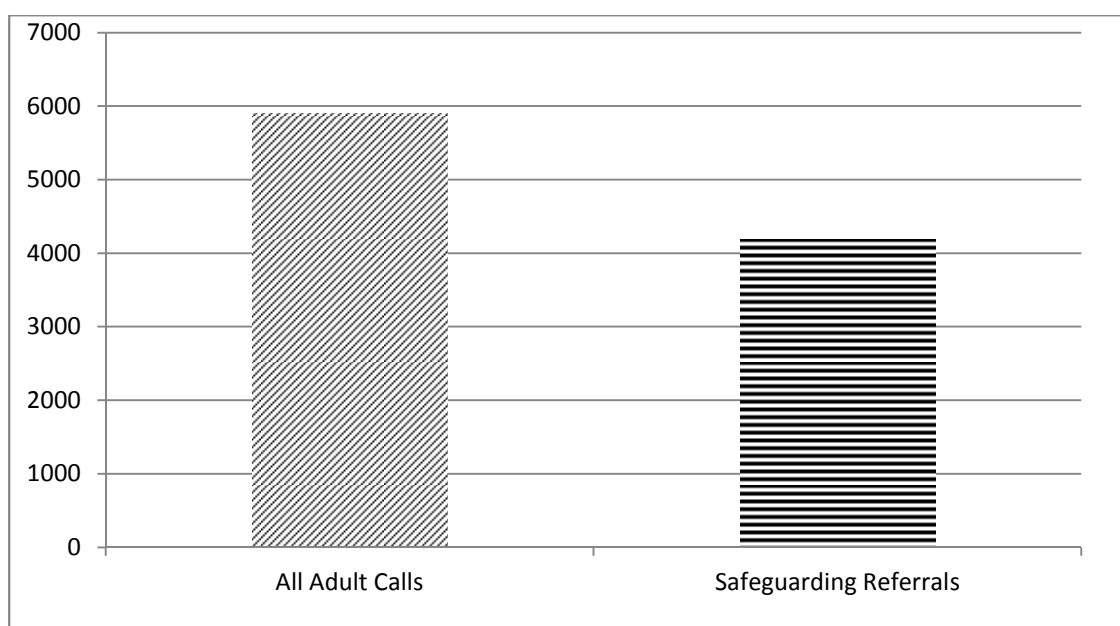
## Performance

12. This graph below illustrates:

- The continued increase in safeguarding referrals to the Local Authority;
- The reduction in work required by operational teams in 2013/2014 since the introduction of the MASH.



	All Adult Calls	Adult MASH Enquiries
October 13 - June 14	5900	4214



13. The graph above illustrates the difference in the number of calls relating to adults to the MASH and the number of adult safeguarding referrals. In addition to the table showing the number of telephone calls, data from referrals via fax, email and from online forms are not collated. Therefore the number of calls successfully resolved by MASH without the need for a safeguarding referral is greater than the graph illustrates.
14. The numbers of enquires and referrals in isolation should not be taken as a complete indicator of the workload and performance of the Adult Care Social Work staff in the MASH. Staff also provide professional advice to callers which reduces the number of calls that go on to become MASH enquires. Some cases are particularly complex and require multi-agency discussions as well as clarification with other professionals involved.
15. As the only Adult Care Safeguarding Specialists within the MASH, the team also has a significant role in supporting and working with other professionals within the MASH.

### **Procedures**

16. Following the review of practice, and building on service user and staff feedback, the operational procedures have been revised. The revised procedures reflect best practice and meet government expectations.
17. The key amendments are:
  - a more robust system providing greater managerial oversight of cases to promote consistency of decision making
  - revised guidance on when information-sharing with partners should be undertaken
  - updated guidance on how to prioritise cases, using a Red, Amber, Green (RAG) rating system
  - greater clarity around consent, where this is deemed appropriate, and where other protocols supersede the need to gain consent
  - a clear process for dealing with information about an employee in a care setting where there are concerns about their actions or behaviour outside the workplace which means they may pose a risk to vulnerable adults.

### **Other Options Considered**

18. In order to manage the demand, staff from existing operational teams could be transferred into the MASH. This option was discounted due to the impact it would have on the operational teams.

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

19. It is recommended that the revised permanent staffing structure is agreed to ensure the Council can meet demand and provide a robust, timely and proportionate response to those raising safeguarding adult concerns.

## Statutory and Policy Implications

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

### Implications for Service Users

21. Service Users and their carers will receive a timely and improved response to safeguarding enquires.

### Financial Implications

22. There is permanent budget of £136,400 and a temporary budget of £48,000 until March 2015.
23. For 2015 to 2017 the costs of the proposed structure would be £222,000 per year, therefore an additional £85,600 is required as illustrated below.
24. For the remainder of 2014/2015 an additional £37,600 is required to meet the costs of the proposed structure as illustrated below.

	2014/2015	2015/2016	2016/2017
COST OF PROPOSED STAFFING	£222,000	£222,000	£222,000
PERMANENT BUDGET	£136,400	£136,000	£136,000
TEMP FUNDING FROM NHS SUPPORT TO SOCIAL CARE MONIES.	£ 48,000	NIL	NIL
SHORT FALL	£ 37,000	£ 85,600	£ 85,600
SHORTFALL TO BE TRANSFERRED FROM	NHS Support to Social Care Fund	Incorporated Organisational redesign	Incorporated Organisational redesign

25. It has been agreed at SLT that the shortfall for 2016/2017 would be incorporated into the departmental organisational redesign, which may mean savings would be lower than expected and so a shortfall would need to be declared long term.

### **Ways of Working Implications**

26. The workplace for the MASH is being considered as part of the project looking at accommodation at Mercury House. The Ways of Working programme is aware of the additional staff requirements.

### **Crime and Disorder Implications**

27. Support for these proposals will ensure appropriate information-sharing about allegations of adult abuse and will identify potential criminal activity at an early stage.

### **Human Rights Implications**

28. Many allegations of abuse are in contravention of the Human Rights Act and support for these proposals will strengthen our ability to safeguard adults at risk

### **Human Resources Implications**

29. The deletion of one Advanced Social Work Practitioner (ASWP) post (Grade C).
30. The creation of three Social Work Posts (Grades B)

### **Recommendation/s**

- 1) It is recommended that Committee:

- disestablish 1 fte ASWP post, grade C, scp 39-44, (£33,128 - £37,578) in the MASH
- establish 3 fte Social Work posts (Grade B), scp 34-39, (£28,922 - £33,128) in the MASH
- approve the allocation of £37,600 from the Social Care Reserve Fund to meet the additional costs in 2014/2015
- approve the allocation of £85,600 be incorporated in the departmental organisational redesign to meet the additional costs from 2015/16 onwards.

**Paul McKay**

**Service Director for Access and Public Protection**

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

Claire Bearder

Group Manager, Access and Safeguarding

### **Constitutional Comments (SG 20/10/2014)**

31. The Committee has the responsibility for approval of relevant staffing structures. The proposals in this report fall within the remit of this Committee.
32. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted

on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

### **Financial Comments (KAS 22/10/14)**

33. The financial implications are contained within paragraphs 22 to 25 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.

- Report to ASCH Committee 20 July 2013: *Multi Agency Safeguarding Hub*
- Report to ASCH Committee 8 September 2014 *Access and Safeguarding* (Available at [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk)).
- Revised MASH Adults Operational Guidance.

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

- All.





**3 November 2014****Agenda Item: 6****REPORT OF SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE****PROVISION OF FINANCIAL INFORMATION AND ADVICE AS PART OF THE  
CARE ACT IMPLEMENTATION****Purpose of the Report**

1. To inform Members of the requirements the Care Act places on the department in relation to the provision of financial information and advice.
2. To recommend a short-term solution for signposting the public to Care Advice Line Limited to receive appropriate information and advice about care fees and self-funding, following the decision by Partnership to close the Paying For Care Information and Advice Service Helpline.

**Information and Advice****Care Act Requirements**

3. The introduction of the Care Account and the cap for charging in the Care Act are expected to bring about a significant increase in the number of individuals coming forward for assessment by the department. This will include financial assessment, to measure people's ability to contribute towards the cost of their care. There are new regulations to ensure that this is carried out in a consistent and transparent fashion.
4. There is a requirement to support people in making informed decisions about their social care needs through advising on the community offer, through Nottinghamshire County Council information on the web and, where appropriate, referring to the council for further guidance. In addition to assessing these additional people's needs and finances, the Care Act gives local authorities responsibility for providing them with a wide range of information and advice, regardless of their eligibility for local authority funded social care. Amongst the clauses addressing this increased responsibility are a number which make specific reference to the provision of financial advice, both directly, and via signposting to sources of independent financial advice.
5. This financial advice can be in a number of forms, and will need to address a number of situations, ranging from benefits maximisation and money management to the purchase of annuities for funding long term care, or a loan against an individual's property, in the form of a deferred payment agreement. There is no expectation that the local authority provides all of this advice itself, but where it cannot, there is a requirement that it works with other agencies to ensure that people can access the information they require.

6. As a bare minimum, the Act suggests that the service should therefore include, but not be limited to, information and advice on: eligibility and applying for disability benefits and other types of benefits; availability of employment support for disabled adults; availability of carers' services and benefits; raise awareness of the need to plan for future care costs; practical help with planning to meet future or current care costs.
7. Although some of this information is currently provided by Nottinghamshire County Council, through the Benefits Training Information and Advice Team, and Adult Care Financial Services (ACFS), the current provision is not adequate in terms of content, or in terms of quantity – with the anticipated number of individuals presenting for assessment expected to increase markedly in 2016-17, there is a clear requirement for additional resource.
8. Work is underway in both ACFS and the Benefits Training Information and Advice Team to improve the information that is currently available. This will be in the form of factsheets; digital information accessed via the new online information and advice provision and will play a part in training provided to both departmental operational staff and customer care service workers.
9. To ensure the department is able to offer a wide range of financial support to people at various times during and before their care journey, the department will need to engage with external providers of advice and support. This is not solely because of the numbers – there are some areas the department cannot legally provide advice on, that an independent financial adviser can.
10. There are clear benefits, beyond the statutory requirement, to the local authority in ensuring that people maximise their income, not least because it can elongate the period before payment of their care fees becomes the responsibility of the Council. Given that there is projected to be a significant drop in income as a result of the Care Act, this will be even more important in coming years.

## **Paying For Care**

11. To provide self-funders with appropriate care fees advice, the Council previously agreed to signpost the public to advice from the Paying For Care Information and Advice Service. Paying For Care was a mutual organisation, providing holistic information and advice on matters relating to long-term care and funding eligibility criteria.
12. Paying For Care developed an advice website that was launched in 2011, and was designed to help individuals make more informed decisions about the arrangements and funding for their long-term care. As part of this, people could engage directly with an independent Care Fees Adviser, via an innovative real time online chat facility. In 2012 Paying For Care also launched a telephone helpline, providing information and advice to self-funders, in addition to assisting people to engage with Independent Care Fees Advisers where appropriate.
13. On the 29 July 2014, the department was informed these services would no longer continue after 11 August 2014.

## **The Care Advice Line Limited**

14. In order to ensure the public continue to receive appropriate care fees advice, it is proposed the Council looks to signpost people requiring advice to The Care Advice Line (TCAL). As with Paying For Care, this would not be an exclusive arrangement, and the council would also signpost to other providers where it was felt that this was more appropriate. The transition to this process would be relatively straight forward, as the model is embedded in current NCC practice.

## **Tendering Process**

15. In order to fully meet Care Act requirements, the department will need to be able to provide information ourselves, and to signpost to external providers. Although the market for this is not currently rich and diverse, there is provision available, including that outlined above. There should be no charge to the Council for this type of signposting, as the benefit to the supplier is the potential referral of customers. The potential risks associated with this (advice and information linked to the selling of products) should be investigated as part of any tendering process, although this is a heavily regulated area, which comes under the auspices of the Financial Conduct Authority.
16. There remains the option of not tendering, and simply placing a list of companies on the department's website and in other literature. Although this would meet the requirements of the Care Act, by not proactively working with suppliers to ensure people are referred appropriately, there is a high risk that people will not go on to seek appropriate advice. This has the potential to be a problem for the authority in the future, when people may have made ill informed decisions, resulting in the County Council having to fund their care earlier than may have been necessary.
17. In order to undertake this pro-active approach, the department needs to work closely with one or more suppliers, within a clear framework. As there is potential for the providers of this service to receive financial betterment through its provision, there needs to be a robust tendering exercise, to remove the risk of future legal action from other suppliers.
18. It is therefore proposed that Nottinghamshire County Council issue an invitation to tender, with a view to entering into a twelve month agreement, with one or more suppliers. This is an option that has been undertaken by Leicestershire County Council. Although this was a procurement exercise, there was no expectation that the service would be purchased by the Leicestershire County Council; with the expectation being that the benefit to the supplier would be the potential referral of customers. A detailed specification was put to the market, and the exercise was undertaken within four weeks. This resulted in the appointment of two suppliers, offering different, but complementary, services.
19. It is anticipated that, as well as attracting SOLLA (Society of Later Life Advisers) members and other private sector expressions of interest, that the tender will generate interest from the voluntary and community sector. There are existing financial advices services run by numerous local organisations.
20. Although the above all rely on external providers, as previously mentioned the department does have services in-house which look to provide some aspects of the advice and

information that is required. It is also intended that the new online information and advice provision will grow to contain a comprehensive set of general advice and guidance over the coming months. However, this alone will not go into the required depth or individualised detail that is required.

21. The County Council Benefits Training Information and Advice Team are specialists in advising on social security and related benefits. The team is an integral part of the Adult Access Service based at the Customer Service Centre, and so can be used to pick up benefits maximisation issues at an early point in the customer journey. The team's intervention is recorded on the Framework-i case management system, thus allowing colleagues within the rest of the department to know what action has been taken. This team would be unable to cope with significant increase in demand with existing resources.

### **Statutory and Policy Implications**

22. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the 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.

### **Implications for Service Users**

23. The Care Act has considerable implications for service users and carers including for people who fund their own care. By ensuring that the people of Nottinghamshire are signposted towards appropriate financial information and advice in relation to social care, the council will be contributing towards better outcomes for service users.

### **Financial Implications**

24. The financial implications are within the body of the report. It should be noted that, beyond the costs associated with the procurement exercise, there are no costs to the County Council in this exercise, and it will result in the prevention of spend in the future.

### **RECOMMENDATION/S**

- 1) It is recommended that Committee:
- approve the intention outlined in paragraph 14, to provide service users with a range of options for referral onwards
  - give approval to a tendering exercise to further explore the market, and establish whether there are providers who can assist the County Council in meeting requirements under the Care Act, with a view to entering into an agreement with one or more providers for the provision of financial information and advice to service users by April 2015.

**CAROLINE BARIA**  
**Service Director, South Nottinghamshire**

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

Jane North  
Programme Manager, Care Act Implementation Team  
Email: jane.north@nottsccl.gov.uk

**Constitutional Comments (CEH 22/10/14)**

25. The recommendations fall within the remit of the Adult Social Care and Health Committee by virtue of its terms of reference.

**Financial Comments (KAS 21/10/14)**

26. 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.

- None.

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

- All.



**3 November 2014****Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, MID AND NORTH  
NOTTINGHAMSHIRE****CARERS' INFORMATION AND ADVICE HUB****Purpose of the Report**

1. To seek approval to proceed with a tender for an Information and Advice Hub for Carers. This will join up existing information and related contracts for carers funded by Nottinghamshire County Council and the local Clinical Commissioning Groups.

**Information and Advice**

2. The Care Act brings both opportunities and challenges for local authorities and a programme is in place to plan implementation from April 2015. Carers are one of the main Care Act work-streams and existing joint planning arrangements between the Council, Clinical Commissioning Groups (CCGs) and carer representative groups are taking this work forward. A key requirement of the Care Act is for the Council to establish and maintain a service for providing local people with information and advice relating to care and support for carers.
3. This sits within the context of how the provision of information and advice can provide opportunities to support the delivery of other new duties to carers; including prevention services, as well as carer entitlement to an assessment and support services in their own right. The Department of Health recognises the increase in demand the changed legislation will bring and allows, within the Act, for local authorities to consider the delegation of some assessment responsibilities to other parties and the opportunity to offer a supported self-assessment. Supported self assessment means that the person is in control of completing their own initial assessment, but the local authority' retains the responsibility to approve it and make the final decision about eligibility.
4. A further pertinent dimension of the Care Act is the local authority's role in preventing, reducing or delaying the need for care and support. The provision of accessible, accurate and credible information and advice is essential in meeting this requirement.
5. The 2011 Census identified an increase in the number of carers in the last decade by 7,517 across Nottinghamshire County. There are now an estimated 57,426 carers providing between 1-19 hours of care per week, and the number of carers now providing over 50 hours of care per week has reached 21,680.
6. In 2013-2014, Nottinghamshire County Council conducted over 4,700 Carers' Assessments. The introduction of the reforms within the Care Act is expected to bring about a significant increase in the request for carer assessments within the County. From

April 2015, the department can anticipate an estimated 600 to 1,000 additional carers presenting for assessment each year.

7. In addition to the legal requirements, local carers have voiced their need for more joined up, accessible information and advice. Healthwatch led a presentation to the 8 September Adult Social Care Committee on outcomes from the May Carers' Conference, "What next for carers?" Issues relating to information and advice were a key theme and although many positives were raised, areas for improvement were also identified, in order to ensure more carers can access information when they need it. This included requests for:
  - a one stop shop for information
  - packs of carers' information, more leaflets; not everyone has access to the internet
  - up to date information about what is available locally; sometimes information goes out of date and needs regular review.

### **Current Provision**

8. Currently, the Council funds three Service Level Agreements for specific Information and Advice services for carers in the County:
  - Universal Services for Carers (Carers Federation is the present service provider) at a value of £100,000
  - Giving a Voice to carers of people with a learning disability (Independent Voices for Engagement is the present service provider) at a value of £10,447
  - Support Service for carers of people with a learning disability (Mencap is the present service provider) at a value of £40,000.
9. In addition, the Clinical Commissioning Groups (CCGs) also commission the Carers Federation to provide information and advice at a value of £25,140.
10. The current situation means that there is potential overlap between all the services provided, duplication of management structures and potential for better outcomes from jointly commissioning one sustainable service across the Council and the CCGs.

### **New specification for a Carer's Information and Advice Hub**

11. The proposal is that the existing four separate services are de-commissioned and a new joint specification developed by the Council and CCGs. This would lead to a tender in early 2015 with the new service starting in August 2015. The relatively late start is to allow for any TUPE arrangements, as there are existing staff that may be affected by the changes.
12. The service will cover all seven districts of Nottinghamshire (Mansfield, Ashfield, Newark and Sherwood, Bassetlaw, Gedling, Broxtowe and Rushcliffe) across service users with a range of needs. This tender includes all carers including young carers aged 5-18.
13. The aim of the service is across the county is to provide a single point of contact for carers for advice and information, training and development and engagement and consultation and to:



- provide personalised information, advice and appropriate and proportionate support for carers in Nottinghamshire which enables them to feel informed and supported in their caring role
  - enable carers to exercise choice and control in relation to their caring responsibilities and support them to achieve positive outcomes and independence in both their caring role and their life outside of caring. This will be achieved by targeting resources at all carers, but particularly those that may not be eligible for social care.
14. The Carer's Information and Advice Hub will offer a timely, responsive and reliable service to meet the changing needs of the carer, covering:
- provision of information support for carers, signposting to appropriate services and facilitating onward referral
  - assistance to carers to carry out online Carers Assessments
  - carrying out Carers Assessments as trusted assessors
  - provision of personal development opportunities for carers including training group/community development
  - facilitate engagement and involvement opportunities for carers with the local Clinical Commissioning Groups and Nottinghamshire County Council.
15. The procurement process will be led by Nottinghamshire County Council in conjunction with Clinical Commissioning Groups in Nottinghamshire (not including Nottingham City).
16. The Council will undertake further consultation and soft marketing to canvass independent views from both carers and potential providers to support and shape the detail of the specification. The Carers Commissioning Manager has already been in conversation with the Learning Disability Carers Group, who were generally in favour of the proposal and with the Carers Federation. Mencap and the Independent Voices for Engagement have also been kept informed.
17. The specification intends to ensure the providers meet all the requirements and needs of carers across all the age groups and with different caring experience; for example, the specification includes sections on young carers and carers of people with a learning disability, substance misuse issues, etc.
18. The model for the service will need to ensure coverage of the whole county whilst incorporating local sensitivity. As this is a joint specification with the Clinical Commissioning Groups (CCGs), it is proposed that the Hub will have a presence in 3 localities:
- North (Bassetlaw)
  - Mid-Notts (Newark and Sherwood and Mansfield / Ashfield CCGs)
  - South (Rushcliffe, Nottingham West and Nottingham North and East CCGs).
19. The model will involve a range of approaches for contact with carers e.g. through online, telephone and face-to-face support. In line with the Adult Social Care Strategy, the new provider will offer short term interventions and will assist carers to access information and services themselves.

20. The specification will allow the possible sub-contracting of the engagement and involvement part of the Hub, ensuring a separate and independent voice for the provider and the carers.

## **Benefits**

21. The outcomes of the service will include an increase in:
- number of carers identified
  - number of carers assessed
  - number of carers accessing information and advice
  - number of carers being supported
  - number of carers who are engaged and involved in shaping the future CCG and Local Authority carers' agenda
  - increased satisfaction of carers with the information and advice they receive
22. Overall this will be an enhanced service, enabling a fairer and wider coverage of support to carers whilst being flexible enough to respond to local need and circumstances.
23. The new service will mean that the NHS and the Council will be able to consult and engage with carers on a joint basis leading to less duplication and more coherent communication.

## **Statutory and Policy Implications**

24. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the 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.

## **Implications for Service Users**

25. The provision of advice and information enables carers to take control and make well-informed choices about their care and support and how to promote well-being.

## **Options Considered**

26. Consideration was given to extending the current services. This however, would not support delivery of either an improved offer in line with carer consultation, or support delivery of the new requirements in the Care Act.

## **Financial Implications**

27. It is proposed that a minimum of £102,000 p.a. can be contained within the existing carer budget as detailed in paragraph 8, which will enable the offer of a 3 year contract to potential providers.

28. Discussion are taking place with the Clinical Commissioning Groups (except Bassetlaw) to utilise the £25,140 recurrent CCG funding for their 'Carers Centre Support', which is a separate contract (currently held by Carers Federation). The outcomes of the CCG commissioned 'Carers Centre Support' service are:
- to provide services across the County (except Bassetlaw) and maximise the most cost effective support
  - to provide an outreach support service to carers
29. There are further discussions with CCGs on the proportion of respective future funding as part of the joint Carers' Implementation Group and carers' element of the Better Care Fund. For 2015-16, there is a significant budget within the Better Care Fund, set aside for carers which will be used to top up the budget for the 'Carer's Information and Advice Hub'. This may continue into 2016 and beyond, but this is subject to decisions made by the Better Care Fund partners.
30. In summary, the budget available for the 'Carer's Information and Advice Hub' ranges from £102,000 to £150,000, depending on various decisions to be made by the CCGs and the Better Care Fund.
31. Depending on these decisions, it would be possible to tender for a reduced specification which covers advice and information and training for £102,000. If further funding can be secured through the CCGs and the Better Care Fund, then the full specification which includes engagement and involvement would cost £150,000.

## **RECOMMENDATION/S**

1. It is recommended that Committee approve a tender process in order to procure a 'Carer's Information and Advice Hub' as outlined in this report.

**SUE BATTY**

**Service Director, Mid and North Notts**

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

Penny Spice

Commissioning Manager

Email: penny.spice@nottsgov.uk

## **Constitutional Comments (SG 20/10/2014)**

25. The proposals in this report are within the remit of the Adult Social Care and Health Committee.

## **Financial Comments (KAS 17/10/14)**

26. The financial implications are contained within paragraphs 26 to 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.

- Committee Report – Implementation of Care Bill 25 November 2013.

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

- All.

ASCH257

**3 November 2014**

**Agenda Item: 8**

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

### **OVERVIEW OF DEPARTMENTAL SAVINGS AND EFFICIENCIES PROGRAMME**

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

1. To update Members on progress on budget saving projects being delivered by the Adult Social Care, Health and Public Protection (ASCH&PP) Department over the period 2014/15 to 2016/17, and associated resource requirements.
2. To seek Member approval for the establishment of new temporary posts, the extension of existing temporary posts, and amendments to existing temporary posts, to support delivery of the existing savings projects, and enable the department to undertake the necessary transformation to adult social care services in the county.

#### **Information and Advice**

3. The budget approved by the County Council on 27<sup>th</sup> February 2014 required the ASCH&PP department to make savings and efficiencies totalling £32.641 million for the period 2014/15 to 2016/17, through delivery of 36 projects spanning across both the Adult Social Care and Health and Community Safety committees.
4. This is in addition to the savings that the Department is still required to make in the final year of delivery of the 2011/12 to 2014/15 savings programme. These total £3.479m million, relating to 5 projects, all of which fall under the remit of the Adult Social Care and Health Committee. Three of these have been merged into 'Phase II' projects, ie those to be delivered over the period 2014/15 to 2016/17, meaning that overall there are 38 projects.
5. In tandem, the composite level of savings that the Department must deliver during 2014/15 is £16.571m, and the total savings across all three years is £36.120m, profiled as follows:

	<b>14/15 Phase I</b>	<b>14/15 Phase II</b>	<b>15/16</b>	<b>16/17</b>	<b>Total</b>
ASCH	£3.479m	£12.718m	£13.207m	£6.147m	£35.551m
Public Protection	£0	£0.374m	£0.195m	£0	£0.569m
<b>Total</b>	<b>£3.479m</b>	<b>£13.092m</b>	<b>£13.402m</b>	<b>£6.147m</b>	<b>£36.120m</b>

6. The 38 projects have been categorised into high, medium/low and 'non project' governance requirements, depending on their level of strategic significance, savings targets, risk and complexity. 'Non projects' are those that, in the main, just require budget transfers.
7. In addition, projects have been categorised into themed Delivery Groups, which are responsible for overseeing delivery of savings projects falling under the following themes:
  - Lean/Transformational
  - Direct Services
  - Younger Adults Community Care and Residential Care Spend
  - Older Adults Community Care and Residential Care Spend
  - Market Management
  - Commissioning, and
  - Access and Public Protection.

These are chaired by relevant Service Directors. All projects are listed as per their governance category and delivery grouping in Appendix I.

8. All high governance projects report progress of delivery on a monthly basis to the Programme Management Office of the Transformation Team and the Corporate Leadership Team. Medium/low and 'non projects' are also monitored monthly through budget monitoring information. The current statuses of all projects, as at Period 6 2014/15, are provided in Appendix II.
9. Details of progress reports for each Delivery Group taken to ASCH Committee to date are detailed in the background papers.
10. Resource requirements identified to date to support delivery of the Department's savings programme, particularly its highly complex projects, include:
  - additional temporary ASCH&PP staff
  - Transformation Team resource support
  - corporate enabling services such as: HR and the Customer Services Centre; Finance and Procurement; ICT; Property; Legal; and Communications and Marketing
  - ICT development and mobilisation costs
  - investment in specialist equipment, including Assistive Technology
  - capital investment, for example to develop supported living alternatives to residential care.
11. ASCH Committee approval is already in place for some of the additional temporary ASCH&PP posts required to support programme delivery (please refer to Background Papers). Approval is now sought for the:
  - a) creation, extension or amendments of the temporary posts as outlined in Appendix III, which will support ongoing delivery of the 2014/15 to 2016/17 savings programme

- b) creation of one permanent post, as outlined in Appendix III, which will support delivery of the new Younger Adults structure that will be implemented from April 2015.
12. In addition to the £34m savings and efficiencies programme summarised in this report, the department is now embarking on a significant level of transformation. In April of this year, Council agreed unanimously to adopt the new Adult Social Care Strategy in order to manage the increasing demand for services going forward, particularly for older people and people with complex disabilities. The implementation of this strategy together with the implementation of the Care Act which brings about the biggest legislative change to service delivery in 70 years presents the biggest challenge to face the local authority over the next two years.
13. The Redefining your Council policy document provides a framework for undertaking this work within the Adult Social Care and Health portfolio, which consists of 4 programmes of activity:
- Implementation of the adult social care strategy
  - Care Act implementation and integration with Health
  - Direct Services – alternative models of service delivery, and
  - Public Health Outcomes.
14. The department has already put in place temporary posts to manage the implementation of the Care Act, and there are existing staff within the department and from the Transformation team providing support with the existing savings and efficiencies projects. However, given the nature and importance of the transformational work to be undertaken within adult social care, and the impact on the whole of the Council, the Corporate Leadership Team has agreed that additional temporary resources are required to support this essential work.
15. The committee is therefore also asked to approve the establishment of the temporary posts shown below:
- Adult Social Care and Health Transformation Programme Director, 1 FTE post, temporary for 2 years, Band H, SCP 69-74, £64,791-£72,494 plus on costs
  - Lead Transformation Managers, 2 FTE posts, temporary posts for 2 years, Band E (subject to job evaluation), SCP 47-52, £40,254-£44,719 plus on-costs
  - Programme Manager, Adult Social Care Strategy, 1 FTE post, temporary for 2 years, Band E, SCP47-52, £40,254-£44,719 plus on-costs
  - Project Manager, Alternative Models of Service Delivery - Direct Services, 1 FTE post, temporary for 2 years, Band D, SCP 42-47, £35,784-£40,254 plus on-costs
  - Project Officer, Direct Services, 1 FTE post, temporary for 2 years, Band B SCP £28,922 - £33,128 plus on costs.

## **Other Options Considered**

16. The use of existing departmental and corporate resources has been considered, however there is no available capacity to undertake this work without impacting on existing savings programmes or reducing essential service management resources. The implementation of this transformation programme is considered to be fundamental to ensure the Council continues to meet its statutory responsibilities and delivers a sustainable social care service in the future.

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

17. Some of the post extension or creations are required as a result of the revised implementation date for the new Younger Adult staffing structure (October 2014 instead of April 2015), in order to align to the new requirements of the Care Act.

## **Statutory and Policy Implications**

18. This report has been compiled after consideration of implications in respect of crime and disorder, 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**

19. All of the requests for post creations, extensions or amendments listed in paragraph 11 and Appendix III can be funded by budgets already approved.
20. The transformation posts listed in paragraph 15 will be funded from the Strategic Transformation Fund.

## **Human Resources Implications**

21. Posts that require an evaluation to determine the grade will need to be submitted for job evaluation prior to being advertised. All other implications are reflected in the report.

## **RECOMMENDATION/S**

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

- notes the progress on budget savings projects for 2014/15 to 2016/17
- approves the establishment of new temporary posts outlined in paragraph 15
- approves the extensions and amendments to existing temporary posts outlined in the report.

**JON WILSON**

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



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

Ellie Davies, Project Manager, Transformation Team.

**Constitutional Comments (SG 20/10/2014)**

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

**Financial Comments (KAS 20/10/14)**

25. The financial implications are contained within paragraphs 19 to 20 and Appendix III 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:

- Report to Full Council, 27 February 2014: *Annual Budget 2014/15*.
- Report to the Adult Social Care and Health Committee, 12 May 2014: *Overview of Savings Projects to be Delivered 2014/16 to 2016/17 by the Adult Social Care and Health Department*.
- Report to the Adult Social Care and Health Committee, 12 May 2014: *Direct Services Delivery Group Update Report*.
- Report to the Adult Social Care and Health Committee, 9 June 2014: *Quality and Marketing Management Delivery Group Update*.
- Report to the Adult Social Care and Health Committee, 7 July 2014: *Community and Residential Care for Younger Adults Savings Projects*.
- Report to the Adult Social Care and Health Committee, 8 September 2014: *Organisational Redesign Board Update Report*.
- Report to the Finance and Property Committee, 13 October 2014: *Financial Monitoring Report, Period 5 2014-15 (and associated Appendix)*.

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

- All.

ASCH258



**Appendix I: ASCH&PP 2014/15 to 2016/17 Savings Projects per Delivery Grouping**

Delivery Grouping	Project Title	Governance Status	TOTAL SAVINGS £000	14/15 Savings £000	15/16 Savings £000	16/17 Savings £000
<b>Lean/ Transformational</b>	Assessment and Care Management - Older Adults	High	659.0	165.0	494.0	0.0
	Reduce no. of social care staff in hospital settings by 15%	Low/Medium	196.0	49.0	147.0	0.0
	Younger Adults Assessment & Care Management (A&CM) and Structural Changes	High	1,000.0	50.0	700.0	250.0
	Changes to the delivery structure of the Safeguarding Adults Team	Low/Medium	172.0	172.0	0.0	0.0
	Group Manager Restructure	Low/Medium	200.0	0.0	200.0	0.0
			<b>2,227.0</b>	<b>436.0</b>	<b>1,541.0</b>	<b>250.0</b>
<b>Direct Services</b>	Reduction in cost of Transport Services	High	0.0	0.0	0.0	0.0
	Residential Short Breaks Services	High	500.0	0.0	250.0	250.0
	Day Services	High	1,060.0	350.0	220.0	490.0
	Employment Services	Low/Medium	160.0	160.0	0.0	0.0
	Cease NHS short breaks service (Newlands)	Low/Medium	460.0	0.0	460.0	0.0
			<b>2,180.0</b>	<b>510.0</b>	<b>930.0</b>	<b>740.0</b>
<b>Younger Adults - Community Care &amp; Residential Care Spend</b>	Redesign of Home Based Services	High	865.0	865.0	0.0	0.0
	Reducing the average community care personal budget - Younger Adults	High	2,804.0	925.0	1,178.0	701.0
	Reduction in long term care placements	High	1,523.0	550.0	550.0	423.0
	Development of reablement in Physical Disability services	Low/Medium	300.0	150.0	150.0	0.0
	Managing Demand in Younger Adults	Low/Medium	375.0	175.0	200.0	0.0
			<b>5,867.0</b>	<b>2,665.0</b>	<b>2,078.0</b>	<b>1,124.0</b>
<b>Older Adults - Community Care &amp; Residential Care Spend</b>	Reducing Community Care Spend - Older Adults	High	2,664.0	902.0	1,762.0	0.0
	Targetting Reablement Support	High	1,510.0	0.0	755.0	755.0
	Various options to reduce the cost of the intermediate care service	Low/Medium	1,080.0	540.0	540.0	0.0
	Living at Home	High	1,377.0	425.0	555.0	397.0

			<b>6,631.0</b>	<b>1,867.0</b>	<b>3,612.0</b>	<b>1,152.0</b>
<b>Market Management</b>	Reduction in supplier costs - older person's care homes	High	2,335.0	0.0	2,335.0	0.0
	Reduction in supplier costs - Younger Adults	High	2,537.0	1,184.0	761.0	592.0
	Dementia Quality Mark	Low/Medium	500.0	500.0	0.0	0.0
			<b>5,372.0</b>	<b>1,684.0</b>	<b>3,096.0</b>	<b>592.0</b>
<b>Commissioning</b>	Various contract changes by the Joint Commissioning Unit	Low/Medium	500.0	131.0	179.0	190.0
	Reduction in staff posts in the Joint Commissioning Unit	Low/Medium	183.0	34.0	0.0	149.0
	Savings from the Supporting People budget	High	5,230.0	2,030.0	1,250.0	1,950.0
	Reduction in staff posts in the Performance Improvement Team	Low/Medium	92.0	92.0	0.0	0.0
			<b>6,005.0</b>	<b>2,287.0</b>	<b>1,429.0</b>	<b>2,289.0</b>
<b>Access &amp; Public Protection</b>	Major Redesign & Restructure of Business Support Function in ASCH&PP	High	811.0	411.0	400.0	0.0
	Reduction in Emergency Planning staffing	Low/Medium	35.0	35.0	0.0	0.0
	Notts Welfare Assistance Fund (NWAFF)	Low/Medium	2,130.0	2,130.0	0.0	0.0
	Reduction in staffing in the Framework Development Team	Low/Medium	79.0	79.0	0.0	0.0
	Restructure of Adult Care Financial Services (ACFS) and a reduction in posts	Low/Medium	214.0	93.0	121.0	0.0
	Reduction in Trading Standards staffing and increased income generation	Low/Medium	487.0	292.0	195.0	0.0
	Registration Service Income Generation	Low/Medium	47.0	47.0	0.0	0.0
			<b>3,803.0</b>	<b>3,087.0</b>	<b>716.0</b>	<b>0.0</b>
<b>Non-Projects (ie in the main involve budget transactions)</b>	Learning Disability Commissioning - Review of Service Level Agreements	Non Project	11.0	11.0	0.0	0.0
	Use of NHS social care funding to offset budget pressures	Non Project	1,912.0	1,912.0	0.0	0.0
	Use of NHS social care funding to offset pressures	Non Project	1,912.0	1,912.0	0.0	0.0
	Benefits Advice Team	Non Project	0.0	0.0	0.0	0.0
	Use of Public Health funding	Non Project	200.0	200.0	0.0	0.0
			<b>4,035.0</b>	<b>4,035.0</b>	<b>0.0</b>	<b>0.0</b>

Totals

36,120.0	16,571.0	13,402.0	6,147.0
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Consultation Ref.	Committee	Dept	Veto Code	Title	Previous Status	Current Status	Cashable Benefits				At Risk	
							2014/15 £000	2015/16 £000	2016/17 £000	TOTAL £000	2014/15 £000	Total £000
TRANSFORMATION PROGRAMME PROJECTS												
N/A	ASCH	ASCH&PP	ASC - 105	Redesign of Home Based Services	A	A	865	0	0	865	353	0
B01 / B07	ASCH	ASCH&PP	ASC - 303	Redesign of Assessment and Care Management Functions & Organisational Re-design	G	G	215	1,194	250	1,659	0	0
A01	ASCH	ASCH&PP	ASC 401	Living at Home Phase II	G	G	425	555	397	1,377	0	0
B04	ASCH	ASCH&PP	ASC 405	Reduction in supplier costs - older person's care homes	R	R	0	2,335	0	2,335	0	2,335
B05	ASCH	ASCH&PP	ASC 406	Reduction in supplier costs - Younger Adults	R	R	1,184	761	592	2,537	284	1,537
C01	ASCH	ASCH&PP	ASC 408	Reducing Community Care Spend - Older Adults	Y	G	902	1,762	0	2,664	0	0
C02	ASCH	ASCH&PP	ASC 409	Reducing the average community care personal budget - Younger Adults	Y	Y	925	1,178	701	2,804	0	0
C03	ASCH	ASCH&PP	ASC 410	Reduction in long term care placements	Y	Y	550	550	423	1,523	150	0
C04	ASCH	ASCH&PP	ASC 411	Reduction in cost of transport services	G	G	0	0	0	0	0	0
C07	ASCH	ASCH&PP	ASC 412	Day Services	G	G	350	220	490	1,060	0	0
C10	ASCH	ASCH&PP	ASC 413	Savings from the Supporting People budget	G	G	2,030	1,250	1,950	5,230	0	0
C13	ASCH	ASCH&PP	ASC 415	Targeting Reablement Support	Y	G	0	755	755	1,510	0	0
C06	ASCH	ASCH&PP	ASC 417	Residential Short Breaks Services	G	G	0	250	250	500	0	0
N/A	ASCH	ASCH&PP	ASC 418	Care Act	N	G	0	0	0	0	0	0
A07 & A15	ASCH & CYP	Cross Cutting	HOR - 307	Business Support Services Review (ASCH&PP and CFCS)	Y	A	911	2,330	0	3,241	140	0
OTHER SAVINGS												
A02	ASCH	ASCH&PP		Dementia Quality Mark	G	G	500	0	0	500	0	0
A03	ASCH	ASCH&PP		Use of Public Health funding	B	B	200	0	0	200	0	0
A04	ASCH	ASCH&PP		Development of reablement in Physical Disability services	G	G	150	150	0	300	0	0
A05	ASCH	ASCH&PP		Reduction in staff posts in the Joint Commissioning Unit	B	B	34	0	149	183	0	0
A06	ASCH	ASCH&PP		Reduction in staff posts in the Performance Improvement Team	G	G	92	0	0	92	0	0
A08	ASCH	ASCH&PP		Reduction in staffing in the Framework Development Team	G	G	79	0	0	79	0	0
A09	ASCH	ASCH&PP		Restructure of Adult Care Financial Services (ACFS) and a reduction in posts	G	G	93	121	0	214	0	0
A12	ASCH	ASCH&PP		Group Manager Restructure	B	B	0	200	0	200	0	0
B02	ASCH	ASCH&PP		Use of NHS social care funding to offset budget pressures	B	B	1,912	0	0	1,912	0	0
B03	ASCH	ASCH&PP		Reduce no. of social care staff in hospital settings by 15%	G	G	49	147	0	196	0	0
B06	ASCH	ASCH&PP		Use of NHS social care funding to offset pressures	B	B	1,912	0	0	1,912	0	0
B08	ASCH	ASCH&PP		Changes to the delivery structure of the Safeguarding Adults Team	G	G	172	0	0	172	0	0
B09	ASCH	ASCH&PP		Reduction in Benefits Advice staff - withdrawn	G	G	0	0	0	0	0	0
C05	ASCH	ASCH&PP		Managing Demand in Younger Adults	G	G	175	200	0	375	0	0
C08	ASCH	ASCH&PP		Employment Services	G	G	160	0	0	160	0	0
C09	ASCH	ASCH&PP		Various contract changes by the Joint Commissioning Unit	G	G	131	179	190	500	0	0
C11	ASCH	ASCH&PP		Cease NHS short breaks service (Newlands)	G	G	0	460	0	460	0	0
C14	ASCH	ASCH&PP		Various options to reduce the cost of the intermediate care service	Y	Y	540	540	0	1,080	0	0
C15	ASCH	ASCH&PP		Notts Welfare Assistance Fund (NNAF)	B	B	2,130	0	0	2,130	0	0
A10	Community Safety	ASCH&PP		Reduction in Emergency Planning staffing	G	G	35	0	0	35	0	0
A11	Community Safety	ASCH&PP		Registration Service Income Generation	G	Y	47	0	0	47	0	0
B30	Community Safety	PPCS		Service Restructuring	B	B	367	0	0	367	0	0
B33	Community Safety	PPCS		Redesign focus of service.	B	B	245	0	0	245	0	0
C12	Community Safety	ASCH&PP		Reduction in Trading Standards staffing and increased income generation	G	Y	292	195	0	487	0	0





APPENDIX III - Post Extensions, Creations or Amendments

Additional Temporary Staffing Requirement to Support Delivery of ASCH&PP 2014/15 to 2016/17 Savings Programme

Delivery Groupings	Resource Required	Post Title	FTEs	Band/ Grade	Post Extension, Creation or Amendment	Timescale	Cost 2014/15 £	Cost 2015/16 £	Cost 2016/17 £	Total £	Source of funding
Younger Adults Community Care & Residential Care	New Lifestyles Team Additional Temporary Resource	Advanced Social Work Practitioner	0.50	C	Extension	From October 2014 to March 2015	12,062	0	0	12,062	To be funded through existing vacancies.
		Advanced Social Work Practitioner	0.50	C	Creation		12,062	0	0	12,062	
	Younger Adults Temporary Reviewing Team	Senior Practioner	1.00	C	Extension	From October 2014 to March 2015	24,125	0	0	24,125	To be funded through existing vacancies.
		Community Care Officer	4.00	5	Extension		96,502	0	0	96,502	
	Younger Adults Temporary Transformation Team	Community Care Officer	1.00	5	Creation	2 years from Apr 2015 to Mar 2017 (NB: second year funding subject to approval of business case).	0	30,530	30,530	61,060	To be funded by Strategic Development Funding. Approved at 12.05.14 ASCH Committee report. However, report incorrectly referenced creation of 4 not 5 CCOs. The cost of the additional CCO is already covered by the £250k pa approved for the Temporary YA Transformation Team from Strategic Development funding. Therefore, there will be no additional cost to the Authority.
	Care, Support and Enablement Contract Support	Quality Monitoring Officer	1.00	A	Amendment (to convert a Grade 5 post to a Band A post)	2 years from date of appointment.	1,618	6,470	4,853	12,940	Funding for the Grade 5 post approved at 08.09.14 ASCH Committee. Additional cost to make the post up to a Band A to be funded from Care Support and Enablement savings.
TOTAL TEMPORARY PROJECT RESOURCE							146,369	37,000	35,383	218,751	

Additional Permanent Staffing Requirement to Support Delivery of the new Younger Adults Staffing Structure

Service Area	Resource Required	Post Title	FTEs	Band/ Grade	Post Extension, Creation or Amendment	Timescale	Annual Cost £				Source of funding
Mental Health - South	Advanced Social Work Practitioner	ASWP	0.50	C	Creation	From 1st November 2014	24,125				Cost £14/15 to be covered by existing vacancies. Thereafter, the post will part of the permanent Younger Adults Staffing Structure and will be covered by its staffing budget.
TOTAL PERMANENT YA STAFFING RESOURCE							24,125				



03 November 2014

Agenda Item: 9

## **REPORT OF THE SERVICE DIRECTOR, MID AND NORTH NOTTINGHAMSHIRE**

### **OLDER PEOPLE COMMUNITY CARE AND RESIDENTIAL CARE SAVINGS PROPOSAL**

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

1. The purpose of this report is to update the ASCH Committee on the current status of the Older People Community Care and Residential Care (OPCCRC) savings proposals.

#### **Information and Advice**

2. The OPCCRC savings proposals cover a number of discrete projects/programmes each with their own savings targets:-
  - a. Reducing Community Care Spend - £2,664k
  - b. Living at Home - £1,377k (reduction in admissions between 2014-17)
  - c. Reablement - £1,510k (£755k in 2015/16)
  - d. Intermediate Care - £1,080k

Savings for the overall group are therefore £6.631m

#### **Reducing Community Care Spend**

3. The savings target of £2,664k is based on reducing care packages and is broken down as £903k savings in 2014/15 and £1,700k in 2015/16.
4. As at the beginning of September 2014, based on service users reviewed by the Countywide Reviewing Team (CRT), up to and including the week commencing 4 August (Week 19), Frameworki (FWi) showed OA savings for year to date of £1.1m full year effect (FYE). It is more difficult to confirm in year savings but based on CRT reporting up to Week 19 this is circa £946k against the 2014/15 target of £903k.
5. In addition £1,563 of OA in year savings have been reported from the review of telephone rental payments and £22,738 from the review of Talking Books' service users.
6. Some discrepancies have however been identified between CRT and FWi reporting. Potential reasons have been identified and in order to resolve these a validation process has been agreed going forward with ASCH Finance.

## Living at Home

7. The number of admissions to long term care is on track (162 net reduction in admissions in 2014/15) admissions are currently one below the target for this stage of the year. The LAH programme is therefore being reported as On Target. However, it is recognised that there is no control over deaths & discharges and as these are reducing over time this is having a negative impact on overall placement numbers which are reported as higher than forecast.
8. Placement numbers are also affected by the length of stay for some existing residents who in the past entered residential care at an earlier age. The average age of entry in the County now is nearer the national average of 86 years.

## Extra Care

9. The development of 160 further units of Extra Care is a key area for this programme, in order to be able to offer people cost effective alternatives to residential care. There has been a recent media coverage following the commencement on site at Brownlow Road in Mansfield. St Andrews House in Mapperley and the bungalows at Bilsthorpe and Darlison Court schemes are all progressing well. Discussions are also taking place about sites in 3 districts of the County with a view to delivering further schemes.

## Reablement/Intermediate Care

10. Progress has been made developing detailed plans to deliver the 2015/16 savings and discussions have been held with Health (both providers and commissioners) advising them of the savings required from Intermediate Care. Health providers are starting to become engaged in drawing up plans to realise these savings and maximise efficiencies. Further work will be undertaken to better integrate the NCC and Health systems to ensure that we consolidate services to minimise the impact of the reduction in funding.

## **Statutory and Policy Implications**

11. 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**

12. Each of the projects are currently on track to achieve the level of savings identified. Formal reporting is undertaken on a monthly basis.

## **RECOMMENDATION/S**

- 1) It is recommended that the contents of this update are noted.

**Sue Batty**  
**Service Director – Mid & North Nottinghamshire**

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

Cherry Dunk  
Group Manager – Strategic Commissioning  
Desk - 0115 977326  
Mobile - 07740845726

### **Constitutional Comments (SG 20/10/14)**

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

### **Financial Comments (KAS 20/10/14)**

14. The financial implications are contained within paragraph 7 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.

- ASCH109      Update on Living at Home
- ASCH192      Extra Care Housing
- ASCH131      Extra Care Housing
- ASCH88        Extra Care Housing.

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

- All.



**3 November 2014****Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC  
PROTECTION****STRATEGIC REVIEW OF THE CARE HOME SECTOR ACROSS  
NOTTINGHAMSHIRE PROGRESS UPDATE****Purpose of the Report**

1. The purpose of the report is to provide a progress update on the recommendations from the strategic review of the care homes sector.

**Information and Advice**

2. At the Adult Social Care and Health Committee in June 2014, the seconded Care Quality Commission (CQC) Inspection Manager presented the findings from the strategic review of the care home sector. The review concluded in January 2014 and involved representatives from both the County and City Councils and the 7 Clinical Commissioning Groups (CCGs), along with Healthwatch, representatives of the Nottinghamshire Care Association and the Community Programme.
3. Each of the recommendations from the review has been listed below with the updated position following after.
4. *Recommendation 1:* Share the findings of the Strategic Review with CQC, at the earliest opportunity, to inform the development of new adult social care methodology for inspection during the consultation period.
5. *Update:* The CQC secondee presented the findings to the Central region management team on 22 October 2014 to ensure the learning is shared and utilised within the region. In addition, the secondee has been invited to participate in the co-production group tasked with developing adult social care methodology in partnership with stakeholder agencies. This includes report writing, carrying out inspections, the ratings system measuring and responding to potential financial viability issues. These opportunities will further enhance the mutual understanding of the remit of each agency and therefore how to work most effectively in the future.
6. *Recommendation 2:* Enhance future quality audits through focussing on expectations and outcomes for people and include the requirement for care home providers to demonstrate their own quality assurance processes.

7. *Update:* The refined quality audit tool and supporting processes to determine quality monitoring have been designed, consulted on and were piloted through a series of visits to older people's care homes throughout June 2014, and younger adults throughout July 2014. This methodology has been subsequently rolled out, meeting with positive comments from providers and resulting in a significant reduction in providers seeking to appeal the outcome of the audit.
8. *Recommendation 3:* Adopt a targeted approach to both commissioning of care home provision according to geographical need, where gaps have been identified as well as the potential of re-commissioning residential as nursing / dementia care / complex needs provision.
9. *Update:* The Commissioning Manager for older people and Market Development staff have conducted discussions with representatives of several care providers over the past three months to look at the service provision being planned and how this fits with the current commissioning strategy of the Council. In addition, the secondee has begun working with planners in district councils to better develop an understanding of the impact of over-provision of care homes for older people in districts such as Mansfield and Ashfield and work more efficiently and effectively in encouraging support according to citizens' needs across districts.
10. *Recommendation 4:* Utilise increased engagement with care home providers on both a national and local level to better understand the changing market needs and in planning and delivering the provision required.
11. *Update:* The Market Development Team is currently planning a provider forum for November 2014 with themes of market shaping and oversight in relation to the Care Act requirements, and citizen needs to support preparedness of providers. It is anticipated that a refreshed market position statement, the Council's commissioning intentions and the findings and the correlation with the strategic review findings will be outlined.
12. *Recommendation 5:* Launch the commissioning strategy publicly with strong message about commissioning high quality care.
13. *Update:* As mentioned above the proposed provider forum will be used to re-launch the Council strategy regarding care homes. The National Care Home Open Day (20 June 2014) was used to share the Council position and plans to increase the presence of Members at care homes within their wards.
14. *Recommendation 6:* Improve co-ordination of visiting priorities and timing of visits between CQC, commissioners and Healthwatch work to ensure more effective monitoring and to reduce duplication of visits across all care homes.
15. *Update:* Since January 2013, the Market Development Team has been successfully chairing monthly information sharing meetings with colleagues who monitor quality of service provision from the CCGs and also CQC. At such meetings all parties share information about plans to monitor or next steps in relation to respective responsibilities. Positive relationships have been nurtured across organisational boundaries and have resulted in routine sharing of plans as risk determines.



16. Through the development of an annual work programme, the scheduling of all the quality audits and dementia quality audits is now based on risk. This has allowed the quality monitoring team to plan and liaise with partner agencies to conduct visits in partnership where appropriate, and therefore more effectively and systematically.
17. *Recommendation 7:* Provide feedback to CQC on local secondment outcomes in relation to improved ways of working across commissioners and regulator to inform better national working partnerships.
18. *Update:* After the first 6 months of the secondment, regular monthly meetings or telephone calls have been arranged with the relevant Head of Regional Compliance or Head of Inspections for Adult Social Care. These contact sessions have been used to look at areas for development to improve alignment between the regulator and commissioners.
19. An extraordinary meeting was convened in May 2014 to review and acknowledge lessons learned regarding the CQC's management of concerns regarding three specific care homes at a local level. A formal response from CQC was received.
20. A meeting was convened in January 2014 with David Pearson, David Behan (Chief Executive of the Care Quality Commission) and the secondee to review the secondment and share learning to date. An initial meeting was convened with the Head of Inspections, which was productive in progressing some blocks in communication, and further bi-monthly meetings have been agreed to create a 'business as usual' approach to the evaluation of partnership working.
21. *Recommendation 8:* Highlight the discrepancies nationally to the Chief Nurse for NHS England, Public Health England, Royal College of Nursing, Unison and Unite, of the skill mix and numbers of nursing staff in the care home sector currently.
22. *Update:* This has been raised with CCGs individually to establish the best approach, and subsequently at the Quality Surveillance Group with responsibility for Nottingham, Nottinghamshire and Derbyshire. The issue was discussed at the Nursing Cabinet, resulting in co-production work between the Community Programme and the secondee to survey care homes to understand their challenges, and inform long term development and support planning for nursing staff to encourage longevity in care home careers.
23. *Recommendation 9:* Use a targeted and proactive approach by commissioners to lack of leadership/management issue, including consideration of a contractual obligation to inform commissioners when managers leave, apply for registration and interim management arrangements, baseline training, induction standards, competency and quality assurance framework (partnership).
24. *Update:* This work has formed part of the risk and development approach of the market development team and through the links made with Optimum Workforce Leadership. Information requested from providers as part of the preparation for the quality audits can highlight this as a priority. This has led to swifter conversations with providers about how to effectively assess and manage quality of services and referrals to Optimum for support, along with more focussed quality monitoring follow-up by the Market Development Team. This has

enabled a quick turn-around of quality outcomes for people in four services in the past three months.

25. *Recommendation 10:* Evaluate the effectiveness of existing clinical and specialist support to care homes.
26. *Update:* A meeting with representatives from all CCGs has been scheduled during November to develop internal task and finish groups to establish this information, following the issue of care home input being raised by the secondee at the local Quality Surveillance Group.
27. *Recommendation 11:* Use the evidence from quality monitoring findings to inform a programme of competency-based opportunities by training and learning partnership agencies.
28. *Update:* This is discussed monthly by the Market Development Team and Optimum Workforce Leadership. Examples of evidence from audits have been used to direct support to several struggling providers. Providers have welcomed this approach and evaluation continues on how effectively positive changes are then implemented by Optimum and the Market Development Team.
29. *Recommendation 12:* Consider options for alignment of the CCG and Council quality monitoring functions to use resources across nursing and residential homes and reduce duplication in the assessment of care home providers.
30. *Update:* The first steps to alignment have been achieved and was piloted by multi-agency quality audit visits through the scheduled work programme. This involves input from CCG quality monitoring colleagues, along with CQC and Healthwatch as appropriate. A summary evaluation of the pilot is being completed and will inform the potential achievement of this recommendation.
31. *Recommendation 13:* Include Healthwatch in information sharing processes and use information acquired through 'enter and view' to build picture of quality of care for people for use in quality monitoring by commissioners.
32. *Update:* Healthwatch have been invited to and now routinely attend each monthly information sharing meeting and supply information when relevant.
33. *Recommendation 14:* Partner agencies to provide regular reports to the Nottingham City and Nottinghamshire Safeguarding Adults Board (NSAB). These would supply information regarding the activities undertaken to ensure ongoing improvement in care home service quality is achieved.
34. *Update:* The update has been added to the agenda for the next NSAB in January 2015, to fit in with the Board's business.
35. In conclusion, the Strategic Review of the Care Home Sector, together with the CQC secondee's co-ordination of it, has been instrumental in driving enhanced partnership working with the CCGs, CQC and other organisations. Significant progress has been demonstrated

with this new approach to information sharing to build up a complete picture of risk, through the development of the risk tool to collate and hold qualitative intelligence about care providers. Partners have acted in a co-ordinated fashion to address specific care quality concerns as they have arisen through the multi-agency escalation process to enable the effective oversight of failing providers, as well as to promote better standards generally.

## **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.

## **Implications for Service Users**

37. Some of the most vulnerable adults are in care home placements. It is imperative that the services that they receive are of good quality and are delivered with dignity and respect. The proposal in this report seek to reduce and wherever possible eliminate poor quality care home provision whilst at the same time supporting the development of further high quality care home services particularly in relation to care for people with profound learning disabilities, dementia care and end of life.

## **RECOMMENDATION/S**

1) It is recommended that Committee:

- notes the progress made against the recommendations of the strategic review of the care home sector.
- receives a further update of progress before the end of the CQC secondment.

**Paul McKay**

**Service Director for Access and Public Protection**

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

Rosamunde Willis-Read

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Market Development Team

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## **Constitutional Comments (SG 20/10/2014)**

38. The proposals in this report are within the remit of the Adult Social Care and Health Committee.

## **Financial Comments (KAS 20/10/14)**

39. There are no financial implications contained within 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.

Previous reports regarding the secondment to the Adult Social Care and Health Committee:

- 22 July 2013
- 7 January 2013
- 6 January 2014
- 9 June 2014

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

- All.

ASCH260

**3 November 2014****Agenda Item: 11****REPORT OF THE SERVICE DIRECTOR, ACCESS AND PUBLIC  
PROTECTION****SECONDMENT OF GROUP MANAGER ACCESS AND SAFEGUARDING  
AND TEMPORARY JOB-SHARE ARRANGEMENT****PURPOSE OF THE REPORT**

1. To seek approval for:
  - the short-term secondment of Group Manager Access and Safeguarding
  - recruit a job share 18.5 fte, temporary Group Manager Access and Safeguarding to ensure service continuity.

**INFORMATION AND ADVICE**

2. The Group Manager (Access and Safeguarding) is responsible for the Adult Access Service including the Benefits Service and Occupational Therapy Intake Team. The post is also responsible for the Adult Social Care component of the Multi Agency Safeguarding Hub and has strategic responsibility for adult safeguarding including line management of the Safeguarding Team.
3. The Group Manager (Access and Safeguarding) has been offered a secondment to the Local Government Association (LGA) for one day per week (until May 2015) to support the national Making Safeguarding Personal initiative. This offer was made in recognition of the positive work that Nottinghamshire has undertaken in relation to safeguarding adults.
4. The LGA will pay the Local Authority directly for the time spent on the project by the Group Manager therefore this proposal is cost neutral.
5. Making Safeguarding Personal is embedded in the Care Act and seeks to ensure the adult at risk is placed at the centre of safeguarding work and their wishes are paramount. The role will involve contributing to the Making Safeguarding Personal programme and working with other local authorities across England to share best practice and support them to adopt this sector led approach to improvement.

## **PROPOSAL**

6. To ensure that there is no detriment to the management of the service the Group Manager has proposed that she reduces her Group Manager hours to 18.5 hours and a temporary job share partner is recruited. Combined with the LGA work the existing Group Manager will work 26 hours per week until May 2015.

## **OTHER OPTIONS CONSIDERED**

7. The funding available from the LGA could be used to buy one day per week of group manager time. This is considered to be impractical as it would not provide continuity or consistency to meet the needs of the business.

## **STATUTORY AND POLICY IMPLICATIONS**

8. 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**

9. This is a cost neutral proposal as the funding will come to the Local Authority from the LGA for the one day per week that the Group Manager will be undertaking this work

## **HUMAN RESOURCE IMPLICATIONS**

10. In order for the Group Manager to undertake the LGA role the post holder has agreed to a temporary job share arrangement. All other human resource implications are included in the body of the report.

## **SAFEGUARDING OF CHILDREN AND VULNERABLE ADULTS IMPLICATIONS**

11. The authority will be influential in contributing to the national Making Safeguarding Personal initiative. The experience of the secondment will enhance the post holder's knowledge which will in turn be reflected in the safeguarding arrangements for Nottinghamshire.

## **RECOMMENDATION/S**

- 1) It is recommended that Committee:
  - approve the secondment of the Group Manager Access and Safeguarding to the LGA and remuneration is received from the LGA

- approve recruitment to a job share 18.5 hours, temporary Group Manager (Access and Safeguarding), Band G, scp 63-68 (£56,337 - £63,297) pro rata.

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

**For any enquiries about this report please contact:**  
 Claire Bearder, Group Manager, Access and Safeguarding

### **Constitutional Comments (KK 21/10/14)**

12. The proposals within this report are within the remit of the Adult Social Care and Health Committee.

### **Financial Comments Financial Comments (KAS 21/10/14)**

13. The financial implications are contained within paragraph 9 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.

- Report to Full Council 27 February 2014: *Annual Budget 2014/15*
- Report to ASCHPP Committee 12 May 2014: *Revision of Safeguarding Procedures and Guidance*
- Report to ASCHPP Committee 8 September 2014 *Access and Safeguarding available at [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk)*

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

- All.





**3 November 2014****Agenda Item: 11****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND  
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2014/15.

**Information and Advice**

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

**Other Options Considered**

5. None.

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

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

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

## **RECOMMENDATION/S**

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

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

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

## **Constitutional Comments (HD)**

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

## **Financial Comments (NS)**

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

## **Background Papers**

None.

## **Electoral Divisions and Members Affected**

All.

## **ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME**

<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
<b>1<sup>st</sup> December 2014</b>			
Interim Senior Leadership Structure in the Adult Social Care, Health and Public Protection Department	Review of the departments interim Senior Leadership Team Structure	Deputy Director, Adult Social Care, Health and Public Protection	Jon Wilson
Deprivation of Liberty (DoLs) progress report	Progress report on the implementation of the DoLs team and addressing issues arising from the Cheshire West Judgment	Service Director, Mid and North Nottinghamshire	Tina Morley-Ramage
Optimum Workforce Leadership – update on option for independent social enterprise	Confirmation of funding requirements for Council and other partners and plans for alternative model for Optimum.	Service Director, Mid and North Nottinghamshire	Claire Poole
Hospital discharges	Information report regarding progress.	Service Director, Mid and North Nottinghamshire	Sue Batty/Caroline Baria
Independent Living Fund (ILF) update	Update on transfer of responsibility for ILF to local authority.	Service Director, South Nottinghamshire	Paul Johnson
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections.	Deputy Director for Adult Social Care, Health and Public Protection	Rob Bayley
Direct Services Delivery Group update	Progress report on savings programme related to direct services in the department (eg. day services, short breaks services, transport etc)	Deputy Director, Adult Social Care, Health and Public Protection	Wendy Lippmann
Planned Care of Older People after a Planned Operation	6 month review of the Planned Care of Older People after a Planned Operation Project	Service Director, Access and Public Protection	Steve Jennings-Hough
Integrated Community Equipment Loans Service (ICELS)	To present need for a tender process.	Service Director, Mid and North Nottinghamshire	Jessica Chapman
Feedback from Peer Challenge	Outcome and recommendations of sector led improvement peer challenge process.	Deputy Director, Adult Social Care, Health and Public Protection	Jennie Kennington
<b>5<sup>th</sup> January 2015</b>			

<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
NHS Support to Social Care Funding	Update report on NHS Support to Social Care (s.256) Funding	Service Director for Mid Notts and Bassetlaw	Jane Cashmore
Commissioning and Efficiencies savings proposals	Progress report on savings proposals related to Supporting People and changes to joint commissioning arrangements.	Deputy Director, Adult Social Care, Health and Public Protection	Ellie Davies
Health and Wellbeing Board update	Report on work and priorities of Health and Wellbeing Board within last 6 months.	Deputy Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Re-tender of ICEL'S update report	Update report on preferred future models	Deputy Director, Adult Social Care, Health and Public Protection.	GM, Strategic Commissioning
Care Act Update	Progress report on the implementation of the Care Bill in Nottinghamshire	Service Director for South Nottinghamshire	Jane North
Quality and Marketing Management Delivery Group Update	Update report on the savings projects for 2014/15-2016/17 which fall in the remit of Quality Market Management	Service Director Access and Public Protection	Kate Revell
Feedback from NCAS Conference Oct 2014	Feedback and learning from National Children and Adult Services Conference October 2014	Deputy Director, Adult Social Care, Health and Public Protection.	Jon Wilson/Cllr Weisz
Members' visits to Council and Independent Sector Care Services	Report to review the current system and make recommendations for changes which will include visits to independent sector care providers.	Service Director Access and Public Protection	Jennie Kennington/Rosamunde Willis-Read
<b>2<sup>nd</sup> February 2015</b>			
Young Carers and Disabled Parents	12 month update on the work regarding Young Carers and Disabled Parents	Service Director, South Nottinghamshire	Wendy Adcock
Update on reviewing teams	Progress report on work of reviewing teams and recommendations for the future of the teams.	Service Director, South Nottinghamshire	Tbc
<b>2<sup>nd</sup> March 2015</b>			
Winterbourne Report	6 monthly progress report.	Deputy Director for Adult Social Care, Health and Public Protection	Cath Cameron-Jones
Direct Payment Support Service	Update after 12 months of the changes to Direct Payment Support Services	Deputy Director for Adult Social Care, Health and Public Protection	GM, Strategic Commissioning
Performance Update for	Quarterly update report on the performance of	Deputy Director for Adult Social	Anne Morgan

<b>Report Title</b>	<b>Brief summary of agenda item</b>	<b>Lead Officer</b>	<b>Report Author</b>
Adult Social Care and Health	Adult Social Care, including update on latest CQC inspections.	Care, Health and Public Protection	
<b>27<sup>th</sup> April 2015</b>			
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals.	Deputy Director for Adult Social Care, Health and Public Protection	Ellie Davies
<b>1<sup>st</sup> June 2015</b>			
<b>29<sup>th</sup> June 2015</b>			
Update on progress with personal budgets for people with dementia	Progress report to review situation one year on from project with Alzheimer's Society to increase no. of people with dementia who have personal budgets and direct payments.	Service Director, Mid and North Nottinghamshire	Jane Cashmore
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections.	Deputy Director for Adult Social Care, Health and Public Protection	Anne Morgan
<b>July (date TBC)</b>			
<b>August (date TBC)</b>			
<b>September (date TBC)</b>			
Services to Carers	Progress report regarding work commissioned by the department for carers	Deputy Director for Adult Social Care, Health and Public Protection	Penny Spice

## **ASCH 212**

