

3rd June 2013**Agenda Item: 6****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****OVERVIEW OF ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION****Purpose of the Report**

1. To provide an overview of the responsibilities of the Adult Social Care, Health and Public Protection department.

Information and Advice

2. The department has specific responsibility for:
 - planning and delivery of health and social care services across Nottinghamshire
 - delivery of housing related support services on behalf of the Supporting People partnership
 - leading the implementation of national and local standards in our services
 - working in partnership with other care providers, service users, carers and local stakeholders to develop, plan and deliver services
 - promoting social inclusion and wellbeing
 - emergency planning to ensure that effective arrangements are in place to manage emergencies and civil contingencies in the county, including safety in sports grounds
 - registration of births and deaths, and conducting civil marriages, civil partnerships and citizenship ceremonies
 - ensuring a fair and safe trading environment for consumers and reputable traders
3. The Public Protection services (Trading Standards, Emergency Planning and Registration Services) are overseen by the Community Safety and Planning and Licensing Committees.

Key strategies and service developments

4. **Personalisation** - The most significant change for adult social care is 'personalisation' and offering choice and control to people through use of Personal Budgets and Direct Payments. From 3 October 2010, all new service users were put onto a Personal Budget and this has taken place alongside reviewing every service user eligible for a Personal Budget.

5. Good progress has also been made in offering a direct payment to service users with dementia and Nottinghamshire is one of the better performing local authorities in this respect, according to the Alzheimer's Society. During 2013/14 the department will focus on extending the offer of a Personal Budget to new service user groups and ensuring all service users are on a Personal Budget regardless of the care setting, such as residential homes.
6. **Reablement** - The department aims to provide support to people that will enable them to regain or maintain their independence wherever possible, to avoid unnecessary hospital admissions and support successful discharge from hospital care, and to avoid the need for long term care support. To this end, the department is promoting flexible ways of working across the County to provide an effective multidisciplinary reablement service through a range of flexible services in a variety of community settings, including intermediate care and home based services.
7. The Short-Term Assessment and Reablement Team (START) works with people to help them regain the skills and confidence to live as independently as possible. It helps with personal care and domestic care tasks. START staff may suggest doing things differently to how they have been done in the past, offer small items of equipment to make tasks easier and inform people about other kinds of help they could receive. This support normally lasts for up to six weeks and is free of charge. During this time support needs are constantly reviewed to see if people will require any long-term personal support.
8. **Joint Commissioning** – There is a significant inter-relationship between services to adults with social care needs and many health services, as well as a significant overlap in relation to cost. Improving outcomes for service users and providing cost effective health and social care services requires excellent joint commissioning. The Health and Wellbeing Board is well placed to provide leadership to promote integrated commissioning and provision between health, public health and social care. The Health and Wellbeing Board is legally required to produce a Joint Strategic Needs Assessment and a Health and Wellbeing Strategy.
9. The aim of the Health and Wellbeing Strategy (HWS) is, based on evidence in the Joint Strategic Needs Assessment, to jointly agree what the greatest issues are for local communities, what can be done to address them and what outcomes are intended to be achieved. Commissioning plans across health and social care should be aligned to the HWS.
10. The HWS will not reflect the entirety of what needs to be commissioned. It will focus on the issues requiring greatest attention that also have the potential to make the biggest difference. The first version of the HWS largely reflects common priority areas already included in current strategies.
11. There are established joint commissioning arrangements with Health in place for the following areas:
 - Younger adults (Mental Health, Learning Disability & Autistic Spectrum Disorder, Carers)
 - Older adults (Older People & Older People Mental Health, Carers, Physical Disability, Sensory Impairment)
 - Substance Misuse

12. The Health and Wellbeing Implementation Group oversees the development and delivery of the joint commissioning agenda.

13. Examples of successful joint working to date include:

Just Checking - a lifestyle monitoring system involving the placement of sensors within the home of an older person with dementia, to ascertain their movements, routine and habits which allows assessment of the person to establish whether they are at risk living at home and whether placement into long term care may be necessary. This is funded by NHS Nottinghamshire County and the County Council.

During the pilot stage of the scheme, 11 out of 14 individuals initially identified as requiring residential care were able to be supported at home on an ongoing basis. The net cost saving from diverting people from residential care as a result of Just Checking is an average of £5,675 per person per year. The robust community based assessment tool can reduce the hospital length of stay and results in better targeted community care packages, reducing the risk of hospital admission and readmission. During 2011/12, 179 assessments of people with dementia were informed by use of the Just Checking system.

Emergency Department Avoidance Support Service (EDASS)

This is a pilot scheme funded jointly by NHS Nottinghamshire County and the County Council and based at acute hospitals. The aim is to reduce avoidable hospital admissions through provision of a rapid response crisis support service. To date the scheme has succeeded in diverting around 700 people from the emergency departments each year.

Organisational Arrangements

14. Four Service Directors oversee key functions within the department:

- The **Promoting Independence and Public Protection** service is responsible for the management of customer access to adult social care services, the development of the personalisation agenda, provision of reablement services and Trading Standards, Emergency Management and Registration Services.
- The **Joint Commissioning, Quality and Business Change** service is responsible for the management of business change and support, strategic oversight of the safeguarding adults agenda, service commissioning and managing the performance and quality of contracted care providers, policy and performance, and supported employment services.
- The **Personal Care and Support Younger Adults** service is responsible for the assessment and commissioning of a range of support services to younger adults (under 65) with physical disabilities, mental health needs and learning disabilities. This includes county wide teams for adults with Asperger's syndrome and adults who are Deaf or visually impaired (ADVIS). The service also manages day services, residential services and the Shared Lives Service.

- The **Personal Care and Support Older Adults** service is responsible for the assessment and commissioning of a range of support services to older adults (over 65). The service also manages 6 Care and Support Centres and hospital based social work teams.

Budget

15. In 2013/14, the department is responsible for a gross budget of £317.845m; the net budget is £218.891m and income accounts for £98.954m. £2.6m of this is the budget for Public Protection services (Trading Standards, Emergency Management and Registration).
16. The department manages a care market of £228m and works in partnership with over 300 care providers from the voluntary, statutory and independent sectors. Around 72% of the department's gross expenditure is on the commissioning of external services that deliver care and support to people with critical and substantial needs.
17. In common with the Council as a whole, Adult Social Care, Health and Public Protection is making savings and is forecast to save £65m in the 4 year period from 2011/12 to 2014/15. There are currently 42 savings and efficiencies projects in progress across the 4 service areas.
18. The 2011/12 NHS Operating Framework provided details of non-recurrent Primary Care Trust (PCT) allocations for 2011/12 and 2012/13 to be transferred to local authorities to invest in "social care services to benefit health and to improve overall health gain". It was stipulated that the funding should be used for social care services. Additional funding, allocated by Department of Health in January 2012 to support this same agenda increased the allocation by around £2m. In January 2012 the Department of Health announced an additional one-off allocation for 2011/12. For Nottinghamshire this means additional funding to the sum of £2.233m.

Performance

19. Previously all Councils were expected to report to the Care Quality Commission (CQC) on their achievements and areas for improvement. For adult social care the CQC then awarded a performance rating. In 2009-10 the CQC judged that Nottinghamshire County Council was 'performing excellently'. This was the third year in succession that the Council was judged as excellent – the only Council in the East Midlands to be in this position.
20. In April 2010 the Government changed the way it expects local authorities to report on their performance. The Council is now required to be 'self regulating', meaning that it is now the Council's responsibility to monitor and report on its own performance through:
 - self-assessment of performance targets
 - reviews by other organisations – the Council was the first in the East Midlands to undertake a Peer Challenge in April 2013
 - seeking the views of people who use Council services
 - consulting the wider community on specific issues

- using survey information collated by the Department of Health (DoH) from people receiving Council services
- receiving people's views and comments through the complaints and compliments process.

21. The annual performance assessment of councils with adult social care responsibilities has now ceased. Publication of the Government's Vision for Adult Social Care, Transparency in Outcomes, Taking the Lead: Self Regulation and Improvement in Local Government, and agreement on the Adult Social Care Outcomes Framework has put the focus on Sector Led Improvement. This is founded on the principle of self regulation; expecting councils to take responsibility for their own performance, and improvement being best achieved through engagement with citizens, with collective responsibility between councils and partners.

22. Although the authority is no longer required to report to the Government on a large number of national performance indicators, we continue to assess ourselves against some of these to help improve our performance.

23. The department will provide regular reporting to the Committee on 5 key performance indicators which are listed below:

- Proportion of adults who have had a safeguarding assessment which leads to a safeguarding plan
- Number of people (aged 65+) financially supported in residential and nursing care
- Proportion of people requiring no service after reablement
- Rate of delayed hospital discharges caused by a lack of social care service provision
- Proportion of service users on a personal budget.

24. The Government does require the Authority to monitor and report on performance against four categories within an Outcomes Framework. The categories require us to look at how well services:

- Enhance the quality of life for people with care and support needs
- Delay and reduce the need for care and support
- Ensure that people have a positive experience of care and support
- Safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm

25. The key priorities for the department, along with actions and targets, are identified in the ASCH&PP Business Plan. The latest plan covers the period from 2011-2014 in line with the Council's Strategic Plan.

Key Responsibilities and Processes

26. **Assessment and eligibility for services** - 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 guidance (FACS). If there is a risk to a person's independence the department has to decide whether

the risk is critical, substantial, moderate or low. Councils have a statutory responsibility to meet needs that are not met by other means, such as through care provided by informal carers or the health service.

27. People will be **eligible for help** with any problems that pose a **critical or substantial risk** to their independence. If the identified problems pose a **moderate or low risk** to their independence people **may not be eligible for help** from the Council.
28. The Council has a significant role in providing information and advice for people who are not eligible for Council provided social care services. The Council has recently joined up with Nottingham City Council, Leicester City Council and Leicestershire County Council to provide Choose My Support - a web based portal that allows service users, carers, staff and the public to look at services and products available from providers who have registered with the Council. There is also the Notts 50+ website providing information targeted at older people.
29. The Community Care Assessment (CCA) is the core assessment used by staff to assess the needs of all service users.
30. The CCA is used to:
- assess presenting need and agree level of support required
 - establish the amount of informal care that is available
 - determine eligibility for long term social care support. Staff must provide evidence to support their decision, based on Fair Access to Care Services guidance.
 - collect information to inform a referral to other agencies if required. It is the responsibility of the worker to make the necessary referrals or enquiries to other agencies based on the information provided by the service user or carer during the assessment.
31. If an assessment identifies eligible need people will be offered a personal budget. This is an amount of money identified to meet the individual's long-term social care needs. Personal budgets can be provided in three different ways:
- **Direct payment** - this is a cash payment given to allow people to buy the support they need. A direct payment allows people the most flexibility and control over the support they need. It also means people have more responsibility for arranging their own support
 - **Managed personal budget** – the council arranges the services that meet a person's support needs. A managed personal budget is less flexible than a direct payment but people have less responsibility to arrange their own support.
 - **Mixed personal budget** – people can arrange part of their support themselves using a direct payment and ask the Council to arrange the rest using a managed personal budget.
32. **Charging for services** - Service users have a financial assessment to decide the contribution towards their Personal Budget. This is undertaken in line with the Fairer Contributions Policy which was introduced nationally in 2010. Fairer Contributions represents a fundamental shift from charging for units of service (Fairer Charging guidance) to people making a contribution to their total service package.

33. The service user's contribution is based on the amount of personal budget allocated and what the person can afford – this is identified by the financial assessment. Some elements of service users' income will be disregarded. This is known as the set amount. It includes the Pension Credit Minimum Income Guarantee plus 25%, a certain amount allowed for extra costs associated with a disability, some benefits, earnings and housing costs. The Pension Credit Minimum Income Guarantee is set by the Government and depends on an individual's personal situation.
34. The service user's contribution will be no more than the weekly personal budget and people on low incomes will pay less or, in some circumstances, nothing at all. People with savings above £23,250 will pay the full cost of the Personal Budget/service, in line with charging for residential care.
35. **Support planning** - Once people know their indicative personal budget a support plan is devised. This must clearly show what support is needed (such as help with washing or dressing or getting out in the community); what services or activities the service user intends to spend their personal budget on to meet these needs, what plans they have for an emergency (for example carers being ill) and any risks there are in the plan.
36. Social care staff will help people complete the support plan, as well as family, friends or an advocate. The support plan has to be agreed by the Council to ensure it is affordable, legal and a proper use of social care funds. The department publishes a social care directory, which provides details of a range of organisations across Nottinghamshire that can provide support, services and activities that can be used in support planning. The Support with Confidence register provides a list of approved personal assistants who have been trained in supporting people to live independently. They have all had enhanced Criminal Records Bureau checks and references.

Key Partners/Partnerships

37. The Nottinghamshire Safeguarding Adults Board (NSAB) is the multi agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy for safeguarding vulnerable adults. Safeguarding adults is about enabling those who are or may be in need of community care services to retain independence, wellbeing and choice and to live a life that is free from abuse and neglect.
38. The aim of the Board is to safeguard vulnerable adults from harm and abuse by effectively working together. NSAB has four standing sub-groups: Communication, Training, Quality Assurance and Serious Case Review. It is through these sub-groups that the work of the Board is delivered. In addition to the board, a Countywide safeguarding adults partnership has been established with over forty organisations who come together to advise the Board, participate in safeguarding developments, and act as a conduit for dissemination of information across the County.
39. There are 6 newly formed Clinical Commissioning Groups with a Service Director from Adult and Children's Services linked to each group:
- Newark and Sherwood
 - Bassetlaw

- Nottingham North and East
- Principia (covering Rushcliffe)
- Mansfield and Ashfield
- Nottingham West

40. A shadow Health and Wellbeing Board was established in 2011. The Board is chaired by the Deputy Leader of the Council and includes 5 Councillors, lead GPs from the Clinical Commissioning Groups, representatives from the District Councils and Healthwatch, Director of Children's, Families and Cultural Services, Director of Public Health and Director of Adult Social Care, Health and Public Protection. The Health and Wellbeing Board started operating on a statutory basis from 1st April 2013.

41. As already mentioned the Board is responsible for the production of a Joint Strategic Needs Assessment and a Health and Wellbeing Strategy for the County.

The future of adult social care and reform of adult social care funding

42. It is a fantastic achievement that people are living longer, participating in and contributing to society. However, at the same time needs are steadily increasing. Over the next 20 years, the number of people aged 65-84 is expected to increase by a third; the number of people over 85 is expected to double.

43. The Commission on Funding and Support of Social Care, headed up by Sir Andrew Dilnot, published its recommendations and report in July 2011. The Commission identified that under the current system adult social care expenditure will need to increase from £14.5 billion to £22.8 billion, the equivalent of £125 million for Nottinghamshire by 2025. Prior to that, the Law Commission had published a report proposing the need for a major review of the law relating to adult social care.

44. The Government's response to the recommendations made by the Commission are:

- a cap of £72,000 on care costs
- free care for adults who have eligible care and support needs before the age of 18, and a lower cap for those of working age
- moving the upper capital threshold for state support from £23,250 to £118,000 (for adults in residential care)
- increasing the lower threshold for phased financial state support from £14,250 to £17,500 (for adults in residential care)
- In addition to care costs everyone will be expected to contribute to general living expenses estimated at around £12,000 per year.

Implementation of the new system has been brought forward to April 2016

45. The Care Bill 2013 was presented in the recent Queen's Speech. The key headings from the Bill are as follows:

- legal entitlement to a personal budget
- right for carers to receive assessment and support
- duty for local authorities to prevent, delay or reduce the need for care and support

- duty for local authorities to undertake responsibilities with aim of integrating services with Health
- safeguarding adults on a statutory footing – local authorities responsible for convening adult safeguarding boards and involving police and the NHS
- introduction of national eligibility threshold for care and support
- introduction of cap on the costs that people will have to pay for care
- universal deferred payment scheme so that people will not have to sell their home in their lifetime to pay for residential care
- local authorities required to develop and maintain a diverse range of high-quality care providers in their area
- Clarification of protection in place to ensure care not disrupted if provider goes out of business
- Ofsted-style ratings for hospitals and care homes

Reason/s for Recommendations

46. This report is for information only and there are no recommendations made.

Statutory and Policy Implications

47. 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). It is recommended that the Committee notes the content of the report.

DAVID PEARSON
Corporate Director

For any enquiries about this report please contact:

Jennie Kennington
Senior Executive Officer
Tel: 0115 9774141
Email: jennie.kennington@nottsccl.gov.uk

Constitutional Comments

48. Because the report is for noting only, no constitutional comments are required.

Financial Comments (CLK 23/05/13)

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

Background Papers

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

ASCH&PP Business Plan 2011-2014

Electoral Division(s) and Member(s) Affected

All.

ASCH127