

Adult Social Care and Health Committee

Monday, 28 October 2013 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 9 September 2013 | 3 - 6 |
| 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 | Overview of Joint Commissioning, Quality and Business Change | 7 - 18 |
| 5 | Occupational Therapy Service Policy | 19 - 52 |
| 6 | Proposed Changes to Occupational Therapy Establishment | 53 - 56 |
| 7 | Tender for Direct Payment Support Services | 57 - 66 |
| 8 | Post to Undertake Personal Budget Statements in Adult Care Financial Services | 67 - 70 |
| 9 | Closure of the Independent Living Fund | 71 - 78 |
| 9a | Urgent Item - Potential Extra Care Housing Scheme in Ashfield District | 79 - 82 |
| 10 | Work Programme | 83 - 88 |

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.

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 9 September 2013 (commencing at 2.00 pm)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Alan Bell	Andy Sissons
Nicki Brooks	Pam Skelding
John Cottee	Stuart Wallace
John Doddy	Jacky Williams
Sybil Fielding	

A Ex-Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, Joint Commissioning, Quality and Business Change
Paul Davies, Democratic Services Officer
Sarah Gyles, Committee Support Officer
David Hamilton, Service Director, Personal Care and Support for Younger Adults
Jennie Kennington, Senior Executive Officer
Paul McKay, Service Director, Promoting Independence and Public Protection
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection
Michelle Welsh, Labour Group Research Officer
Jon Wilson, Service Director, Personal Care and Support for Younger Adults

ALSO IN ATTENDANCE

Alan Breeton, Chair, Nottinghamshire Safeguarding Adults Board

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 22 July 2013 were confirmed and signed by the Chair.

COMMITTEE MEMBERSHIP

It was reported that Councillor Nicki Brooks had been appointed in place of Councillor Michael Payne, for this meeting only.

DECLARATIONS OF INTEREST

There were no declarations of interest.

ASSOCIATION OF DIRECTORS OF ADULT SOCIAL SERVICES

The Chair congratulated David Pearson on his election as Vice President of the Association of Directors of Adult Social Services (ADASS).

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

RESOLVED: 2013/065

That the work of the Nottinghamshire Safeguarding Adults Board be noted.

OVERVIEW OF PERSONAL CARE AND SUPPORT FOR OLDER ADULTS

RESOLVED: 2013/066

That the report and presentation be noted.

NOTTINGHAMSHIRE RESPONSE TO “TRANSFORMING CARE: A NATIONAL RESPONSE TO WINTERBOURNE VIEW HOSPITAL”

The Chair agreed to move an amended recommendation (5) below.

RESOLVED: 2013/067

- (1) That the report be noted.
- (2) That support be given in principle to the establishment of a pooled budget to meet the needs of the people who will move from hospital to more appropriate community based support, subject to further work to scope the size of the pool, develop an appropriate management arrangement and develop risk sharing agreements.
- (3) That the Corporate Director, Adult Social Care, Health and Public Protection enter into discussions with the Chair of the National Improvement Programme to ensure that national timescales allow for the most appropriate decisions regarding individuals' care arrangements.
- (4) That interim placements be made for individuals whose preferred accommodation and support cannot be provided within the prescribed time frame of 1 June 2014.
- (5) That the Health and Wellbeing Board be recommended to agree to receive update reports on the Winterbourne View action plan and oversee its implementation, alongside the Adult Social Care and Health Committee.

TENDER FOR HOME BASED CARE AND SUPPORT SERVICES

RESOLVED: 2013/068

- (1) That the work undertaken to review existing home based care and support services and to plan for the re-tender of these services be noted.
- (2) That the proposed re-tender of home based care and support services be taken to Council for approval.

ADULT SOCIAL CARE PERFORMANCE UPDATE

RESOLVED: 2013/069

That the report be noted.

EXTRA CARE HOUSING SCHEME DEVELOPMENTS IN GEDLING AND MANSFIELD DISTRICTS

RESOLVED: 2013/070

- (1) That approval be given for the Council to enter into the legal agreement with Gedling Homes, to undertake any necessary legal processes and to release the approved funding in accordance with the terms of the legal agreement.
- (2) That approval be given for work to continue with Mansfield District Council to deliver the scheme on Brownlow Road and for the release of the £3.36 million capital funding, subject to officers bringing a report back to committee when the legal agreements with Mansfield District Council are in agreed form for sign off by the Committee.

RESPONSE TO NATIONAL CONSULTATIONS ON ELIGIBILITY FOR SOCIAL CARE SERVICES AND FUNDING REFORM

RESOLVED: 2013/071

- (1) That the report be noted, and approval be given for the Council submitting a response to both consultations.
- (2) That members be given the opportunity to contribute to the consultation responses.

WORK PROGRAMME

RESOLVED: 2013/072

That the work programme be noted.

The meeting closed at 4.10 pm.

CHAIR

28th October 2013

Agenda Item: 4

REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING, QUALITY AND BUSINESS CHANGE

OVERVIEW OF JOINT COMMISSIONING, QUALITY AND BUSINESS CHANGE

Purpose of the Report

1. To provide an overview of the services which come under the remit of Joint Commissioning, Quality and Business Change.

Information and Advice

Key areas of service

2. The Service Director for Joint Commissioning, Quality and Business Change is responsible for a range of support services including:
 - Commissioning of adult social care services including those services commissioned jointly with health partners
 - Developing social care services in partnership with independent sector providers, including management of the market to ensure sufficient provision
 - Quality auditing and monitoring of commissioned services
 - Safeguarding adults including implementation of Deprivation of Liberty safeguards
 - Savings and efficiencies programme for Adult Social Care, Health and Public Protection
 - Departmental risk, safety and emergency planning
 - Business support functions
 - Performance Information Team and social care policy
 - Social care electronic records – Framework-i
 - Adult Care Financial Services – payment to providers and collection of income from service users
3. In addition to the above support functions, the following direct services also come under this service area:
 - County Enterprise Foods
 - County Horticulture and Work Training.

Joint Commissioning

4. The Joint Commissioning Unit (JCU) supports the work of the Health and Wellbeing Board by contributing to the development and revision of the Joint Strategic Needs Assessment, the development of a Health and Wellbeing Strategy and the promotion of integrated strategic commissioning and delivery of services with commissioners and providers across Clinical Commissioning Groups (CCGs), Public Health, District and Borough Councils and other partners. The overall aim of this work is to create better joined up, more effective and efficient local services.
5. Currently six of the twelve priority areas identified in the Health and Wellbeing Strategy come under the area of responsibility of the Corporate Director, Adult Social Care, Health and Public Protection, covering; older people, dementia, physical and sensory disabilities, mental health and emotional wellbeing, learning disabilities and people with autism spectrum disorders. The JCU supports the two main adult and older people's Integrated Commissioning Groups and sub-structures to deliver on these priority areas. This includes leading on the integrated commissioning of carers' support services and a wide range of prevention and early intervention services that focus on reducing the demand for more intensive services.
6. Two priorities within the Health and Wellbeing Strategy are the development of a multi-agency Prevention and Early Intervention Strategy and Housing strategies that offer older and disabled people a range of options to enable them to remain in their communities as alternatives to residential care. The Health and Wellbeing Implementation Group nominated District Council Chief Executive Leads to work with the County Council and CCGs on these. Work is underway on needs analysis, mapping and researching the evidence base of different models and interventions with the aim of draft strategies being completed for consultation in early 2014.
7. One of the JCU's responsibilities is to ensure that people who use services, their carers and the public are involved in the evaluation of existing care services and in the design and development of new services. This involves a wide range of work including:
 - supporting a number of forums such as the Older Person's and Carers' Advisory Groups
 - preparation of easy-to-read information and support to people to take part in meetings such as the Nottinghamshire Learning Disability Partnership Board
 - facilitating 'Working Together for Change' events where people who use services come together in a focused workshop with commissioners and providers to agree what is working well and identifying areas where improvements are required. Events in 2013 have covered topics such as Extra Care and Direct Payment Support Services.
8. The JCU works together with officers from the Corporate Procurement Unit in relation to services commissioned from independent sector providers. The JCU's responsibilities include; assessing local need, appraising the evidence base and cost efficiency of different models of service provision, engaging other commissioners, providers and people who use services in the design of service specifications and their on-going evaluation. Key projects underway in 2013-14 are:

- Joint tender with the six CCGs for the re-provision of home based care and support services – including care and support in existing extra care housing schemes
 - Tender for Electronic Monitoring System (to support delivery of home care)
 - Forthcoming tender for the re-provision of younger adults' Care, Support and Enablement services
 - Forthcoming tender for Direct Payment Support Services
9. Within the JCU, the Market Development and Care Standards team is responsible for maintaining an oversight of service quality in Council commissioned independent sector social care services. This includes the completion of annual audits to ensure both on-going contractual compliance and to check that outcomes of people using services are met. During 2013/14 the team will complete audits in approximately 175 care homes for older people, 130 care homes for younger adults, 26 domiciliary care providers, 7 extra care housing schemes, 20 care and support and enablement services, as well as a range of day care, housing related support, prevention and crisis intervention services.
10. The team also responds to referrals relating to service quality which are reported via the Multi Agency Safeguarding Hub (MASH), by members of the public, whistle-blowers, operational staff etc. During 2012/13 the team received 464 such referrals. Where delivery of poor practice is evidenced the team work closely with service providers to support required improvements. This includes co-ordinating the sharing of information between key stakeholders such as the Care Quality Commission (CQC) and CCGs.
11. In January 2013 a CQC Compliance Manager was seconded into the JCU for one year with a reciprocal arrangement for a Market Development Officer to work with the CQC. The Compliance Manager has been co-ordinating a programme of the work under a strategic review of quality in care homes. This review is being undertaken jointly with the City Council and with the City and County CCGs, and the CQC, with representation from care home providers. The review is being chaired by Mr Allan Breeton, the Independent Chair of the Nottinghamshire Safeguarding Adults' Board. The CQC Compliance Manager is also undertaking work to improve processes and align information sharing, quality audit and risk assessment across partners, with a specific focus on improving quality of care in historically poorly performing services.
12. The JCU is proactive in developing a diverse range of good quality, affordable social care providers within the local market. Examples of current initiatives include:
- Supporting very small businesses (micro-enterprises) of five or fewer full-time staff to establish or maintain their services. Micro-enterprises make a significant contribution to helping people to live at home and they are often able to offer flexible, person-centred services. To date the department has supported the development of 57 micro-enterprises in Nottinghamshire, providing services to approximately 860 people. Between them they have created 112 jobs and 84 volunteering opportunities. This work has attracted accolades and national interest. The short-term funding for this post will end in March 2014. Planning is underway to enable the work to be continued within existing resources.
 - The JCU recently launched Choose My Support, a web based interactive Directory of services commissioned jointly with Leicester City, Nottingham City and Leicestershire County Councils. This enables people (and any staff working with them) to search in

a range of ways e.g. locality or service type, to find services to help them maintain their independence, health and wellbeing. They can then contact providers for further details or quotes. It includes a much wider range of services, as well as traditional social care e.g. preventative services, local leisure and community activities. Providers can register to advertise their services by uploading a proportionate number of documents as evidence for example, that they have a current and sufficient level of insurance, or if relevant, that staff have had appropriate Disclosure and Barring Service checks undertaken. At the end of September 2013, 77 providers had registered, with a further 40 part way through the process.

- The JCU produces a social care Market Position Statement (MPS) which seeks to provide key information on the Council's commissioning intentions to help both existing providers to develop their businesses to meet local needs and also to help new providers who may want to enter the local market. Work is underway with District Councils and CCGs to develop and broaden the information in the MPS.

Safeguarding Adults

13. The Care Bill places Adult Safeguarding Boards on a statutory footing and requires all local authorities to have in place multi-agency processes and procedures which ensure collaborative and effective practice to safeguard adults who are at risk of abuse.

14. Nottinghamshire is well placed to meet this statutory duty as there is already a well-established Nottinghamshire Safeguarding Adults Board (NSAB). Nottinghamshire County Council is the lead agency ensuring implementation of the work of NSAB. The Board is chaired by an independent person, Mr Allan Breeton.

15. NSAB has a structure beneath it, with chairs of sub groups driving forward different facets of safeguarding work. Chairs are held accountable for the various work streams by the independent chair of NSAB. The Standing sub groups are:

- The Quality Assurance Sub Group which oversees performance, quality and audit across a range of agencies involved in safeguarding adults work.
- The Serious Case Review Sub Group. Serious case reviews are undertaken when a vulnerable adult dies or is seriously injured and abuse or neglect are thought to be a factor. This group has the responsibility for commissioning serious case reviews and to oversee the implementation of any recommendations across all relevant partner agencies arising from these reviews.
- The Communication Sub Group provides a robust and effective approach to communicating safeguarding messages to service users, the public, and to staff. The group takes a proactive approach to joint press releases to promote a good understanding of safeguarding procedures as well as responding to media interest in specific safeguarding cases such as those leading to a Serious Case Review. Current work includes a bench marking survey to gauge awareness of adult safeguarding and understand if the general public know where to raise concerns about safeguarding adults.

- The Training Sub-Group takes responsibility for ensuring the implementation of a multi-agency training strategy to provide staff with the necessary skills and knowledge to effectively and efficiently undertake their prescribed roles with the procedure. Additionally, the group makes sure that both multi-agency and single agency training is delivered to a consistently high standard. Recent work has included ensuring all agencies adopt the national capability framework which means that all staff have the appropriate level of skill and competence to safeguard vulnerable adults.

16. Safeguarding adults has an interface with many other areas of work and every effort is made to develop and maintain strong and effective links with:

- Hate Crime work which is led by the district councils
- The management of dangerous offenders, known as MAPPA (multi agency public protection arrangements)
- Domestic Violence work and the process by which risk of harm to victims is managed known as MARAC (Multi agency risk assessment conference).

17. Dignity in Care is an integral aspect of safeguarding. The way in which people are treated when they receive care services has a significant impact on their wellbeing. The dignity in care campaign was launched by the Government in 2006 and much positive work was undertaken at that time. This work is now being revitalised in partnership with health colleagues to ensure that poor standards of care in care homes and in care delivered in people's own homes is identified and addressed quickly.

18. Links with children's safeguarding services continue to be strengthened and a regular examination of joint areas of work by the chairs of the respective safeguarding boards and relevant officers is resulting in the further development of services. For example, work is underway to plan and deliver training with common themes that pertain to workers in both children's and adults social care services.

19. In December 2012, Nottinghamshire's Multi-Agency Safeguarding Hub (MASH) commenced operations, taking all queries and referrals regarding children's safeguarding concerns. This was rolled out to include all queries and referrals in relation to adult safeguarding as of January 2013. The MASH involves representatives from the County Council, Police, Health and the Probation Service working together in the same location, enabling them to share information promptly so that swift decisions can be made on the most appropriate course of action. Since commencing its operations from 28 January, the MASH has been receiving on average approximately 82 weekly queries about adults' safeguarding concerns. Of these, approximately 62% have been resolved by staff at the MASH, with 38% being referred to operational teams for a safeguarding assessment.

Deprivation of Liberty Safeguards

20. Sometimes it is necessary to deprive someone of their liberty in order to deliver care and treatment. This is a significant event in someone's life and there are stringent safeguards to ensure that when this is required, it is done in a manner that is the least restrictive approach and is undertaken within the confines of the law.

21. There is a dedicated team who undertake the administrative functions for the deprivation of liberty safeguards for the local authority to ensure compliance with the legislative framework and that the care and treatment is in the individual's best interests.

Policy and Performance

22. Operational Policy and Performance covers a diverse range of support services and some directly provided services. The Group Manager, Operational Policy and Performance, has responsibility for performance improvement, adult care financial services and the management of Framework-i and ICT within the department. Directly provided services are the Meals at Home service and County Horticulture and Work Training.
23. Supported Employment – The department manages two supported businesses, County Enterprise Foods and the County Horticulture and Work Training service. The disabled workers in these businesses are supported through the Department for Work and Pensions' (DWP) Work Choice Programme. Currently the DWP allocates a grant of £4,800 per disabled employee, per annum however this funding is to cease in October 2015.
24. Historically, the approach of the DWP had been to encourage local authorities to employ disabled workers in a supported environment. The County Council's approach to supported employment, where there was a significant number of disabled employees, had been to support them within a subsidised supported business setting. However, more recently the Government has moved away from the model of subsidised supported businesses to a model which focusses on disabled people themselves to support them to work where they choose instead of at disability specific workplaces.
25. Going forward, one of the key aims of the Supported Employment service is to ensure that where employment opportunities for disabled people continue to be provided in a supported setting that the opportunities are financially viable and sustainable. This in turn will ensure that the employment opportunities offered are meaningful.
26. County Enterprise Foods – this service manufactures and distributes meals to vulnerable people within the County. The service consists of the production unit based in Worksop and a distribution unit based in Rainworth.
27. In total the service employs 95 staff (78.61 fte), 26 of whom are disabled workers supported on the Work Choice Programme. The following numbers of meals are delivered by the service:
- 5,904 meals a week to Nottinghamshire residents in their own homes. Last year the service delivered a total of 307,030 meals to Nottinghamshire residents
 - approximately 5,602 meals a week (291,326 meals a year) to fulfil some production only contracts for companies such as County Care, Kinds, Park Care, and for Nottingham City Council.
28. The County Horticulture and Work Training service is based at a main site in Linby and two satellite sites in Balderton and Skegby. In total the service employs 27 staff (25.42 fte), 13 of whom are disabled workers on the Work Choice Programme. In addition to providing employment opportunities for disabled workers, the service also provides horticultural

training opportunities to 70 service users. Activities include growing produce, caring for livestock, retail sales and a grounds maintenance service. The annual sales income generated by the grounds maintenance service is approximately £122,600. The farm shop generates a further £75,200 of income a year.

29. Adult Care Financial Services (ACFS) – The service undertakes a number of functions relating to payments to providers and collating income from service users and third parties. These activities include:

- undertaking financial assessments to determine the amount service users should contribute towards the cost of their care based on their income, savings and outgoing expenditure
- providing advice to service users and carers on entitlement to means tested or disability benefits
- making payments to care homes, external day service providers and service users who manage their own care through a direct payment
- managing appointeeships of over 500 service users in residential care
- administering the deputyship role on behalf of the Corporate Director who holds this personal responsibility for 300 service users who lack the mental capacity to deal with their own finances.
- the administration of the prepaid direct payment card which has helped to increase the number of service users opting to have their personal budget paid as a direct payment. Service users were experiencing difficulty in opening a new bank account for the direct payment; the card removes this obstacle completely and allows spending to be monitored more effectively.

30. Performance Improvement Team – This team supports the department in relation to its performance management activities and in business planning. This includes the delivery of management information to clearly evidence achievements against performance targets and identifies areas for improvement. The team fulfils a range of activities including:

- completing statutory reporting requirements
- undertaking regional and national benchmarking activities
- developing the department's Business Plan and the annual Local Account
- collating evidence on outcomes achieved for service users and carers through user experience surveys - evidence from these surveys enables the department to judge how well it is meeting the needs of service users and carers.

31. Frameworki Team – Frameworki is a workflow based electronic case management system that is used for social care by both adults and children's social care services. Social work practitioners are required to use the Frameworki System as a tool to input information relating to assessment of needs and subsequent services being provided.

Business Change and Business Support

- 32. The Adult Social Care, Health and Public Protection Savings and Efficiencies Programme is managed within this service area. An overview of the Adult Social Care and Health programme is provided as a separate report to this Committee; efficiency schemes relating to Public Protection are considered by the Community Safety Committee.
- 33. Following budget approvals by the County Council in February 2011, February 2012 and February 2013, the department is delivering savings and efficiencies totalling £65 million for the four-year period 2011/12 to 2014/15. Over the first two years of the programme (2011/12 and 2012/13), 94% and 97% of the savings targets have been met. There are currently 15 remaining savings and efficiency projects being delivered by the department.
- 34. Flexible staffing support is provided by the corporate Improvement Programme Office to assist with co-ordinating the programme of activity, and on discrete projects.
- 35. The department has been considering further savings and efficiencies proposals to be delivered from April 2014 to meet future funding shortfalls.
- 36. The Group Manager for Business Change and Business Support manages the department's business support functions which following rationalisation by 30% in 2011 is provided in a streamlined, flexible way and which is critical to the smooth and effective running of all frontline services.
- 37. Apprenticeships have been proactively promoted within the service to provide opportunities to young people. Compliance with the corporate Business Management System is also managed here. In addition, business support staff protect the property and pets of some service users, and arrange funerals in certain circumstances, under the National Assistance Act.
- 38. This area of service co-ordinates property development and management issues for the department, as well as supporting moves towards more flexible working practices through the corporate 'Ways of Working' project – one of the aims of which is to reduce costs by minimising the number of office buildings.
- 39. Risk, Safety and Emergency Planning is managed by this service for the department, allowing the authority to be resilient and to respond swiftly to emergencies; to continue to provide critical services and limit service disruption, and to ensure that all aspects of the department's work are run safely for both service users and staff.

Budget

- 40. The budgeted gross expenditure for services within Joint Commissioning, Quality and Business Change is £42.7 million. Budgeted income is £54.2 million largely made up of £42 million of client contributions, £5.4 million of contributions to the Integrated Community Equipment Service (ICES) and £5.3 million income from Supported Employment schemes. The net budget for these services is therefore £11.5 million.
- 41. Out of a total budgeted gross expenditure on adult social care in 2013/14 of £310 million a sum of £56 million is spent on staffing, and capital charges of £1.2 million is spent on care

and support services. Of this sum an estimated £226 million (86%) is commissioned externally from the voluntary, independent and private sectors.

Key Challenges and areas for further development

The Care Bill

42. The Care Bill introduces wide ranging changes in the ways in which adult social care services are arranged. The changes include placing new duties and responsibilities on local authorities as well as extending existing responsibilities. Some of the extended responsibilities include:

- the provision of comprehensive information and advice about services in the local area to enable people to make decisions about their care and support, including independent financial advice
- a legal entitlement for carers to have an assessment and also to information, advice and support
- arranging and making available services that prevent, delay or reduce the need for higher levels of care and support
- supporting a market that delivers a wide range of high quality services so that people have choice of care and support services

43. The Bill also seeks to introduce a new national eligibility framework and a new single charging regime. The Department of Health has commenced two separate consultations in relation to these proposals and some of the Members of the Adult Social Care and Health Committee are involved in this work.

44. One of the key components of the Care Bill is the introduction of funding reforms based on the recommendations of an independent commission led by Sir Andrew Dilnot in 2011.

45. The majority of the new duties and responsibilities will need to be implemented with effect from April 2016 although some of the changes will take effect from April 2015. There are potentially considerable financial implications for the Council arising from the extended responsibilities and it is imperative that there is detailed understanding of the implications of these. The Council has therefore volunteered to be one of 11 local authorities involved in modelling the numbers of additional people who the Council may be required to support through the provision of information and advice or who will require social care assessments and financial assessments.

Integration with the NHS

46. The Care Bill places a duty on local authorities to ensure their care and support functions are integrated with those provided by the NHS, to be in place by 2018. One of the key challenges for the department is to ensure effective integrated arrangements are in place with six different CCGs whilst at the same time ensuring a coherent and consistent approach across the County.

Personalisation

47. In accordance with the personalisation agenda service users are allocated a Personal Budget so that they know how much money is available to them to meet their eligible social care needs. Increasing numbers of people are taking all or some of this money to arrange their care and support through a Direct Payment. In accordance with the White Paper 'Caring for Our Future: Reforming Care and Support' July 2012, work is underway with health and social care providers to ensure they are able to provide a range of services delivered in flexible ways to ensure that service users have choice and control over the services they receive.

Safeguarding and Quality

48. The Care Bill establishes a legal framework for adult safeguarding, including the requirement for multi-agency Safeguarding Adults Boards. As detailed above, there is already a well-established multi-agency Safeguarding Board in Nottinghamshire. Nonetheless, safeguarding adults continues to be a central focus of work as the numbers of safeguarding referrals continues to rise in all areas of services. The Strategic Safeguarding Team seeks to ensure robust processes are in place to support people who are the subject of a safeguarding assessment and to ensure that risks are reduced and effectively managed. The service also continues to raise awareness across social care and health services and through community safety initiatives to help reduce risks of vulnerable adults being abused.

49. Concerns remain about the quality of some social care services within residential and nursing care and also in the services delivered to people in their own homes. The department continues to work with independent sector providers and with the CQC to address areas of concern and to ensure there are continuous improvements in the standards of care across all areas of service.

Performance Reporting and Information Management

50. The department deals with vast amounts of data relating to services commissioned for 14,089 numbers of service users and carers and relating to over 400 independent sector providers. Various different IT systems are used to support the work of the department and these systems need to interface effectively with one another in order to enable effective oversight and management of the budget. At the same time it is important to eliminate or reduce the need for duplicate activities arising from the numbers of different systems that are in use.

51. One of the key challenges is to ensure that the data which informs the department's budget commitments, and its performance reports, is accurate and robust. Work is underway to provide greater confidence to the department in relation to data quality. These include:

- The establishment of a Data Inputting Team to input data relating to the commissioning of packages of care and support for service users and carers, releasing social care staff's time and enabling them to focus on their core duties
- an IT Systems Review Project is being completed looking at all existing information systems to ensure that they are efficient and effective in capturing, processing and reporting data. The Systems Review will identify the solutions which best meet the

department's requirements whilst at the same time recommending changes which will reduce duplication where possible

52. In 2012/13, the Department of Health issued guidance to local authorities in relation to proposed changes to statutory returns in relation to social care activities and costs. The Government has sought a number of changes to the information that local authorities should collate and report on. The department is in the process of implementing the changes that are required in order to collate the new data.

Savings and Efficiencies

53. Whilst continuing to deliver the £65 million savings and efficiencies target for the four-year period 2011/12 to 2014/15, the department has been developing proposals and plans for further savings to be delivered from 2014/15.

Reason/s for Recommendations

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

Statutory and Policy Implications

55. 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

1). It is recommended that Members note and comment on the contents of the report.

CAROLINE BARIA

Service Director, Joint Commissioning, Quality and Business Change

For any enquiries about this report please contact:

Caroline Baria

Tel: (0115) 977 3985

Email: caroline.baria@nottscg.gov.uk

Constitutional Comments

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

Financial Comments (CLK 17/10/13)

57. 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.

- a. [Caring for Our Future: Reforming Care and Support – July 2012](#)

Electoral Division(s) and Member(s) Affected

All.

ASCH162

28th October 2013

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND SUPPORT – OLDER ADULTS

OCCUPATIONAL THERAPY SERVICE POLICY

Purpose of the Report

1. The purpose of the report is to seek approval for the new policy relating to occupational therapy and the provision of equipment and adaptations within Nottinghamshire to be referred to the Policy Committee.

Information and Advice

2. The policy document applies only to occupational therapy services for people over the age of 18 years. Occupational therapy services for children and young people under the age of 18 years are dealt with by Children, Families and Cultural Services.
3. All the documents relating to the occupational therapy service have been redesigned and updated to ensure that they are clearer for frontline staff. The new documents follow the corporate format for documents in the Policy Library; they are: an Occupational Therapy Policy; Occupational Therapy - Provision of Equipment and Minor Adaptations - Staff Guidance; Occupational Therapy - Recommending Major Adaptations- Staff Guidance. In addition, the Council has staff guidance on the Disabled Facilities Grant Contribution Fund, which was updated last year, and a number of documents relating to the Integrated Community Equipment Service (ICES).
4. The information in the policy document is not new, but it was previously included in a range of other documents relating to occupational therapy. This made it difficult to be absolutely clear about the Council's policy in relation to occupational therapy and the provision of equipment and adaptations. The new policy clarifies the Council's position and will be shared with service users and carers through the Policy Library on the public website.
5. The preparation of the policy, and the revision of the associated staff guidance, is part of the Occupational Therapy Review Project; the work has included consultation with staff about the issues that they felt needed to be resolved, consultation with legal services, and discussion with members of the project.

Other Options Considered

6. No other options considered.

Reason/s for Recommendation/s

7. Once approved, the policy will be published in the Policy Library on the public website. It has to be approved by Committee to enable this to happen. The associated staff guidance is included to ensure that the Committee is aware of the way in which the policy will be implemented across the County.

Statutory and Policy Implications

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

9. The policy will make it easier for staff to make consistent decisions across the County. It will also be available to the public, so they will be able to understand how and why decisions are made.

RECOMMENDATION/S

It is recommended that:

- 1) The Occupational Therapy Policy is recommended for approval to the Policy Committee.
- 2) The associated staff guidance is approved, subject to the Policy Committee's approval of the Policy.

DAVID HAMILTON

Service Director Personal Care and Support Older Adults

For any enquiries about this report please contact:

Sarah Hampton

Commissioning Officer

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Constitutional Comments (LM 10/10/13)

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

Financial Comments (CLK 17/10/13)

11. 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.

- a. Equality Impact Assessment.

Electoral Division(s) and Member(s) Affected

All.

ASCH135

Policy Library Pro Forma

This information will be used to add a policy, procedure, guidance or strategy to the Policy Library.

Title: Occupational Therapy Service Policy

Aim / Summary: To ensure that occupational therapy services are provided consistently across Nottinghamshire.

Document type (please choose one)

Policy	<input checked="" type="checkbox"/>	Guidance	<input type="checkbox"/>
Strategy	<input type="checkbox"/>	Procedure	<input type="checkbox"/>

Approved by:

Version number:

Date approved:

Proposed review date:

Subject Areas (choose all relevant)

About the Council	<input type="checkbox"/>	Older people	<input checked="" type="checkbox"/>
Births, Deaths, Marriages	<input type="checkbox"/>	Parking	<input type="checkbox"/>
Business	<input type="checkbox"/>	Recycling and Waste	<input type="checkbox"/>
Children and Families	<input type="checkbox"/>	Roads	<input type="checkbox"/>
Countryside & Environment	<input type="checkbox"/>	Schools	<input type="checkbox"/>
History and Heritage	<input type="checkbox"/>	Social Care	<input checked="" type="checkbox"/>
Jobs	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Leisure	<input type="checkbox"/>	Travel and Transport	<input type="checkbox"/>
libraries	<input type="checkbox"/>		<input type="checkbox"/>

Author:

Responsible team:

Contact number:

Contact email:

Please include any supporting documents

1. Occupational Therapy – Provision of Equipment and Major Adaptations – staff guidance

2. Occupational Therapy – Recommending Major Adaptations – staff guidance

3.

Review date

Amendments



Occupational Therapy Service Policy

Context

The aim of providing adaptations and equipment to disabled people living at home is to maintain and improve their independence, and to reduce health and social care costs. This work is governed by legislation, primarily the:

- National Assistance Act 1948
- Chronically Sick and Disabled Persons Act 1970
- National Health Service & Community Care Act 1990
- The Disability Discrimination Act 1995
- Housing Grants, Construction and Regeneration Act 1996
- Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care – Guidance on Eligibility Criteria for Adult Social Care, England 2010.

Section 47 of the National Health Service & Community Care Act 1990 imposes a duty on local authorities to carry out an assessment of need for community care support and then, having regard to that assessment, to decide whether those needs call for the provision of support by the local authority.

The **national eligibility guidance** is statutory guidance and is issued under section 7(1) of the Local Authority Social Services Act 1970. It relates the allocation of funding for social care support, including funding for equipment and minor adaptations.

The Housing Grants, Construction and Regeneration Act 1996 provides the current legislative framework for Disabled Facilities Grants (DFGs). Since 1990, local housing authorities have been under a statutory duty to provide grant aid to disabled people for a range of adaptations to their homes. The maximum amount of grant available for a mandatory DFG is currently £30,000.

A test of resources is applied to the disabled occupant, their spouse or partner and may lead to a deduction from the amount of grant payable. A local housing authority does not have a duty to assist applicants with their assessed share of the costs. However, they may refer cases of hardship to the social services authority or consider using their discretionary powers of assistance.

The Act provides definitions of who may qualify for a DFG, irrespective of the type of tenure. It also sets out the purposes for which mandatory DFGs may be given.

Section 24 of the Act places a duty on housing authorities to consult the social services authority on the adaptation needs of disabled people, i.e. whether works are necessary and appropriate. The housing authority must decide what action to take on

the basis of the advice given by the local authority and judge whether it is reasonable and practicable to carry out the works.

Under the **Care Standards Act 2000**, the County Council expects the registered person in a care home to undertake an assessment prior to a placement, which includes the need for specialist equipment,

The County Council employs occupational therapists and community care officers with relevant training and/or experience to assess and make recommendations for equipment and adaptations in order to implement its statutory requirements.

It has established an Integrated Community Equipment Service (ICES) with Nottingham City Council and the local health commissioners for the provision of equipment and minor adaptations.

Scope of this policy

This policy applies to people:

- who are referred to the County Council's re-ablement service (START) and need equipment or minor adaptations in order to remain in their own homes safely.
- who are assessed as eligible for social care support. This will include those people whose situation presents a risk of deterioration or where problems are escalating, and where early intervention could prevent or delay the need for social care support.
- who are caring for a disabled friend or relative and need assistance to meet the eligible needs of the person that they care for.

Principles and Commitments

In relation to **assessment and eligibility** the County Council will:

- undertake assessments with people in the way best suited to their presenting needs. This may involve a phone based or face to face assessment.
- offer a copy of the assessment to the service user.
- apply the national eligibility guidance to the provision of equipment and minor adaptations in line with the County Council's eligibility threshold, except where people have been referred to the re-ablement service (START).
- identify sources of support for individuals who are assessed as having low or moderate risks to their independence, to help them retain control over their lives and achieve the outcomes they want. This will include directing them to places where they can purchase their own equipment or obtain impartial advice.

In relation to the provision of **equipment and minor adaptations** the Council will:

- provide equipment and minor adaptations free to people referred to the START service, where this will enable them to remain in their homes for longer.
- provide a direct payment, where requested, so that eligible people can buy their own equipment. If the service user wants an item that is over the price that the County Council is prepared to pay, the Council will offer the 'cost price' to the service user and they can use their own money to buy their preferred item.

- not provide a direct payment for equipment that can be loaned from the Integrated Community Equipment Service (ICES).
- ask for the return of any equipment purchased using a direct payment once it is no longer required by the service user.
- provide equipment and minor adaptations only for a service user's main residence, except in exceptional circumstances.
- not provide equipment or minor adaptations for residents in care homes unless the resident needs a non-standard piece of equipment as defined by ICES. In this case County Council staff will loan the equipment and provide instructions on how to use it safely.
- help to investigate in situations where moving and handling concerns in a care home result in safeguarding issues, county council staff will help to investigate the concerns, but will not provide instruction or equipment unless the need is for a non-standard piece of equipment as set out above.
- not service, maintain, remove or repair equipment that belongs to a service user, except in the case of ceiling track hoists funded through a Disabled Facilities Grant.
- not provide general moving and handling training for care home staff, personal assistants employed using a personal budget either privately or through an agency. Advice and guidance on the safe use of equipment provided by the County Council will be provided.

In relation to the provision of **major adaptations** the County Council will:

- provide a statement of needs to District and Borough Councils both for people recommending a Disabled Facilities Grant for a major adaptation and for adaptations to the councils' own housing stock.
- recommend that people adapt an existing downstairs room, where available and suitable, before making a recommendation for a major adaptation.
- only recommend major adaptations to a person's main residence in line with sections 21 (2) (b) and 22 (b) of the Housing Grants, Construction and Regeneration Act 1996
- maintain a Disabled Facilities Grant Contribution Fund for people who cannot afford their assessed contribution. The contribution will only be given in cases of extreme hardship. It will be in the form of a loan and will be subject to an assessment by the County Council's Adult Care Financial Services. It will result in a charge being placed on the property.

Key actions to meet the commitments set out in the policy

- staff guidance will be maintained to ensure that this policy is consistently applied across the County.
- the assessment pathway and associated documentation will be reviewed in consultation with county council occupational therapists.
- ways of working will be explored with county council occupational therapists to ensure that the County Council's processes are as efficient as possible.
- the Integrated Community Equipment Service will be reviewed to ensure that it works efficiently.
- work will be undertaken with district and borough councils and local housing associations to ensure that requests for adaptations, and other associated work, are dealt with as efficiently as possible and in line with the existing policy.

DRAFT

Policy Library Pro Forma

This information will be used to add a policy, procedure, guidance or strategy to the Policy Library.

Title: Occupational Therapy - Provision of Equipment and Minor Adaptations – staff guidance

Aim / Summary: To ensure that there is a consistent approach to the provision of equipment and minor adaptations across the County.

Document type (please choose one)

Policy		Guidance	x
Strategy		Procedure	

Approved by: SLT

Version number: 1

Date approved: 29.7.2013

Proposed review date:
October 2013

Subject Areas (choose all relevant)

About the Council		Older people	x
Births, Deaths, Marriages		Parking	
Business		Recycling and Waste	
Children and Families		Roads	
Countryside & Environment		Schools	
History and Heritage		Social Care	x
Jobs		Staff	
Leisure		Travel and Transport	
libraries			

Author: Group Manager

Responsible team: Older People

Contact number:

Contact email:

Please include any supporting documents

1. Occupational Therapy – recommending major adaptations – staff guidance
2. Disabled Facilities Grants Contribution Fund Staff Guidance
- 3.

Review date	Amendments

Occupational Therapy - Provision of Equipment and Minor Adaptations – staff guidance

Contents:

1	Relevant Legislation	3
1.1	Eligibility for equipment and adaptations funded by the Council	3
1.2	Funding	3
1.3	Continuing health care	4
2	Provision of equipment.....	4
2.1	Equipment and minor adaptations that the Council does not provide	4
2.2	People who are not eligible for equipment and minor adaptations	4
2.3	Equipment and minor adaptations for people with more than one home	5
2.4	Ownership of equipment	5
2.5	Public information.....	5
3	Responding to initial requests for social care support	5
3.1	Triage.....	5
3.2	START Re-ablement Services	6
3.3	Phone based assessment.....	6
4	Face to Face assessments	7
4.1	First contact checklist.....	8
4.2	Risk Assessments.....	8
5	Timescales for assessment & delivery of support	8
6	Reviews.....	8
6.1	Planned Review	8
6.2	Unscheduled Review	8
7	Support for unpaid family carers.....	8
8	Moving and handling assessments and training.....	9
8.1	Moving and handling advice for private or agency carers employed using a personal budget	9
8.2	Moving and handling advice for care home staff	10
9	Hoists	10
9.1	Rotundas/Light weight turner	10
9.2	Mobile hoists - electrical or manual	10
9.3	Stand aid Hoists	11
9.4	Gantry hoists	11
10	Guidelines for minor adaptations	11
10.1	Stair rails, grab rails, horizontal rails	11
10.2	Door handles and door closing mechanisms.....	12
10.3	Changes to doors and doorways.....	12
10.4	Toilets raised on plinths	12
10.5	Ramping.....	12
10.6	Kitchen adaptations.....	13
10.7	Door entry systems	13

10.8	Door opening devices	13
11	Environmental control systems	13

1 Relevant Legislation

Section 2 of the Chronically Sick and Disabled Persons Act 1970 gives local authorities a duty to arrange for one or all of a wide range of services where they are satisfied that they are necessary to meet the needs of permanently disabled persons resident in their area. This includes “the provision of assistance for that person in arranging for the carrying out of any works of adaptation in his/her home or the provision of any additional facilities designed to secure his/her greater safety, comfort or convenience.” The Act, and other relevant legislation, is summarised in good practice guidance issued by the Department for Communities and Local Government, "[Delivering Housing Adaptations for Disabled People: A Good Practice Guide \(June 2006\)](#)".

In order to fulfil this duty the Council can provide equipment, and can arrange and fund minor adaptations in private properties (i.e. owner/occupier and privately rented), for eligible people. See the [ICES staff guidance](#) for more information.

Public sector home adaptations are the responsibility of the Housing Authority/Housing Association, who can use their own housing budgets to fund adaptations. **Please note:** the provision of adaptations in public sector accommodation is subject to local agreements and policies.

1.1 Eligibility for equipment and adaptations funded by the Council

The Council is allowed to take its resources into account when setting its eligibility criteria. This is set out in "[Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care](#) (April 2010), generally referred to as FACS.

Anyone applying to the Council for equipment and minor adaptations will only be eligible if their needs are assessed as posing a critical or substantial risk to their independence. See [Eligibility and Fair Access to Care Services](#) for the local staff guidance on eligibility. The exception to this is people who are referred to START reablement services.

Decisions about eligibility for social care support funded by the Council must be recorded in Framework. Occupational therapists must clearly record their clinical reasoning for the risk level chosen and the recommendations they make. The most cost effective solution to the person's needs must always be considered first.

1.2 Funding

The [Community Care \(Delayed Discharges etc\) Act \(Qualifying Services\) \(England\) Regulations 2003](#) state that items of equipment must be provided free of charge where the person is assessed as eligible under the local eligibility criteria.

Eligible people have the option of having a direct payment to buy their own equipment. See [Personal Budgets for Community Equipment – Staff Guidance](#).

Minor adaptations are those that cost up to £1,000, including the cost of buying and fitting the adaptation, and should also be provided free of charge. In Nottinghamshire the current funding limit at which minor adaptations are provided free to service users is £250. However, this is flexible and adaptations that cost between £250 and £1,000, and are required to meet essential and eligible needs, will be considered on a case by case basis. Line manager's discussion and agreement is required, and reasons for the decision must be clearly documented in case notes.

Generally adaptations that cost more than £1,000 are the responsibility of district and borough council housing providers through a Disabled Facilities Grant (DFG). See [Occupational Therapy - Recommending Major Adaptations - Staff Guidance](#).

1.3 Continuing health care

When assessing someone with significant health needs, consider the [continuing health care criteria](#).

2 Provision of equipment

See the ICES catalogue for details of available equipment. The list is not exhaustive and some items will need to be ordered as specials. Please refer to ICES catalogue for details of all stock items.

2.1 Equipment and minor adaptations that the Council does not provide

The Council does not provide:

- standard items of household equipment, such as tables and chairs.
- adaptations or pieces of equipment that could be seen as a means of restraint or containment, for example, locks on doors, special chairs or harnesses.
- equipment that is readily commercially available and accepted as not specialist disability equipment such as stair gates, fire guards, fridge locks, window or cupboard locks.
- minor items, for example, kitchen gadgets and easi-reachers, unless the need is identified as part of re-ablement intervention (START).

2.2 People who are not eligible for equipment and minor adaptations

The following people will not be eligible for equipment and adaptations, funded by the Council:

- people who have a short-term need arising from a temporary impairment, such as a fractured leg or total hip or knee replacement, where long-term need cannot be determined. The Disability Discrimination Act 1995 states that for an impairment to be substantive the effect of the impairment is likely to last, or to have lasted, for twelve months. The exception to this is people referred to START for a re-ablement service. See below for further information.
- people with a degree of physical impairment which does not cause them any significant difficulty with their daily lives.
- people with medical health needs only, for example, support with pressure care.
- people who need an occupational therapy assessment prior to for discharge from hospital (including private hospitals). Safe discharge from a hospital is not the

responsibility of the Council; it is a core duty of care for the hospital that is discharging the person.

- people who are resident in care homes, except in circumstances set out in the staff guidance on the provision of equipment into community day care, registered care homes non nursing care and registered care homes nursing care.

2.3 Equipment and minor adaptations for people with more than one home

Section 2 of the Chronically Sick and Disabled Persons Act 1970 states that services are for the provision of the disabled person, and it provides for the "assistance for that person in arranging for the carrying out of any works of adaptation in his home or the provision of any additional facilities designed to secure his greater safety, comfort or convenience". It does not specify or imply the provision of such assistance in another person's home. Therefore, equipment and minor adaptations will only be provided for the disabled person's main home, except in the following circumstances at the discretion of the team manager:

- if regular respite care is being provided as part of an agreed support plan.
- in the case of shared care arrangements within Nottinghamshire, when consideration may be given to providing equipment and minor adaptations to both properties.

Equipment can only be used in the location where the assessment took place. It can not be relocated to another house, taken on holiday or into a care home.

2.4 Ownership of equipment

Ownership is often the starting point for determining who is responsible for servicing, repairing, removing and relocating equipment. If a service user owns the equipment, including equipment provided using a Disabled Facilities Grant, the County Council does not service, maintain, repair or remove it. The only exception to this rule is a ceiling track hoist funded through a Disabled Facilities Grant.

2.5 Public information

See:

- the [equipment and adaptations page](#)
- the [social care publications list](#) for fact sheets available to service users and carers.

3 Responding to initial requests for social care support

All new requests for support will be received by the Customer Service Centre. Calls will be responded to in the following ways.

3.1 Triage

The initial response will be to assess the seriousness of the person's situation. If the person appears to be at high risk of harm, the referral should be passed to the Intake Team, which is part of the Adult Access Service.

If the person appears to have low or moderate risks to their independence, he/she should be directed to other sources of support, such as the Handy Persons

Adaptations Scheme (HPAS) or places where he/she can purchase their own equipment. The person can be referred to the [equipment and adaptations page](#) on the Internet for details of where to get the information they need. The purpose of this is to avoid costly assessments for the Council and to avoid delays for the person in receiving a straightforward decision.

Some people will be referred straight to the START re-ablement service. Others may need an assessment.

A formal decision about eligibility can only be made after an assessment, so a phone based or face to face assessment must be offered if:

- it appears that the person has substantial or critical risks to their independence
- the person requests a formal assessment.

3.2 START Re-ablement Services

The START service aims to maximise the independence of people referred for personal care services, thus preventing or reducing the need for ongoing support and residential care. The Occupational Therapy service has a key role within START.

The national eligibility guidance is not applied to START as re-ablement is a preventative service and takes place before a formal assessment of need.

People referred to START who are at risk of becoming disabled and dependent if their needs are not promptly addressed can be provided with equipment and minor adaptations from ICES if the provision will minimise or eliminate the individual's need for longer term support.

People referred to START who are clearly not eligible for ongoing support, but who request or would benefit from equipment and adaptations, should be given information about the Handy Persons Adaptations Scheme (HPAS), the Everyday Living Equipment Scheme and the online Equipment Directory. See the [equipment and adaptations page](#).

Non-ICES equipment such as long handled sponges, sock aids etc, can be provided to all recipients of START if the equipment will minimise or terminate the input of START's support workers. This equipment does not have to be returned.

People in receipt of START who are likely to require long term occupational therapy support will be referred to a district team for a full assessment and equipment and adaptations will be provided, if necessary, as part of their support plan.

3.3 Phone based assessment

Non-complex cases will be assessed over the telephone by the Intake Team, which is part of the Adult Access Service and a decision will be made about whether the person is eligible for equipment or adaptations. When carrying out a phone based assessment, the caller must be informed that their assessment is taking place so that they freely choose the telephone option. The assessment must cover:

- the service user's opinion as to what their needs are;

- consideration of the full spectrum of the service user's potential needs, including social, recreational and leisure needs. See: *R v Haringey LBC ex p Norton (1997)*
- the particular risk factors that the service user faces as well as their aptitudes, abilities and access to existing social support networks;
- what outcomes/services the service user wants, and their preferences as to how those outcomes are to be achieved;
- whether there is any carer who may potentially be entitled to an assessment under the Carers (Recognition and Services) Act 1995 or the Carers and Disabled Children Act 2000;
- any associated health or housing difficulties that the service user may have. If such difficulties exist a referral to the health or housing authority must be made. The assessment is not concluded until any response has been fully considered.

A face to face assessment must be offered if:

- it is not possible to complete the assessment over the phone
- the person requests a face to face assessment.

The service user should also be advised of their right to:

- have a written copy of the assessment and/or care plan, which can be posted to them; and
- make representations /use the complaints procedures if they believe that social care support has been unreasonably refused.

4 Face to Face assessments

The occupational therapy assessment episode in Framework contains a list of possible assessments, including a fast track assessment, a moving and handling assessment and an occupational therapy specialist assessment. Staff are expected to choose the one that is most appropriate for the person's situation. Face to face assessments will be completed by the district teams in the person's own home and a decision on eligibility for equipment and adaptations will be made following the assessment. A face to face assessment is most likely to be carried out with a person who:

- is likely to benefit from an occupational therapy assessment and has permanent and substantial disabilities, **and**
- is not fully independent in, and has significant difficulty with, essential activities of daily living, **and**
- has needs which are not being adequately met, **or**
- is caring for another person (friend, family member or neighbour) and is unable or unwilling to sustain the current level of support.

When undertaking an assessment the occupational therapist must look at the whole of the service user's situation rather than just a single functional aspect. For example:

The person might also need advice about education/employment, leisure opportunities or benefits and may have other needs that should be referred to primary health care, the local housing department or a voluntary organisation

If the person appears to be at high risk of harm, occupational therapy staff should plan to ensure the rapid provision of equipment or alternative ways in which needs can be safely met.

A copy of the assessment and the support plan must always be offered to the disabled person.

4.1 First contact checklist

[A First Contact check list](#) should be offered if the disabled person has not previously been in receipt of any services. Although this is only applicable to people aged 60 and over, it is good practice to follow the same check list for all service users to ensure needs are identified and people are signposted or referred to other appropriate services.

4.2 Risk Assessments

A risk assessment must be completed if a change in the service user's circumstances results in sudden or emerging risks which might impact on the appropriateness of the current support plan.

5 Timescales for assessment & delivery of support

The Council has guidance on [timescales for assessment and the delivery of support](#), which must be followed.

6 Reviews

Reviews should be recorded using the review episode in Framework.

6.1 Planned Review

Use this option for service users who are in need of regular monitoring or who have complex equipment that should be reviewed regularly. Decisions as to whether to implement a planned review programme and its timescales are made on a case by case basis but could typically include people:

- with life limiting conditions likely to deteriorate rapidly
- with chronic long term disability also likely to deteriorate
- in receipt of equipment such as hoists and slings, rotundas, stand aids and highly specialist seating solutions.

6.2 Unscheduled Review

Use this when the service user is previously known and an assessment has been recorded but a change in need or circumstances is being reported. The service user must also be in receipt of a service funded by the County Council. The previous assessment should be no later than one year ago. Typical examples might be when equipment is no longer meeting needs or is broken and in need of replacement, but a simple exchange isn't possible (catalogue or supplier changes often create this need).

7 Support for unpaid family carers

The occupational therapist's role in respect of carers is to assist the carer to meet the needs of the person they care for. Unpaid family carers have the right to an

assessment of their own needs; see [staff guidance on carers: completing an assessment of need](#). Carers assessed as eligible for support will be offered a personal budget to meet defined outcomes. See the [staff guidance on carers personal budgets](#). Carers who do not meet the eligibility criteria must be offered advice and guidance about other sources of support, including where to buy equipment.

Occupational therapists must take the needs of carers into account when assessing the needs of the service user and may provide, for example, advice about safe ways to move the person they care for, along with any equipment and adaptations that the service user might be eligible for. A copy of the moving and handling risk assessment must be given to the service user and anyone caring for them. A demonstration of the use of equipment must be carried out, especially on the introduction of uncommon or new equipment. Ongoing support should be offered to unpaid family carers if required.

Occupational therapists will not issue equipment where it appears that the carer does not have the appropriate skills to use it.

Further information about the Council's support for unpaid family carers can be found on:

- the Intranet – see the [Carers Information](#) page.
- the Internet – see [Social Care Support for Carers](#).

8 Moving and handling assessments and training

Only qualified occupational therapists who have completed the 3 day basic training (introduction and equipment) and attend refresher training every 18 months are considered competent to carry out moving and handling assessments with service users.

Moving and handling assessments should be undertaken where a service user has moving and handling difficulties as a result of partial, unpredictable or non- weight-bearing ability.

The assessment should include a determination of how many carers are needed to carry out moving and handling tasks safely as this will inform commissioners of support packages.

A review of the service user's moving and handling needs should always be done if there is deterioration in their mobility. Occupational therapists may decide to place service users with deteriorating conditions on “ongoing reviews”.

8.1 Moving and handling advice for private or agency carers employed using a personal budget

If a service user decides to employ private carers using a personal budget he/she must be made aware that they are responsible for providing safe systems of work for his/her employees, which includes the provision of moving and handling training. The occupational therapy service can assist by providing moving and handling advice for equipment provided by the Council, but no formal training can be offered to carers

employed in this way. The need for moving and handling training should be included as a cost in the personal budget and service users should refer to their direct payment support service for advice about who to employ.

Care agencies are responsible for the health and safety of their staff, including for moving and handling training. County Council occupational therapy staff will demonstrate safe use of equipment provided by the Council to a designated representative of the care agency, who will then be responsible for dissemination of this information to work colleagues.

8.2 Moving and handling advice for care home staff

Advice and/or training on moving and handling are the responsibility of the care home according to the needs of their registered client group. See the Integrated Community Equipment Service's [staff guidance on the provision of equipment in care homes](#). The home should provide the appropriate numbers of hoists and other moving and handling equipment dependent on the needs and numbers of their residents. The Council's occupational therapy staff will not meet rehabilitation needs in a care home. County Council staff are also not responsible for the health and safety or moving and handling training needs of the care home staff.

However, if the County Council provides a non-standard piece of equipment, a "special", for a care home resident, council staff should provide instructions on how to use it safely.

In situations where moving and handling concerns in a Nottinghamshire care home result in safeguarding issues, Council staff will help to investigate the concerns, but will not provide instruction or equipment unless the need is for a "special" as set out above. In relation to requests relating to safeguarding issues in care homes from other local authorities, see the [NCC safeguarding policy and procedure](#).

Moving and handling concerns about a specific individual should trigger a review, which should look at whether the care home is still able to meet the needs of the resident.

9 Hoists

See [staff guidance on recommending major adaptations](#) for information about ceiling track hoists.

9.1 Rotundas/Light weight turner

This should be considered as the first option to promote, enable or maintain the independence of service user's or to assist carers. The assessment should take into consideration any significant variable abilities especially due to the ability to weight bear.

9.2 Mobile hoists - electrical or manual

Hoists should be considered where independent transfers are not possible, the service user is non weight bearing and other moving and handling equipment proves unsuccessful. Careful consideration of the risks to the carer must be given. The decision about whether to provide a manual or electrical mobile hoist is dependent on

the individual needs/circumstances of the service user and /or their carer. Both types of hoist are fit for purpose and each has different benefits.

9.3 Stand aid Hoists

Consider:

- weight bearing capacity (movement against gravity and some resistance, as when lifting the leg whilst sitting and downward pressure is put on the knee).
- when choosing a suitable model, the person's ability to adopt a symmetrical position as stand aids differ in their ability to accommodate asymmetrical postures.
- shoulders and hips – joint stability, pain, risk of dislocation, range of movement – the ability to flex at the hip
- feet must be able to be positioned on the footplate
- the person must be able to comprehend and co-operate
- knees must be able to be blocked and should be at no more than 90° - pain, arthritis. Prosthesis and callipers may mean pressure if not being applied appropriately.
- the person's height when choosing a suitable model, as stand aids differ in their ability to safely lift people of small stature.
- the environment - as with any hoist it must be sufficiently adjustable to fit around the relevant furniture. Very low chairs may be unsuitable – tendency to drag the person – careful trial is needed. Consider chair raisers.

Check list for testing suitability below:

- person's opinion – degree of comfort
- facial expression and body language
- position – if upright are they within their base area?
- is the system drag lifting under the armpits?
- is the person weight bearing?
- are their knees supported?
- do the feet remain flat on the footplate?
- colour of the hands – radial pulse
- carers' ability to secure and hook slings and to check person is always safely positioned within them

9.4 Gantry hoists

Gantry hoists are normally issued when a hoist is urgently required, usually for a limited time, and there is insufficient circulation space for a mobile hoist. They can also be used in circumstances where a service user is 'resident' in bed and there is no under bed clearance to facilitate the use of a mobile hoist.

10 Guidelines for minor adaptations

Categorising an adaptation as minor or major is based on cost, including buying and fitting. See section 1.2 above. Minor adaptations must always be considered before a Disabled Facilities Grant.

10.1 Stair rails, grab rails, horizontal rails

Rails may be provided if they could alleviate a person's mobility problems. Only one entrance will normally be considered for rails unless there is a clearly defined need,

such as access to washing lines and dustbins, if these can only reasonably be reached via another entrance. However, staff should consider whether the facilities can be moved closer to the first adapted entrance before considering a second.

The [Handy Persons Adaptations Scheme](#) (HPAS) will fit grab rails and other minor adaptations that cost up to £250 at a service user's request.

Grab rails will not be provided for exercise or treatment purposes.

The Council expects people to have a banister or hand rail on the stairs and will only fit a second stair rail to assist with safe use of the stairs.

Guide rails will be considered in essential areas if the person is blind or partially sighted.

10.2 Door handles and door closing mechanisms

These may be provided if a person has difficulty using existing mechanisms as a result of their disability. A door handle or lock may be changed, for example from a knob to a lever, or re-positioned.

10.3 Changes to doors and doorways

These changes should be considered if a person is unable to get through the doorway to get in and out of a room where access is essential. If changes to more than one doorway are needed, the person may have to apply for a Disabled Facilities Grant.

10.4 Toilets raised on plinths

These may be provided if increasing the height of the toilet will enable the person to get on and off independently and a raised toilet seat is not appropriate. Consider how this would impact on other family members and the future use of a wheeled glide about or toilet/shower chair.

10.5 Ramping

Ramping may be provided if:

- a person's mobility is dependent on the use of a wheelchair (indoors / outdoors) **and**
- the person qualifies for a NHS chair **or**
- the person, or anyone caring for them, is at risk from the current method of access.

Ramps will not be provided for privately purchased scooters, unless the above criteria are met.

Only one entrance will be considered for a ramp unless there is a clearly defined need for another entrance to be adapted. Only the entrance which is the easiest, most appropriate to need and most cost-effective will be adapted.

The ramp must be built to meet current specifications with appropriate safety features.

10.6 Kitchen adaptations

Minor adaptations to a kitchen may be provided if:

- a person is wheelchair dependent and requires extra space for manoeuvring, lowered worktops or other specialist modifications to taps or facilities.
- people are ambulant but have difficulty reaching to the top of wall units or the bottom of base units they would be expected to store frequently used items within reach.

The extent of the adaptation will be dependent on the role of the person. For example, if the person is not capable of meal preparation but needs facilities for drinks/snacks the provision might be no more than alteration or provision of a single work surface. Adaptations costing more than £1,000 may require a recommendation for a Disabled Facilities Grant.

10.7 Door entry systems

These are systems with intercom and door unlatching facilities.

These may be considered:

- if key safes have been judged inappropriate
- to enable the person to independently answer and unlatch the door
- if there is no potential for an improvement in mobility via physiotherapy services.

The service user should live alone or be alone for large parts of the day. The service user's mental capacity must be considered and the risks assessed.

10.8 Door opening devices

These may be considered if a service user is physically unable to open and close the door and requires access to and from the property or a regularly used room within it. This type of device should be considered as part of an environmental control system where appropriate.

The service user should live alone or be alone for large parts of the day.

11 Environmental control systems

Environmental control systems are funded by the local Clinical Commissioning Groups (CCG).

Joint visits between CCG assessor and an occupational therapist are advisable. It is the responsibility of the Council to pay for the associated essential electrical and joinery work required to install of the equipment. This could include additional power points, changing of door locks to Yale type model, bed or curtain controls or a door closer. If the person lives in social housing property owned by a local council, it is the

responsibility of the social housing provider to pay for the associated essential
electrical and joinery work required to install of the equipment.

Policy Library Pro Forma

This information will be used to add a policy, procedure, guidance or strategy to the Policy Library.

Title: Occupational Therapy - Recommending Major Adaptations – staff guidance

Aim / Summary: To set out guidelines for staff in recommending major adaptations funded through a Disabled Facilities Grant (DFG)

Document type (please choose one)

Policy		Guidance	x
Strategy		Procedure	

Approved by: SLT

Version number: 1

Date approved: 29.7.2013

Proposed review date:

Subject Areas (choose all relevant)

About the Council		Older people	x
Births, Deaths, Marriages		Parking	
Business		Recycling and Waste	
Children and Families		Roads	
Countryside & Environment		Schools	
History and Heritage		Social Care	x
Jobs		Staff	
Leisure		Travel and Transport	
libraries			

Author: Group Manager

Responsible team: Older Adults

Contact number:

Contact email:

Please include any supporting documents

1. Disabled Facilities Grants Contribution Fund Staff Guidance

2. Occupational Therapy Provision of Equipment and Minor Adaptations

3.

Review date

Amendments



Occupational Therapy - Recommending Major Adaptations – staff guidance

Contents:

1	Relevant legislation	2
1.1	The duty to co-operate	3
1.2	Access to gardens.....	4
2	Assessments for Disabled Facilities Grants	4
2.1	Owner Occupiers and Private Tenants	4
2.2	Public Sector Property	4
3	Guidelines for recommending major adaptations	5
3.1	Progression of an existing condition.....	5
3.2	Major adaptations for people with more than one home	5
3.3	Grab rails, hand rails by a path, extra steps and shallow steps.....	5
3.4	Door entry systems	5
3.5	Hard standing, dropped kerbs and ramps	6
3.6	Step lifts	6
3.7	Stair lifts	6
3.8	Vertical lifts.....	7
3.9	Changes to heating	7
3.10	Additional heating.....	7
3.11	Additional toilet (upstairs or down)	7
3.12	Specialist toilets (wash and dry).....	8
3.13	Bathing / showering.....	8
3.14	Ground floor extensions	8
3.15	Ground floor bedroom with shower and toilet facilities	8
3.16	Ground floor washing / bathing / toileting facilities	9
3.17	Ceiling Track Hoists	9

1 Relevant legislation

A major adaptation is one costing more than £1,000. These are funded by a Disabled Facilities Grant (DFG) and are administered by District and Borough Councils.

The current legislative framework governing major adaptations is provided by the Housing Grants, Constructive and Regeneration Act 1996

<http://www.opsi.gov.uk/acts/acts>. This Act provides the legislative framework for DFGs.

The maximum amount of grant available for a mandatory DFG is currently £30,000. A test of resources is applied to the disabled occupant, their spouse or partner and may lead to a deduction from the amount of grant payable. A local housing authority does not have a duty to assist applicants with their assessed share of the costs. However, they may refer cases of hardship to the social services authority or consider

using their discretionary powers of assistance. The County Council has a [Disabled Facilities Grant Contributions Fund](#), which may provide assistance in cases of hardship. A test of resources is required and evidence of an inability to obtain funding from other sources. If approved, a charge on the property is made.

The Act provides definitions of who may qualify for a DFG, irrespective of the type of tenure. It also sets out the purposes for which mandatory DFGs may be given.

Section 24 of the Act places a duty on housing authorities to consult with local authorities with social care responsibilities over whether the proposed works are necessary and appropriate. However, it is nevertheless the responsibility of the housing authority to decide in any particular case whether or not to approve a grant: they are not bound to follow the social care authority's advice or recommendation. Providing the housing authority has considered all the facts and has acted rationally, the courts are unlikely to interfere with that decision. Attempts to reach a compromise should be made if a dispute arises between the occupational therapist's view and that of the grants officer about what work is "necessary and appropriate".

Chapter 53 part 1 chapter V Section 101 of the Act includes the following definition regarding to what is meant by a dwelling.

"Dwelling means a building or part of a building occupied or intended to be occupied as a separate dwelling, together with any yard, garden, outhouses and appurtenances (*N.B this means a part or improvement to*) belonging to it or usually enjoyed with it."

This clarifies that to 'facilitate access to and from a dwelling' can include adaptations such as rails, path alterations, hard standings and ramps.

1.1 The duty to co-operate

Housing and social services authorities are under different statutory duties to cooperate in the community care planning and assessment processes, most commonly under section 47(3) of the NHS& Community Care Act 1990. The duty to cooperate is reinforced by joint guidance issued by the DoH entitled Housing and Community Care - LAC (92) 12 which included the following advice:

"Social services authorities and housing should construct an individual's care plan with the objective of preserving or restoring non-institutional living as far as possible and of securing the most appropriate and cost effective package of care, housing and other services that meet the person's future needs. For some people the most appropriate package of care will be in a nursing or residential home, but in many cases this will be adaptations to the individual's existing home....."

"The new proposals will require effective relationships to be established and built upon between all parties involved. The aim should be to provide a seamless service for clients, with a mutual recognition of all authorities' responsibilities. This will require all the relevant agencies, including housing, health and social services authorities, to put an emphasis on discussion, understanding and agreement in the planning of services, rather than unilateral decision making....."

Detailed non-statutory good practice guidance has been issued by the Department for Communities and Local Government, "[Delivering Housing Adaptations for Disabled People: A Good Practice Guide \(June 2006\)](#)". The Local Government Ombudsman often uses the good practice guidance as the benchmark for maladministration determinations and stresses the importance of all officers dealing with DFG applications being trained in its use.

1.2 Access to gardens

The Department for Communities and Local Government published "[Disabled Facilities Grant: the package of change to modernise the programme](#)" in February 2008 which states:

"The legislation has therefore now been changed making access to gardens a specific criterion for entitlement for the grant, where this is reasonable and practicable."

2 Assessments for Disabled Facilities Grants

Under the Chronically Sick and Disabled Persons Act 1970 and the associated national eligibility criteria local authorities have a duty to assess and to then meet the needs of eligible people. The Local Authority can offer the most cost effective solution to meet eligible needs and therefore, only where eligible needs cannot be met by equipment and minor adaptations costing less than £1,000 should an application/recommendation for a DFG be made.

If a service user refuses to accept a more cost effective solution and requests that a recommendation for a DFG is made, the recommendation should include details of what else could be provided to meet their needs.

2.1 Owner Occupiers and Private Tenants

Occupational Therapy staff recommend necessary and appropriate works to the District, Borough or City Council. The Environmental Health Officer (EHO)/Housing Improvement Officer (HIO) undertakes a test of resources in order to estimate how much the disabled person may be expected to contribute to the work. The amount contributed will be taken into account in any future DFG applications. The fees for the services of an architect, surveyor, project manager or housing improvement agency are eligible for grant support in the total cost of the works. The County Council has a [Disabled Facilities Grant Contributions Fund](#), which may provide assistance in cases of hardship. A test of resources is required and evidence of an inability to obtain funding from other sources. If approved, a charge on the property is made.

2.2 Public Sector Property

Occupational therapy staff recommend the necessary and appropriate works to the Housing Authority or Housing Association, which may require their tenants to apply for a DFG towards the costs. If the tenant is assessed as having to make a contribution towards the cost of these works, it is the responsibility of the Housing Authority/Association to consider whether they will meet this expense out of their budget. Public sector tenants are not eligible to apply for a grant from the Council's [Disabled Facilities Grant Contributions Fund](#).

3 Guidelines for recommending major adaptations

Major adaptations should always be a last resort as they are expensive. Other options should always be looked at first, for example, consider if there is a ground floor room that is available and suitable for a change of use.

3.1 Progression of an existing condition

Advice should be sought from health colleagues about the prognosis of an existing condition, as this may inform the outcome of the occupational therapist's recommendation. For example, if a person is unlikely to be able to transfer on and off a stair lift in the future, the lift may not meet long-term needs and an alternative solution may have to be considered. This should be discussed with your line manager.

Information from health colleagues should be provided free of charge as part of the joint working arrangements with local health services. A fee will be charged if a GP has to undertake an additional assessment.

3.2 Major adaptations for people with more than one home

The [Housing Grants, Construction and Regeneration Act 1996 ss21\(2\)\(b\)](#) provides that DFGs are only available to disabled people who live or intend to live in the accommodation as their only or main residence. Major adaptations should therefore only be recommended at the disabled person's main residence. This is determined by the property on which Council Tax is paid.

3.3 Grab rails, hand rails by a path, extra steps and shallow steps

Adaptations will not be recommended solely for fire exit or leisure purposes. Careful assessment is needed where adaptations purely for leisure purposes are identified. Alternative funding sources may be more appropriate.

Path widening will only normally be considered where the person needs to use a walking frame or wheelchair or requires the guidance of an assistance dog or carer to walk beside them.

3.4 Door entry systems

These are systems with intercom and door unlatching facilities.

These may be considered:

- if key safes have been judged inappropriate
- to enable the person to independently answer and unlatch the door
- if there is no potential for an improvement in mobility via physiotherapy services.

The service user should live alone or be alone for large parts of the day. The service user's mental capacity must be considered and the risks assessed.

3.5 Hard standing, dropped kerbs and ramps

Hard standing is a level car parking area with access from the road i.e. it should include a dropped kerb.

These will not be recommended to prevent vandalism or alleviate lack of general parking spaces.

The housing legislation covering DFGs requires staff to identify that this is a necessary and appropriate need, which relates to the disabled person's access to and from the dwelling. All such situations should be discussed with your line manager.

Dropped kerbs without a hard standing are the responsibility of the Nottinghamshire County Council's Environment and Resources Department's Highways section. Applicants must apply to the Highways Section and pay for the work.

Ramping may be provided if:

- a person's mobility is dependent on the use of a wheelchair (indoors / outdoors) **and**
- the person qualifies for a NHS wheelchair **or**
- the person, or anyone caring for them, is at risk from the current method of access.

Ramps will not be provided for privately purchased scooters, unless the above criteria is also met.

Only one entrance will be considered for a ramp unless there is a clearly defined need for another entrance to be adapted. Only the entrance which is the easiest, most appropriate to need and most cost-effective will be adapted.

The ramp must be built to meet current specifications with appropriate safety features.

3.6 Step lifts

Step lifts may be provided if the guidelines for a ramp have been met but there is insufficient space or gradient for the provision of a ramp.

3.7 Stair lifts

A stair lift may be recommended if:

- the person is unable to manage the stairs safely and independently and an additional stair rail will not suffice, **and**
- this difficulty with the stairs prevents them from accessing essential sleeping/toilet/washing facilities.

A stair lift should not be recommended where a person has access to a suitable bathroom and toilet downstairs and where there is adequate and appropriate space to sleep, having taken into account the accommodation needs of the family and anyone

else caring for the person. For example, if a downstairs bedroom could be created by converting an existing reception room or dividing a large reception room

3.8 Vertical lifts

A vertical lift may be recommended if a person is eligible for a stair lift but it is not appropriate. For example, the person is a wheelchair user or would be unsafe using a stair lift or their condition is expected to deteriorate significantly.

3.9 Changes to heating

A change of heating appliance may be recommended if:

- a person is unable to manage their existing heating appliance/system by reason of their disability. For example they are unable to make up, light and tend their coal fire.
- fireguards or other safety measures are not sufficient to reduce the risk to a person.

Running costs will not be considered as a reason for changing heating systems.

The type of heating will not normally be changed on medical grounds.

The gas/electricity supplier should be consulted where the person has difficulty operating the controls of a unit or system, as they can often arrange for changes to controls as part of their general service to customers with disabilities. Also government – funded schemes to improve heating systems (such as Warmfront) should be approached. See, [keep warm this winter](#).

3.10 Additional heating

Additional heating may be recommended if:

- a person is unable to generate sufficient body heat, for example, if the person is quadriplegic or has a tetraplegic spinal injury.
- a person habitually throws off their bed coverings and cannot re-cover themselves during the night. However, solutions such as sleep suits, secure covers and cosi-toes should be explored.

Only rooms which are regularly used by the eligible person for significant periods of time will be considered.

3.11 Additional toilet (upstairs or down)

Provision of toilet facilities within the existing floor space should always be considered first. Construction of a ground floor extension to accommodate an additional toilet should be a last resort, and it might be appropriate to include a level access shower in

such a scheme, with a view to sleeping on the ground floor in the long-term. The person's assessment should record the alternatives that have been considered.

An additional toilet may be recommended if:

- the existing toilet cannot be accessed safely or independently due to the person's physical impairment. An outside toilet is not considered to be appropriate.
- installation of a stair lift or vertical lift is not feasible or does not meet the need.
- using the existing toilet causes severe risk to carer (s), for example, there is not sufficient space for carer (s) to assist.
- continence cannot be maintained by using the existing toilet because the person's physical impairment prevents them from getting to the toilet in time.

3.12 Specialist toilets (wash and dry)

A specialist toilet may be recommended if the person is unable to adequately clean/wipe themselves after using the toilet, and equipment has been tried but was unsuccessful.

3.13 Bathing / showering

Adaptations to assist with bathing and showering may be recommended if the person is unable to safely access their existing facilities (whether a bath or a shower) and minor adaptations and/or bathing equipment have been tried or considered but do not/will not meet the needs of the person.

3.14 Ground floor extensions

Extensions should always be the last resort as they are invariably very expensive. Full funding may not be covered by a DFG. Reasons why alternatives (e.g. stair lifts, through floor lifts) are unsuitable must be clearly recorded. Re-housing options should be fully considered before recommending such major adaptations.

3.15 Ground floor bedroom with shower and toilet facilities

May be recommended if:

- a person is unable to access existing bedroom and toilet/washing facilities on the first floor and provision of a stair lift or vertical lift is not feasible or not appropriate.
- the existing bedroom is too small to facilitate safe care of the person and their needs cannot be met by a re-organisation of the living space, for example by changing bedrooms. Families are expected to be flexible in the use of living space.

Bedroom extensions will not be recommended solely to alleviate overcrowding.

Where a family has taken in an additional disabled member who does not have their own bedroom, the provision of a ground floor bedroom would only be recommended if that disabled member would not be able to use a stair lift.

3.16 Ground floor washing / bathing / toileting facilities

May be recommended if:

- the person meets the criteria for additional toilet and adapted shower facilities, **and**
- the person is unable to use the stairs, **and**
- a stair lift or vertical lift is not suitable, **and**
- the existing facilities are not accessible and cannot be adapted to make them suitable for the person, **and**
- a suitable bedroom already exists on the ground floor.

Provision of the facilities within the existing floor space should always be considered before recommending the building of an extension.

3.17 Ceiling Track Hoists

Ceiling track hoists are normally recommended where:

- there is insufficient space for a mobile hoist and
- the need is considered to be long term or
- the number of transfers and the ability of family carer(s) to use a mobile hoist is a consideration.

These hoists are normally purchased by the district/borough council for use in council owned property or via a Disabled Facilities Grant (DFG) in privately owned property.

If the applicant can not afford their assessed contribution, staff should ensure that all options have been investigated, such as mobile hoists or a gantry hoist, before making an application to the County Council's [Disabled Facilities Grant Contributions Fund](#). A Mental Capacity Act assessment and risk assessment must be carried out in cases where the service user and/or their carer refuse to complete a DFG application. This is to determine the consequences of not providing a hoist. This information must be shared with the service user/carers so that they are aware of the likely impact of their decision. If the service user/carers has the capacity to understand the implications of their decision not to apply for a DFG, the County Council will give no further assistance.

However, if there are issues, for example, adult safeguarding issues or a lack of capacity to make the decision, a special request can be made to the [Disabled Facilities Grant Contributions Fund](#). The panel chair will consider the risks and make the final decision as to the possibility of the County Council funding the hoist.

A ceiling track hoist funded through a DFG is the property of the service user, but will be maintained by the County Council because of the potential risks to carers should the lift not be maintained. A request can be made to reclaim and re-use the hoist when no longer required by the service user. The County Council will not pay for redecoration if removal of the lift causes damage.

28th October 2013

Agenda Item: 6

REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE AND PUBLIC PROTECTION

PROPOSED CHANGES TO THE OCCUPATIONAL THERAPY ESTABLISHMENT

Purpose of the Report

1. To propose the permanent establishment of the Senior Practitioner post to the newly established Intake Team within the Adult Access Service.
2. The funding will be met within existing resources of the Adult Access Service through the redesign of the service with the disestablishment of a vacant 24 hours Occupational Therapy post and a vacant 18.5 Social Worker post.

Information and Advice

3. In August 2012 a pilot Intake Team was established to manage and meet demand for occupational therapy assessments and maintain and reduce waiting times to within the timescales set by the department of 28 days. The pilot tested new ways of working, including assessments over the telephone for non-complex cases. The team also applied the national eligibility criteria 'Fair Access to Care' earlier in the process to target resources more effectively and ensure good outcomes for service users.
4. The pilot team proved to be effective in reducing the older person's occupational therapy waiting lists in the district teams, ensuring that more service users were seen within timescales and providing good quality advice and information for service users who were not eligible for a service.
5. As a consequence of the success of the pilot, it was agreed to permanently establish an Intake Team.
6. The Intake Team has been established with the following posts:
 - Six Community Care Officers to be seconded from the District teams.
 - One Service Advisor to be rotated from the Adult Access Service
7. It has been identified that the establishment of a permanent Senior Practitioner would be essential in ensuring the effective running of the intake service.

8. The role of the Senior Practitioner would ensure the effectiveness of the Intake Team in maintaining the high numbers of people dealt with by the team, delivering quality outcomes for service users and in developing the service further with both social care district teams and external partners such as health and housing in district councils. The Senior Practitioner will be essential in identifying patterns of referrals to the service, which may require attention and professional input promptly, but longer term requires partnership working to resolve.
9. The Senior Practitioner will also have a wider role within the Adult Access Service in linking to the triaging team and the Blue Car Badge assessment provision. It will be expected where necessary for the Senior Practitioner to cover for the team manager.

Other Options Considered

10. The Senior Practitioner role requires the post to be filled by an Occupational Therapist as this role will provide professional oversight to six Community Care Officers and in some cases will be required to complete home visits relating to occupational therapy. This role will also be required to provide management cover for the Blue Car Badge Assessment Scheme. The present Senior Practitioner in the Adult Access Team is Social Work trained and does not have the capacity or the skills to provide oversight and clinical supervision for occupational therapy work. Although one of the Team Managers in the Adult Access Service is an Occupational Therapist the skills and work required to be complete the tasks required are below the level of a Team Manager.

Reason/s for Recommendation/s

11. The establishment of the Senior Practitioner role enables professional oversight of workers; thereby enabling non-complex work to be completed at the appropriate grade and salary with a safe discharge of the authority's functions.
12. The establishment of the Senior Practitioner role within the Intake Team is based on the success of the pilot to achieve timely assessments, reduce waiting lists in district teams and improve outcomes for service users who are not eligible through better information and advice.
13. The funding will be met within existing resources of the Adult Access Service through the redesign of the service with the disestablishment of other posts.

Statutory and Policy Implications

14. 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

15. The development of the Adult Access Service will enable more service users to receive timely support, advice and services appropriate to their needs.

Implications for Ways of Working

16. The post will be based at Meadow House and will be accommodated within existing office space making use of flexible working arrangements.

Financial Implications

17. 1 fte (37 hours) Senior Practitioner post, Pay Band C, scp 39-44 (£41,434 - £47,106 per annum) with authorised car user status at £1,300 per annum be established within the team.

18. One 24 hours Occupational Therapy post and one 18.5 hours Social Worker will be dis-established to meet the cost of the Senior Practitioner within existing resources.

Human Resources Implications

19. This report proposes to establish the following post; 1 fte (37 hours) Senior Practitioner Pay Band C scp 39-44 (£41,434 - £47,106 per annum).

20. The post would require office accommodation and equipment commensurate with flexible working and approved car user status.

21. The Trade Unions have been consulted and no comments have been received.

RECOMMENDATION/S

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

- 1) Approves the establishment of 1 fte (37 hours) Senior Practitioner Post, Pay Band C, scp 39-44 (£41,434-£47,106 per annum), the post to be allocated approved car user status.
- 2) Approves the redesign of the service with one vacant 24 hour Occupational Therapy post and one vacant 18.5 hours Social Worker post being disestablished to meet the cost of the Senior Practitioner within the existing resources of the Adult Access Service.

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (NAB 20/08/13)

22. The Adult Social Care and Health Committee has the authority to approve the recommendations set out in this report by virtue of its terms of reference.

Financial Comments (KAS 19/08/13)

23. The financial implications are contained within paragraphs 17 and 18 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.

- a. Job Description for the post

Electoral Division(s) and Member(s) Affected

All.

ASCH152

28th October 2013

Agenda Item: 7

REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING, QUALITY AND BUSINESS CHANGE

TENDER FOR DIRECT PAYMENT SUPPORT SERVICES

Purpose of the Report

1. To advise the Adult Social Care and Health Committee of the national and local policy drivers relating to Direct Payment Support Services (DPSS) and of the work undertaken to prepare for the re-tendering of these services.
2. To seek approval from the Adult Social Care and Health Committee to commence the tender for DPSS and for a new contract to be awarded for commencement in May 2014.

Information and Advice

National and Local Policy Drivers

3. Legislation requires local authorities to offer people who are eligible for social care the choice to take all or some of their money (personal budget), as a direct payment to arrange and purchase their own care and support. This includes people who do not have capacity to consent to a direct payment as long as a 'suitable person' can be identified to accept and manage the payment on their behalf.
4. Guidance¹ states that local authorities should provide support to people who are considering the use of direct payments, including adequate support to those people who wish to use their direct payment to employ their own support staff. The guidance identifies that most people find it more successful if this support is provided by an independent organisation who can offer impartial, specialist advice, peer support and services to support the delivery of safe and effective direct payments.
5. In line with the Government's 'Think Local, Act Personal' policy, it is Nottinghamshire County Council policy to support more people to have choice and control over the type of services they are able to access and the way in which these services are provided. For many people the best way of doing this and achieving positive outcomes from their social care, is through choosing a direct payment; and numbers of people locally taking a direct payment are rising. In the last national survey 2011/12, Nottinghamshire County Council came fourth within the peer group for numbers of service users and carers taking direct

¹ Health and Social Care Act Guidance 2008

payments. Nearly £30 million of services are purchased through people's individual direct payments in Nottinghamshire. The Council currently delivers direct payments to 36% of people with a personal budget with a target of 40% by March 2014.

6. The Council is working with Clinical Commissioning Groups (CCGs) who are developing the use of Personal Health Budgets. This will ensure an integrated approach, so that where a person has a jointly funded direct payment, they can use one DPSS provider.

Current DPSS

7. Currently people can choose and arrange for any provider they wish to support them to manage their direct payment. The Council operates an accredited list of 11 providers that people can use and that those who are most vulnerable (for example, not able to have their own bank account) are required to use.
8. In 2012/13 the Council spent £506,000 on DPSS to support 500 people to set up their direct payment packages.

Local issues impacting on the delivery of home based support services

9. Although there are many providers to choose from, one provider currently provides a service to approximately two thirds of people requiring a DPSS. One DPSS has recently given notice of its intention to exit Nottinghamshire's accredited list, with a further 4 providers indicating that they are also considering this. The main reason given is that there is not sufficient work coming to them to make the DPSS aspect of their business viable.
10. Alternative options to the support provided by a DPSS are now available which have not been available previously and the proportion of people needing the specialist support of a DPSS to manage their direct payment is decreasing. For example, the Council has introduced pre-payment cards. These enable an amount of money to be loaded directly onto a card which individuals can then use to pay a provider without the money needing to go through their bank account. It is a cost effective alternative to a DPSS for some people. It is now therefore possible to support more people to manage their direct payments themselves, without the need for on-going support and this will be a key principle of the new service.
11. The rise in numbers of direct payments increases the number of individual financial audits of direct payments that the Council has to complete. To continue to manage the growth in direct payments and to support existing users, the Council needs to ensure that we have a robust system in place to support direct payment recipients. The Council seeks to develop a partnership approach to working with a DPSS with clear lines of responsibility and communication.
12. Direct payment recipients currently choose and contract directly with DPSS providers. This has resulted in limited opportunities for the Council to monitor quality and gather information to understand the nature of the current market, or facilitate its future shape and direction. A recent internal audit of direct payments identified the need to put in place more robust information sharing arrangements between the Council and DPSS providers, which is built into the new service proposed.

13. Some people choose to use their direct payments to directly employ their own staff, Personal Assistants (PAs). This is a cost effective solution for many people, but more complex to set up. It usually takes longer to arrange as the individual may need training to become an employer and understand their legal obligations as well as their rights. To recruit a PA, most people will need the service of a DPSS which has the skills and competence to ensure that all legal matters related to employment, health and safety at work, providing contracts of employment and employers' liability insurance are in place. A DPSS will also help to recruit the right PA, which may include using their own PA list or placing adverts and interviewing, promoting the use of the Disclosure and Barring Service check and the provision of references. DPSS providers play a key role in assisting in contingency planning where PAs leave or have extended periods of illness.

Future commissioning of DPSS

14. In preparing to re-tender the DPSS, a comprehensive review has been undertaken involving people who use services, DPSS providers and Council staff (Appendix A). This has considered what a good DPSS should look like and how any new contracts may be configured so that they most appropriately meet outcomes for services users and carers whilst at the same time being cost effective. This review has included:

- discussions and workshops with service users, carers and providers about their experiences of existing services and what they think does and doesn't work well
- an analysis of the strengths and weaknesses of the current service model
- forecasting future demand
- making it easier for people to get support when they need it, including ways of streamlining processes and reducing bureaucracy
- consulting with providers about their experiences of working with other local authorities, what they feel has and hasn't worked
- learning from other local authorities on what they regard are strengths and weaknesses of the models they use

15. The above work, informed the following key principles of a new specification in which DPSS providers:

- promote self-management, enabling people to manage their own direct payment as much as possible themselves
- manage demand, using their own initial assessment and on-going review of all referrals in order to identify the most appropriate and least intensive option to meet an individual's needs
- target resources at those with greatest needs, for example, work with the Council to review people who could move from a DPSS onto pre-payment cards
- are pro-active in supporting individuals to identify and pay back any monies accruing higher than 6 weeks value of service, triggering a review of needs if necessary
- promote and increase use of PAs strategically and for individuals, matching vacancies to PAs, advising PAs and employers of the option of using Choose My Support to advertise

- source efficiencies through centralising the procurement and management of overheads for individual one-off costs and organisational non-fixed costs, such as insurance cover for employers liability
- explore ways of establishing peer support mechanisms ‘Experts by Experience’
- develop innovative, cost effective ways of responding to and resolving one-off issues that people not receiving an on-going service may have e.g. by e-mail/web-site/text/helpline

Delivering services more efficiently and effectively

16. It is proposed that two levels of service will be offered:

- A start up service** to work for up to one year with all new service users considering becoming employers and those with complex direct payment support needs. Support would be individually tailored to enable service users to use their direct payment safely, legally, effectively and become as independent as possible. This will include, for example, assessment of a person’s suitability to become an employer of PAs followed by advice and practical support for those who then go on to employ PAs, preparation and submission of accurate HMRC returns and payments and agreeing suitable employer liability insurance. Where people consider but choose not to employ PAs, the provider will advise and signpost people to other information (e.g. Choose My Support web based directory).
- Issue-based support** would be available to people who have completed the “start up” pathway and also to all other people who are receiving direct payments but have no current support contract with a DPSS provider. This would comprise of:
 - on-going payroll support for people employing PAs
 - one-off issue resolution, to be achieved by the most cost effective method e.g. by mail/web-site/text/helpline. The majority of work required after year one will be addressed by this service.
 - issues that need more than two weeks to resolve would require review by the care manager to confirm appropriateness of the support plan and direct payment and assess the need for time limited support.

Future DPSS contract model

- The benefits and disadvantages of having contracts with several different providers or just one sole provider were considered. Having only one provider has the greatest potential for delivering a cohesive service that manages demand and could offer economies of scale. The disadvantage is that it relies on only one provider to deliver all the volume of work and meet all individual and specialist needs, for example, to support people with sensory impairments or dementia.
- A third alternative, preferred option, is for the Council to contract with one lead agent provider who would appoint a minimum of two associate providers to work with. The agent provider would need to evidence how they would engage an adequate number of associates to ensure choice in the local market, retention of smaller specialist niche

providers and also to minimise disruption of any transfers of service users. The agent provider would make arrangements for appropriate work to go to their associates and people using the service will only have to go to one access point.

19. The lead agent provider will have the co-ordinating role. They will take new referrals and manage demand, ensuring the adoption of an approach that promotes self management and independence wherever possible. As well as enabling this cultural shift, it is also more cost effective to have only one provider doing this. There are several efficiencies available from all the work going into one access point, including the provider being able to secure better deals for service users due to volume, for example, on employer insurance.

Transition

20. The transition plan will aim to minimise disruption to people using services and enable successful individual arrangements to be maintained by these moving into the new service through providers becoming associates. All new work and the transfer of the higher risk packages would be prioritised, with other individuals transferring at their yearly review.

Other options considered

21. There is a legal requirement for the Council to provide support to people to help them manage their direct payments. A different DPSS service is required to that currently in place. This is due to there now being new ways of people managing their direct payments more independently, reducing volume of work, the need to target the service at people with more complex and higher risk support arrangements and the need for more robust information sharing arrangements between the Council and DPSS. The new service specification addresses these issues as outlined in the report. The options for the best contract models to deliver this service have been appraised as summarised in paragraphs 17-19 of this report.
22. Consideration has been given to establishing a Council managed service. This would, however, compromise the Council in terms of an independent offer of support, be more costly due to Council staff terms and conditions and also be a high organisational risk to the Council due to the need for this service to provide very specialist employment and tax advice.

Statutory and Policy Implications

23. 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

24. People who use direct payments say that it is more important for them to have choice and control about the ways in which their care and support services are delivered and as long as there is some choice of DPSS providers they are satisfied.

25. The proposed DPSS will ensure that direct payment recipients who have established existing successful support arrangements can retain these. We would expect all current accredited providers to be willing to consider becoming an associate provider.

Financial Implications

26. 2012/2013 actual spend on start-up direct payment support of £500,000 will be used to commission the new service.

Equalities Implications

27. As well as undertaking consultation with service users and carers, an Equality Impact Assessment has been completed and issues reflected throughout the report. This will be reviewed following the tender process and in advance of the implementation of the new contracts.

RECOMMENDATION/S

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

- 1) Notes the work undertaken to review existing Direct Payment Support Services and to plan for the re-tender of these services.
- 2) Approves the tender for Direct Payment Support Services and for a new contract to be awarded for commencement in May 2014.

CAROLINE BARIA

Service Director for Joint Commissioning, Quality and Business Change

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Constitutional Comments (LM 10/10/13)

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

Financial Comments (CLK 17/10/13)

29. The financial implications are contained in paragraph 26 of 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. Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All

ASCH163

APPENDIX A

Priorities for change identified at two engagement events with people who use services, providers and Nottinghamshire County Council staff.

As part of the consultation process on the future of Direct Payment Support Services in Nottinghamshire, two stakeholder events were held, on the 15th and 18th July 2013. The events were organised and facilitated by the staff from the Council's Joint Commissioning Unit and the "Think Local, Act Personal" Team. Both events used an approach based on the "Working Together for Change"¹ process. Stakeholders who took part included;

- 11 Front line workers and managers from the Council's operational social work teams,
- A Clinical Commissioning Group representative
- 8 Representatives from organisations that currently provide Direct Payments Support Services in Nottinghamshire
- 2 representatives from a User Led Organisation (Disability Nottinghamshire) and a Community Volunteer Service
- 8 Personal Assistants and representatives of organisations providing care and support services
- 6 Service Users and Carers.

The first event focussed on a range of issues relating to Personal Assistants, employed by people using their Direct Payments. Delegates worked in small groups to consider; what we have tried, what we have learnt, what we are pleased about and what we are concerned about. This work was used as the basis for identifying some key priorities for change. The top four priorities were;

- Improving ways of bringing together people with Direct Payments who want to become employers with Personal Assistants who have the right skills and attributes.
- Simplifying the process
- Looking at rates of pay for Personal Assistants
- Ensuring that support to become an employer is available at an early stage.

The second event looked at the question of what good Direct Payment Support looks like. Working in small groups, delegates considered what is working and not working. The ideas were themed and prioritised in terms of what to keep and what to change. The top priorities for change were:

- Complicated information and processes are difficult to understand.
- People are not clear about what Direct Payments can be used for.
- It takes too long for money to come through
- There need to be better contingency planning arrangements for when things go wrong, for example if Personal Assistants leave at short notice.

¹ *Working Together for Change* is a structured approach to engagement with people using services to review their experiences and determine their priorities for change. NCC, together with several other local authorities worked with the Department of Health and Helen Sanderson Associates to test and refine the approach.

28th October 2013**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING,
QUALITY AND BUSINESS CHANGE****POST TO UNDERTAKE PERSONAL BUDGET STATEMENTS IN ADULT
CARE FINANCIAL SERVICES****Purpose of the Report**

1. To seek approval to use some current underspend on Adult Care Financial Services (ACFS) staffing budget to fund a temporary 1 fte Finance Assistance post in ACFS for six months to complete manual Personal Budget statements for service users receiving community based services.

Information and Advice

2. The Fairer Contributions Policy was introduced in October 2010 to allow charging for service users transferring from traditional services to a Personal Budget. Service users are offered a financial assessment to determine the maximum amount they can afford to contribute towards their Personal Budget. If a service user has over £23,250 in savings or does not want to provide financial information, they are required to pay the full cost of their support.
3. Services users are invoiced for their support every four weeks in arrears. Invoices charge for the support planned for the service user, not for the support actually received. ACFS began producing Personal Budget statements in November 2012. These compare the charges made for planned support to the actual cost of the support provided, and reduce charges as necessary. A statement will show a credit if a service user has been invoiced for more than the hours or services received. For service users who pay a contribution towards their personal budget, but not the full cost, the service user will only receive a credit note if, over the period covered by the Personal Budget statement (6 months), the total cost of their support is less than the total amount of their contribution.
4. Following a report by the Team Manager (ACFS) in July 2012, temporary extra resources were agreed to enable the completion of manual Personal Budget statements. Funding was approved for 4 fte NJE Grade 3 posts for a period of three months, with 1 fte post remaining up until April 2013. In April 2013, approval was given to fund 2 fte NJE Grade 3 posts for a further six months whilst ACFS looked to develop an electronic solution for Personal Budget statements.
5. The Senior Leadership Team agreed funding in June 2013 for ACFS to work with Abacus E-Solutions on an automated system for the statements. The work on this is progressing but

has been delayed due to the priority which was required to be given to the implementation of the BEDs system.

6. The layout and content of the Personal Budget statement is currently being piloted with service users. Feedback is being sought and a final specification will be sent to Abacus E-Solutions to be designed by their developers. They have guaranteed that this will be completed in two phases. Phase one will involve extracting data from the Home Care Management System (HCMS), Business Management System (BMS) and Frameworki to populate the necessary data fields in Abacus required for the statements. It is envisaged that this will take eight weeks. Phase two will be the final testing by the Council and Abacus E-Solutions which will take approximately four weeks to complete.
7. It is anticipated therefore that another six months in total will be needed to finalise the development, testing and implementation of an automated system capable of completing the statements.

Other Options Considered

8. People who pay an assessed charge towards the cost of their service (1,740 service users) - The original intention was to issue Personal Budget statements on a quarterly basis for this group of service users as well. However, as there is only a small proportion of accounts requiring a reduction in charges and the majority of credit adjustments are for £30 or less, it was agreed by the Senior Leadership Team in April 2013 to change to six monthly statements for this group. As a result, the existing team members are able to absorb the work of producing statements for this group.
9. People who pay the full cost of their service (950 service users) – Statements are sent out on a quarterly basis for this group as approximately 85% of these service users will receive a credit. The last statement period (three months) saw an average credit of £180. If the Council were to undertake statements on a six monthly basis for this group as well, the estimated average credit would be £360. This would make it harder for service users to keep track of their Personal Budget account and the Authority could be criticised for ‘withholding’ service users’ money for up to six months at a time. In addition, the level of income being collected would be overstated for this six month period, leading to problems with accurate budget monitoring and forecasting.

Reason/s for Recommendation/s

10. The manual completion of a Personal Budget statement is a complex process, taking approximately 45 minutes per statement. An experienced, confident worker can complete approximately 60 Personal Budget statements a week.
11. In order to continue to send out quarterly statements to those people who pay the full cost of their support, and to undertake the six monthly statements for those people who pay an assessed charge towards their service, 229 Personal Budget statements need to be completed every week, requiring an additional 2 fte posts to work on them at all times.
12. The Charging Team have absorbed some of this into their existing work and are currently undertaking the six monthly statements for those on an assessed charge. To undertake the

statements for those paying the full cost of their support, however, requires an additional 1 fte NJE Grade 3 post.

13. There is capacity to absorb the cost of this through a 1 fte Grade 5 vacancy which has arisen in the Visiting Team.

Statutory and Policy Implications

14. 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

15. This report proposes an extension of 1 fte Finance Assistant NJE Grade 3, scp 14-18 (£19,861.80-£21,728.41) post for a period of six months at a cost of £9,930.90. It is possible to absorb this temporary cost through the 1 fte NJE Grade 5 vacancy within the ACFS Visiting Team.
16. Account has been taken of the current financial pressures in the Department, however the production of Personal Budget Statements should be seen as an investment to save.

Human Resources Implications

17. In order to complete the work outlined in the report it is proposed the following post be extended on a temporary basis for a period of six months:
- 1 fte Finance Assistant post, NJE Grade 3, scp 14-18 (£19,861.80-£21,728.41).

Public Sector Equality Duty implications

18. The Personal Budgets statements are in line with Department of Health Fairer Contributions and Fairer Charging Guidance.

Implications for Service Users

19. In accordance with the Council's policy, service users are sent a Personal Budget statement so that they can see what they have been charged for their Personal Budget against what services they actually received. The Personal Budget statements have to be carried out to ensure that service users are not overcharged and that appropriate adjustments to charges are made where necessary. Personal Budget statements make the service users aware of the costs of their services, in line with Personalisation.

Ways of Working Implications

20. The above post is already established on a temporary basis and therefore is already accommodated within existing office resources.

RECOMMENDATION/S

- 1) It is recommended that the Adult Social Care and Health Committee approve the use of the current staffing budget underspend to fund 1 fte Finance Assistant post, NJE Grade 3, scp 14-18 (£19,861.80-£21,728.41) on a temporary basis for six months. To be recruited through Key Personnel recruitment agency as this will allow the current trained agency temp to continue the statements work until an electronic solution is implemented.

CAROLINE BARIA

Service Director for Joint Commissioning, Quality and Business Change

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Constitutional Comments (KK 11/10/13)

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

Financial Comments (CLK 17/10/13)

22. The financial implications of this report are detailed in paragraphs 15 and 16.

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

ASCH165

28th October 2013**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND
SUPPORT – YOUNGER ADULTS****CLOSURE OF THE INDEPENDENT LIVING FUND****Purpose of the Report**

1. To provide members with an update report about the progress made in transferring the Independent Living Fund (ILF) to the Local Authority in April 2015, and to request approval for a request to be made to the Finance and Property Committee for a contingency fund to be established to ensure the department has sufficient funding at the point of transfer.

Information and Advice

2. Following a consultation period by the Government on the future of the ILF, on the 18 December 2012 the Minister for Disabled People announced the Government's decision that on 31 March 2015 the ILF will close. From that date funding will be devolved to local authorities in England who will have sole responsibility for meeting the eligible care and support needs of ILF users.
3. In Nottinghamshire there are 194 ILF users of which 37 were in receipt of ILF before 1993 and are classified as group 1 users. Some of the group 1 users may not be known to our Local Authority. All post 1993 ILF users (Group 2) will be receiving Adult Social Care services alongside their support from the ILF. The majority of Group 2 users will fall to the Learning Disabilities or Physical Disabilities teams in Younger Adults. As at April 2013 only 13 ILF clients are now over 65 years old and would be supported by the older people's teams.
4. The Department for Work and Pensions conducted a review of the ILF. Devolving ILF funding to local authorities will help to streamline the assessment process. ILF recipients will in future only receive one assessment and will have all their social care needs met by the Local Authority. The funding will not be ring fenced and local authorities will be given the responsibility to fund their core services in line with statutory responsibilities and local priorities. The current value of the ILF funding provided to users in Nottinghamshire is £3.5 million per annum.
5. The ILF has a Transfer Review Programme and is conducting joint reviews with all ILF users during the period April 2013 to September 2014. Nottinghamshire County Council is committed to having a member of the Adult Social Care team attend these reviews.

6. During the period April to August 2013 approximately 70 joint reviews have been carried out in Nottinghamshire. A sample of 22 cases in the Physical and Learning Disability teams have been reviewed by Team Managers to determine the level of support that would be provided following the Council's Eligibility and Fair Access to Care Services Policy.
7. In 16 of the 22 cases, the service user would receive the same level of support under the Council's policy and therefore, the total ILF funding is required to meet these service user's needs. In three of the cases, the Local Authority would be applying for Continuing Health Care funding to meet needs but without this support, the total ILF funding would also be required. In two cases, the Local Authority may wish to review the current level of funding, and there was only one case where the service user would no longer be eligible for support in some areas.

Financial Assessments

8. Currently ILF recipients pay a contribution to the ILF towards their support and do not therefore pay contributions to the Local Authority for their personal budget. Under the County Council's Fairer Contributions Policy, all ILF Users will be assessed during the last 6 months of the Transfer Review Programme and may have to contribute towards the cost of their care from April 2015. The Adult Care Financial Services team hold financial data for 82 ILF users. The potential County Council contribution for these ILF users will be lower than the current amount they pay to the ILF amounting to a shortfall of £222,000 per annum. If this position is extrapolated to include the full 194 recipients, this could represent a potential shortfall of £0.5 million per annum.
9. Therefore, following this analysis, the Council intends to offer all ILF recipients an opportunity to have an early financial assessment to determine what level of contribution they would be entitled to make when their funding transfers to the authority from April 2015.
10. Whilst we expect that the full amount of ILF will be transferred to the Authority, the Council will experience a budget pressure following the ILF transfer from central Government due to the reduced level of contributions from recipients. In order that the department has sufficient funding from 2015, it is suggested that contingency funding is identified which can meet the shortfall until such time as the department has had the opportunity to review the recurrent commitment.

Other Options Considered

11. The transfer of ILF funding to local authorities has been determined by Government as a national policy change and therefore there are no other options available to the Council.

Reason/s for Recommendation/s

12. The recommendations will ensure that the Authority's medium term financial plan includes sufficient funding to meet the needs of the people whose ILF funding is to be transferred.

Statutory and Policy Implications

13. 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

14. Service users will be reviewed by the Council to ensure that their social care needs are met after the ILF closure. It is estimated that less than 5% of ILF users will no longer be eligible for support in some areas.

Financial Implications

15. In order to ensure that the department has sufficient funding to meet the needs of ILF recipients, a contingency fund of £0.5 million will be required from 2015. This is in addition to the ILF funding which will be transferred from central government to the Authority.

RECOMMENDATION/S

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

- 1) Acknowledge the reviewing of all Independent Living Fund users in Nottinghamshire adopting the County Council's Personal Budgets Reviewing Guidance.
- 2) Approve the undertaking of financial assessments of all current Independent Living Fund recipients.
- 3) Approve the request to the Finance and Property Committee for a contingency fund to be established to cover the anticipated shortfall in funding following the transfer in April 2015.

JON WILSON

Service Director for Personal Care and Support – Younger Adults

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Constitutional Comments (LM 11/10/13)

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

Financial Comments (KAS 17/10/13)

17. The financial implications are contained within paragraph 15 of 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. Policy document 'Eligibility and Fair Access to Care Services (FACS)' dated 14/11/2012
- b. Staff Guidance document 'Personal Budgets Reviewing Guidance' dated 13/3/2013

Electoral Division(s) and Member(s) Affected

All.

ASCH161

Results from analysis of 22 ILF Service Users receiving Adult Social Care support

Case No.	ILF Support	ILF Amount	NCC Support	NCC amount	Continuing Health Care	Recommendation
1	11.5 hours covering 2 carers in evening, 2 hours cleaning and 3.5 hours social time (same agency as NCC),	£69.05	Agency rate - 42 hours personal care (2 carers) plus one day at day centre	£582.95	0	NCC and ILF jointly paying for same agency to provide personal care - 2 carers. Total ILF funding needed
2	34.5 hours support (some at 15.50ph)	£435.70	103.5 hours at DP rate (some at 15.50ph)	£1,560.33	0	Review £15.50 rate paid to Reach external agency for 52 hours support. Most of ILF award needed
3	Part towards live in PA	£465.30	contribution to live in PA and 6 hours in community	£382.91	0	NCC need full ILF monies to meet live in PA rate of £914.35 (which could not be cut)
4	30 hours of support	£337.40		£559.28	0	In supported Living - part funded by ILF. Total ILF funding needed
5	contribution towards total 84 hours personal care	£147.28	84hours personal care during day and 4 overnight stays funded by CHC, NCC and ILF	£367.92	£858.45	Would need full ILF funding to provide support
6	23 hours	£133.01	employ 2 PAs to cover all personal care	£365.08	£0.00	Total ILF funding needed
7	Covers part towards PA support	£351.75		£236.60	837.9 (7 waking nights)	Change to CHC costs from May 13 but total ILF funding needed
8	contribution towards total 54 hours plus 7 sleep ins	£461.77	Total package = 44 hours at £9.00: 10 hours at Sunday rate £13.30 and 7 sleep ins	£418.50	0 (application in process)	CHC may cover some of the support but without this, total ILF money needed
9	23 hours (extra personal care, meals,	£182.35	25.5 hours (15.75 personal care	£232.05	£0.00	None of ILF funding needed as NCC would not cover extra cleaning and social time

	cleaning and social time		am/eve; 3 hrs cleaning, 4 hours community, 2.75 hrs meal prep and parenting)			
10	25hrs@ £9 ph; 8 hours @£13.30 (Sunday) and 5hrs@£14.92 (agency rate)	£385.44	10 Thera day sessions (external daycare)	£369.90	£0.00	NCC paying for external day care and ILF covering PA and agency support. Total ILF funding needed
11	26 hours towards needing 3 carers 4 times per day	£312.90	32.75 hours @ £16.01 and 2 days daycare @ £22 per day	£590.40	£0.00	NCC would need ILF monies to meet service user needs of 3 carers 4 times per day (total 61.5 hours). Total ILF funding needed
12	50hours (joint funding with NCC)	£451.56	50 hours (joint with ILF)	£415.03	£1,023.16	User needs 100 hours daytime care (jointly funded by ILF/NCC) and CHC to cover night sits. Total ILF funding needed
13	30 hours (25 midweek and 5 on Sunday)	£194.95	25 hours personal care	£232.60	£0.00	Total 55 hours split NCC and ILF. SU needs support throughout the day. Total ILF funding needed
14	contribution towards supported living costs (one to one)	£418.34	One to One support needed (supported living) and Barncroft Day Centre	£1,413.32	378.75	CHC pay 60% of supported living costs and a request has been made to increase the cover but without this, total ILF funding needed
15	42hrs @£9.10 and 7 hours @ £13.30	£376.25	24hours @£9.10 and 4hours @ £13.30	£271.60	0	Service User needs support all day and NCC would need full ILF money to meet needs 11 hours per day
16	PA Support	£372.00	day service and short breaks	£352.00	£0.00	Service User needs 1 to 1 support due to learning disability and visual impairment and total ILF funding needed
17	48 hours at £9.10 and 8.5 hours at £13.30	£450.80	24 hours @ £9.10; 3 hours at £13.30 and 2 days at day centre	£329.25	0	NCC would need full ILF money to meet needs
18	31.75 hrs Mon to Friday and 14hours Sunday		59 hours support at PA rate	£543.38	201.90 (nightcare)	NCC would need full ILF money to meet needs

19	payment towards Karvonettes external agency to cover 24 hour support	£439.85	NCC paying Karvonettes external agency to cover 24hour support	£1,160.25	0	Total ILF funding needed to maintain same cover with external agency (service user unwilling to have a live in PA)
20	45mins for 7 mornings (5.25 hrs) 4 hours lunchtime and 3 overnight sleep ins	£355.61	14 hours am, 3 hours lunchtime, 7 hours evening, 7 hours teatime, 2 hours community and 4 overnight sleep ins	£782.62	0	NCC will need ILF payments to meet current needs but as service user has nightcare, CHC funding should be applied for when review carried out
21	payment towards jointly funded support with NCC and Health	£425.63	3 Pas support 24x7 which is funded by ILF, NCC and Health	£424.53	£424.05	Service User needs 3 PAs to cover 24x7 care and total ILF funding is needed
22	32 hours at £13.50	£408.38	5 days of daycare	£76.53	0	Review PA rate paid by ILF but most of ILF funding needed

28th October 2013**Agenda Item: Urgent Item****REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND
SUPPORT – OLDER ADULTS****POTENTIAL EXTRA CARE HOUSING SCHEME IN ASHFIELD DISTRICT****Purpose of the Report**

1. The purpose of this report is to inform the Adult Social Care and Health Committee about the intention by Ashfield District Council to redevelop housing for older people at Darlison Court, Ogle Street, Hucknall, and to seek approval for the County Council's involvement in the scheme to enable the provision of 10 units of extra care housing to be developed as part of the scheme.

Information and Advice**History of the Darlison Court site**

2. Darlison Court is an over 60s sheltered housing complex in the centre of Hucknall consisting of 32 bed-sits over two floors with shared bathing facilities and no lift. Darlison Court has been empty since June 2012. This type of accommodation is no longer in demand and is not appropriate to meet the needs and expectations of elderly residents who wish to live independently for longer and who require larger living spaces that accommodate carers and family. The site is owned by Ashfield District Council and managed and secured by Ashfield Homes.
3. In November 2012 Ashfield District Council Cabinet resolved to demolish Darlison Court and the garages to the rear. In March 2013 Ashfield District Council Cabinet resolved to allow redevelopment of the Darlison Court site, including 6 flats on Ogle Street, to provide designated accommodation for tenants over 60 years of age. In September 2013 Ashfield District Council resolved that the area of the site for redevelopment be further extended to include 5 council owned bungalows on Ogle Street.
4. Officers of the County Council have been in discussions with officers of Ashfield District Council regarding the potential for including units of extra care housing in any new scheme for this site since early 2013. These discussions have continued through the summer and autumn to a point where an outline scheme has been developed. The details of the proposed scheme are set out below.

Proposed scheme for Darlison Court

5. The scheme for Darlison Court proposes the development of 40 units of accommodation to be built in 2 blocks of apartments of 2/3 storeys. It is proposed that there will be 8 1-bed flats and 32 2-bed flats. All 40 units of accommodation will be available for social renting and it is proposed that 10 units (the 8 1-bed flats and 2 2-bed flats) will be made available to the County Council to nominate tenants who would benefit from an extra care service. The development will be to a design specification equivalent to other schemes being supported by the County Council and will include the provision of a range of communal facilities to support the provision of extra care services.
6. All of the tenants nominated by the County Council will meet the Council's eligibility criteria for the extra care service which will mean that they can access on-site care support 24/7. Nominations of the nominated tenants will be undertaken by the County Council in discussion with Ashfield District Council/Ashfield Homes and the care provider. The care provider will be identified by the County Council and the County Council will be responsible for paying the care provider. The care provider will provide support to all nominated tenants as it is required. The support will be flexible, in that there can be both planned and unplanned support, and that the support can be changed in accordance with the individual's needs.
7. The cost of the development will be funded by Ashfield District Council. It is proposed that the County Council will contribute capital funding towards the overall cost of the scheme to facilitate the provision of extra care services as part of the scheme. This contribution will be largely towards the communal facilities to be created as part of the development. An indicative costing has been produced for the scheme which estimates the cost of providing such additional facilities at £853,000, resulting in a contribution by the County Council of £85,300 per nomination unit. The actual contribution will be determined following further discussions with Ashfield District Council regarding detailed design of the scheme and following a tender process for the development of the scheme.
8. The length of time for which the County Council would have nomination rights to the 10 units will be subject to further discussion with Ashfield District Council but it is not expected to be less than 30 years. The County Council would be responsible for meeting the costs of any void periods in relation to these nomination units in excess of agreed periods for letting the properties to nominated tenants. Such matters will be contained in a nominations agreement.
9. The content of such an agreement together with any other legal agreements which may be needed between the County Council and other parties including Ashfield District Council, Ashfield Homes and the developers of the scheme as a result of the County Council's involvement in this scheme will be the subject of further discussions.
10. Ashfield District Council wish to proceed with finalising the design of the scheme and submitting a formal planning application with some urgency and hence require an indication of the County Council's willingness to participate in this scheme. Should Committee agree in principle to the County Council's involvement in this scheme details of the final scheme, the County Council's financial contribution and the details of any nominations and other legal agreements will be reported back to the Committee.

Other Options Considered

11. The County Council has been exploring opportunities to develop extra care housing in the Ashfield District for some time and has been unsuccessful in identifying appropriate sites or redevelopment opportunities with the exception of the Darlison Court proposal.

Reason/s for Recommendation/s

12. The County Council has adopted an approach and commitment to the further development of extra care housing across the County. At the moment there are some areas which have no extra care facilities so these have become a focus for the Authority. Ashfield is one such area. Should the Committee agree in principle to these proposals then further work will be undertaken as a matter of urgency to comply with Ashfield District Council's development plan and to finalise design and contractual arrangements.
13. The Committee has previously approved extra care schemes in Eastwood, Retford and Mansfield. The contributions per unit for these schemes were estimated at £70,000 per unit for the scheme in Eastwood, £81,000 for the scheme in Retford, and £70,000 per unit for the scheme in Mansfield. The estimated contribution of £85,300 per unit for the scheme at Darlison Court is comparable to the contributions per unit on these other schemes. The final contribution per unit figure will be subject to change following the conclusion of further negotiations with Ashfield District Council regarding the detailed specification for the scheme and to a tender process for the development.
14. The County Council can expect to achieve revenue savings through the development of extra care housing which provides a cheaper alternative to long-term residential care.
15. Extra care housing also provides a better quality of life and better outcomes for service users who, with the help of a range of flexible support services, are able to live independently for longer within their own home environment. The units in this scheme are also to be made available at social housing rent levels. The demand for such units is therefore expected to high and consequently the level of voids is expected to be minimal.

Statutory and Policy Implications

16. 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.

Financial Implications

17. The County Council's contribution towards the costs of redeveloping Darlison Court is currently estimated at £853,000. This contribution would be met from the allocation of £12.65M included in the current Capital Programme for the development of extra care schemes. Previous commitments against this allocation total £8.08M leaving a balance of £4.57M.

18. The costs of payments to a care provider to provide care and support services to nominated tenants would be met from within the savings made by placing fewer service users into more expensive long-term residential care. These additional costs and savings will be incorporated into revenue budgets for future years.
19. The costs of any payment to Ashfield District Council/Ashfield Homes arising as a result of void periods in the nominated units would also be met from within existing revenue budgets. It is not anticipated that any such payments would arise as it is expected that there will be a strong demand for such accommodation.

RECOMMENDATION/S

1. That Committee agree in principle to the proposed extra care housing scheme at Darlison Court, Ogle Street, Hucknall.
2. That officers from the County Council be given authority to develop the scheme in partnership with Ashfield District Council and that detailed proposals be brought back to committee for final decision.
3. That an update report be presented to Committee in January 2014

DAVID HAMILTON

Service Director for Personal Care and Support Older Adults

For any enquiries about this report please contact:

Cherry Dunk,
Programme Manager – Living at Home Programme
cherry.dunk@nottsc.gov.uk

Constitutional Comments (SLB 24/10/2013)

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

Financial Implications (RWK 24/10/13)

21. The financial implications are contained within paragraphs 17 to 19 of the report.

Background Papers

None.

Electoral Division and Members Affected

Hucknall – Councillors Alice Grice, John Wilkinson and John Wilmott

28 October 2013**Agenda Item: 10****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2013/14.

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 Division(s) and Member(s) 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>
25 November 2013			
National Children and Adult Services Conference	Report to feedback to Members on attendance at the National Children and Adult Services Conference	Corporate Director for Adult Social Care, Health and Public Protection	David Pearson
NHS Support for Social Care	To report back to Members as stated in the report on the 29 th October 2012	Service Director for Personal Care and Support – Older Adults	Jane Cashmore
Care Support and Enablement Services	Report on Care Support and Enablement Services	Service Director for Personal Care and Support – Younger Adults	Jon Wilson
Carers Survey	Report to update Members on carers survey.	Service Director for Personal Care and Support – Older Adults	Penny Spice
Reablement Review	Report to inform members of the outcome of the reablement review	Service Director for Promoting Independence and Public Protection	Paul McKay
Pressures on Health and Social Care Services for Older People	Update report on Pressures on Health and Social Care Service for Older People.	Service Director for Personal Care and Support – Older Adults	Phil Teall
Dementia care	Report to update members on the work being done around dementia care	Service Director for Personal Care and Support – Older Adults	Jane Cashmore
Local Account	Report to share with members the up to date local account document	Service Director for Joint Commissioning, Quality and Business Change	Nick Parker / Anne Morgan
6 January 2014			
Care Quality Commission – Secondment of an Officer – final report	To report on the conclusions of the Secondments.	Service Director – Joint Commissioning, Quality and Business Change	Caroline Baria
Winterbourne View	Update on Nottinghamshire Response to “Transforming Care: A National Response to Winterbourne View Hospital”	Service Director for Personal Care and Support – Younger Adults	Ian Haines
Carers’ Strategy	Report to update Members on the progress of the Carers’ Strategy.	Service Director for Personal Care and Support – Older Adults	Penny Spice

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Joint Agency Vulnerable Persons Identification Project	Report to update members on the review of the evaluation carried out by Nottinghamshire Fire and Rescue Service and Nottinghamshire County Council	Service Director for Promoting Independence and Public Protection	Paul McKay
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care	Corporate Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker
3 February 2014			
Development Initiatives within the Social Care Workforce	Update on the progress of Development Initiatives within the Social Care Workforce	Service Director for Personal Care and Support – Older Adults	Claire Poole
Sensory Impairment Service	Progress report on Sensory Impairment Service (6 months after the start of the new service)	Service Director – Joint Commissioning, Quality and Business Change	Wendy Adcock
Young Carers	Report to update Members on Young Carers Strategy	Service Director for Personal Care and Support – Younger Adults	Sue Foster
Use of Resources Policy	Report to update members on consultation on Use of Resources Policy	Corporate Director for Adult Social Care, Health and Public Protection	Sarah Hampton
3 March 2014			
Nottinghamshire Safeguarding Adults Board	6 monthly update on Nottinghamshire Safeguarding Adults Board	Service Director – Joint Commissioning, Quality and Business Change	Allan Breeton
31 March 2014			
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care	Corporate Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker
12 May 2014			
Winterbourne View	Update on Nottinghamshire Response to “Transforming Care: A National Response to Winterbourne View Hospital”	Service Director for Personal Care and Support – Younger Adults	Ian Haines
9 June 2014			
7 July 2014			
Carers’ Strategy	Review of the Carers’ Strategy	Service Director for Personal Care and Support – Older Adults	Penny Spice

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care	Corporate Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker

ASCH 164

