

1st July 2013**Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE
AND PUBLIC PROTECTION****SERVICE OVERVIEW – PROMOTING INDEPENDENCE AND PUBLIC
PROTECTION****Purpose of the Report**

1. The purpose of the report is to provide an overview of the responsibilities of the Service Director for Promoting Independence and Public Protection.
2. As part of the overview the Committee will hear from service users about the care pathway and personalisation.

Information and Advice**Promoting Independence and Public Protection Function**

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

Promoting Independence

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

Public Protection

- trading standards
- emergency management
- safety in sports grounds
- coroners
- registration and celebratory services

4. The Public Protection service is overseen by the Community Safety and Planning and Licensing Committees.
5. The Promoting Independence service is overseen by the Adult Social Care and Health Committee.
6. This report will focus on the Promoting Independence area only.

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

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

What is Promoting Independence?

8. The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for long-term support from the Council or health services.
9. To achieve this social care and health work together to develop and deliver a range of integrated, effective and accessible preventative services such as intermediate care and reablement services.
10. Reablement helps people to regain the skills necessary for daily living, which may have been lost through deterioration in health or increased support needs through intermediate care and assessment beds in a care home and the START service in the community. This is alongside supporting a range of low level services, such as access to minor adaptations and assistive technology.
11. For people who do have an ongoing social care need, workers arrange for the person to have maximum control and choice over their support and care through a personal budget.

Responsibilities of the Group Manager Customer Access

Customer Access to Social Care

12. Through the Customer Service Centre and the Adult Access Service the department assesses whether someone is in need or likely to be in need of support. To determine this, the department uses Government guidance to decide whether a person's ability to live independently would put them at risk if services are not provided or arranged to help them. This is called Fair Access to Care Services (FACS). If there is a risk to a person's independence the department has to decide whether the risk is critical, substantial, moderate or low. Councils have a statutory responsibility to meet needs that are not met by other means, such as through care provided by informal carers or the health service.
13. People will be eligible for help if they have needs that pose a critical or substantial risk to their independence. If the identified needs pose a moderate or low risk to their independence people are not be eligible for ongoing support from the Council.
14. In addition workers have a significant role in providing information and advice for people who are not eligible for council funded social care services or are self-funders. This includes signposting people to alternative sources of support. From September 2011 the service was

extended to offer advice, information and training on welfare benefits to the public and voluntary organisations.

15. To make it easier to receive advice, support and an assessment the customer journey has been streamlined to make it easier to receive support and an assessment. The department has increased the number of queries that are resolved at the Customer Service Centre and the Adult Access Service, enabling social care staff to spend time on people with complex needs. As a result, there has been an overall drop in the number of social work assessments to district teams by 33% and the number of people needing an occupational therapy assessment by 18%.
16. Since October 2011, the local authority has had responsibility for providing independent mobility assessments for blue badge applicants where they are not automatically entitled and are subject to further assessment. This follows national changes to the eligibility for blue badges. Two occupational therapists have been employed to do these assessments at clinics across the County. On average they have completed 91 assessments per month. Over 12 months (May 2011 – May 2012) 1,192 people were assessed and of those, 751 were approved and 208 were agreed for 3 years and 233 were refused.
17. The Benefits Training Information Advice team consists of one senior, three Benefits Officers and one temporary Project Manager; they are based in the Adult Access Team at the Customer Service Centre. The Benefits Training and Advice Team offers specialist telephone advice, training and information on benefits on behalf of the Council. The team provide the following services:
 - Production of web information relating to welfare benefits, Tax credits and advice provision
 - Undertake promotional campaigns to inform residents in Nottinghamshire and relevant Nottinghamshire County Council staff of welfare benefit related issues.
 - Provide guidance to Customer Service Centre staff on welfare benefit matters.
 - Develop and deliver a training programme for staff on welfare benefit matters.
 - Provide telephone benefit advice to customers where Customer Service Centre staff establish specialist advice is appropriate.
18. The team also oversee the Nottinghamshire Welfare Assistance Fund (NWAFF), which provides emergency financial support to vulnerable people who cannot get help from anywhere else. The fund can help people to remain living in the community or help following an emergency or crisis.

Personalisation

19. The Group Manager for Customer Access is also responsible for personalisation.
20. The Coalition Government's Vision for Adult Social Care 'Capable Communities and Active Citizens' and its White Paper 'Equity and Excellence: Liberating the NHS' maintain the drive towards the personalisation of public services in health, social care and beyond. The

Department of Health publication, 'Think Local, Act Personal' builds upon the delivery and objectives of Putting People First.

21. The National targets to deliver Putting People First and the objectives within Think Local, Act Personal have been met.
22. The County Council has also been visited by a number of local councils to learn from the authority's work on personalisation. This includes councils from Sweden, Scotland and English councils. In particular the council's work on prevention, micro providers, reviews and support to self-funders have received national recognition.
23. The key objectives of Think Local, Act Personal are:

(a) A personalised and community-based approach

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

(b) Prevention

The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for crisis or acute services. It also involves ensuring that people who have long term conditions or increasing levels of disability retain as much independence and choice and control as possible. Social care and health will work further to develop and deliver a range of effective and accessible preventative services such as intermediate care, Linkages, reablement services and assessment beds in the community. This is alongside supporting a range of low level services, such as access to minor adaptations.

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

(c) Self Directed Support

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

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

The Council uses Government guidance to determine whether someone is entitled to support. The guidance states that the Council has to decide whether the ability of the person to live independently puts them at risk if the Council did not provide or arrange services to assist them. If there is a risk to someone's independence,

the Council decides whether the risk is 'critical, substantial, moderate or low'. A person is entitled to assistance with problems that pose a critical or substantial risk to their independence. The Council sign-posts and advises people who have a moderate or low risk to their independence.

(d) Personal budgets

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

- A direct payment - a cash payment for people who would like to arrange, and pay for their own care and support services.
- A managed personal budget - for people who would like the Council to arrange and manage the services on their behalf. Although a managed personal budget is personalised, it offers less flexibility to the individual.
- Or a combination of a direct payment and a managed service.

24. The national target was for 70% of all eligible service users and carers to be on a personal budget by 2013. At the end of March 2013, 91% of all eligible service users helped to live at home received a personal budget. The definition of service users who are helped to live at home are people who receive services such as home care, day support, personal assistance, respite and transport.

25. In addition we have moved all people who live in a care home onto a personal budget. We are also a national pilot site for giving people a direct payment who live in a care home.

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

27. It is important to note that the responsibility of the authority is to create the condition in which service users and carers can receive a direct payment. However many people will not want this responsibility and will prefer a managed personal budget.

Reviews

28. The Council has a responsibility to carry out a review of service users needs on an annual basis. The Group Manager for Customer Access is responsible for three temporary reviewing teams that were established to move people onto a personal budget and to ensure the Council was meeting the needs of service users in the most cost effective way. From April 2011 to March 2013 over £5 million savings have been achieved and the teams are on target to achieve a further £1 million saving for 2013/14.

Responsibilities of the Group Manager - Reablement Services

Short-Term Assessment and Reablement

29. In line with Think Local, Act Personal, the aim is to enable people to remain as independent as possible and reduce or avoid the need for long-term care.
30. The service aims to provide support to people that will enable them to regain or maintain their independence wherever possible, to avoid unnecessary hospital admissions and support successful discharge from hospital care, and to avoid the need for long-term care support.
31. This is achieved through having a range of effective multi-disciplinary services including intermediate care and home-based services.
32. 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.
33. If someone has ongoing needs workers are expected to complete the community care assessment within 14 days, the national target is 28 days.
34. There are now no delays for people waiting for the START service or waiting to be discharged after a period of reablement.
35. Response times for the service have improved with 100% of service users receiving a service within the 4 day target, with 85% being started within 3 days.
36. 57% of people reabled require either no service, or no ongoing service against a target of 40%. This is amongst the best performance nationally.
37. Consequently there have been 1000 less referrals passed to district teams for a community care assessment.
38. In line with Think Local Act Personal, if someone has an ongoing need they are encouraged to take their personal budget as a direct payment. As a result over 40% of people have a direct payment following reablement.
39. Previously there has been a culture of offering interim care in a care home if a support package was not available. By bringing forward the assessment process and support planning process to the earliest point possible offers of interim care have been dramatically reduced. Interim care is now seen as a last resort. It is viewed as a 'failure' as it does not meet the preferred choice of service users to return home as soon as possible.

Intermediate Care

- 40. Intermediate care is a residential care-based service that helps people regain their independence through rehabilitation after they have left hospital.
- 41. The service provides a specialist multi-professional assessment that promotes faster recovery from illness, prevents deterioration and maintains the daily living skills people have.
- 42. The support includes an assessment from Occupational Therapists, Physiotherapists, Nurses and Social Workers.
- 43. The service has reduced the number of unnecessary care home admissions and has enabled timely discharge from hospital.

Community Hospitals

- 44. The Group Manager is responsible for the social care teams based at Lings Bar Hospital and the Ashfield and Mansfield Community Hospital.
- 45. The key task of the social care teams is to undertake community care assessments and arrange support to enable people to be discharged safely.
- 46. There are no delays in transfers of care at Lings Bar or Mansfield and Ashfield Community hospitals. This is the first time in three years that there have not been any delays attributed to social care at Lings Bar.

Strategic Objectives for 2013-14

- 47. The key strategic objectives are as follows:

- (a) **Personal Budgets**

All new and existing service users in long-term care are being offered a personal budget to meet expectations set out in Think Local, Act Personal.

- (b) **Information and Advice**

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

Work is underway to build upon the existing social care directory to develop an information hub for staff and the public to access information on support, resources and activities across a range of providers including commercial providers and community/voluntary groups. Providers are currently registering their details on the site, with the aim of it being available to the public in July.

(c) **Telecare**

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

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

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

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

It is proposed to continue to work with the User Led Organisation, Disability Nottinghamshire, to develop peer support and peer support planning. Our current service agreement ends on 31st June 2013 and we are in the process of signing off a revised agreement to cover the period 1st July 2013 to 31st March 2014.

(e) **Direct Payments**

As part of the process of providing support to enable those who wish to take a direct payment to do so, we have introduced a direct payment card. Two hundred and four people now have a direct payment card.

(f) **Reablement**

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

(g) **Community Hospitals**

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

Other Options Considered

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

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

- 1) Note the progress made to date.
- 2) Consider and comment on the information provided.

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

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

Constitutional Comments

51. As the report is for noting only no constitutional comments are required.

Financial Comments (KAS 17/06/13)

52. There are no financial implications contained within the report.

Background Papers

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

- a. [LAC \(DH\) \(2009\) 1 – Transforming Adult Social Care.](#)

- b. [Think Local Act Personal](#) – A sector-wide commitment to moving forward with personalisation and community-based support.
- c. Various reports to Committee on Nottinghamshire Welfare Assistance Fund

[Report to ASCH Committee - 29.10.12](#)

[Report to Policy Committee - 12.12.12](#)

[Update Report to ASCH Committee 25.03.13](#)

Electoral Division(s) and Member(s) Affected

All.

ASCH134