

Adult Social Care and Health Committee

Monday, 08 September 2014 at 10:30

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

AGENDA

- | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1 | Minutes of the last meeting held on 7 July 2014 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Carers' Conference, 1 May 2014 | 9 - 20 |
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| 8 | Care Act 2014
Update on Local Implementation and Implications for Nottinghamshire County Council and Partner Organisations. | 53 - 60 |
| 9 | Online Assessment and Information and Advice Provision in Relation to Adult Social Care | 61 - 66 |
| 10 | Organisational Redesign Board Update Report | 67 - 72 |
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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 7 July 2014 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Alan Bell	Andy Sissons
John Cottee	Pam Skelding
A Dr John Doddy	Stuart Wallace
Sybil Fielding	Jacky Williams
Colleen Harwood	

A Ex-Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Caroline Baria – Service Director, ASCH&PP
Peter Barker, Democratic Services Officer
Paul Davies, Democratic Services Officer
David Hamilton, Service Director, ASCH&PP
Jennie Kennington, Senior Executive Officer, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Helen Waterhouse, ASCH&PP
Jon Wilson, Temporary Deputy Director, ASCH&PP

APOLOGY FOR ABSENCE

An apology for absence was received from Councillor Dr John Doddy (other reason).

MEMBERSHIP

Councillor Harwood had been appointed in place of Councillor Payne for this meeting only.

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 9 June 2014 were confirmed and signed by the Chair.

DECLARATIONS OF INTEREST

Councillor Bell declared a disclosable pecuniary interest in item 9 (Internal Staffing Structure for Management of the New Home Based Support Structures) as his wife was employed by the County Council.

PRESENTATION

The Chair presented Eddie Morecroft with a National Learning Disability Award in the People's Award category. She also praised the New Lifestyles Team for their nomination for an award.

PROJECT WITH ALZHEIMER'S SOCIETY TO DEVELOP PERSONAL BUDGETS FOR PEOPLE WITH DEMENTIA

RESOLVED: 2014/052

- (1) That the achievements and successes of the partnership project between the Council and the Alzheimer's Society to develop Personal Budgets for people with dementia be noted.
- (2) That an update report on progress with Personal Budgets for people with dementia be presented in 12 months.

INTEGRATED PILOT - PERSONAL HEALTH BUDGETS

RESOLVED: 2014/053

- (1) That the progress with an integrated health and social care approach to Personal Health Budgets be noted
- (2) That approval be given to the establishment of one 0.8 FTE Grade 4 (SCP 19 – 23, £17,908.02 - £20,399.98) Direct Payment Officer (Personal Health Budgets) post for 12 months from 15 July 2014

DARLISON COURT EXTRA CARE HOUSING SCHEME IN ASHFIELD

In response to members' requests, plans showing this and other developments will be displayed at the September meeting of Committee. A presentation on the concept of extra care housing will be made at the same meeting.

RESOLVED: 2014/054

That approval be given to enter in to the partnership arrangement with Ashfield District Council and contribute the identified sum of £735,781 to deliver the extra care scheme at Darlison Court.

UPDATE ON THE PROJECT TO LAUNCH OPTIMUM WORKFORCE LEADERSHIP AS AN INDEPENDENT SOCIAL ENTERPRISE

The 'Funds Remaining' figure on page 4 of the report should read £110k not £100k.

RESOLVED: 2014/055

- (1) That the progress and achievements be noted
- (2) That approval be given to continued work for the Council with Optimum to agree a business model and identify whether the Teckal option or social enterprise option is the more suitable given the current consultation around 'Redefining Your Council', or the exit strategy for services and employees
- (3) That the Committee acknowledges its commitment to development of the social care workforce and gives in principle support to the development of the Optimum model to achieve this work, pending a further report in September to confirm the funding requirement of the Council and partner organisations

INTERNAL STAFFING STRUCTURE FOR MANAGEMENT OF THE NEW HOME BASED SUPPORT SERVICES

In accordance with his declaration of interest, Councillor Bell left the chamber during the discussion and voting on this item.

Caroline Baria stated that the indicative grade of the Community Services Partnership officers was Band A, not Grade 5.

RESOLVED: 2014/056

- (1) That the Service Organiser teams be disestablished once the transitions to the new providers have been undertaken, anticipated by April 2015
- (2) That a new centrally managed Community Services Partnership team be established :
 - 1 FTE Team Manager, Band D, scp 42 -47, (£35,784 - £ 40,254) and the post allocated an authorised Car user status
 - 6 FTE Community Services Partnership Officers, Anticipated indicative grade Band A (scp 29 – 34) (£24,892 – £28,922) subject to full job evaluation and the post allocated an authorised Car user status
 - 4 FTE Business Support Officer/Assistant,

RESOURCES REQUIRED TO DEVELOP THE EMERGENCY ADVICE PATHWAY**RESOLVED: 2014/057**

That 1 FTE (37 hours) post of Service Advisor, Grade 4 SCP 19 - 23 (£17,980 - £20,400) be established on a temporary basis for one year.

DEPARTMENT OF HEALTH FORMAL CONSULTATION ON THE DRAFT REGULATIONS AND GUIDANCE OF PART ONE OF THE CARE ACT 2014

Invitations to join the working group would be re-sent to members of the Committee.

RESOLVED: 2014/058

- (1) That a small group of Members be involved in the preparation of the responses to the Department of Health's formal consultation process relating to Part One of the Care Act 2014.
- (2) That the final consultation response be delegated to the Corporate Director, Adult Social Care, Health and Public Protection Department following consultation with the Chair and Vice-Chair of the Adult Social Care and Health Committee.

PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH COMMITTEE

RESOLVED: 2014/059

That the performance update be noted and the Committee receive a performance progress report as part of the next quarterly report.

PROGRESS UPDATE – COMMUNITY & RESIDENTIAL CARE FOR YOUNGER ADULTS SAVINGS PROJECTS

Reference in the report to the start date for the establishment of a temporary Younger Adults Transformation Team should read October 2014 not 2015.

RESOLVED: 2014/060

That Committee note the contents of the update report.

NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE 2014

RESOLVED: 2014/061

- (1) That approval be given for the Chair of the Adult Social Care and Health Committee to attend the National Children and Adult Services Conference in Manchester from 29-31 October 2014, together with any necessary travel and accommodation arrangements.
- (2) That Committee receive a report on the outcomes of the conference.

WORK PROGRAMME

Invitations would be issued to members for briefings in the autumn regarding the departmental restructure. Invitations would be extended to members of the Community Safety Committee.

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

- Update on Personal Budgets for People With Dementia
- Extra Care Housing
- Optimum Workforce Leadership
- National Children And Adult Services Conference

RESOLVED: 2014/062

That the Work Programme be noted.

DAVID HAMILTON

This would be David Hamilton's last committee meeting before taking up his new post at Doncaster Borough Council. The Chair thanked him for his service for the County Council.

The meeting closed at 12.35 pm.

CHAIR

8 September 2014**Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR OF NORTH AND MID
NOTTINGHAMSHIRE****CARERS' CONFERENCE 1 MAY 2014****Purpose of the Report**

1. To report on the Carers' Conference held on 1 May 2014.

Information and Advice

2. Nottinghamshire County Council and the Clinical Commissioning Groups are committed to the successful implementation of the Integrated Carers' Strategy 2014-15, which seeks to identify carers, and provide information, advice and effective support to all carers across the county.
3. In addition, the new Care Act provides a new focus on the importance of working more closely with carers. The Act emphasises:
 - 'parity of esteem' for carers and cared-for
 - principles of well-being and personalisation
 - universal rights to information and advice
 - right to carer's assessment and support plan.
4. As part of the continuous commitment to carers in Nottinghamshire, the Council has developed various means of engaging with carers to involve them in decisions about carers. This includes the appointment of carer representatives on the Nottinghamshire Carers' Implementation Group, which reports to the Older People's Integrated Commissioning Group and ultimately the Health and Wellbeing Board.
5. As part of carer engagement, it was also decided to run a Carers' Conference in 2014. The aims of the conference were: to update carers on national and local developments, to provide information and advice about services and most importantly, to listen to local carers' views and suggestions.
6. To ensure an independent conference, it was decided to commission the local Healthwatch to host the event. Officers from the Council and the Clinical Commissioning Groups met regularly with staff from Healthwatch to plan the day. The Carers' Conference, "What next for carers?" took place on 1 May 2014.

7. Please see the attached Carers' Conference Report, written by Healthwatch colleagues, for details about the content and the outcomes from the event.
8. At the Conference, local carers were asked for their views on the priorities for supporting carers to inform the Carers' Strategy. The headlines were:
 - one stop shops 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 - this should be monitored with regular reviews
 - working with the local media more
 - parity between carers and service users from the start
 - service-user / patient to give permission for carer to be involved once - to be recorded in the assessment
 - recognition of the role of advocacy
 - more 'professional' training for carers, especially dementia and moving and handling.
9. The learning from this Conference is already being used to inform the continual development of the Carers' Strategy; for example:
 - The Carers Support Service team based at the Customer Service Centre has recruited a further two full time members of staff starting in September. The workers will give support and advice over the phone, completing carer assessments and signposting carers to information and support.
 - Eight county wide carer-led events to support carers looking for advice and support are being planned with the Carers Forum and Independent Voices for Engagement.
 - A Carers Information pack is being developed with Clinical Commissioning Groups and carer groups. This pack (available online and offline) will create a pathway for carers and a comprehensive view of services offered by Nottinghamshire County Council, NHS and local organisations.
 - A carers' newsletter is being developed to keep carers in the loop of news, information and advice about carer services.
 - A single contact database to capture information of individuals and organisations interested in the carer agenda has been created.
 - Carers will be able to access information online and offline through the website, Facebook and twitter pages - these will complement road shows, events and new paper based information is being developed.
 - A Young Carers week is planned for October 2014 to help identify and raise awareness of the needs of young people across the county providing care

Reason/s for Recommendation/s

10. The Carers' Conference was well received by both carers and staff (please see Report).

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 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. The cost of the Conference was shared between the Council and the Clinical Commissioning Groups.

Public Sector Equality Duty implications

13. The Carers' Conference was open to all carers across the County.

Implications for Service Users

14. The outcomes of the Carers' Conference are documented in the attached Conference Report.

RECOMMENDATION/S

1) It is recommended that the Adult Social Care and Health Committee note the Carers' Conference 2014 Report.

SUE BATTY

Service Director of North and Mid-Nottinghamshire

For any enquiries about this report please contact:

Penny Spice
Commissioning Manager
Email: penny.spice@nottscc.gov.uk

Constitutional Comments (KK 14/08/14)

15. The proposal in this report is within the remit of the Adult Social Care and Health Committee.

Financial Comments (DLM 15/08/14)

16. There are no financial implications contained within this report. Any future spend in relation to this report will be overseen by the Carers Implementation Group in accordance with the Carers Strategy 2014/15.

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.

- The Integrated Commissioning Carers' Strategy 2014 – 15 was approved by the Adult Social Care and Health Committee on 9 June 2014.

Electoral Division(s) and Member(s) Affected

All.

What next for Carers?

Summary Report

On 1st May 2014, Healthwatch Nottinghamshire hosted the county's first Carers Conference on behalf of Nottinghamshire County Council and the local NHS Clinical Commissioning Groups.

Over 145 local carers and professionals attended the event at the Summit Centre, Kirkby-in-Ashfield.

Carers...the Facts

5.4 million

Carers in England, including

166,363

Young carers under age 18

66%

Of carers report health problems related to caring

£119 billion

The amount unpaid carers save the UK economy every year

49%

Of carers are struggling financially because of their role

Highlights from...the Speakers

The first session of the conference saw four speakers give their perspective on carers and caring, from both a local and national angle. It was clear that they all had the same message...**GET INVOLVED!**

"You as a carer can make a difference. See the professionals and local government as allies, and if you don't like things, change them together"

Dame Philippa Russell (Chair of the Standing Commission on Carers)

"Whatever we say we do that's good, there's always a thousand things that we can learn from in terms of doing things better"

David Pearson (President of ADASS)

"Don't stand outside the window shouting in through it, go into the meeting, tell them your problems, tell them what needs to be changed"

Jim Radburn (Founder of Carers in Hucknall)

"Get the support—it might come from professionals, it might come from friends, it might come from voluntary sector organisations...We are not very good at accepting help, but once you accept it then it does make life much easier"

Diane Davies (Local Carer)

Highlights from...the Workshops

Carers and...the Care Bill

Jane North, Programme Manager for Nottinghamshire County Council, led a workshop on the Care Bill. She provided information on the main changes that this Bill will bring, such as:

- * The requirement for all Local Authorities to provide comprehensive information and advice about a range of services
- * Changes to the way people pay for or contribute towards their support, including a cap on care costs at £72,000
- * Carers given equality in law with those they care for — ALL carers will be entitled to a needs assessment
- * A legal responsibility to ensure smooth transition for people with care needs to adulthood

The main issues identified by this workshop were:

- The **£72,000 figure of the 'cap' is misleading** — this does not include 'hotel costs' such as the room itself, food and heating
- There were concerns about **carers getting the information** about these changes, especially if GPs don't have leaflets or other resources available
- There is **difficulty in interpreting the Care Bill** until it becomes a Care Act and guidance is available — carers present requested a session on the guidance when it comes out.

Carers and...Benefits

Bev Pearson, Partnership Manager for the Department for Work and Pensions (DWP) led a workshop on carers and benefits. She provided the latest information on how to claim Personal Independence Payment (PIP), Attendance Allowance, and Carers Allowance, and how it all works

The main issues identified by this workshop were:

- **Overlaps between Carers Allowance and other benefits**, particularly the fact that carers allowance is not paid to individuals who claim a state pension
- Carers Allowance totals **just 37p per hour** for those who provide 24/7 care
- People **with learning disabilities have difficulty claiming benefits**, both in receiving enough support and with having evidence of their condition due to lack of yearly health reviews being offered.



Workshops in progress



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Carers and...Health

Jane Kingswood, Community and Partnerships Worker for Healthwatch Nottinghamshire, led a workshop on Carers' Health to get people thinking about how services could work better for carers.

The key themes to come out of this workshop were:

- There is a **need for a one stop shop for information** — one phone number, so there is no confusion about who to contact. This needs to be available before carers get to crisis point
- Services, especially **GPs need to be flexible around carers' needs**, particularly regarding appointment times and information requirements
- It shouldn't be left to carers to coordinate everything—they need **more support** in ensuring continuity of care
- Services need to be more **consistent**, both across postcodes and in the quality offered
- More support is needed when the caring role comes to an end



Many of us
don't know
where to go
for information
and advice

Carers and...Personal Health Budgets

Morwenna Foden, Commissioning Manager at NHS Bassetlaw CCG led a workshop on Personal Health Budgets.

A Personal Health Budget is an amount of money that is allocated to a patient. The patient has choice and control over how this money is spent to meet their own health and wellbeing outcomes.

Personal Health Budgets are only just starting to roll out within the NHS; patients eligible for Continuing Healthcare have the 'right to ask' from April 2014, the 'right to have' from October 2014.

The workshop group were very positive about the roll out of Personal Health Budgets, but identified that:

- Individuals' support **plans must be detailed and up-to-date**, and adequate time spent carefully conducting reviews
- **We must be open minded** to requests and 'think outside the box' about what will improve wellbeing

Carers and...the County Council Carers Strategy

Penny Spice, Commissioning Manager for Nottinghamshire County Council led a workshop to gather views on the new County Council Carers Strategy.

The attendees of this workshop had a lot to say about what advice and support carers need, including:

- One stop shops for information, or packs of carers information available
- More leaflets available for those who don't have internet access
- Regular reviews of information so that it doesn't go out of date
- More work with the local media
- Parity from the start
- More professional training available for carers—especially around dementia

Highlights from...Question Time Panel

In the afternoon session of the event, we invited our audience to submit questions to our 'Question Time' panel:

Jon Wilson (Deputy Director, Adult Social Care, Health and Public Protection, Nottinghamshire County Council)

Rob Gardiner (Deputy Chief Executive, Carers Federation)

Jim Radburn (Founder, Carers in Hucknall)

Dame Philippa Russell (Chair of the Standing Commission on Carers)

Elaine Moss (Chief Nurse and Director of Quality, Newark & Sherwood CCG and Mansfield & Ashfield CCG)

The panel was chaired by **Claire Grainger**, Chief Executive, Healthwatch Nottinghamshire.

Your Questions...

15 questions were submitted in total, and we had time to put 7 of these to the panel on the day.

1. Will the new Care Bill affect the respite care that carers currently receive?
2. Can we have a one stop shop for information and advice?
3. What is the 'Golden Number' We don't know about it!
4. How will carers get to find out how the Care Bill then Care Act will be implemented locally?
5. As individuals are encouraged to self-manage their condition, there will be less paperwork to use as evidence for DWP to assess benefit rights. How can we create systems that assist the carer/patient to make a claim?
6. I coordinate a volunteer care group but we are being underused and at risk of losing volunteers. How can we increase the number of calls we are getting?
7. How can we improve care planning when people are discharged from hospital?

You can view the answers that were given by panel members in full by visiting:

www.healthwatchnottinghamshire.co.uk/carersconference

Or request a copy by phoning **0115 963 5179**

The panel also committed to providing a response to those questions not asked and these responses will be made available.

Spotlight on...Question 1

John Wilson informed us that the Care Bill/Act does not remove any eligibility for **respite care**. Access to the care is coordinated through the County Council, so if you're in need of a break from caring, just call the 'Golden Number' to find out more about respite care.

Spotlight on...Question 3

The golden number is the phone number for the Nottinghamshire County Council Customer Service Centre.

This is a really useful starting point for information on social care services, and particularly for carers' services and assessments.

The Golden Number is 0300 500 80 80.



The Question Time panel in action

Key Themes...

The Question Time Panel created some interesting debate on a range of issues. Key themes were:

GPs

- Named GPs are essential
- GPs need Carers Leads — evidence suggests this is very effective. Knowledge of this scheme needs to be improved.
- Yearly health checks/reviews
- Information about support groups/services doesn't seem to happen through GPs

This exact discussion has been going on for 30 years...please can we have a little more speed?

Local Carer, on hospital discharge

Involvement

- Timing of consultation events need to suit carers, 9am or 10am starts are difficult
- Access to PPG (Patient Participation Groups) at GP surgeries is variable — some are still online.
- There is a need to ensure BME (Black & Minority Ethnic) and other 'hidden' communities are included—people who don't feel like they are represented anyway, even before they are a carer.
- Current low take up in support groups

There are two commitments from myself and health colleagues - firstly CCGs will ensure information is sent on contact details, and secondly this will be fed into our Primary Care Strategies

Elaine Moss,
Newark & Sherwood/Mansfield & Ashfield CCG

We often think we are providing lots of information. Clearly this is not getting to everyone when they need it

Jon Wilson,
Nottinghamshire County Council

Integration

- We need to make sure carers' services are linked across all pathways
- Too many people involved in hospital discharge—better planning is needed and community services need to play a bigger role in keeping people out of hospital
- Can we have an information service that spans the city and county?

As a carer our second home is the GP...this is a very obvious place where the information needs to be

Local Carer

Access to Support & Services

- How does one access respite care?
- Lack of services for ASD (Autistic Spectrum Disorder) children
- 7 day services are needed
- Difficulty knowing which social care agency to choose as the County Council can't comment on care quality

Access to Information & Advice

"We need a one stop shop", however:

- Clinicians must be involved in its setup
- There must be consistency over point of access
- It may need to go further than information, e.g. provision of carers passports

What Next...?

Although we had a very useful and informative day at the Carers Conference, as the day ended it was clear that everyone was eager to ensure that the feedback gained would be acted upon and lead to **real improvements for carers**. We asked local service providers what they were planning as a result of the conference. Here is what they have told us so far:

Nottinghamshire County Council have told us that...

New and Improved Services...

- * The Carers Support Service team based at the Customer Service Centre is growing - **2** full time members of staff are joining the team this summer. The workers will give support and advice over the phone, completing carers assessments and signposting carers to places of support.
- * Carers in Bassetlaw will soon be able to access **short breaks via a direct payment**, allowing for more flexibility, choice and control for carers.
- * **Compass workers** (former carers of people with dementia) will work across the county providing specialist advice and support to carers supporting people with dementia
- * A **new 'End of Life' service** is being launched and will support carers of people who are nearing the end of their life
- * A network of home based care providers will provide **support to carers in crisis** from September 2014
- * **Awareness raising within the organisation** is taking place by reviewing staff guidance and procedures. Alongside this process the County Council communication team will help to keep carers at the forefront of social care staff minds as they introduce new and improved processes.

Further Events...

- * A series of **carer-led events** is being planned. Following a successful programme of events in Nottingham City, The Carers Forum and Independent Voices for Engagement are developing plans for 8 county wide events to support carers looking for advice and support.
- * Work will continue with health colleagues to **raise awareness of carers through GP surgeries** and joint working through events. A young carers' week is being planned in 2014 to help identify and raise awareness of the needs of young people across the County providing care.



Workshops in progress on the day

Improved accessibility of information...

- * A **Carers' Information pack** is being developed with Clinical Commissioning Groups and carer groups. This pack (available online and offline) will create a pathway for carers and give a comprehensive view of services offered by all local health and social care organisations.
- * A **carers' newsletter** is being developed to keep carers in the loop with news, information and advice.
- * A **single contact database** to capture information about individuals and organisations interested in the carers agenda has been created - if you want to be included email julian.wing@nottscg.gov.uk
- * Carers will be able to **access information online and offline** through the Council website, facebook and twitter pages - these will complement road shows, events and new paper based information being developed.



Browsing the information stands at the event



NUH Carers Card

Nottingham University Hospitals NHS Trust (NUH) have told us that...

- * Action following the Carers Conference will be to promote information and support services through the distribution of NUH Caring for Carers Cards and promoting this information on information screens throughout the Trust.

In our role as an independent organisation helping local people get the best out of their local health and social care services, Healthwatch Nottinghamshire will....

- * Continue to encourage carers to give feedback about services they use across the county
- * Use this feedback to influence the ongoing development of carer's services, particularly focussing on encouraging integration of services where possible
- * Contribute to ongoing work on improving access to information for carers



Healthwatch volunteer on the registration desk

Feedback from carers has contributed to all of these actions being taken.

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We hope that carers will continue to give feedback and get involved in the services they use, so that many more improvements can be made in the coming weeks, months, and years!

This summary report was produced by Healthwatch Nottinghamshire.



Healthwatch Nottinghamshire is an independent organisation that helps people get the best from their local health and social care services.

Go to **www.healthwatchnottinghamshire.co.uk/carersconference** to view the full resources from the Carers Conference, including videos of the speakers, presentation slides, workshop notes, and a detailed write-up of the Question Time session, or call our office to request printed copies of the resources you require.



8 September 2014**Agenda Item: 5****REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****WINTERBOURNE PROJECT UPDATE REPORT****Purpose of the Report**

1. To inform Committee members of the progress made towards the local response to the Department of Health report, 'Transforming Care; A National Response to Winterbourne View Hospital' with a view to commission suitable care and accommodate for people placed in hospital settings. Also to seek Committee support for the Council's draft strategy to address the needs of people whose behaviour services find challenging and to delay the implementation of any pooled budget around this work until 2015/16.

Information and Advice

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

Progress in Nottinghamshire

3. In April/May 2013, 28 people were assessed as being ready to leave hospital by June 2014
4. So far 17 people have moved out:
 - 4 of these people have moved to a new residential service where they will live until their supported living is built – expected to be November 2014.
 - 7 people have moved directly into supported living services.
 - 6 people have moved into residential care
5. There are 11 people originally thought would be ready to move but have not done so. This is due to:

- 3 people not being given Ministry of Justice permission to leave yet
 - 6 people are still undergoing treatment.
 - 1 person did move out but then went straight back to hospital because he did not want to leave. The Department is still working with him to help him move again.
 - 1 person's placement did not work out as they visited the service for an overnight stay before moving in and did not get on with the other people living there. We are now looking at other options for this person.
6. The Department is continuing to work with all of the people still in hospital to make sure there is the right accommodation and support ready for them when they are ready to leave. This is an on-going programme and there are up to another 30 people who may be ready to leave hospital in the next two years.

Reducing hospital admissions/length of stay going forward

7. A strategy has been drafted to address the needs of people who challenge services going forward, to reduce hospital admissions and reduce the length of stay should admission be required has been written (appendix attached). This strategy is intended to be a working document which will be reviewed and updated regularly. An action plan will be produced each year to target specific areas. The Winterbourne project board continues to meet and the project manager post has been funded until March 2015.

Financial implications

8. Pooled budget arrangements are still being discussed between Nottinghamshire County Council and the six Nottinghamshire and Bassetlaw Clinical Commissioning Groups (CCG). However, the pooling may not happen in 2014/15 due to new issues being identified.
9. The Department of Health's 'Responsible Commissioner guidance' in was published in August 2013. The guidance has highlighted the differing responsibilities between health and social care for people who are discharged with after care from hospital under section 117 of the Mental Health Act. The differences depend on where they live when discharged and where they were living when originally admitted to hospital. For example, if someone goes to live in Derbyshire but was originally sectioned in Nottinghamshire, Nottinghamshire County Council (NCC) would be responsible for their social care but it would be Derbyshire CCG responsibility for their healthcare.
10. Secondly, the recently published Care Act appears to change the responsibilities of the local authorities regarding funding people subject to after care under section 117. Previously it was the responsibility of the authority they were living in, regardless of which authority had commissioned their housing and support. The Care Act suggests that 'ordinary residence' is applied which means the placing authority would maintain responsibility for funding even after a person had been admitted to hospital under the Mental health Act. This would potentially also have the effect of funding responsibilities not being aligned across local health and social care budgets.

11. Close monitoring of the effect of these two Council policies will be undertaken over the next financial year. This will be to inform the relative risks posed to the Council and each Clinical Commissioning Group (CCG) in terms of an agreement about future funding for a pooled budget. This will also give the department the opportunity for two years' financial data, giving a better idea of possible funding pressures in the future.

Statutory and Policy Implications

12. 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.

RECOMMENDATION/S

It is recommended that Committee:

- 1) notes the content of the report and progress being made to commission suitable care and accommodation for people currently placed in hospital settings
- 2) agrees to delay the implementation of any pooled budget around this work until 2015/16 when further information will be presented to the committee
- 3) note the work so far on the draft strategy.. Any financial impacts of the strategy identified when annual action plans are developed, will be brought as a separate report.

Constitutional Comments (LM 15/08/14)

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

Financial Comments (PF 15.08.14)

14. The costs of Winterbourne placements are fully funded from an Earmarked Grant in 2014/15 and it is currently expected that this will fund the service into 2015/16. The future funding mechanism for this service is still to be formally resolved as identified in paragraph 8.

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Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

Commissioning in Nottinghamshire to meet the needs of people with behaviours which challenge services

Introduction

This strategy is a local document, written in response to the Department of Health's Winterbourne Concordat and sets out the key aims and objectives for working across health and social care to deliver services in the community to people with a learning disability or autism who have challenging behaviour and/or mental health issues. It also maps current provision and makes recommendations for further work to improve current services and identify gaps in service. Each year the strategy will be reviewed to ensure it reflects the needs identified within Nottinghamshire and an annual action plan will be drawn up to prioritise and address the areas outlined in the strategy.

1) Background

Valuing People 2001 was based on the core principles of rights, independence, choice and inclusion. The 2009 update, Valuing People now, reiterated this should be for all people with a learning disability, including those with profound and multiple disabilities or those whose behaviour services find challenging.

Mansell Report 2007 – Championed the development of local services to meet the needs of people with challenging behaviours to avoid out of area placements being made.

Winterbourne 2012 - The report following the Panorama exposure of the appalling treatment of individuals in one learning disability secure hospital gave a clear instruction that people should not be left in secure hospitals because there were no other services for them and that areas needed to develop appropriate local community services.

Ordinary life – this is a principle which has been around since the 1980s and influenced Valuing People. These values have been restated in the United Nations Convention on the Rights of Persons with Disabilities (ratified by the U.K. in 2009), especially Article 19 Living Independently and Being Included in the Community.

'State Parties....recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community'

The convention identifies three building blocks to advance this principle:

- Self- determination: 'I can say what matters to me and how I want to live'.
- Personalised support: 'I get the assistance I need to live as I want'.
- Inclusion: 'I'm included in my community and benefit from its services'.

2) Purpose

The purpose of this strategy is to identify the needs, current provision and changes which need to be made to ensure Nottinghamshire can support people with learning disabilities and/or autism with behaviours which services find challenging within the local community.

3) Outcomes

- More people with learning disability being supported to live at home.
- Fewer people developing behaviour that challenge and those who do being kept safe in their communities.
- Fewer people being admitted to secure hospitals.
- Any hospital stays kept as short as possible.
- Any hospital stays being as close to the individual's home and support networks as possible.

4) Principles

The Department will:

- work in partnership with individuals and their families to develop person centred solutions
- work in partnership across health and social care commissioners to develop local, community based housing and support solutions with appropriate clinical and care management support
- work in partnership with clinicians, care managers and providers to ensure expertise is shared
- ensure appropriate risk assessments are undertaken and strategies put in place to manage risk, whilst promoting a culture of positive risk taking
- develop cost effective services which promote individuals independence
- develop a 'no blame' culture – so we can learn from mistakes and share good practice going forward. We will develop an evidence base by tracking the support of individuals, what has worked and not worked. This involves developing an outcomes framework and a costing analysis
- ensure a shared commitment to achieving outcomes based on “ordinary life” principles.

5) What is Challenging Behaviour?

The Challenging Behaviour Foundation have adopted Emerson's definition of challenging behaviour:

"Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities."(1).

The term "challenging behaviour" has been used to refer to the "difficult" or "problem" behaviours which may be shown by children or adults with a learning disability including:

- aggression (e.g. hitting)
- self-injury (e.g. head banging)
- destruction (e.g. throwing objects)
- other behaviours (e.g. running away).

Challenging behaviour can occur for a number of reasons and is likely to be a response from a person who is unable to make themselves heard in any other way. This can be due to factors such as mental ill health or physical or emotional pain, coupled with communication difficulties. This can be exacerbated or even caused by things such as poor support, lack of understanding from carers/support staff, over or under stimulating environments, physical illness and pain.

Poor support can mean individuals develop challenging behaviour. Getting the right support in the right environment is therefore key to reducing challenging behaviour and ensuring a better quality of life for the individuals.

6) What does 'good' look like?

In practice a local service would include:

- a range of small-scale housing, work, education and other day placements into which markedly different levels of staff support could be provided on the basis of individual need at a particular time
- sufficiently skilled workforce to reduce the probability of challenging behaviour emerging or worsening throughout the service, and to provide a pool of sufficient skill to help services work through difficult periods
- skilled professional advice from a full range of specialists, working in a coordinated and genuinely multi-disciplinary way, and backed-up by good access to generic services (including mental health services)

- services providing a range of meaningful therapeutic activities to enable individuals to establish fulfilled lives and contribute to preventing challenging behaviours
- management commitment to, and focus on, service quality and the staff training and support to achieve this.

7) Prevalence and people known to health and social care

As the definition of 'challenging behaviour' is not exact and can apply to individuals in some settings but not in others, due to the changes in their environment or the way their behaviour is managed, it is difficult to pin down the exact number of people with a learning disability whom services find challenging. However, national Projecting Adult Needs and Service Information (PANSI) estimates that approximately 15,000 people aged 18-64 living in the UK with a learning disability have challenging behaviour.

Applying these prevalence rates to Nottinghamshire PANSI estimate there are about 218 individuals with challenging behaviour currently living in the county. This is not a group of people which are specifically identified and data collated on within either children's or adults' social care, but rather individuals are known to services.

Currently there are nearly 100 people from Nottinghamshire living in residential care out of county of, which 20, are considered to have behaviour services find challenging. Seven of those 20 are on the autistic spectrum, with or without a learning disability. While there are various reasons for people being placed out of county, including people moving to be nearer family, six people with behaviour services find challenging were primarily placed out of area because there was no suitable service in Nottinghamshire, with two more staying out of area following a school placement.

As at the end of March 2014 there were 58 people with a learning disability and/or Autism for whom Nottinghamshire has commissioning responsibility in in-patient setting as a result of mental ill health and/or challenging behaviour. Some of these individuals have been in hospital for ten years plus because they were considered too challenging to return to the community, some of whom were placed out of county and away from their families as children. However, where people are not in hospital for assessment or treatment, it is no longer considered acceptable that they should live in hospital.

As part of the Winterbourne work, all those in secure hospitals including Assessment and treatment Unit (ATU) were reviewed in early 2013 and 28 people were identified as able to leave hospital within the next 12-18 months. However, seven people have since been reclassified due to them being on section 37/41 (home office restriction) or to deterioration in their mental health status. Therefore, 21 people have moved by June 2014. Some of those have already moved out and work is on-going to secure appropriate supported living or residential accommodation for the remainder.

8) Future demand

There is, according to PANSI (Projecting Adult Needs and Service Information) expected to be a very small increase in numbers of people with behaviour services find challenging over the next 15 years (approximately 3.7% or 8 people). However, local information on children coming through transitions, together with a lower mortality rate would suggest that this number may increase slightly more by about 2 people a year.

A large number of people with social care and health needs move to Nottinghamshire due to the high levels of residential care and supported living services available. Due to responsible commissioner rules for health, this confirms that as soon as someone registers with a GP in Nottinghamshire, funding responsibility passes to Nottinghamshire/Bassetlaw CCGs. For social care it is about ordinary residence so Nottinghamshire does not become responsible for people living in registered care unless they have previously been put on a section 3 (other than for safeguarding concerns) whilst living in Nottinghamshire. This means social care would then become responsible for their aftercare funding wherever they choose to live in future. There have been seven cases identified in the last year where Nottinghamshire will become responsible funders upon discharge from hospital.

There were five new admissions to locked rehab or secure hospitals in 2013/14. Some of these individuals were in community services or residential care already, others lived with family carers.

In Nottinghamshire we are aiming to ensure that people go to secure hospital only if they need treatment or rehabilitation which cannot be delivered in the community. Once treatment has finished then people should be supported to leave hospital and to complete their rehabilitation within a community setting.

Therefore over the next two years (2014-2016) we are likely to need services in Nottinghamshire for about 20 more people with challenging behaviours and then on-going three-to-five new places a year, although many individuals who have been within services prior to any hospital admission will need more robust placements to allow them to be maintained within the community and prevent future admissions.

9) Prevention

Within the context of challenging behaviour, prevention falls into two categories, the prevention of the challenging behaviour in the first place and, where this is not possible, the management of people within the community in a manner as to minimise the impact on the individual, people they live with and/or are supported by and members of the public and so reduce the incidents of hospital admission.

Prevention of challenging behaviour

The right environment and the right support can go a long way towards minimising challenging behaviour.

A multidisciplinary approach to supporting people with challenging behaviours is essential with health clinicians, care managers families and support providers working to support each other as well as the individual.

Staff who are skilled in communication and least restrictive approaches, operate in a person centred way and understand and work to positive behavioural support strategies are key.

Properties which allow people space; somewhere they can be on their own if they need to, and often with a good outdoor area will help.

Prevention of hospital admission

- Developing services so that community health resource is available to offer timely therapeutic interventions and medication to a person in their own home rather than admitting them to hospital.
- Ensuring appropriate housing so that the impact of challenging behaviour on others is reduced.
- Ensuring high quality, well trained staff who are appropriately supported to manage behaviours that challenge
- Providing flexible services to meet the different needs of individuals.

While it is the aim to reduce the number of people admitted to hospital, there are times when it is appropriate to do so – the Royal College of Psychiatrists (2) state

“Treatment for ‘challenging behaviour’ does not necessarily require an in-patient setting. Indeed, the therapeutic approach to it has been well described and emphasises the use of the least restrictive community resource wherever possible (Royal College of Psychiatrists et al, 2007). In-patient admissions are required only if the risk posed by the behaviour is of such a degree that it cannot safely be managed in the community. Persistent challenging behaviour, which poses a level of risk that is unmanageable in a community setting, may be the manifestation of some other underlying mental health difficulty that requires careful assessment and treatment in the safe setting of an in-patient resource. Equally, there may be many people with a learning disability who require an in-patient admission for further assessment, diagnosis and treatment of mental disorders that do not necessarily present with challenging behaviour. Indeed, admission to a specialist unit can sometimes be appropriate and beneficial early on in the care pathway, rather than as a last resort. Suffice to say that the purpose of admitting a person with a learning disability to a specialist in-patient setting is not merely because that person has ‘challenging behaviour’.”

Triggers

There are a multitude of potential causes for people with challenging behaviour which are likely to include social/environmental, biological and psychological factors which interact together. The severity of the learning disability is not usually a factor but the presence of Autism or mental health conditions with a learning disability is more common. Communication difficulties significantly increase the likelihood of challenging behaviour as do factors relating to deprivation, neglect and abuse.

10) Funding

What do we have now?

Currently funding for people with behaviours services find challenging is in a variety of different health and social care budgets.

The Clinical Commissioning Groups fund individuals in hospital settings, whilst secure services are commissioned and funded by NHS England Specialised Commissioning.

When individuals return to the community, it is usually under a section 117 order which means that they cannot be charged for their support or care. Funding is then provided by social Care from the Community Care Social Budget (CCSB) or through a form of Continuing Healthcare (CHC) called section 117 funding, depending on the assessed needs of the individual.

Where there has been no section 3, i.e. either a voluntary admission to hospital or where challenging behaviour has been managed within the community, then funding can be from either CCSB or CHC or a mixture of the two depending on the outcome of a Decision Support Tool which looks at the levels of health and social care need.

A pooled budget is being developed between health and social care to meet the needs of people when in hospital and when they are discharged into the community under a section 117.

What are the difficulties?

- Funding tied up in contracts.
- Clinical Commissioning Groups block fund Nottinghamshire NHS Trust to provide Treatment and Assessment and locked rehabilitation services within Nottinghamshire. This funding therefore cannot follow the patient.

- NHS England also have a block funding arrangement which means funding from people in secure hospitals cannot be released back to Nottinghamshire Delays in agreeing who should be funding – uncertainty as to the future funding levels.
- Different commissioning leads depending on where the funding is coming from can mean a lack of cohesion in market development.
- Quality monitoring and care co-ordination of patients that are 100% funded by health (through Continuing Care arrangements) in the community. Quality monitoring of patients that are either fully or partially funded by the LA is carried out by the Local Authority but this is withdrawn if the person is funded solely by Health. There are currently no robust arrangements in place to ensure monitoring takes place for these patients although they are likely to have more complex needs.

What do we need to do about it?

Reduce out of area placements for locked rehab services and utilising the NHS Trust block contracts effectively.

Raise issues regionally and nationally about the difficulties of the block funding from NHS England

Develop the pooled budget arrangements between health and social care

Shared understanding of what we are trying to achieve in the market regarding quality, price and choice as laid out in the principles section of this strategy.

Work proactively with providers, users and carers to set goals around promoting independence and positive risk taking but accept this could be a long term outcome and initial packages may be high cost.

Work with providers to develop flexible packages of care so that needs that vary over time can be catered for without delay.

11) Transitions

What do we have now?

Education, Health and Care Hub – Where there are indications of significant need young people are referred to the Hub to see if they are eligible for an Education, Health and Care plan (EHC). This will look at needs up until the age of 25 and enable commissioners to more accurately identify what services will be required in the future and plan for a smoother transition across all statutory services.

Information detailing the local offer will play a key role in providing alternative or complimentary support to statutory services.

Transitions team – this team is based in Adult Social Care and engages with young people aged 14+ who are likely to be eligible for adult social care services. Primarily this is young people with learning disabilities or physical disabilities. The transitions worker gets involved in the young persons' review and helps to plan for services after the age of 18.

Concerning Behaviours pathway – this pathway, devised in partnership by Health, Social Care, Education and parent carers in Nottinghamshire aims to ensure that young people under the age of 18 whose behaviour causes concern, either due to them challenging services or displaying other behaviours which may indicate a developmental disorder or mental health issue are recognised and assisted early on. In some case this may lead to a referral for diagnosis for Autism or Attention Deficit Hyperactivity Disorder, in other cases it may be low level parenting interventions or support groups.

What are the difficulties?

The Concerning Behaviours pathway and the Education Health & Care Plan (EHC) hub are in early stages so it is not yet known what the impact will be on ensuring a smooth transition for people moving from childhood to adulthood.

The transition service works well for individuals who are clearly going to have needs around learning or physical disability eligible for adult services however, as the service is social care only, there is not the same level of planning for health transition and as eligibility criteria for continuing health care changes between adults and children's services this can lead to delays in agreeing services.

Existing transition services are not meeting the needs of people with less clearly defined needs, e.g. low level learning disabilities, mental health issues or high functioning autism which can lead to an unclear transition or people being referred to adult services at a later date where prevention work may have avoided this.

Where children are placed out of area, this can also impact on the transition planning as it is more difficult to get to know people and service users and carers often want to stay with the provider they know, making it challenging to bring people back locally.

What do we need to do about it?

- I. Monitor the impact and effectiveness of the behaviours which concern pathway and the commissioning hub in preventing individuals needing higher levels of health or social care services or hospital admission.
- II. Ensure the pathway is used for early identification of individuals who may not meet adult social care criteria due to the low level of their learning disability but have other factors which may make them at risk of future hospital admission e.g. a combination of one or more of the following factors:
 - mental health issues
 - offending behaviour
 - inappropriate sexual behaviour
 - having suffered abuse or neglect
 - autism (including Asperger's)
 - having emotional difficulties
- III. Map pathway of all service users known to have challenging behaviour to see if they were known in children's services and if they had a transition to adult services to identify if there is a need for more targeted prevention work.
- IV. Identify gaps in service to meet the needs of these individuals before and after the age of 18.
- V. Ensure better joined up transitions processes through health, social care and education, considering further the potential use of integrated teams and pooled budgets.
- VI. Work closely with children's to help prevent out of area placements, wherever possible but ensuring there is a pathway for the person to return to Nottinghamshire.

12) Accommodation

What do we have now?

- A range of residential places and supported living options throughout Nottinghamshire.
- Capital funding to part fund up to 60 supported living properties, some of which will be for people with challenging behaviour.
- A pilot six bed step down property, currently residential care with supported living staff working alongside the residential staff to provide continuity of care when people move onto supported living.

What are the difficulties?

- Ensuring appropriate accommodation alongside appropriate support for people with challenging behaviour needing residential care.
- Insufficient good quality housing in self-contained properties offering the ability to deliver cost effective support.
- Insufficient supported living properties available when required – new developments can take one-to-two years to complete.

What do we need to do about it?

- Continue to work with housing partners to develop a range of appropriate accommodation for people with challenging behaviour throughout Nottinghamshire.
- Introduce a basic training, skills and knowledge requirement for residential care providers who state they can work with people with challenging behaviour.
- Review the effectiveness of the step down facility during the two year pilot and consider whether this type of facility could also be used as a 'step up' to avoid hospital admission and whether there is a need for more units.

13) Support Provider Development

What do we have now?

- A number of providers in both the supported living and residential sectors who are able to work with people with challenging behaviour.
- The development of Supported Living Plus where a premium rate is paid to providers – this is intended to be used to recruit more experienced staff and provide higher levels of management and behavioural support.

What are the difficulties?

- Residential care – inconsistent quality with appropriate properties and skilled staff not always coinciding. Providers who state they can work with people with challenging behaviour but no real test of this.
- Supported Living Plus – some difficulties in marrying service user choice and control with the management of behaviours which challenge.

- Limited provision for people with dual diagnosis or high level forensic history.
- Lack of expertise/appropriate placements for people with autism within supported living settings.
- Deprivation of Liberty Safeguards and the time and cost of taking these cases through the court of protection for supported living.
- Some providers are not engaging with NHS Trust staff around emergency and clinical support well.

What do we need to do about it?

- Agreed minimum training standards for all staff working in services with people with challenging behaviour.
- Closer analysis of what works and what does not work and sharing of good practice.
- Stronger partnership working between clinical staff, social care staff and providers.
- Joint training/workshop events between clinical staff, providers and social care, carers and users to ensure shared understanding of 'ordinary life' principles within the context of challenging behaviour.
- Ensure the on-going development of a range of providers who can offer different accommodation to this service user group
- Include the requirement for providers to work with people with challenging behaviours including those with dual diagnosis and/or forensic histories in Care Support and Enablement tender with clear specification.

14) Carer support

What do we have now?

While services primarily for the service user, even where this also benefits the carer, are offered following an assessment of need and an allocation of resources. This is then given to the individual as a personal budget which can either be managed by the Council or given as a direct payment for the service user and their carer to purchase services directly.

Carer assessments are undertaken to look at needs of the carer which may result in a small personal budget for the carer. However, respite services, considered to be primarily related to the needs of the carer, even if the service user also benefits, are not currently part of the personal budget and allocation is a little ad hoc.

There is also an NHS carers break fund which can be used to purchase a residential care break or homecare, eligibility for this also depends on a local authority carers assessment.

A new process is being developed to link the carers needs to the service user's needs to come up with an allocation of funding for short breaks. This will then be included in the personal budget and will be able to be taken as a direct payment so carers and service users can spend the money on alternative goods or services to meet their outcomes.

Services available which could offer a break/support to carers of people with behaviours services find challenging

- Outreach and Homecare services that can work with people in their own homes, and therefore also provide a break to the carer.
- NHS day services providing additional support for people who challenge services or have specific health needs, they can also offer support to carers in how to manage behaviours when the person is at home.
- Two providers offering autism specialist day services.
- Four in-house respite services, one NHS day service.
- Two other providers currently offering respite services to people who can be challenging.
- Community Assessment and Treatment Team – can offer support by working alongside carers to manage behaviours.
- Carer support groups – a range of groups with and without health or social care input around the county.

What are the difficulties?

- Some people who may not be eligible for social care services and therefore the carer is unlikely to have had an assessment – if the needs of the individual escalate it may reach crisis before either health or social care are involved.

- People may struggle to access carer support groups if they are not receiving respite services.
- Reduction in in-house and NHS respite services planned

What do we need to do about it?

- Through mapping of pathways of people being sectioned, analyse the levels of health or social care support going in and at what stage leading up to the section and try and identify high risk or trigger points for carers earlier.
- Ensure allocation of in-house services responds to the needs of people with the most challenging behaviours and that alternatives are also developed.

15) Health Community Resource

What do we have now? –

- 2 Community Assessment and Treatment teams (CAAT) covering North and South of the county
- Psychiatry
- Psychology
- Speech and Language Therapy (SALT)
- Occupational Therapy
- Nursing
- Physiotherapy
- Specialist Epilepsy nurse

What are the difficulties?

- Challenges for the current workforce to meet the increases in demand.
- Identifying likely increase in need for all clinical support as part of the on-going prevention agenda as well as those coming back to the community from hospital.
- Support providers with in-house services joint working with NHS community resources meaning lack of clarity between support providers and clinical staff as to roles and responsibilities.
- Lack of resource within mental health services around autism (Asperger's) – much of the resource above is within learning disability services and therefore people with autism but no learning disability do not have access.

What do we need to do about it?

- Work with current provider to demonstrate the level of need and how this can best be commissioned for.
- Share knowledge from learning disability services relating to Autism.
- Develop SALT, Psychology and occupational therapy resource for people with Asperger's.
- Work with providers and clinical staff to provide clarity of roles and responsibilities and to develop clear guidance around when providers should be liaising with NHS clinical staff – this may vary by provider depending on their in-house arrangements.
- Analyse the potential costs and benefits of developing the role of the CAAT team to enable 24/7 response and ability to do more work alongside providers – stepping in to cover shifts where mental health or behaviours are deteriorating.

16) Social Care Community Resource

- 7 Community Learning Disability team – one in each district.
- 1 County Wide Asperger's Team
- 1 County Wide Transitions Team
- 4 Community Mental Health Teams
- 1 Transformation Team

What are the difficulties?

- Challenges for the current workforce to meet the increases in demand

What do we need to do about it?

- On-going strategic planning to deliver more joined up working between health, social care and providers
- Better discharge planning and needs mapping to ensure pressure points are identified early.
- A project manager post has been agreed until March 2015 to co-ordinate work around the strategy and to ensure appropriate service provision going forward.

17) Advocacy

What do we have now?

- For people living within Nottinghamshire they have access to the jointly commissioned advocacy provider who offers both independent mental capacity advocacy (IMCA) and general advocacy.
- For people placed out of area Independent Advocacy is a service requirement within the service provider's contract.
- All service users moving from hospital into the community have had advocacy support available to them.

What are the difficulties?

- The Department has no specific evidence to identify whether the services are appropriately meeting the needs of people with challenging behaviours as monitoring information does not specifically identify this service user group.

What do we need to do about it?

- Undertake a review of the advocacy which is available and has been provided to people in hospital and people with challenging behaviours living into the community to ensure the provision is appropriately meeting needs.

18) Workforce Development (health, social care and providers) – training re challenging behaviours, adult social care (ASC) and dual diagnosis.

What do we have now?

- Training is undertaken by each organisation according to the needs identified.

What are the difficulties?

- Different organisations may take different approaches to managing behaviour which challenges. This can lead to inconsistent behavioural support which is confusing to the service user.
- No measure to ensure that there is a consistent approach to training
- Knowledge of Autism within the mental health sector is low.

What do we need to do about it?

- The current tender for care, support and enablement services includes a minimum training requirement for people working with service users whose behaviour services find challenging and those with learning disabilities and/or Autism. This needs to be rolled out to care homes and existing support providers.
- Following an audit of current training approaches within health and social care, develop a joint training plan, incorporating shared training to ensure similar approaches are undertaken.
- Develop higher level expertise around ASC within mental health services.

19) Assessment & Treatment Units (ATU) and Secure Hospitals

What do we have now?

- 18 bed ATU.
- One 8 bed Male only locked rehab service run by the NHS Trust.
- A number of private locked rehab services for males and females.
- One high secure hospital.
- Current use of additional out of area locked rehab and secure provision.

What are the difficulties?

- People are still being sent out of area to locked rehab or secure hospitals.
- Too many people are still being admitted to hospital because they cannot stay where they are due to the impact of their behaviour on others.
- People who have stayed in hospital too long i.e. when they are no longer being treated.
- It is not usual practice for patients to be funded in hospital through Continuing Care but this does sometimes happen, particularly in Bassetlaw. There are no consistent quality monitoring arrangements in place for these patients.

What do we need to do about it?

- Ensure sufficient high quality locked rehab and low secure in Nottinghamshire to meet demand.

- Work with providers and neighbouring authorities to try and ensure we all place as close to home as possible.
- Develop step up/down provision both registered and supported living as an alternative to hospital where the issue is about not being able to remain where they are rather than them specifically needing hospital services.
- Ensure a regular review of every person in hospital is carried out by health and social care in partnership with the individual and family members and the provider to enable good discharge planning.
- Develop standard process for discharge planning to ensure all requirements are appropriately considered and available when required.

Conclusion

- There is a range of service available to meet the needs of people in Nottinghamshire whose behaviour services find challenging.
- Partners in Nottinghamshire are committed to working together to ensure the continued delivery of person centred approaches to housing and support to ensure the Department is up to the challenge of increasing the number of people whose behaviour services find challenging living within the community and reducing the need for, or length of time spent in, secure hospital settings.
- This is a living document and will be updated annually to reflect progress, new developments and take into account new information.
- An action plan will be developed each year to address some of the key issues identified in the strategy which will be widely consulted on.

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(1)Emerson, 1995, cited in Emerson, E (2001, 2nd edition): *Challenging Behaviour: Analysis and intervention in people with learning disabilities*. Cambridge University Press

(2) People with learning disability and mental health, behavioural or forensic problems: the role of in-patient services Faculty Report FR/ID/03; July 2013 Royal College of Psychiatrists'; Faculty of Psychiatry of Intellectual Disability

8th September 2014**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, ACCESS & PUBLIC PROTECTION****ACCESS AND SAFEGUARDING****PURPOSE OF THE REPORT**

1. The purpose of this report is to:
 - give an overview of the authority's Safeguarding and Access Service
 - update the Committee on the progress of the realisation of the efficiency savings
 - provide an update on the work of the Benefits Service, in supporting vulnerable people.

INFORMATION AND ADVICE

2. The Adult Social Care Health Committee report of 31st March 2014 sets out the new group structure for ASCH&PP. Access and Safeguarding services were joined under a single line management structure which was previously undertaken by three different Group Managers and three Service Directors. The service seeks to:
 - provide a "seamless service" and entry point into social care and safeguarding adults
 - ensure people receive an appropriate, proportionate and timely service to meet their needs
 - provide support and leadership to coordinate activity as the lead agency for safeguarding adults.
3. The Service Area has the following teams:
 - **The Adult Access Service** together with the Customer Service Centre (CSC) assesses whether someone is in need of or is likely to be in need of support. To determine this, the department uses Government guidance to decide whether a person's ability to live independently would put them at risk if services are not provided or arranged to help them. This is called Fair Access to Care Services (FACS). If there is a risk to a person's independence the department has to decide whether the risk is critical, substantial, moderate or low. Currently, 71% of enquires do not require further input from the district operational social work teams.
 - **The Benefits Service** has been refocused to mitigate the effect of the closure of the Nottinghamshire Welfare Assistance Fund (NWAF). The team

continue to deliver advice to ASCH service users and take referrals via the CSC. Other areas of the team's role include training to ASCH and voluntary sector organisations, website development and liaison at a local and national level. The projected amount of additional welfare benefits the team is expected to gain for the citizens of Nottinghamshire over a twelve month period is £854,330. This will enable service users to self-fund care for longer or allow those already receiving local authority funding to make greater financial contributions towards their care, reducing the cost to the Authority. From April 2015 the team will have a pivotal role in implementing and delivering the requirements of the Care Act.

- **The Occupational Therapy Intake Team**, which receives requests for occupational therapy assessments. Between January 2014 and the end of April 2014 the team received 2,454 contact assessments. Of these 1,110 were dealt with fully by the Intake team reducing the number of home visits and providing a quicker response to service users.
- **The Multi Agency Safeguarding Hub (MASH)** receives all safeguarding adult enquires. Through a process of information sharing with partner agencies the team triages all enquires to provide a timely and proportionate response appropriate to the level of risk. The team is currently successful at diverting an average of 41% of safeguarding enquires because they do not meet the threshold for adult safeguarding.

4. Adult Activity in MASH

	Per Year	Per Day
Calls	5,418	21
MASH Enquiries	4,751	19
Referrals	3,019	12

5. Adult MASH Enquiries by Quarter

Quarter	Count of Enquiries
Q4 2012-2013	775
Q1 2013-2014	1,023
Q2 2013-2014	1,146
Q3 2013-2014	1,245
Q4 2013-2014	1,337

Q1 2014-2015	1,317
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With the exception of the last quarter this chart shows a consistent increase in the number of enquiries into the MASH. This continued rise is in line with the national picture and we believe it reflects greater awareness of safeguarding issues and how to respond rather than an increase in the amount of abuse taking place. A further report outlining the impact of this for the staffing of the Mash will be presented at a future committee meeting.

6. **The Safeguarding Team** supports the work of the Safeguarding Board, commissions and delivers safeguarding training, has a quality assurance function together with policy and practice development for the authority and its partners. This team also leads on the Making Safeguarding Personal Agenda which was agreed by ASCH Committee on 12 May 2014.

Care Act

7. The Care Act seeks to introduce safeguarding adults' boards as a statutory requirement and requires local authorities to make enquiries when an adult at risk is thought to be at risk of harm or neglect. The grouping of services within Access and Safeguarding will contribute significantly to the Care Act programme and staff within the group are leading a number of work streams.

Savings Proposals

8. The savings proposal for 2014/15-2016/17 relevant to the service area is:
 - a. **Disestablish the Safeguarding Adults Practice Team (OBC08a).** These savings were realised and the team was disestablished. However, the subsequent Cheshire West judgment resulted in an additional funding of £1.8 million to comply with the judgment. This was approved in the Committee report of the 12 May 2014.
 - b. **Cease the Commissioning Officer Improvement Post (OBC08b)** in the Safeguarding Adults Strategic Team. This will be realised from September 2014 the post holder has successfully completed a trial period and has been re-deployed to another area in the department. The savings will be realised now that this has become a permanent position.

OTHER OPTIONS CONSIDERED

9. None.

STATUTORY AND POLICY IMPLICATIONS

10. 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

11. The financial implications are detailed in paragraph 10 of the report.

HUMAN RESOURCE IMPLICATIONS

12. These are contained in the body of the report

SAFEGUARDING OF CHILDREN AND VULNERABLE ADULTS IMPLICATIONS

13. The authority's emphases on improving the quality of services for vulnerable adults will ensure that safeguarding enquires are dealt with in a proportionate and appropriate manner. The continuation of a well-functioning Safeguarding Adults Board will seek to ensure the strategic direction of safeguarding meets the needs of the local population.

RECOMMENDATION/S

14. It is recommended that ASCH Committee:

- Comments and notes the content of this report

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 (SLB 15/08/2014)

15. Adult Social Care and Health and Public Protection Committee is the appropriate body to consider the content of this report. Changes to staffing structures are subject to HR advice and consultation with the recognised trade unions.

Financial Comments (KAS 19/08/14)

16. The financial implications are contained within paragraph 10 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 27th February 2014: *Annual Budget 2014/15*
- Report to ASCHPP Committee 12th May 2014: *Deprivation of Liberty Safeguards*
- Report to ASCHPP Committee 20th July 2013: *Multi Agency Safeguarding Hub*
- Report to ASCHPP Committee 12th May 2014: *Revision of Safeguarding Procedures and Guidance*
- Report to ASCHPP Committee 25th November 2013: *The Care Act*
- Report to ASCHPP Committee 7th July 2014 *Resources to deal with the increased demand for benefits advice following closure of the Nottinghamshire Welfare Assistance Fund (available at www.nottinghamshire.gov.uk)*

Electoral Division(s) and Member(s) Affected

All.

8 September 2014**Agenda Item: 7****REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****CARE SUPPORT AND ENABLEMENT UPDATE REPORT****Purpose of the Report**

1. To inform Committee members of the outcome of the Care, Support and Enablement Tender.
2. To seek approval from committee for the recruitment of an additional quality development officer to ensure smooth implementation of the new contracts and quality control of legacy providers.

Information and Advice

3. Care, Support and Enablement services provided supported living and outreach support to younger adults with learning disabilities, mental health issues, autism and physical and sensory disabilities. There are currently 25 providers within Nottinghamshire, the majority of which will continue to deliver services to their current service users following the tender.
4. The tender was to find 4 providers who would act as a core provider in specific geographical areas, taking on all new work in that area and working in partnership with the council to ensure stable, high quality services while delivering cost efficiencies through innovative practice and the promotion of independence.
5. It is expected that the supported living market will continue to grow in Nottinghamshire as people move back from out of county placements, including secure hospitals, and more younger adults move from residential care into supported living.

The Tender Process

6. The tender was advertised in March 2014 and conducted under a two stage process.
7. The first stage required a Pre-Qualifying Questionnaire (PQQ) to be submitted by interested providers, outlining experience to date and confirming the legal and financial standing of their organisation. Shortlisted providers would then be 'Invited to Tender'.
8. A total of 30 applications were received and shortlisted with 10 providers invited to tender.

9. A total of 9 bids were received, all of which were compliant.

10. Bids were assessed by an evaluation panel against award criteria as follows:

- Quality - 80%

A quality threshold of 60% was established for the following sections to ensure a minimum acceptable quality level would be ensured. Failure to achieve the threshold meant that any tender did not progress to the financial evaluation stage:

- Implementation, Business Continuity, Efficiencies and Change
- Management and Staffing
- Service Delivery

The quality section also incorporated a presentation from tenderers.

Service Users and carers were involved in assessing quality.

- Price – 20%

- Price per hour
- Direct Cost ratio (direct staff costs compared to overheads).

- The Outcome

- **Lot 1 – Broxtowe, Gedling and Rushcliffe - Community Integrated Care,**
- **Lot 2 – Bassetlaw - Nottingham Community Housing Association**
- **Lot 3 – Newark and Sherwood - FitzRoy**
- **Lot 4 – Mansfield and Ashfield - United Response**

The Future

11. Existing providers have been asked to sign up to similar terms and conditions as the new 4 core providers in order to ensure that all supported living is working towards promoting independence and reducing the requirement for paid for support.

12. All providers are required to:

- work with service users to develop existing skills and acquire new ones which will enable them to remain in their home and increase their independence
- enable service users, who are able to do so, to make informed choices about the support they receive

- deliver service improvements and innovative ways of working which will deliver a 10% reduction in the cost of providing CSE services over the next 3 years (4% in year one, 4% in year two and 2% in year three). This does not have to apply to each and every package of care but across the whole of the providers work.

13. In order to ensure providers continue to deliver good quality services and any reductions in individuals packages are carefully risk assessed and properly planned for, the department will need to monitor the information the providers send to us and have the capacity to validate this on a spot checking basis.
14. Currently the department has enough quality development officer time to undertake annual quality reviews and respond to immediate quality issues but the department does not have enough to do proactive monitoring.
15. It is therefore proposed that the department recruit to a 2 year temporary post, an additional quality development officer who will be able to work across the 25 legacy providers and the 4 core providers to ensure the new way of working is fully understood by providers and that the quality of services does not reduce as a result.

Statutory and Policy Implications

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

17. The 10% saving is already included in a current savings plan but is expected to contribute approximately £2m over the next three years.
18. The additional temporary Quality Monitoring Officer would be recruited on Grade 5, scp 24-28 - £21,067 - £23,945 per annum. This post will be funded for 10% over the period of the contract.

Human Resources Implications

19. The post will be subject to the vacancy control protocol and appointed to on a 2 year fixed term contract.

RECOMMENDATION/S

It is recommended that Committee:

- 1) notes the content of the report

- 2) approves the recruitment of a temporary 2 year post Quality Development Officer Grade 5, scp 24-28 - £21,067 - £23,945 per annum.

CAROLINE BARIA

Service Director for South Nottinghamshire

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Constitutional Comments (SLB 15/08/2014)

20. Adult Social Care and Health and Public Protection Committee is the appropriate body to consider the content of this report. Changes to staffing structures are subject to HR advice and consultation with the recognised trade unions.

Financial Comments (MM 15/08/2014)

21. The financial implications are contained within paragraphs 16 and 17 of this report.

Background Papers and Published Documents

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

- None.

Electoral Division(s) and Member(s) Affected

- All



8 September 2014

Agenda Item: 8

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

**CARE ACT 2014 – UPDATE ON LOCAL IMPLEMENTATION AND THE
IMPLICATIONS FOR NOTTINGHAMSHIRE COUNTY COUNCIL AND
PARTNER ORGANISATIONS**

Purpose of the Report

1. To update the Health and Wellbeing Board (HWB) on the changes that are required arising from the Care Act and to highlight the implications for the Council and partner organisations in relation to care and support for adults.

Information and Advice

Introduction

2. Implementation of the Care Act will totally 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.
3. 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 to Nottinghamshire County Council (NCC) and its partners. There are very significant financial and resource implications to meet the new statutory requirements. Financial modelling under way by local authorities supports the view that the reforms will be under-funded by Government. Implementation is also challenging, with very tight timescales; the social care changes need to be in place for April 2015 and the funding changes by April 2016. The Care Act became law in May 2014, and the draft social care regulations and guidance were released in June 2014 for consultation; these will be finalised in late October 2014. Draft regulations and guidance on the funding reforms is expected in late autumn 2014 for consultation, but it is anticipated these will not be finalised until late 2015. These timescales present significant risks around readiness for workforce, informatics and developing and embedding alternative methods of access and delivery of social care in order to manage demand.

4. 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.
5. 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' and 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.

Care Act Programme and governance

6. In May 2014 the Adult Social Care and Health Committee (ASCHC) agreed to fund a dedicated programme team to assess the financial and resource implications and then to plan and implement the required changes. The programme team was in place by July 2014.
7. Governance arrangements are in place and progress is being reported on a quarterly basis to the ASCHC and provides reports into the HWB.
8. A total of 10 work streams and 4 enabling work streams have been set up with identified leads to ensure statutory timescales for the new and extended duties and responsibilities will be met.
9. Some of the work is briefly outlined below:
 - Assessment, personalisation and eligibility -
 - Review of assessment and support planning tools and development of alternative ways of access and assessment for care and support, including online, telephone or clinic based assessments and reviews.
 - Revision of all guidance, policies and tools to accommodate the national minimum eligibility threshold.
 - Carers -
 - Ensuring compliance with new and extended requirements of the Care Act, including the right to assessment and to meet a carer's needs for support and the duties to assess a young carer or parent carer.
 - Assessing the impact of the new requirements on cost and demand and exploring cost effective and efficient approaches to meet new requirements.

- Prevention and housing
 - Reviewing the breadth and coverage of information and advice and preventative services and the extent to which integrated services with housing and health partners might deliver better outcomes.
 - Development of a more integrated solution to accommodation needs.
- Advice, Information and advocacy
 - Develop a universal and comprehensive information and advice offer for all citizens of Nottinghamshire, including social care, housing, health and financial information
- Strategic market development and quality and risk
 - New home-based support and supported living services have been commissioned, jointly with the CCGs, from independent sector providers which embed reablement principles, placing emphasis on promoting independence and self care.
 - Reviewing and updating Market Position Statement to ensure full compliance with the Care Act.
 - Development of process to undertake to assess and maintain an overview of provider viability and potential provider failure.
 - Active participation in national work on market shaping (to be published at the end of the year).

Consultation and assessment of the draft guidance and regulations

10. The Government consulted on the draft regulations and guidance from June 2014 to 15 August 2014. The Council set up an intranet page to invite responses from staff and Members on the questions in the consultation. A Nottinghamshire Care Act newsletter circulated to wider stakeholders (including the community and voluntary sector) promoted the consultation. In addition, specific briefings were provided for the Health & Wellbeing Board, Clinical Commission Groups and Housing to encourage partners to respond on behalf of their individual organisation to key areas around integration. Two sessions with ASCHC Members helped finalise the comprehensive response from the Council.
11. The Care Act programme has completed an impact assessment on the draft regulations and guidance and considered the implications for the Council. This has informed the programme of work to implement the new and extended responsibilities and these findings in key areas are covered through this update report.

National Local Authority Stocktake

12. The Care Act Local Authority Stocktake was completed by all local authorities in May 2014 and will be repeated every quarter. Its completion is a condition of the Care Bill Implementation Grant 2014/15, which is a one off grant of £125,000 to contribute to implementation costs in 2014/5.
13. The purpose of the stocktake is to assure the government of progress in implementing the requirements of the Care Act across the country. Each local authority was required to complete a self assessment with nine proxy measures as an overall indicator of readiness.
14. Although the findings from the stocktake are awaited, the council's self-assessment indicated that they are largely on track for the delivery of the Care Act and are fairly

confident that it will be delivered. However, the stocktake does highlight a number of risks that are logged on the risk register, including the late release of national guidance and regulations; development of digital, IT and financial systems required within a short time frame and communications to the wider public on the reforms and affordability. These areas of concern are shared with other local authorities.

Progress on key areas

Workforce

15. The Council is a pilot site for the Skills for Care workforce capacity planning model to model the impact of the Care Act on its workforce and understands what changes it will need to make. Although the Care Act will impact on the workforce across the Council, modelling has started in some key areas that will be affected by the changes, including assessment and care management teams, Adult Care Financial Services and the front end, including the Customer Service Centre and the Adult Access Service.

ICT, Advice and Information

16. The provision of good quality information and advice by the local authority, in partnership with others, underpins the reforms. There is a requirement to provide a comprehensive universal information and advice service that covers social care, health, housing and financial information.
17. A new strategy is in place which reflects the Care Act principles and a review has been undertaken of 'Choose My Support', the online directory, which provides information and signposting. Alternative systems are being looked into and evaluated against the requirements laid out in the Act. The aim will be to align this, wherever possible, with the information tools used by district/borough councils and health colleagues.

Prisoners

18. A new responsibility for local authorities is assessing and meeting eligible social care needs of adult prisoners (not just on discharge from prison, but also while they are in custody). This change in legislation will affect Nottinghamshire which has a number of prisons and bail accommodation within its boundaries. Work is under way to make contact with all the prison governors to scope the impact of this new responsibility and understand the numbers of prisoners who could be eligible for a social care assessment.

Wellbeing and national eligibility criteria

19. For the first time the reforms set a national *minimum* eligibility threshold based on wellbeing, which is intended to help achieve more consistency and fairness across the country by putting an end to different thresholds set by different local authorities. The government intended for the national *minimum* threshold to be set at the equivalent of substantial, which is where most local authorities, including Nottinghamshire, currently operate. However, the new draft national eligibility criteria are very different to those in current usage, with one significant difference being the basis on the impact to wellbeing rather than risks to independence. There is a general concern from local authorities that

the new framework is looser and will lower most councils' thresholds, thus generating more demand on their services.

20. The Council has actively participated in national surveys to test the new eligibility threshold. Based on preliminary work carried out by the London School of Economics, the first draft of the proposed changes would have increased the numbers of 'definitely eligible' and 'probably eligible' by almost 20%. In response to these findings, the draft guidance and regulations were again revised and a further survey commissioned, in which NCC participated. Although this report has not been released to date, the findings based on our very small sample suggest older adults could gain whilst some groups could lose out. Consideration is now being given to how the national *minimum* eligibility threshold would be locally implemented within the framework of the Adult Social Care Strategy.

Rights for carers

21. The Care Act gives carers the same rights as those of the person they look after and does away with the requirement that the carer must provide a substantial amount of care on a regular basis.
22. In response to these new and extended responsibilities, new models of access, assessment and service provision are being considered to meet these new demands in the most cost effective way. Specifically, there will be an increase in the number of requests for assessment – from initial assessment to financial assessment and review. These additional assessments will need to be carried out in a flexible way, which builds upon the successful telephone-based service at the Adult Access Service and which will maximise the use of all available resources including online assessments, supported self assessment and joint assessments with the person being carried for.
23. The Care Act entitles a carer to services to meet their eligible needs and these additional services that the carer will be entitled to represent a financial risk if the money identified in the Better Care Fund is not sufficient.

Self-funders and assessments

24. The Care Act fundamentally changes who and how people pay for their care. From April 2016, the financial reforms extend the means tested threshold of £23,250 for residential care to £118,000 and introduces for the first time a cap on lifetime costs of £72,000 (this excludes living cost of £12,000 per annum). During 2015/16 it is anticipated that there will be a high demand for assessments from self-funders. Based on local data and an extensive survey carried out with care providers, estimates suggest current assessment activity could double.
25. In response to this anticipated demand, NCC needs to carry out these assessments in the most efficient way possible. Working in collaboration with the Digital Team, plans are progressing to develop an initial contact assessment online, which could then be developed and expanded with a full online assessment for identifying eligible care needs and a financial assessment.
26. In addition, the Council needs to explore other alternatives to the way that we currently assess, yet recognising for some groups of service users and carers that a face-to-face

assessment is still required. Other ways of delivering an assessment include telephone based assessment, clinics for face-to-face, supported self assessment and working more closely with partners and providers in completing assessments, support plans and reviews.

Financial Contributions, Fees and Charging

27. The Care Act sets out several powers that local authorities have in relation to charging, including: a contribution to the cost of arranging and/or providing care and support for people above the upper financial threshold (self-funders); charging interest and administrative fees against the deferred payment scheme and charging carers for services and support provided.
28. The deferred payment scheme and the support planning and brokerage functions for self-funders are intended to be cost neutral; therefore an authority is entitled to charge for those fees as long as it does not charge more than what it costs to provide those services.
29. Currently, it is not possible to charge carers for services in the same way as service users are charged, but the Act will make it lawful for local authorities to charge. Charging carers for support and services could bring in additional income, but the full impact of charging carers needs to be considered.

Financial Modelling: understanding the costs of the reform

30. The Department of Health, Local Government Association and the Association of Directors of Social Services are working closely to model the costs of both the social care reforms in 2015 and funding reform taking effect in 2016.
31. The Care Act is funded through the following:
 - Care Bill Implementation Grant, which is a one off grant of £125,000 to contribute to implementation costs in 2014/5
 - Better Care Fund to cover new costs in 2015/16 with an allocation of £2.6 million with £0.7 million capital.

In addition, there is consideration to a financial settlement from the government to meet costs *not* covered by the Better Care Fund. These include new assessments for self-funders, deferred payments and new responsibilities for prisoners.

32. All Councils are undertaking financial modelling to understand the impact of the Care Act.
33. Local authorities are very concerned that the Government has under-estimated the costs of the reforms and the current funding allocations identified above will be insufficient. This is supported by early modelling by county local authorities who have found the numbers of self-funders and carers have been underestimated.

Statutory and Policy Implications

34. 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.

Implications for Service Users

35. The Care Act has considerable implications for service users and carers, including people who fund their own care. Detailed consideration will need to be given to the full implications as part of the programme of work to scope, plan and implement the changes.

Financial Implications

36. These are covered within the body of the report.

Equalities Implications

37. The changes arising from the Care Act will impact on all vulnerable groups of adults and children across Nottinghamshire's communities. Equality Impact Assessment(s) will be completed to enable detailed understanding of the impact of the changes on people with protected characteristics and these will in turn help inform the changes that will be required to local policies and procedures.

Human Resources Implications

38. These are covered within the body of the report.

RECOMMENDATION/S

It is recommended that Committee:

- 1) note the implications of the new and extended responsibilities for local authorities and partners arising from the Care Act, including the financial and resource demands
- 2) note and comment on the update on the programme of work.

DAVID PEARSON

Corporate Director for Adult Social Care, Health & Public Protection

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Constitutional Comments (KK 22/08/14)

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

Financial Comments (KAS 22/08/14)

40. The financial implications are contained within paragraph 30 to 33 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.

- The Care Act Local Authority Stocktake completed May 2014.

Electoral Division(s) and Member(s) Affected

- All.

8 September 2014**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE****ON-LINE ASSESSMENT AND INFORMATION AND ADVICE PROVISION IN
RELATION TO ADULT SOCIAL CARE****Purpose of the Report**

1. To provide the Adult Social Care and Health Committee with further information about the requirements of the department as a result of the implementation of the Care Act 2014, including the introduction of on-line assessment, and the move towards a greater degree of automation in the triage process.
2. To approve the spend of a maximum of £54,000 in order to join up existing information and advice systems across children's and adults' services and to meet the requirements of the Care Act from April 2015.

Information and Advice

3. The Care Act brings benefits but also many challenges to Local authorities and plans are progressing in anticipation of implementation from April 2015. This report seeks to address the department's response to the specific challenges around the predicted increase in demand for social care assessments as a result of the Act, and the increased requirements of Local authorities in relation to the provision of a universal information and advice service. Further details in relation to the changes brought about as a result of the Care Act can be found in the 25 November 2013 Committee report, Implementation of the Care Bill.
4. This report builds on the work undertaken by the Care Act Team, and also on the work undertaken by the Access to Good Information Group. On 9 June 2014, Adult Social Care and Health Committee approved ASCH Information, Advice and Advocacy Strategy, which agreed principles aligned to the Digital First Strategy and provided a solid foundation for moving forward to meet the requirements of the Care Act. This included having one central electronic directory and web pages for information to be held, up-dated and disseminated, although other channels and services will be available to help people who need it to access the information.

On-line Assessment

5. The introduction of the reforms within the Care Act is expected to bring about a significant increase in the request for social care assessments within the County. There are two specific areas which will result in a sizeable increase in assessment volumes. From April

2015, the department can anticipate approximately 1,000 additional carers presenting for assessment each year. From autumn 2015, onwards the financial reforms are expected to result in 6,800 to 9,100 extra service users, although this may start sooner.

6. 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 a requirement to offer a supported self-assessment (a supported self-assessment places the person in control of their assessment to complete it, but it remains the local authority's responsibility to make this decision about eligibility). An on-line self-assessment form would be critical in meeting these new demands.
7. This tool would enable service users to take more control of the assessments; receive a quicker decision on their care and support needs and eligibility for funded support; and improve outcomes through signposting to offer services. This self assessment tool could be used by Council staff and partner organisations, as well as by service users and their family members to improve access to social care.
8. To maximise the effectiveness of this form, it is proposed that it will be able to automatically undertake some of the prioritising of work which is currently undertaken within the department. This will result in ineligible people who complete the form being signposted towards relevant pages within the on-line information and advice pages of the Council's website.
9. The form will also feed directly into the department's computerised case management system, Framework-i, and could therefore potentially reduce the need for operational staff to collect information which a service user has already provided.
10. It is proposed that there be a number of forms, which would be hosted on the County Council website, and these would include the Carers Assessment, aspects of the Community Care (or needs) assessment and the financial assessment. The first of these will be piloted in autumn 2014. Before going live, all of the forms will be subject to testing with service users, partners in Health and Community/Voluntary organisations, to ensure that they are fit for purpose. It is not intended that these forms should replace all other methods of assessment, which will continue to be available.
11. Initially, it is intended to design and develop this form using staff from within Nottinghamshire County Council Communications and ICT services, with additional input from the team responsible for maintaining Framework-i and the Care Act Team.

Information and Advice Provision

12. 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. Clearly the provision of accessible, accurate and credible information and advice is essential in meeting this requirement. Having an on-line social care directory ensures the information can be managed, updated and may assist in signposting people to other sources of assistance and support.
13. 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 adults

and their carers. This service will enable people to identify choices for their support and will be provided in a number of ways, including the essential digital route.

14. This information provision needs to be more comprehensive than has been the requirement previously, ensuring it meets the needs of all of the people of Nottinghamshire in relation to care and support for adults, including those who do not meet the eligibility criteria, and support for carers. The Act is quite specific about what level of information and advice should be provided. It should be more than just basic information about care and support and should address prevention, financial advice, health, housing, employment and what to do in cases of abuse or neglect of an adult.
15. Currently, our on-line information and advice functionality is provided digitally within Nottinghamshire via a number of information pages on the NCC internet, through an on-line e-marketplace, Choose My Support, and via the BEDs system (for care home placements). The current partnership agreement with Leicestershire and Nottingham City ends in February 2015.
16. Although the department has some existing on-line information on both the Nottinghamshire County Council public website and via choosemysupport.org.uk it is not felt to be adequate to meet the increased needs of the future. The various requirements of the Care Act mean that a comprehensive system is required and this should also prevent duplication and lack of consistency.
17. Officers within the department have investigated a number of options for providing this, including the undertaking of a full tender process, and the extension of our current contract, with Choose My Support.
18. Currently one provider supports the on-line directories for both the library service and the Children and Families service, within Children, Families and Cultural Services (CFCS); e.g. the on-line information and advice provision, as part of the SEND (Special Educational Needs and Disabilities) local offer. This current provider is viewed as a market leader for this type of system, and currently has contracts with over 60% of the top tier local authorities in England.
19. As the next positive step towards integration, and a more joined-up and corporate approach, it is proposed that the department enters into a 12 month agreement with the current provider, potentially in partnership with Nottingham City Council and CFCS, giving the people of Nottinghamshire a greater chance of having all their social care information needs met via a single website.
20. The market for this type of provision is relatively immature at this point, certainly in terms of Care Act compliance. In addition to aligning our contract lengths with those of partners, inside and outside the Council, the decision to choose an interim 12 month option will enable the national market to develop its offer. Due to procurement law, the interim contract would not be able to be extended past March 2016, so the department would choose to go to tender during 2015 for a new provider, having fully clarified our requirements and partnerships.

Statutory and Policy Implications

21. 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

22. The provision of advice and information enables people, carers and families to take control and make well-informed choices about their care and support and how to promote well-being. On-line self-assessment will enable service users and carers to take more control of their assessment, ensure quicker decision making and improved access to a range of service to meet preventative needs. On-line assessment will provide an option for service users and carers to complete a support self assessment where they are willing and able to do so. Service users and carers will be engaged in the on-going testing and development of the directory and forms, in order to ensure they are easy to use. This will take place where possible, through existing groups and forums and other appropriate approaches.

Options Considered

23. Extending existing arrangements has been considered, but would not meet the requirements of the Care Act, and indications are that other partners are seeking alternative arrangements for similar reasons. Staying with the current provider would incur significantly higher costs than the current £32,543, due to other partners withdrawing from the contract. Therefore increased or full costs of the existing system would fall to Nottinghamshire County Council.

Financial Implications

24. From 2015/16, an indicative £0.7 million capital and £358,000 funding for information, advice and advocacy, is allocated to the Council, associated to the implementation of the Care Act. However, this funding is not confirmed, and will be contained in the 2015/16 Better Care Fund, which is agreed in negotiation with partner agencies through Health and Well-being governance structures. Previously, monies from the Social Care Reform Grant funded the on-line directory. This grant is no longer available, and the existing allocation will all be spent by February 2015.
25. The proposed new provider currently has a contract within the Council. The price for their product would be a maximum of £40,000 for the implementation of the system, involving the migration of data from existing sources and the integration of Adult Social Care with Children, Families and Cultural Services, and approximately £14,000 for maintenance for 12 months. This may be reduced further if Nottingham City becomes partners to the contract.

RECOMMENDATION/S

It is recommended that Committee:

1. note the further information about the requirements of the Department as a result of the implementation of the Care Act 2014, including the introduction of on-line self-assessment, and the move towards a greater degree of automation in the triage process
2. approve the spend of a maximum of £54,000 in order to join up existing information and advice systems across children's and adults' services, and to meet the requirements of the Care Act from April 2015. The funding will be contained in the Better Care Fund.

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@nottsc.gov.uk

Constitutional Comments (KK 14/08/14)

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

Financial Comments (DLM 15/08/14)

27. The financial implications are contained within paragraphs 24 and 25 of this report.

Background Papers and Published Documents

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

Committee Report – Implementation of Care Bill 25 November 2013.

Electoral Division(s) and Member(s) Affected

All.

8 September 2014**Agenda Item: 10****REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****ORGANISATIONAL REDESIGN BOARD UPDATE REPORT****Purpose of the Report**

1. This report is to update Committee on progress made to date with the work and savings that fall within the scope of the Organisational Redesign Board, and the next steps for the project.
2. To seek member approval for one staffing change within the new structure.

Information and Advice

3. The Organisational Redesign Board is responsible for ensuring the successful completion of the savings targets agreed for the following outline business cases:
 - Group Manager Restructure (A12) £200K saving
 - Assessment & Care Management, Older Adults (B01) £659K saving
 - Reduction of Social Care Staff in Hospitals (B03) £196K saving
 - Younger Adults Assessment & Care Management (B07) £1million saving
4. The Group Manager Restructure (A12) was proposed to Committee in November 2013 and following consultation with staff, amendments to the proposal were made and a final structure was approved by Committee in March 2014. The enabling process was completed and the new structure was implemented for April 2014. There was a 2.8fte reduction at Group Manager Level, compulsory redundancies were not required.
5. To achieve the savings for Assessment and Care Management in Younger and Older Adults (B01 and B07) two main bodies of work are under way. A Lean+ review of the systems and processes to identify and implement efficiencies and Organisational Redesign to reduce the permanent establishment to achieve the identified savings.
6. The Lean+ review has focussed on three main areas which are tabled below with information on progress to date and planned next steps.

Access and Information

7. The focus in this work stream is to resolve more enquiries through the Customer Service Centre and Adult Access Service to reduce assessment activity in the district fieldwork

teams. An action plan following the Access Lean+ workshop is being developed with immediate actions being taken forward including:

- new Framework-i contact episode designed to enable better information capture
- minor amendments and Respite Care bookings being piloted
- research undertaken looking at overlap between Adult Access and District duty points

8. Work has begun to outline the requirements for hospital staff to enable them to refer service users for community assessments more efficiently.

Mobilisation

9. This work stream aims to deliver time efficiencies by reducing repetition of writing and typing assessment information through providing mobile tablets to district based fieldwork staff. Forty iPads have now been deployed to staff across different service areas of the department. Functionality available on the devices is the Community Care Assessment, Support Plan and Case notes. Business cases are being developed to allow the department to prioritise the next set of functionality. New requests for devices and functionality are received regularly. Roll out is provisionally scheduled for mid-Autumn.

Assessment

10. The Assessment work stream is aimed at re-designing the assessment documents used by fieldwork staff in their day-to-day work:

- a new Community Care Assessment and Support Plan was launched in framework-i on 19 May 2014. This assessment document is approximately 1/3 shorter in length than the previous iteration
- a review of the Deprivation of Liberty processes has now begun and progressing well
- a working group has redesigned and streamline the Occupational Therapy Assessment.

Organisational Redesign

11. The staffing reductions required to deliver the savings for Assessment and Care Management in Younger and Older Adults and the Reduction of Social Care staff in Hospital settings (B01, B07 and B03) are being managed as one piece of work and implemented simultaneously to ensure a consistency of approach and to allow maximum opportunities to avoid compulsory redundancies.

12. The proposed reductions associated with each business case were outlined in the section 188 notice published in November 2013 and the details of the reductions have been shared with Unions and staff, a summary of the reductions required are below:

- | | |
|-----------------------------------------------------|-------|
| • Assessment & Care Management, Older Adults (B01) | 19fte |
| • Reduction of Social Care Staff in Hospitals (B03) | 7fte |
| • Younger Adults Assessment & Care Management (B07) | 51fte |

In total a reduction of 77fte is required to deliver the savings.

13. The number of reductions required includes vacancies, 19fte as of 1 June 2014, which lowers the actual number of staff reductions required. These 19fte vacancies correspond with planned reductions, other vacancies across the service that still exist in the new structure will not be deleted. Vacancies will continue to be managed stringently to ensure where possible further reductions are made via natural turnover throughout the process.
14. The savings profiled for year one will be achieved by the deletion of vacancies as discussed above. Implementation of the remaining staffing reductions is scheduled for 1 April 2015 as opposed to 1 October 2014 as previously anticipated. This allows time to move towards new structures and new ways of working identified by the Lean+ Reviews between now and April 2015 without losing further capacity during this period. This achieves the published savings targets for the outlined business case.
15. The enabling process will take place between September and December 2014 ready for implementation by 1 April 2015 to deliver savings with full year effect.
16. Following the Group Manager Enabling outlined in paragraph 4, Team Managers in Younger Adults Assessment and Care Management Teams have been enabled and will assume new positions with effect from 1 October 2014 and transition arrangements are in place to ensure new management arrangements are embedded in advance of the remaining staffing reductions and structural changes. No changes are proposed for Team Managers in Older Adults or Hospital Teams.
17. As a result of the Team Manager changes in Younger Adults there has been a reduction in management resources in the Asperger's Team from 1fte Team Manager to 0.5fte Team Manager. To ensure that the team has the required level of support it is proposed that 1fte Community Care Officer post in the team, which is currently vacant but not due to be deleted, is disestablished and a 0.6fte Advanced Social Work Practitioner post is established in its place to provide full cover for complex cases and matters that arise.
18. The task for this work stream now is to consider additional and new demands and the challenges placed on the department prior to implementing the remaining staffing reductions. This requires consideration of the impact of the Care Act, the Chester West Supreme Court ruling in relation to Deprivation of Liberty safeguards, further integration with Health partners as well as the need to achieve additional budget reductions across the Council. Redefining Your Council describes the methods that will be used to identify the additional savings and Targeted Service Reviews are currently underway in both Younger and Older Adults.

Other Options Considered

19. There are no other options to outline as this report aims to update Committee on progress to date and next steps for the Organisational Redesign Board's work.

Reason/s for Recommendation/s

20. To keep committee members apprised of progress to date and the next steps planned.

21. To use resources flexibly with the defined budget to meet the needs of the business, as is the case with the conversion of the Community Care Officer to an Advanced Social Work Practitioner in the Asperger's Team.

Statutory and Policy Implications

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

Financial Implications

23. Cost of 1fte Community Care Officer in Asperger's Team: £28,950 per annum offset against the cost of 0.6fte Advanced Social Work Practitioner: £27,067 per annum. This is a saving of £1,883 per annum.
24. This will be managed within the existing budget for the Asperger's Team which sits under the Younger Adults Ashfield and Mansfield Group.

Human Resources Implications

25. The human resource implications are contained within the report.

RECOMMENDATION/S

It is recommended that Committee:

- 1) accept and note the contents of this report
- 2) approve the conversion of 1fte Community Care Officer, Grade 5 in the Asperger's Team into a 0.6fte Advanced Social Work Practitioner, Band C, scp 39-44 and the post is allocated an authorised car user status.

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Stacey Roe

Project Manager- Transformation Team

Email: Stacey.roe@nottscg.gov.uk

Constitutional Comments (LM 18/08/14)

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

Financial Comments (MM 15/08/2014)

27. The financial implications are contained within paragraph 23 of this report.

Background Papers and Published Documents

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

- 'None'.

Electoral Division(s) and Member(s) Affected

- All.

8 September 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 (PS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
8th September 2014			
Presentation from Healthwatch on Carers Annual Conference			Penny Spice/Healthwatch
Lean +/Transformational savings proposals	Progress report on savings proposals related to organisational redesign and transformation of assessment and care management.	Deputy Director, Adult Social Care, Health and Public Protection	Stacey Roe/Phil Cooper
Care and Enablement Tender Outcome	Report is to update Committee on the Care and Enablement tender outcome.	Deputy Director, Adult Social Care, Health and Public Protection	Cath Cameron-Jones
Winterbourne View Project update		Deputy Director, Adult Social Care, Health and Public Protection?	Cath Cameron-Jones
Access & Public Protection Savings Proposals	Progress report on savings proposals related to Access and Safeguarding	Service Director, Access and Public Protection	Claire Bearder
Online Information and Advice Provision	Proposals for provision of online information and advice for public in relation to social care support.	Deputy Director, Adult Social Care, Health and Public Protection	Nick Parker
Sponsorship of Great British Care Awards – East Midlands Event	Proposal to provide sponsorship for the regional care awards in East Midlands, to be held in November 2014.	Deputy Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Care Act Update	Progress report on the implementation of the Care Act in Nottinghamshire	Corporate Director, Adult Social Care Health & Public Protection	Jane North
6th October 2014			
Presentation on Extra Care	No report – presentation on what is meant by ‘extra care’ and how communities can benefit from extra care facilities (plus display of plans for EC developments in Notts)	Service Director, Mid and North Nottinghamshire	Cherry Dunk
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	Sue Batty

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
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	Amanda Marsden
Outcome of consultation on policy for providing planned short breaks for adult service users and carers	Feedback on outcome of consultation in relation to draft Short Breaks policy.	Deputy Director, Adult Social Care, Health and Public Protection	Wendy Lippmann
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
Business Support Review Update	Information update report	Service Director, CFCS	Julie Forster
Strategic Review of Care Home Sector Update	Strategic Review of Care Home Sector in Nottinghamshire and Nottingham City Update report	Service Director Access and Public Protection	Rosamunde Willis-Read
Approval of Local Account 2013-14	To seek approval from committee for Local Account 2013-14 to be published. Local Account provides a summary of performance and activity in the department, which is shared with the public.	Deputy Director, Adult Social Care, Health and Public Protection	Anne Morgan
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
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
MASH – Activity levels and staffing implications	Follow on report from report submitted to Committee approving temporary post	Service Director Access and Public Protection	Claire Bearder
3 rd November 2014			
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

Report Title	Brief summary of agenda item	Lead Officer	Report Author
Older People Community Care and Residential care savings proposals	Progress report on savings proposals related to community and residential care for older adults	Service Director, Mid and North Nottinghamshire, Adult Social Care, Health and Public Protection	Cherry Dunk
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals.	Deputy Director, Adult Social Care, Health and Public Protection	Ellie Davies
Independent Living Fund (ILF) update	Update on transfer of responsibility for ILF to local authority.		
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
Adult Social Care Information, Advice and Advocacy Strategy Update Report	To update the committee on progress of the implementation and development of the strategy	Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
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
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
1st December 2015			
5th January 2015			
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
Re-Tender of ICEL'S update report	Update report on preferred future models	Deputy Director, Adult Social Care, Health and Public Protection.	Sue Batty
Care Bill 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	Feedback and learning from National Children	Deputy Director, Adult Social	Jon Wilson/Cllr Weisz

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Conference Oct 2014	and Adult Services Conference October 2014	Care, Health and Public Protection.	
2nd February 2015			
Young Carers and Disabled Parents	12 month update on the work regarding Young Carers and Disabled Parents	Service Director, South Nottinghamshire	Wendy Adcock
Integrated Community Equipment Loan Service	12 month update on the Integrated Community Equipment Loan Services (ICELS)	Service Director, South Nottinghamshire	GM, Strategic Commissioning
2nd March 2015			
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 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
27th April 2015			
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
1st June 2015			
29th June 2015			
Update on progress with personal budgets for people with dementia	Progress report to review situation one year on from project with Alzheimer's Society to increase no. of people with dementia who have personal budgets and direct payments.	Service Director, Mid and North Nottinghamshire	?
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

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