

Adult Social Care and Health Committee

Monday, 09 June 2014 at 10:30

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

AGENDA

- 1 Appointment of Chair and Vice-Chair
To note the appointment by the County Council on 15 May 2014 of Councillor Muriel Weisz as Chair and Councillor Yvonne Woodhead as Vice-Chair.
- 2 To note the membership of the Committee.
- 3 Minutes of the last meeting held on 12 May 2014 3 - 6
- 4 Apologies for Absence
- 5 Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary)
- 6 Strategic Review of Care Home Sector Notts 7 - 64
- 7 Quality and Marketing Management Delivery Group Update 65 - 72
- 8 Development of Carers Strategy 73 - 84
- 9 New Policy for Short Breaks 85 - 96
- 10 Intimate Personal Relationships Policy 97 - 116
- 11 Introduction to Information Advice and Advocacy Strategy 117 - 136

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 12 May 2014 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)

Alan Bell	Ken Rigby
Steve Carroll	Andy Sissons
Dr John Doddy	Pam Skelding
Alice Grice	Stuart Wallace
Sybil Fielding	Liz Yates

A Ex-Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, Personal Care and Support, South Nottinghamshire
Stephen Beane, Business Support Officer
Claire Bearder, Group Manager, Safeguarding Adults
Paul Davies, Democratic Services Officer
Paul McKay, Service Director, Promoting Independence and Public Protection
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection
Jon Wilson, Temporary Deputy Director, Adult Social Care, Health and Public Protection

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 31 March 2014 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillors Steve Carroll, Alice Grice, Liz Yates and Ken Rigby had been appointed in place of Councillors Yvonne Woodward, Michael Payne, John Cottee and Jacky Williams, for this meeting only.

DECLARATIONS OF INTEREST

There were no declarations of interest.

WINTERBOURNE VIEW PROJECT UPDATE

RESOLVED: 2014/034

- (1) That the report and the progress being made to commission suitable care and accommodation for people currently placed in hospital settings be noted.
- (2) That an update report be presented in July 2014, including more financial details around the pooled budget, including cost pressures going forward, and the Strategy for People with Behaviours which Challenge Services.

DEPRIVATION OF LIBERTY SAFEGUARDS

RESOLVED: 2014/035

- (1) That the report be noted, and the Committee have regard to the new test for Deprivation of Liberty Safeguards and the increased demand on the resources of the local authority.
- (2) That a temporary central Best Interests Assessor (BIA) service be established for a 12 month period to co-ordinate activity, undertake assessments and provide advice to managing authorities and the County Council, to include:
 - 1 FTE Group Manager/Principal Social Worker (grade to be evaluated) with authorised car user status
 - 1 FTE Team Manager, Band D, with authorised car user status
 - 12.5 FTE Best Interest Assessors, Band B or C, with authorised car user status
 - 5 FTE Business Support Officers, Grade 3
- (3) That approval be given to the use of additional legal services to support the potential increase in court related activity and requests for advice, guidance and interpretation of the law, which may be achieved in the short term through external provision, with a view to increasing the in-house establishment in the medium term if demand is forthcoming.
- (4) That a Lean Plus review be approved for the business support and administrative arrangement which support the process of application, authorisation and review.
- (5) That revised guidance and information be developed for providers of social care and health services to aid understanding of the new test.
- (6) That a further report be presented to Committee in six months in relation to activity and resource demands.
- (7) That a budget pressure allocation of £2m be requested to meet the recurrent cost of implementation from 2015/16.

AGENDA ORDER

With the agreement of the Committee, the order of the agenda was altered in order to take the following item next.

REVISION OF THE SAFEGUARDING ADULTS PROCEDURES AND GUIDANCE

That the changes to the multi-agency safeguarding adults procedures and guidance be endorsed, and recommended for approval by Policy Committee on 4 June 2014.

CARER TRIAGE SERVICE

A revised version of the report had been circulated, giving the correct name of the service as the Carer Triage Service. During discussion, reference was made to the recent annual conference for carers. Members requested a report on the conference, and indicated that they would welcome the involvement of carers' representatives in presenting that report.

RESOLVED: 2014/036

- (1) That the Carer Triage Service be continued to May 2015.
- (2) That the following changes to the establishment be approved:
 - 1 FTE Community Care Officer post, Grade 5, be extended for 12 months from 1 June 2014 to 31 May 2015
 - 2 FTE Community Care Officer posts, Grade 5, be established on a temporary basis to 31 May 2015.

IMPLEMENTATION OF THE CARE BILL 2014 – IMPLICATIONS AND RESOURCE REQUIREMENTS FOR NOTTINGHAMSHIRE COUNTY COUNCIL

RESOLVED: 2014/037

- (1) That the new and extended responsibilities for local authorities arising from the Care Bill, and the assessment of Nottinghamshire County Council's current position be noted.
- (2) That funding be agreed for a dedicated programme team to plan, design and implement the changes, and establishment of the following posts be approved:

Programme Manager	1.0 FTE	Grade F
Project Manager	1.0 FTE	Grade D
Finance Business Partner	1.0 FTE	Grade C
Commissioning Officer (9 months)	3.0 FTE	Grade C
Programme Officer (9 months)	1.0 FTE	Grade B
Business Support	0.5 FTE	Grade 3

COMMISSIONING HOME-BASED CARE AND SUPPORT SERVICES – PROGRESS REPORT

RESOLVED: 2014/038

- (1) That the award of contracts for home-based care and support services to the eight providers, and the plans and progress to date in the implementation of the new home based-care and support services be noted.
- (2) That a further progress report be presented in six months.

OVERVIEW OF SAVINGS PROJECTS TO BE DELIVERED 2014/15 TO 2016/17 BY ADULT SOCIAL CARE, HEALTH AND PUBLIC HEALTH DEPARTMENT

An amended version of Appendix 2 to the report had been circulated, indicating that the Temporary Transformation Team in Younger Adults Community Care and Residential Care was to be extended from April 2015, subject to approval of the business case.

RESOLVED: 2014/039

That approval be given to the temporary post extensions and temporary post creations outlined in Appendix 2 to the report.

DIRECT SERVICES DELIVERY GROUP UPDATE

RESOLVED: 2014/040

That the report be noted, and a further report be presented in six months.

RE-TENDER OF NOTTINGHAMSHIRE'S INTEGRATED COMMUNITY EQUIPMENT LOAN SERVICE (ICELS)

RESOLVED: 2014/041

- (1) That the requirement to re-tender the Integrated Community Equipment Loan Service and timescales be noted.
- (2) That 1 FTE additional temporary post of Commissioning Manager, Band C be established for two years, with approved car user status.

WORK PROGRAMME

RESOLVED: 2014/042

That the work programme be noted, with the addition of the following reports:

- Carers' Annual Conference
- Home-Based Care and Support Services – progress report in six months

The meeting closed at 12.30 pm.

CHAIR

9th June 2014

Agenda Item: 6

REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC PROTECTION

STRATEGIC REVIEW OF CARE HOME SECTOR IN NOTTINGHAMSHIRE AND NOTTINGHAM CITY

Purpose of the Report

1. To inform members of the outcomes of the strategic review of the care home sector in Nottinghamshire and Nottingham City.

Information and Advice

2. Since January 2013 Rosamunde Willis-Read (seconded from her role as Compliance/Inspection Manager with the Care Quality Commission) has been working alongside the Market Development and Care Standards Team (MDCST) as a Project Manager for Strategic Quality and Risk. For the twelve months from the start of the secondment to January 2014, she led on a strategic review of the care home sector across Nottinghamshire and Nottingham City. The review was conducted on behalf of Nottinghamshire County Council, Nottingham City Council and the seven Nottingham City and Nottinghamshire Clinical Commissioning Groups (CCG) and was chaired by Allan Breeton, Independent Chair of the Nottinghamshire Safeguarding Adults' Board. The role of the review was to establish a thorough overview of the current residential care home sector including, amongst other things, measures in place to identify and monitor risks and what additional measures commissioners and providers should consider to develop quality services.

Context

3. There has been considerable interest in the quality of services provided in care homes nationally. The organisational collapse of the largest care home provider in England at the time, Southern Cross, along with media interest following the discovery of care practices at Winterbourne View and other high profile events have highlighted the risks of poor quality and financial viability in the care home sector.
4. This review was also informed by local media interest in the number of care homes across Nottinghamshire, which the Care Quality Commission (CQC) had judged as non-compliant across 5 of the essential standards of quality and safety. This assessment of the care home sector in December 2012 showed Nottingham City and Nottinghamshire County to be outliers in comparison with other councils in the East Midlands. More recent information

has shown that Nottinghamshire care homes compare favourably with these other local authorities.

5. As a result of the Care and Support White Paper 2011 and the Care Bill 2013, there are a number of national initiatives and tools to help drive development and quality improvement in the sector. The strategic review had been designed to dovetail with these initiatives and the work was conducted through the establishment of a board.

The review board

6. A strategic review board was established with key partner agencies being invited to participate. The invitations were extended and accepted by representatives from the following partner agencies. Nottinghamshire County Council, Nottingham City Council, Newark and Sherwood Clinical CCG, Mansfield and Ashfield CCG, Nottingham North and East Nottingham West CCG, Rushcliffe CCG, NHS Nottingham City CCG, CQC, Nottingham City and Nottinghamshire County Healthwatch and the Community Programme.
7. The Nottinghamshire Care Association was also invited to participate in the review.
8. A schedule of monthly meetings was arranged where the terms of reference were determined and the work streams flowing from these crafted.

Terms of Reference

9. The Terms of Reference set the programme of work to complete the strategic review and the key tasks were identified as follows;
 - To review the measures currently in place to identify and monitor risks to service users arising from poor quality provision.
 - To note the strengths of existing arrangements and identify any gaps with a view to making recommendations on how these measures can be improved
 - To establish the details on current care home provision across the geographical boundaries of Nottinghamshire County Council and Nottingham City Council, including identifying gaps in provision.
 - To identify the range and nature of support available to care homes by different agencies and the extent to which these are accessed by specific care homes
 - To identify what, if any, additional measures commissioners and providers could consider taking to develop quality across the care home sector
 - To consider emerging government and Care Quality Commission initiatives and make recommendations to enable early implementation

The outcomes from these identified and agreed key tasks were mapped through the remaining sections of the report.

Recommendations of the review

10. The recommendations of the strategic review should be read in their entirety and within the context of the report; however a summary is listed below for reference.

- 1) Share the findings of the Strategic Review with CQC, at the earliest opportunity, to inform the development of new adult social care methodology for inspection during the consultation period.
- 2) Enhance future quality audits through focusing on expectations and outcomes for people and include the requirement for care home providers to demonstrate their own quality assurance processes.
- 3) Adopt a targeted approach to both commissioning of care home provision according to geographical need, where gaps have been identified as well as the potential of re-commissioning residential as nursing/dementia care/complex needs provision.
- 4) Utilise increased engagement with care home providers on both a national and local level to better understand the changing market needs and in planning and delivering the provision required.
- 5) Launch the commissioning strategy publicly with strong message about commissioning high quality care.
- 6) Improve co-ordination of visiting priorities and timing of visits between CQC, commissioners and Healthwatch work to ensure more effective monitoring and to reduce duplication of visits across all care homes.
- 7) Provide feedback to CQC on local secondment outcomes in relation to improved ways of working across commissioners and regulator to inform better national working partnerships.
- 8) Highlight the discrepancies nationally to the Chief Nurse for NHS England, Public Health England, Royal College of Nursing, Unison Unite of the skill mix and numbers of nursing staff in the care home sector currently.
- 9) Use a targeted and proactive approach by commissioners to lack of leadership/management issue, including consideration of a contractual obligation to inform commissioners when managers leave, apply for registration and interim management arrangements, baseline training, induction standards, competency and quality assurance framework (partnership)
- 10) Evaluate the effectiveness of existing clinical and specialist support to care homes.
- 11) Use the evidence from quality monitoring findings to inform a programme of competency based opportunities by training and learning partnership agencies.
- 12) Consider options for alignment of the CCG and Council quality monitoring functions to use resources across nursing and residential homes and reduce duplication in the assessment of care home providers.

- 13) Include Healthwatch in information sharing processes and use information acquired through 'enter and view' to build picture of quality of care for people for use in quality monitoring by commissioners.
- 14) Partner agencies to provide regular reports to the Nottingham City and Nottinghamshire Safeguarding Adults Board. These would supply information regarding the activities undertaken to ensure ongoing improvement in the quality of delivery of services within care homes is achieved.

Members care home working group

11. A group of members headed by Councillor Weisz and council officers have convened and agreed to meet for four sessions. The group has determined to look at how the Adult Social Care and Health Committee can achieve quality and value for money, as well as supporting care homes.

The strategic review is due to be tabled at the next scheduled working group meeting.

Next steps

12. Following the submission of the review through the respective commissioners governance processes, the review also details the following proposed next steps.
 - Organise working group to plan implementation
 - Extend secondment of CQC Inspection Manager to support this continued work
 - Develop media strategy
 - Implement recommendations
 - Monitor progress formally

Implications for Service Users

13. Some of the most vulnerable older people are in care home placements. It is imperative that the services that they receive are of good quality and are delivered with dignity and respect. The proposals in this report seek to reduce and wherever possible eliminate poor quality care home provision whilst at the same time supporting the development of further high quality care home services through improved partnership working.

Statutory and policy Implications

14. None

Financial Implications

15. None

Equalities Implications

16. None

Human Resources Implications

Already covered by the previous committee agreement to a 1 year extension to the CQC Inspector Manager secondment until January 2015.

RECOMMENDATION/S

It is recommended that Committee notes:

- 1) The strategic review of the care home sector along with the recommendations and proposed next steps contained.
- 2) Approves recommendations and next steps set out in paragraphs 10 and 12 above
- 3) That the Committee receives further input in September along with any recommendations arising from the Care Homes Working Group.

Paul McKay

Service Director for Access and Public Protection

Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Rosamunde Willis-Read

Project Manager for Strategic Quality and Risk Manager

Market Development Team

Tel: 07824361288

Email: Rosamunde.Willis-Read@nottsccl.gov.uk

Constitutional Comments (SLB 30/05/2014)

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

Financial Comments (KAS 21/05/14)

18. There are no financial comments required

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.

Electoral Division(s) and Member(s) Affected

All

Appendix1: Care Quality Commission

Roles and responsibilities

Our role is to make sure that hospitals, care homes, dental and general practices and other care services in England provide people with safe, effective and high-quality care, and we encourage them to make improvements.

We do this in the following ways.

- Setting Standards of quality and safety that people have a right to expect whenever they receive care.
- Registering care services that meet our standards.
- Monitoring, inspecting and regulating care services to make sure that they continue to meet the standards.
- Protecting the rights of vulnerable people, including those whose rights are restricted under the Mental Health Act.
- Listening to and acting on Your experiences.
- Involving the public and people who receive care in our work and Working in partnership with other organisations and Local groups.
- Challenging all providers, with the worst performers getting the most attention.
- Making fair and authoritative judgements, supported by the best information and evidence.
- Taking appropriate action if care services are failing to meet the standards.
- Carrying out in-depth investigations to look at care across the system.
- Reporting on the quality of care services, publishing clear and comprehensive information, including performance ratings to help people choose care.

Appendix 2: Strategic Review of the Care Home Sector in Nottinghamshire

The Chief Executive of the former Nottinghamshire County PCT and the Directors of Adult Social Care for Nottinghamshire and Nottingham City Councils has commissioned a strategic review of care homes in Nottinghamshire.

Context

There has been considerable interest in the quality of care homes nationally and locally. Southern Cross, Winterbourne View and other high profile events have demonstrated the risks of poor quality and financial viability in the care home sector.

As a result of last year's Care and Support White Paper and the proposed Care Bill there are a number of national initiatives and tools to help drive development and quality improvement in the sector. The strategic review will dovetail with these initiatives and the work will be conducted through the establishment of a board.

The sponsors for this review are listed below and the board membership is listed in section 3.

David Pearson – Corporate Director of Adult Social Care, Health and Public Protection, Nottinghamshire County Council

Dawn Smith - Chief Officer, NHS Nottingham City Clinical Commissioning Group (CCG)

Amanda Sullivan - Chief Officer, NHS Mansfield and Ashfield and Newark and Sherwood CCGs.

Candida Brudenell - Interim Corporate Director for Children and Families Nottingham City Council

Terms of Reference

1 Purpose of the Board

To undertake a review of current care home provision across Nottinghamshire County and Nottingham City with a view to identifying and agreeing appropriate measures which:

- enable the identification and management of risk in order to ensure continuity of care for people who live in care homes
- promote and support a diverse and robust market of care home provision across the different service areas which provide high quality outcomes for users of services

The review will ensure that the views of key stakeholders are taken into account; this will include care providers, service users and families/carers.

2 Key Tasks

- To review the measures that are currently in place to identify and monitor risks to service users arising from poor quality provision, high levels and repeated safeguarding referral, provider viability, hospital admissions, falls etc.
- To note the strengths of existing arrangements and identify any gaps with a view to making recommendations on how these measures can be improved
- To establish the details on current care home provision across Nottinghamshire County and Nottingham City, including identifying gaps in provision. This would include collating information on the following:
 - The nature of each home, type of building, category of care and service user group(s), occupancy levels, numbers of self-funding service users, permanent or temporary management/leadership in place
 - Provider information including ownership
 - Quality banding (where relevant), patterns pertaining to complaints, contract suspensions etc.
 - CQC compliance, warning notices, compliance actions
- To identify the range and nature of support available to care homes by different agencies and the extent to which these are accessed by specific care homes
- To identify what, if any, additional measures commissioners and providers could consider taking to develop quality across the care home sector
- To consider emerging government and Care Quality Commission initiatives and make recommendations to enable early implementation

3 Membership

The review will be chaired by Allan Breeton, the Independent Chair of the Nottinghamshire Safeguarding Adults Board. The work will be supported by the seconded Compliance Manager from CQC.

Membership will be as follows:

Name of Representative	Organisation
Allan Breeton, Independent Chair	Nottinghamshire Safeguarding Adults Board
Anita Astle, Project Lead	Community Programme
Caroline Baria, Service Director	Nottinghamshire County Council
Cheryl Crocker, Director of Quality and Patient Safety	Nottingham North & East CCG
Chris West, Assistant Director of Quality and Patient Safety	NHS Newark & Sherwood CCG
Joe Pidgeon, Health Watch Chair	Healthwatch, Nottinghamshire County
Nicola Ryan, Head of Assurance/Deputy Nurse)	NHS Bassetlaw CCG
Rosamunde Willis Read, Project Manager Strategic Quality & Risk	CQC seconded to Nottinghamshire County Council
Sally Seeley, Assistant Director of Quality and Patient Safety	NHS Nottingham City CCG
Shazia Khalid , Registered Care Home Provider	Sherwood Care Homes Ltd
Steve Oakley, Director of Quality and Efficiency	Nottingham City Council
Karen Archer , Health Watch Chair	Healthwatch, Nottingham City
Vicki Wells, Head of Regional Compliance Central East	CQC

4 Administrative Arrangements

Nottinghamshire County Council will co-ordinate and facilitate the meetings and will provide the administrative support for the project including the collation and distribution of papers for the meetings. Notes, with action points clearly recorded, will be distributed to group members within 2 weeks of each meeting.

5 Frequency of Meetings

The Project Board will meet on a monthly basis, for a period of six months. This will be reviewed and extended depending on the completion of the identified tasks. Additional meetings, including sub-groups, will be arranged where required, as agreed by the members of the project group.

6 Reporting and Accountability

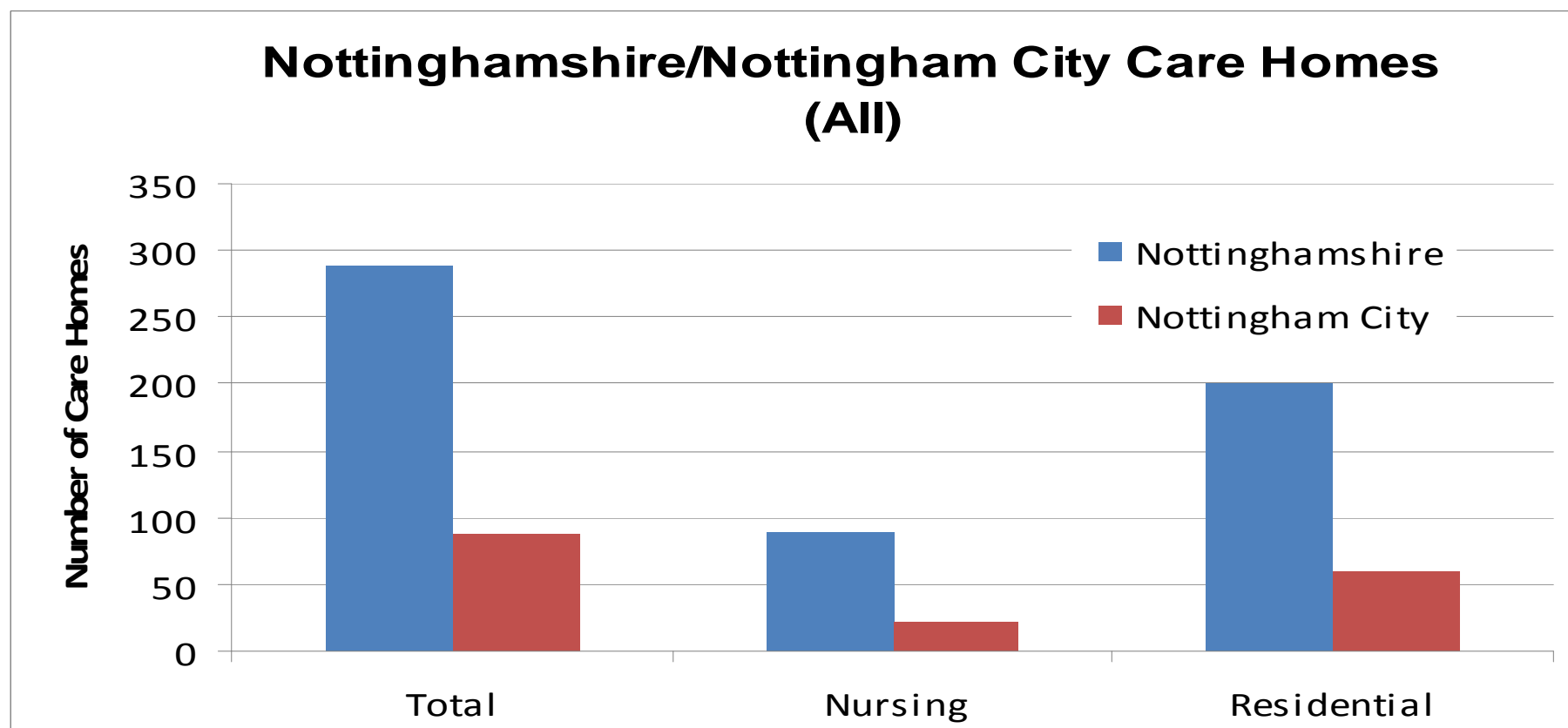
The Project Board will report its findings and recommendations to the relevant Senior Officers or boards for each partner organisation.

Caroline Baria, Service Director, Joint Commissioning, Quality and Business Change
Adult Social Care, Health and Public Protection Department
Nottinghamshire County Council

June 2013

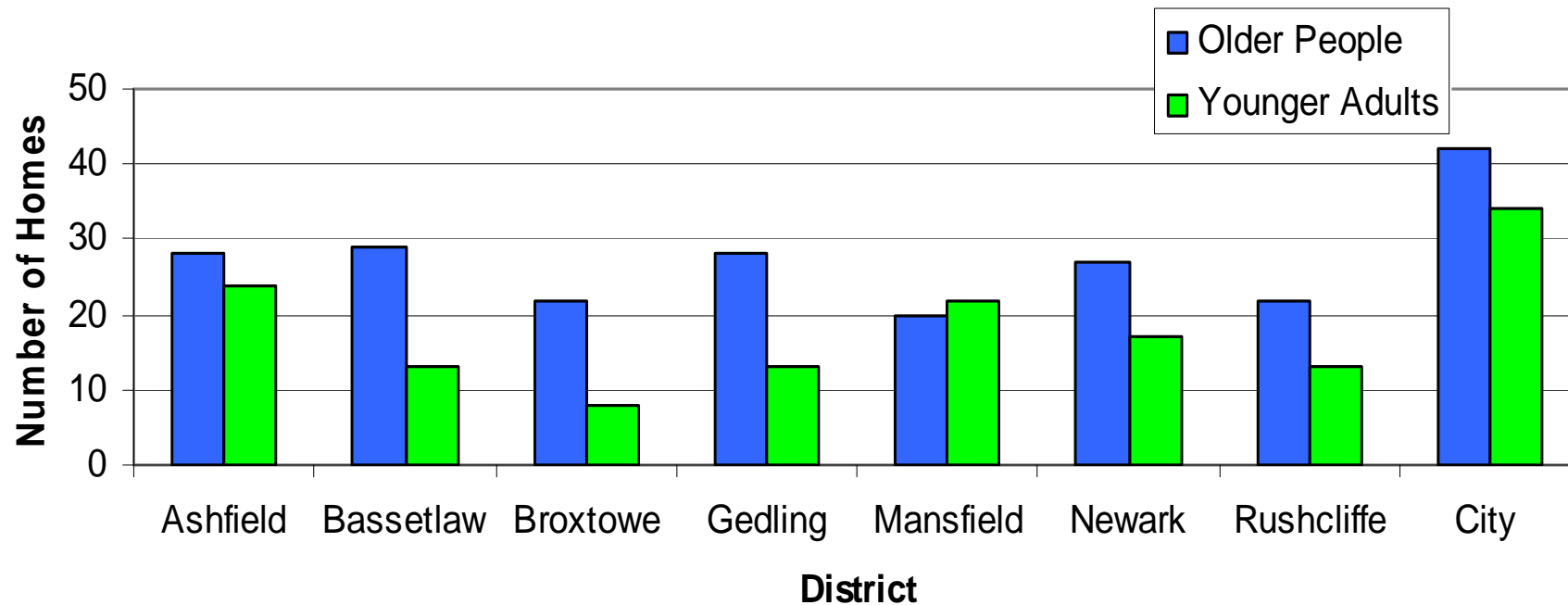
Appendix 3 a) Care Homes Information Statistics

In Nottinghamshire there are a total of 289 care homes and in Nottingham City there are 88 care homes (both including nursing)

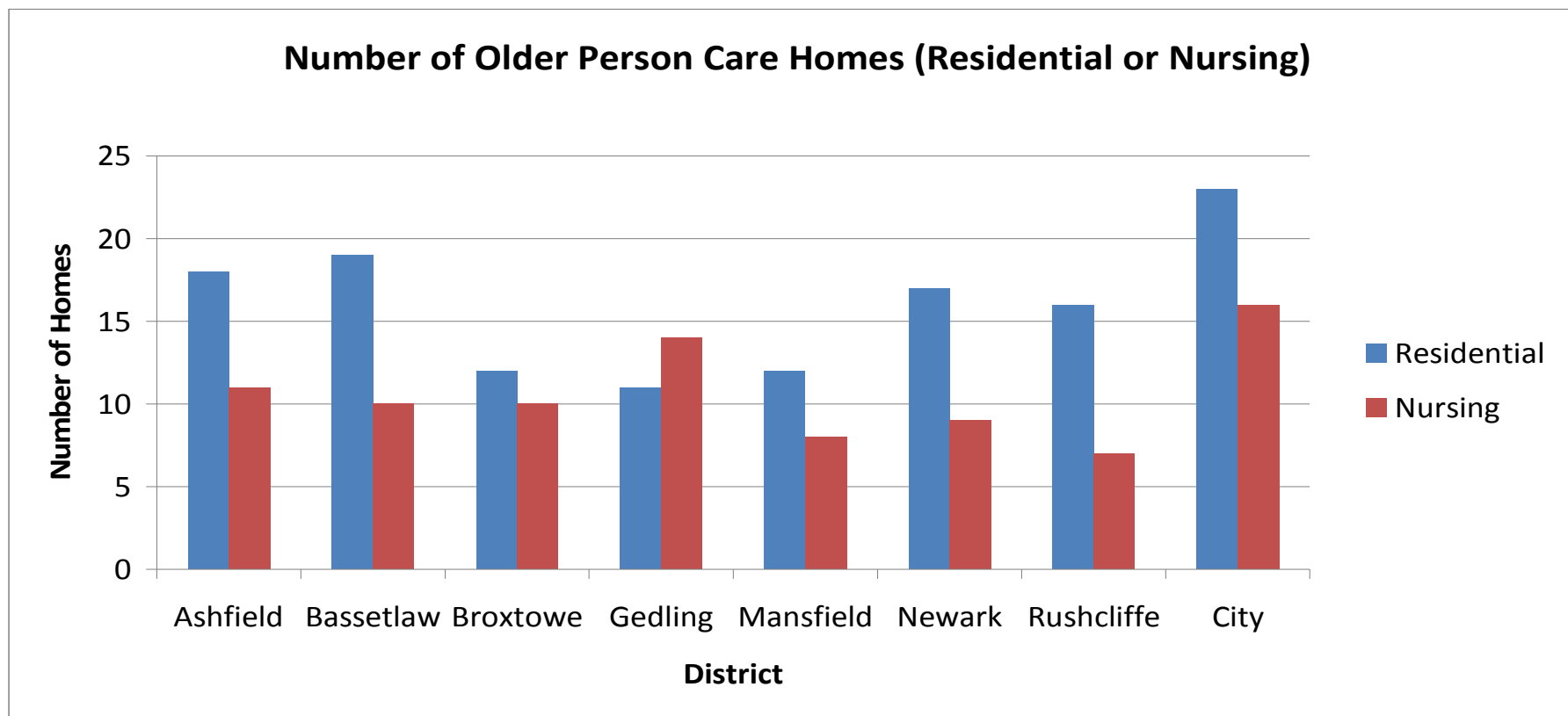


This chart shows the split of the care homes by residential and nursing.

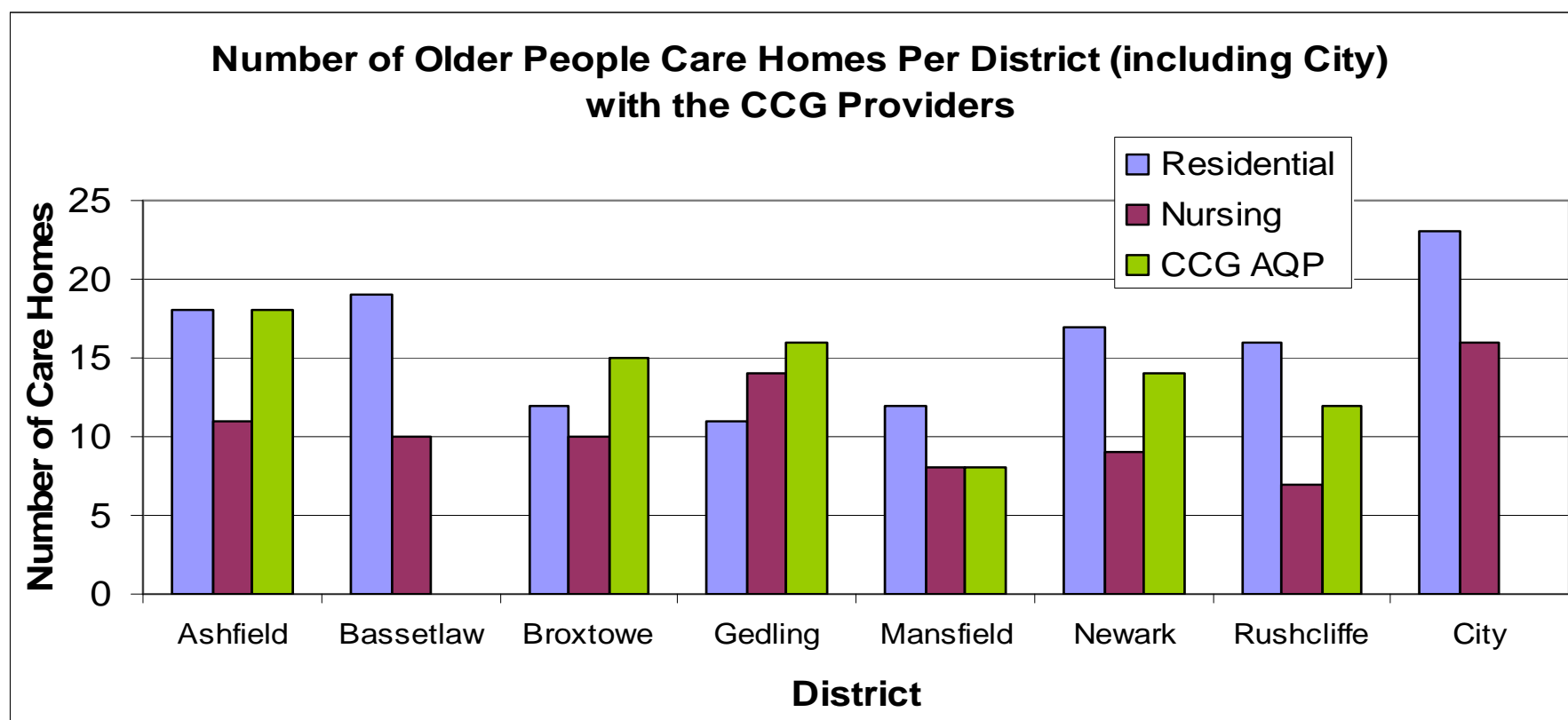
Nottinghamshire Number of Older People/Younger Adults Care Homes



The above chart shows the number of all older people and younger adult care homes per district. This data shows for older people the greatest number of care homes are in Bassetlaw and Ashfield with the least being in Broxtowe, Mansfield and Rushcliffe. The greatest number of younger adults care homes is in Bassetlaw, Gedling and Ashfield with the least being in Broxtowe.



This chart splits the care homes into residential and nursing per district. Ashfield and Bassetlaw have the greatest number of residential home with Gedling having the least. Gedling though has the greatest number of nursing homes in the county with Rushcliffe having the least. Most districts (including City) have more residential homes compared to Nursing with exception of Gedling which has more nursing.



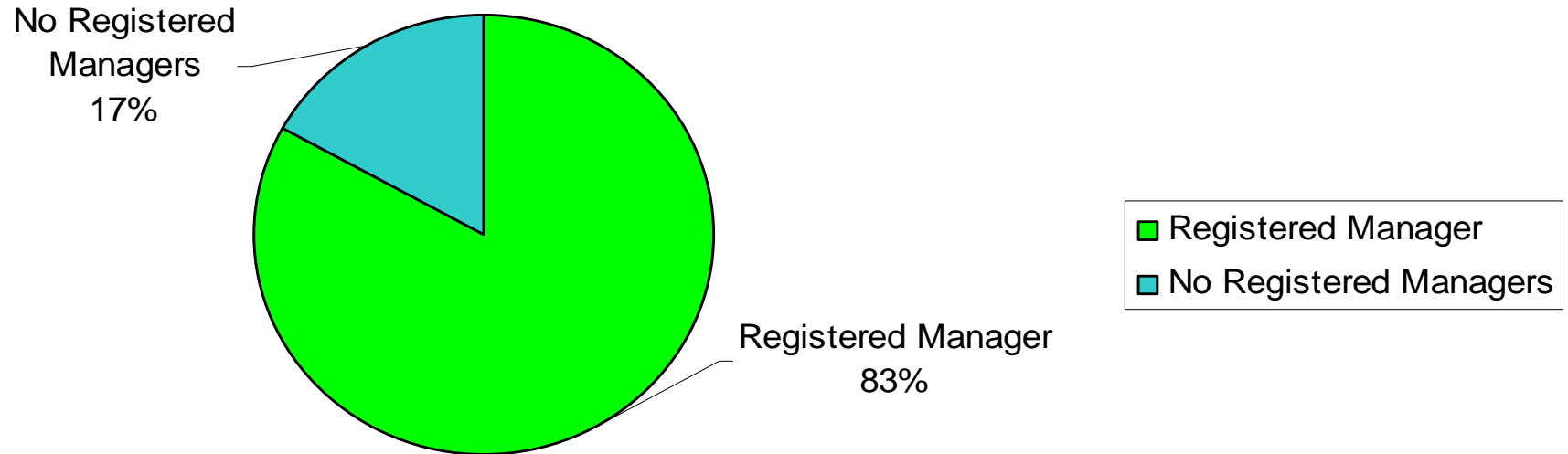
This chart shows the number of older people care homes per district with the information of the Clinical Commissioning Groups (CCG) any qualified providers (AQP) per district. The AQP list will include all nursing homes.

Nottinghamshire Care Homes - Registered Manager



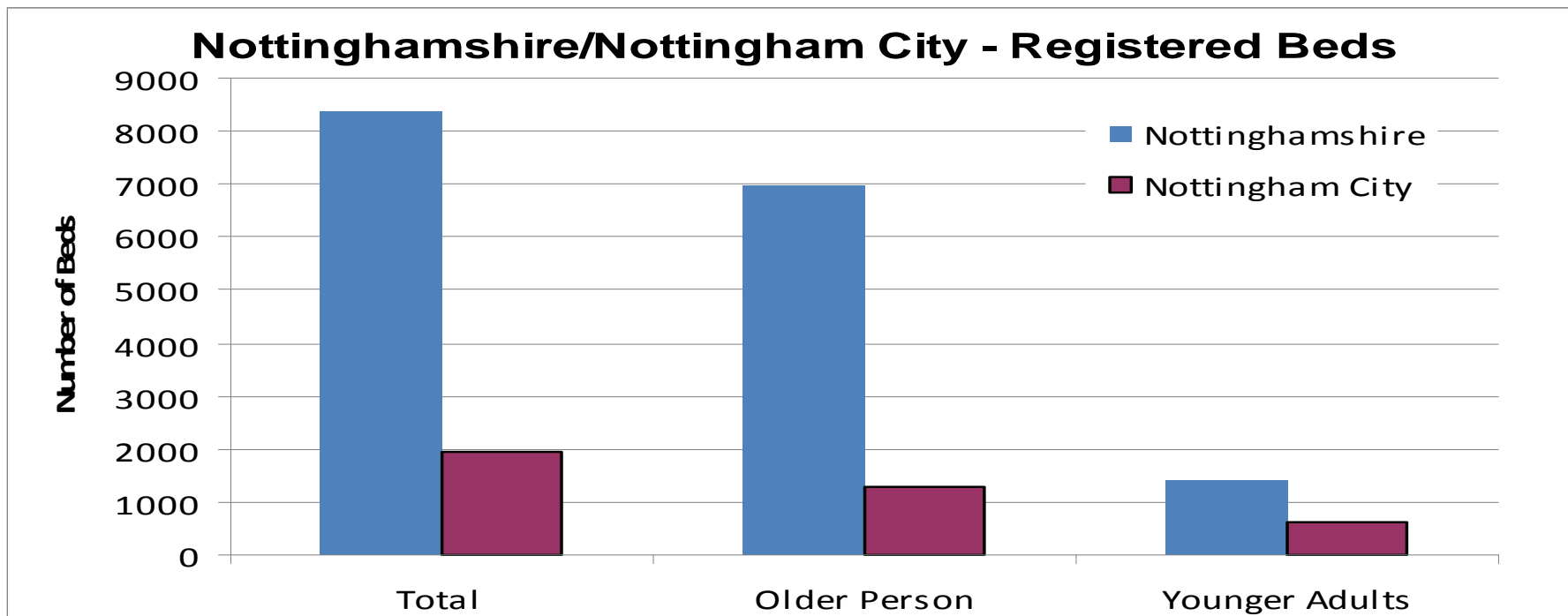
The above information gives the percentage of care homes in Nottinghamshire that currently have no registered manager. Out of the 289 care homes in Nottinghamshire there are 51 homes that have not registered their manager with CQC as yet. Out of the 51 care homes there will be a percentage of these without a manager but there are examples of where there are managers but they have not yet registered.

Nottingham City Care Home - Registered Manager

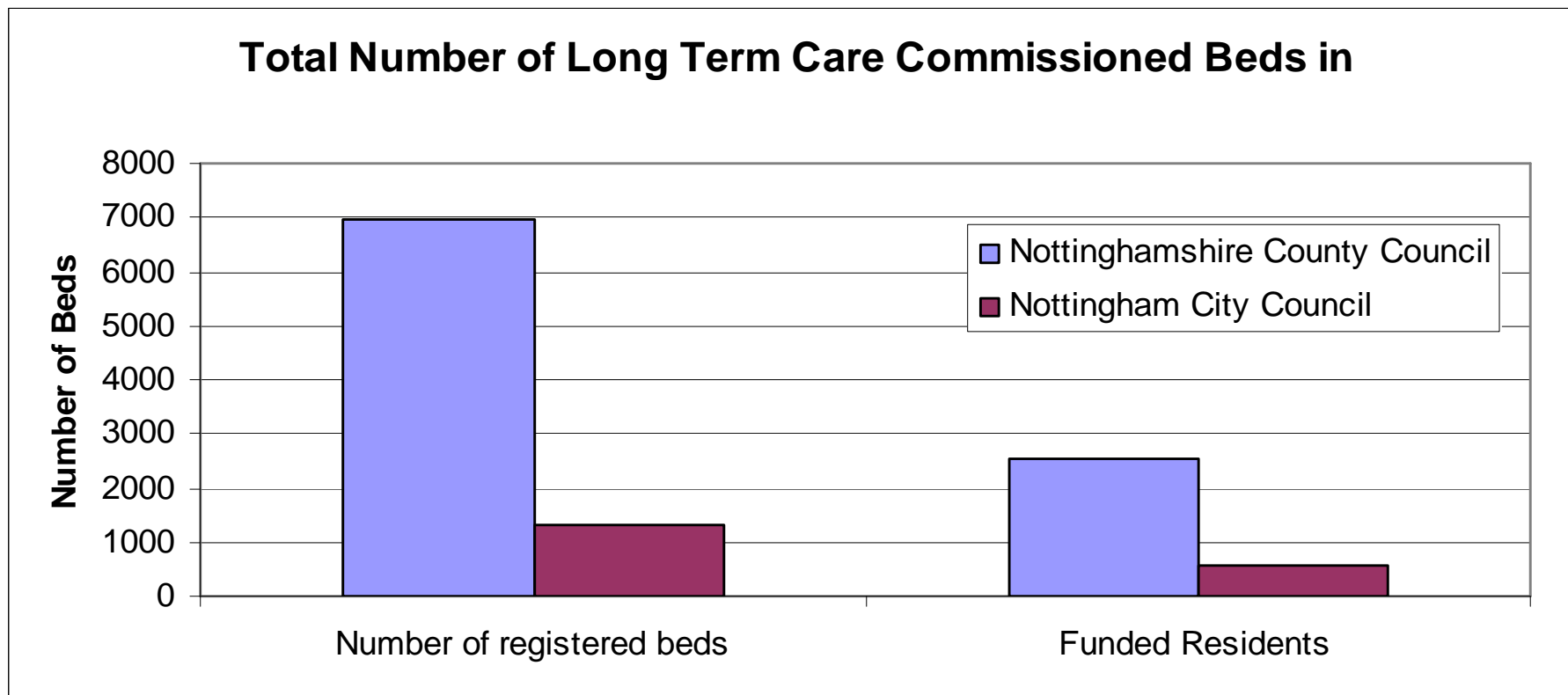


The above information gives the percentage of care homes in Nottingham City that currently have no registered manager. Out of the 88 care homes in Nottinghamshire there are 15 homes that have not registered their manager with CQC as yet.

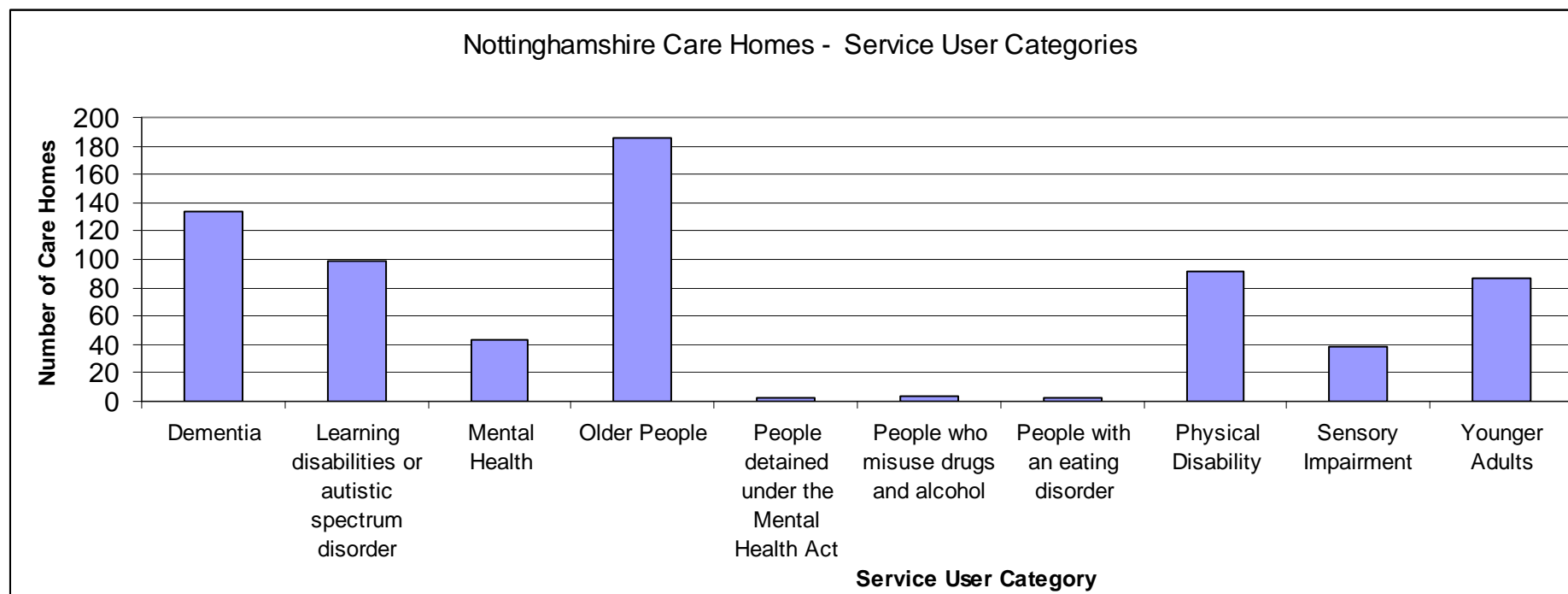
The overall percentage for both Nottinghamshire and Nottingham City are both very nearly the same at 18/17% respectively. This would show that there is consistency with this issue for both councils.



This chart gives you the amount of capacity that is available in both Nottinghamshire and Nottingham City. In Nottinghamshire there is capacity of 8373 beds in all care homes with 6955 beds (83%) in older people care homes and 1418 (17%) in younger adults. Nottingham City has 1936 registered beds with 1304 (67%) being in older people care homes and 632 (33%) in younger adults. Nottinghamshire has a far greater number of registered beds in older people care homes compared to younger adults whereas the City has nearly double the registered beds in younger adults care homes.



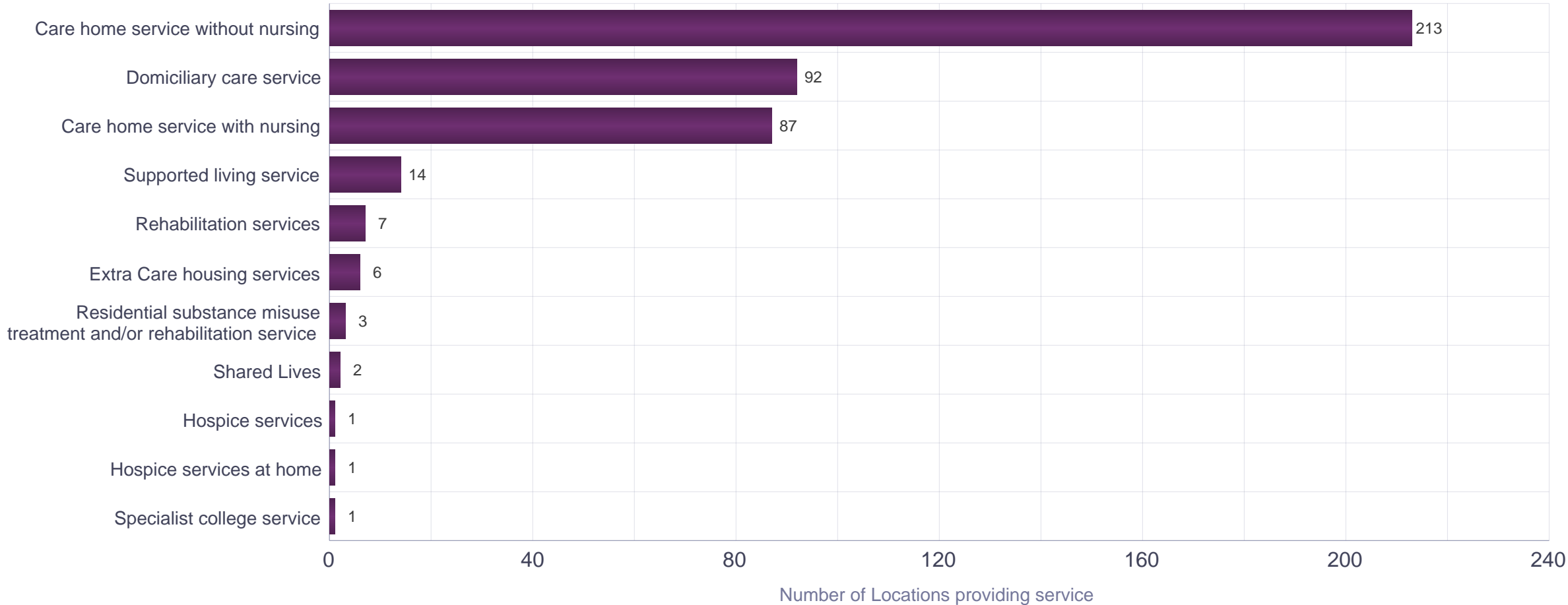
The data above gives a breakdown in the number of registered beds in both Nottinghamshire and Nottingham City compared to the number of beds where the council is funding a resident. We do not have the information as to the number of beds funded privately or from other councils but from the information we do have available there is a large amount of capacity in the market in the care homes.



This information shows the number of care homes that are registered in each of the service user categories (CQC registration). As you would expect the greatest number of homes are registered to provide services to older people followed next by dementia.

Active Locations in Nottinghamshire providing the following services

NB: Locations can provide more than one type of service
Date run: 20/11/2013



Number of Locations

379

Care Homes with Nursing in Nottinghamshire

Date run: 20/11/2013

Number of Locations

87

Total number of beds

3,840

Care Homes without Nursing in Nottinghamshire

NB: Care Homes can register both with and without nursing. Those have been classified only as a Care home with Nursing in this section of the report

Number of Locations

206

Total number of beds

4,721

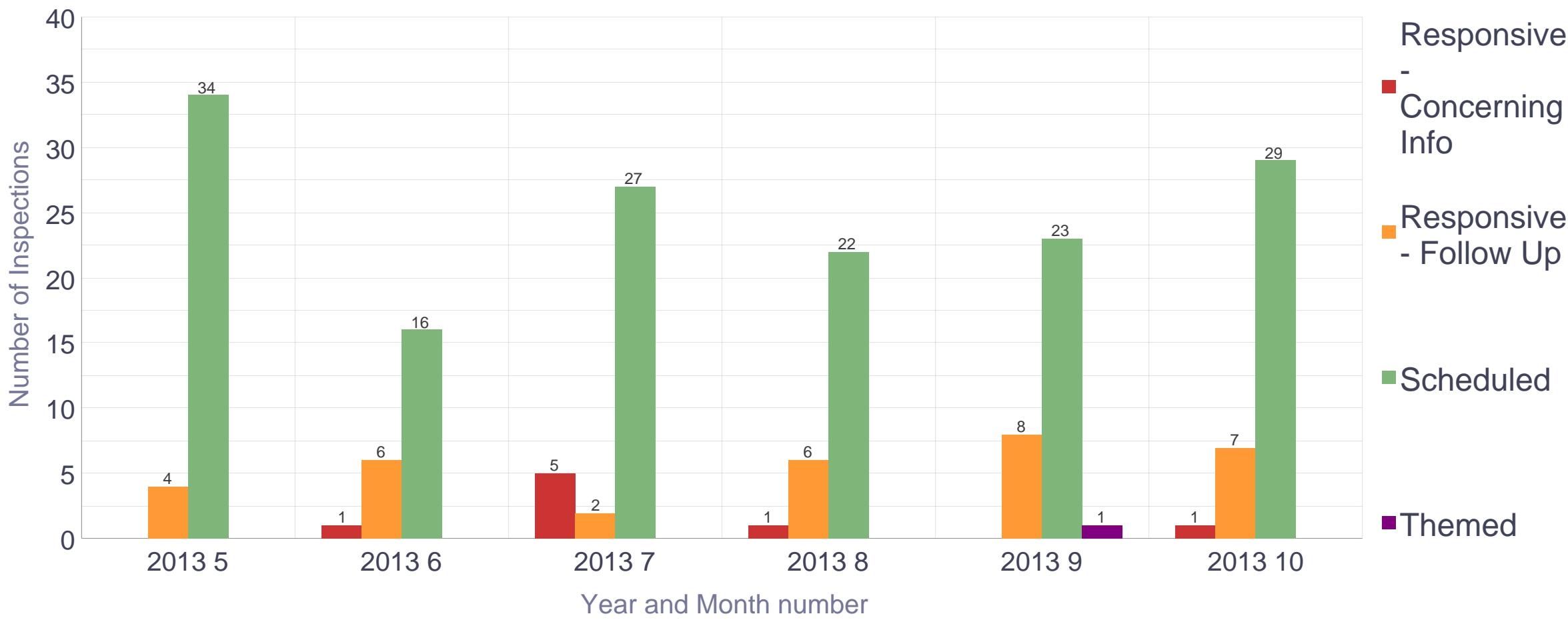
Inactive Social Care Org Services in Nottinghamshire

The number of Social Care Org services that have become Inactive, by year. NB: A location often offers more than one service so the Grand Total will often be lower than the total number of services provided

Location Service Type Description	2011	2012	2013	# Locations ceasing to provide service
Care home service with nursing	17	8	3	28
Care home service without nursing	12	26	12	50
Domiciliary care service	10	14	10	34
Extra Care housing services	2	3		5
Rehabilitation services	1	4	1	6
Shared Lives			1	1
Supported living service	2	7	1	10
Grand Total	37	48	26	111

Number of published inspections over the last six months, by inspection type and inspection month

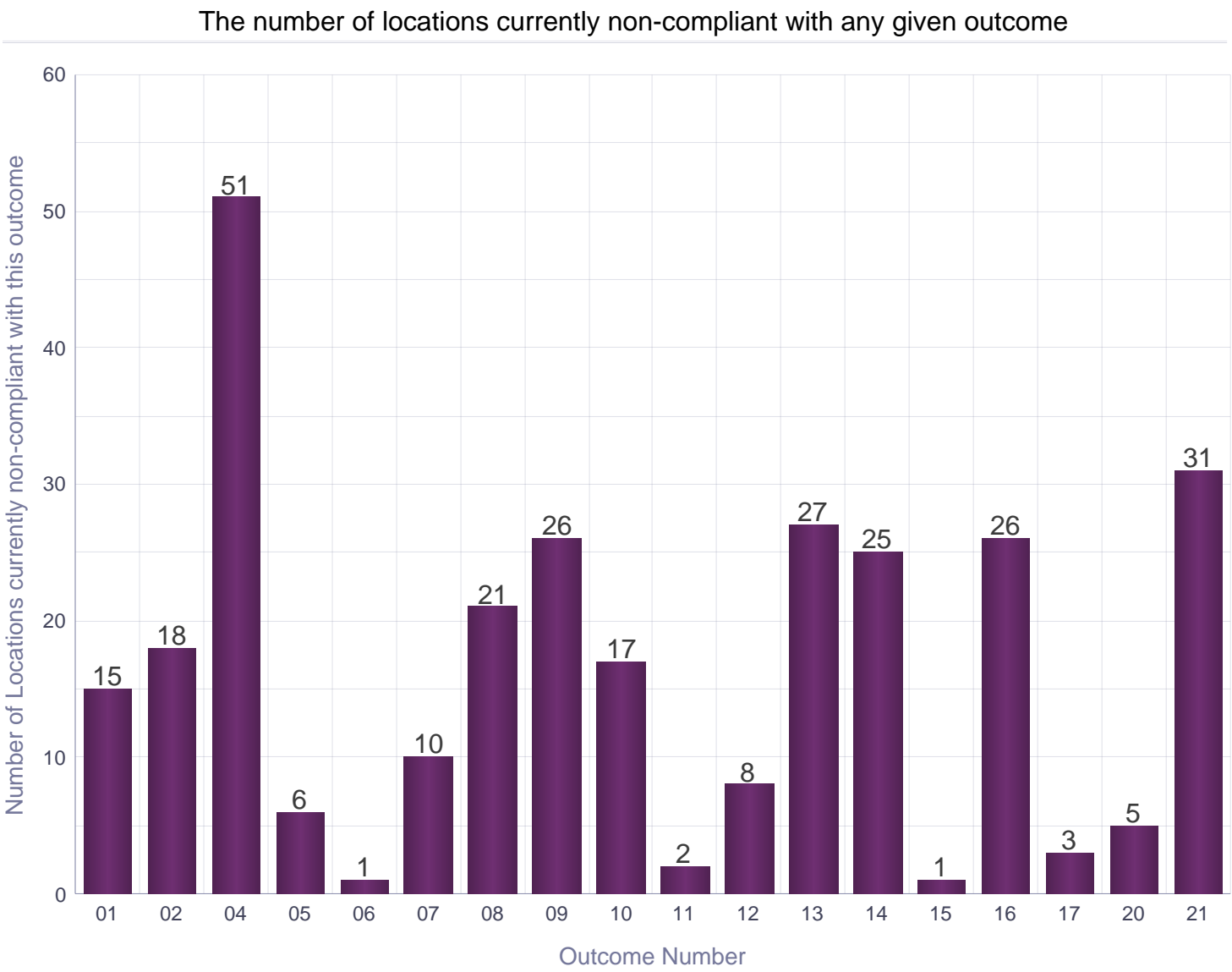
NB: there is a timelag of a number of weeks between an inspection and the report being published so previous months' figures may not yet be complete



All current Social Care Org non-compliance, by outcome, in Nottinghamshire

NB. Some outcomes are routinely inspected more often than others, according to sector and risk

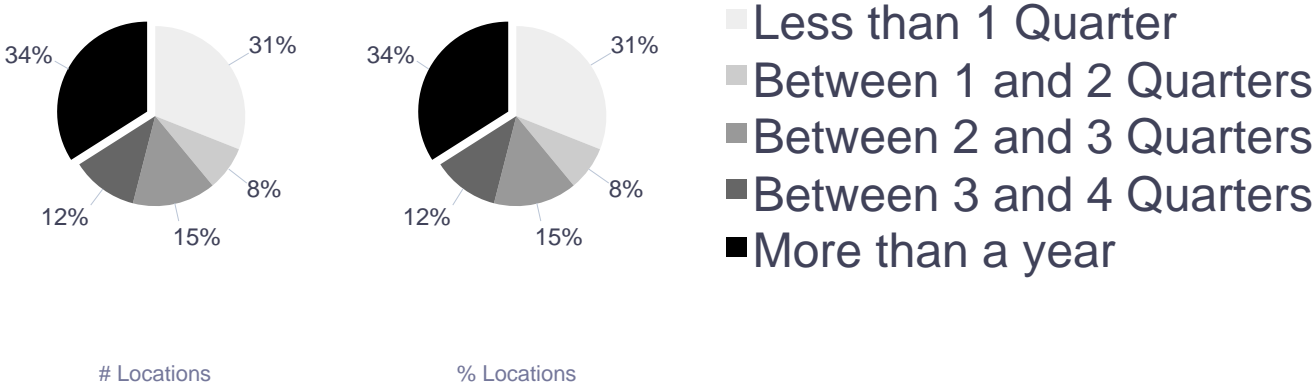
Outcome Number	Outcome Name	Number of Locations
01	Respecting and involving people who use services	15
02	Consent to care and treatment	18
04	Care and welfare of people who use services	51
05	Meeting nutritional needs	6
06	Cooperating with other providers	1
07	Safeguarding people who use services from abuse	10
08	Cleanliness and infection control	21
09	Management of medicines	26
10	Safety and suitability of premises	17
11	Safety, availability and suitability of equipment	2
12	Requirements relating to workers	8
13	Staffing	27
14	Supporting workers	25
15	Statement of purpose	1
16	Assessing and monitoring the quality of service provision	26
17	Complaints	3
20	Notification of other incidents	5
21	Records	31



The length of time (in calendar quarters) that Social Care Org location(s) have been non-compliant in the Nottinghamshire area

A location is only compliant when every outcome that has ever been inspected under the HSCA is currently judged to be compliant (no Regulatory Action has been identified)

Time Non-Compliant	# Locations	% Locations
Less than 1 Quarter	31	31.0%
Between 1 and 2 Quarters	8	8.0%
Between 2 and 3 Quarters	15	15.0%
Between 3 and 4 Quarters	12	12.0%
More than a year	34	34.0%
Grand Total	100	100.0%



Social Care Org Locations in Nottinghamshire that have returned to Compliance in the last three months

This means that, at the date of printing, they are compliant with all outcomes that have been inspected

Date run: 20/11/2013

Location City	Provider Name	Location Name	Location Postal Code	Date Location returned to Compliance
Carlton-In-Lindrick	Nottinghamshire County Council	James Hince Court Residential Care Home for Older People	S81 9BL	06 November 2013
Doncaster	Reason Care (UK) Limited	Brailsford House	DN11 8LE	25 October 2013
Mansfield	HC-One Limited	Avalon Care Home	NG19 0HL	02 October 2013
Mansfield	Heathcotes Care Limited	Heathcotes (Mansfield)	NG18 4JE	31 August 2013
Mansfield	Midland Health Care Limited	Nightingale Care Home	NG21 9PA	28 August 2013
Mansfield	Royal Mencap Society	Montague Street Care Home	NG18 2PN	16 October 2013
Mansfield	Runwood Homes Limited	Maun View	NG19 7EL	14 November 2013
Nottingham	1st Care Limited	Hawthorne Nursing Home	NG6 8UU	07 September 2013
Nottingham	ASHA Healthcare (Kirkby in Ashfield) Limited	Kirkby Manor Care Home	NG17 8BP	30 August 2013
Nottingham	Church Farm Nursing Home Limited	Church Farm Nursing Home	NG12 3HR	29 October 2013
Nottingham	Elmleigh Homes Limited	Elmleigh Homes Limited	NG17 8ED	25 September 2013
Nottingham	Heathcotes Care Limited	Heathcotes (Hucknall & Watnall)	NG15 6EY	17 September 2013
Nottingham	Vijay Mehan	Ryland Residential Home	NG9 1JN	06 September 2013
Nuthall	Avery Homes Nuthall Limited	Acer Court Care Home	NG8 6AX	30 October 2013
Retford	Nottinghamshire County Council	St Michael's View Residential Care Home for Older People	DN22 7NE	01 November 2013
Sutton In Ashfield	Ashmere Care Homes	Sutton Court	NG17 2AH	06 September 2013
Sutton In Ashfield	Meadowcroft Health Care Limited	Meadowcroft Health Care Limited	NG17 4BR	14 November 2013
Sutton In Ashfield	Quality Care (EM) Limited	Adams House	NG17 1DS	07 September 2013
Sutton In Ashfield	Quality Care (EM) Limited	The Hollies	NG17 1FW	07 September 2013
Worksop	Four Seasons (Bamford) Limited	The Old Vicarage	S80 1NJ	09 October 2013

Currently non-compliant Social Care Org locations in Nottinghamshire and their Inspection history

This list displays any Active locations who are not currently fully compliant with all outcomes for which they have been inspected. It also lists a history of their inspections, marking with an 'X' which outcomes were inspected.
Date run: 20/11/2013

					Outcomes Inspected																		
Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	20	21
AJSS Limited	Bluebird Care (Newark and Sherwood)	08-November-2013	Scheduled	Compliant	X		X			X						X		X					
				Non Compliant																			X
Adbolton Hall Limited	Adbolton Hall	22-October-2013	Scheduled	Compliant			X						X			X							
				Non Compliant							X				X								X
		01-May-2013	Scheduled	Compliant		X	X	X												X			
				Non Compliant									X		X								
		09-November-2011	Scheduled	Compliant	X					X						X			X				
				Non Compliant			X																
Anchor Trust	Annesley Lodge Care Home	25-September-2013	Scheduled	Compliant											X								
				Non Compliant		X	X					X				X			X				X
		14-February-2013	Scheduled	Compliant	X																		
				Non Compliant			X								X	X			X				
		17-January-2012	Scheduled	Compliant	X		X			X							X		X				
				Non Compliant												X	X						
Ania Limited	Aldercar Residential Care Home	09-August-2013	Scheduled	Compliant												X	X						
				Non Compliant		X	X				X	X											
		06-March-2013	Scheduled	Compliant			X						X							X			
				Non Compliant		X											X						
		10-April-2012	Responsive - Concerning Info	Compliant	X		X			X						X			X				
				Non Compliant																			
Aswan Care Limited	Avondale Care Home	29-January-2013	Scheduled	Compliant													X			X			
				Non Compliant	X		X						X										
		13-April-2012	Responsive - Concerning Info	Compliant	X		X			X					X		X	X	X				
Blue Sky Care Limited	Lawrence Mews	03-May-2013	Scheduled	Compliant	X		X			X						X		X					
		27-April-2012	Responsive - Concerning Info	Non Compliant			X	X		X		X	X			X	X		X			X	X
Bramcote Nursing House Limited	Bramcote House Nursing Home	12-July-2013	Scheduled	Compliant								X			X								
				Non Compliant			X																
		10-May-2013	Responsive - Follow Up	Compliant															X				
				Non Compliant			X																X
		24-September-2012	Scheduled	Compliant	X					X						X							
				Non Compliant			X												X				
Care@Rainbow's End	Care @ Rainbow's End	28-August-2013	Responsive - Concerning Info	Non Compliant			X			X			X			X	X					X	
		28-March-2013	Scheduled	Compliant	X		X			X							X		X				
Carisbrooke Healthcare Limited	Elm Tree House	09-November-2013	Scheduled	Compliant			X			X						X				X			
				Non Compliant		X					X												
		23-January-2013	Scheduled	Compliant	X		X				X						X		X				
Countrywide Care Homes Limited	Clumber Court Care Centre	28-September-2013	Responsive - Concerning Info	Compliant												X							
				Compliant	X					X							X		X				
		13-February-2013	Scheduled	Non Compliant			X																
Creative Care (East Midlands) Limited	The Old Vicarage	14-November-2013	Scheduled	Compliant		X	X																
				Non Compliant						X							X		X				
Dr T R Chandran & Dr Q Chandran	Manor House Care Home	25-October-2013	Scheduled	Compliant		X	X					X					X						X
		20-January-2013	Responsive - Follow Up	Compliant						X					X	X							
				Non Compliant						X					X	X							
		30-August-2012	Responsive - Concerning Info	Compliant	X		X			X	X						X		X				
				Non Compliant											X	X		X					
		30-April-2012	Responsive - Concerning Info	Compliant											X			X					
				Non Compliant	X		X			X	X					X	X		X				
Eastgate Limited	Alexandra House - Eastwood	18-August-2012	Scheduled	Compliant			X									X							
				Non Compliant	X								X							X			X
		01-February-2012	Responsive - Concerning Info	Compliant						X									X				
				Non Compliant			X																
Eastlands Health Care Limited	Eastlands	05-November-2013	Themed	Compliant	X				X	X							X		X				
				Non Compliant			X																

					Outcomes Inspected																		
Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	20	21
Eastlands Health Care Limited	Eastlands	22-November-2012	Scheduled	Compliant	x		x			x						x		x					
		30-March-2012	Scheduled	Compliant	x		x					x	x				x		x				
Elder Homes Cotgrave Limited	Eton Park Care Centre	11-September-2013	Scheduled	Compliant	x					x													
				Non Compliant			x	x			x		x						x				
		08-March-2013	Responsive - Follow Up	Compliant																			x
		29-December-2012	Scheduled	Compliant								x	x				x		x				
				Non Compliant	x		x			x													x
		04-July-2012	Responsive - Follow Up	Compliant						x													
				Non Compliant	x		x					x	x				x		x				x
		25-January-2012	Scheduled	Compliant	x																		
				Non Compliant			x			x		x					x		x				x
Elder Homes Midlands	Millington Springs Care Centre	10-October-2013	Responsive - Follow Up	Non Compliant			x																
		12-September-2013	Responsive - Concerning Info	Compliant																x			
				Non Compliant			x				x	x				x	x		x				
		09-March-2013	Scheduled	Compliant	x					x						x			x				
				Non Compliant			x													x			
		28-March-2012	Responsive - Concerning Info	Compliant													x						
				Non Compliant	x		x			x									x	x			
Farrington Care Homes Limited	Brookside House Care Home	27-September-2013	Scheduled	Compliant	x	x	x		x	x			x						x	x			
				Non Compliant												x							
		15-February-2012	Scheduled	Compliant								x					x						
				Non Compliant	x	x	x						x						x				
Flexible Support Options	Flexible Support Options (Hucknall)	22-January-2013	Scheduled	Non Compliant	x		x			x							x		x				
Forthmeadow Limited	Eastwood House	08-November-2013	Scheduled	Compliant																x			
				Non Compliant		x	x					x					x						
		04-July-2013	Scheduled	Compliant	x		x			x	x		x			x	x		x				
		20-January-2012	Scheduled	Non Compliant	x		x			x	x		x			x	x		x				
	Charnwood	21-May-2013	Scheduled	Compliant				x															
				Non Compliant	x	x	x					x	x			x	x		x				x
		16-October-2012	Scheduled	Compliant						x	x				x								
				Non Compliant	x		x	x				x	x			x	x		x				x
	The Oaks and Little Oaks	09-November-2013	Scheduled	Compliant				x				x				x				x			
		13-December-2012	Scheduled	Non Compliant		x																	
				Compliant	x		x			x					x				x				
	Tudor Grange	27-March-2013	Scheduled	Compliant		x		x				x								x			
				Non Compliant			x									x							
		27-March-2012	Responsive - Concerning Info	Compliant	x					x						x			x				
				Non Compliant			x																
	Westwolds	11-June-2013	Scheduled	Compliant	x							x				x			x				
				Non Compliant			x																
		08-December-2012	Scheduled	Compliant		x		x					x				x			x			
				Non Compliant			x																
		26-April-2012	Responsive - Concerning Info	Compliant	x		x	x		x						x			x				
Four Seasons Homes (Ilkeston) Limited	Nottingham Neurodisability Service Hucknall - Fernwood	28-August-2013	Responsive - Concerning Info	Non Compliant	x											x							
		06-April-2013	Scheduled	Compliant		x	x					x								x			
				Non Compliant													x						
	Nottingham Neurodisability Service Hucknall - Millwood	06-April-2013	Scheduled	Compliant		x	x										x			x			
		30-May-2012	Scheduled	Non Compliant								x											
				Compliant	x		x			x						x			x				
	Nottingham Neurodisability Service Hucknall - Rosewood	09-April-2013	Scheduled	Compliant		x	x					x								x			
		30-May-2012	Responsive - Concerning Info	Non Compliant									x				x						
				Compliant			x												x				
Freres Limited	Quinton House	27-September-2013	Scheduled	Compliant								x	x		x		x						
				Non Compliant		x										x							

Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																		
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	20	21
Freres Limited	Quinton House	15-January-2013	Scheduled	Compliant	X		X			X						X			X				
		01-June-2012	Scheduled	Compliant						X													
				Non Compliant			X									X			X				
Friary Fields Limited	Friary Fields Care Home	03-September-2013	Scheduled	Compliant	X			X								X							
				Non Compliant							X											X	
		29-March-2013	Scheduled	Compliant			X										X		X				
				Non Compliant	X						X												
		30-March-2012	Scheduled	Compliant		X	X			X			X		X				X				
Friends of the Elderly	Sherwood House Residential Care Home	13-December-2012	Themed	Compliant	X			X		X													X
				Non Compliant												X							
		27-February-2012	Responsive - Concerning Info	Compliant			X												X				
Giltbrook Carehomes Limited	Giltbrook Care Home	03-September-2013	Scheduled	Compliant			X				X								X				
				Non Compliant													X						
		04-April-2013	Responsive - Follow Up	Compliant						X													
				Non Compliant			X				X								X				
		20-August-2012	Scheduled	Compliant	X											X	X						
				Non Compliant			X			X	X								X				
		25-October-2011	Responsive - Concerning Info	Non Compliant	X		X			X						X			X				
Greenfield Close Residential Home Limited	Greenfields Close	19-November-2013	Scheduled	Compliant			X			X			X			X			X				
				Non Compliant								X											
		15-January-2013	Scheduled	Compliant	X		X			X							X		X				
		13-June-2012	Scheduled	Compliant	X		X			X							X		X				
		22-October-2013	Scheduled	Compliant			X			X							X		X				
HC-One Limited	Beauvale Care Home			Non Compliant			X																
		31-December-2012	Themed	Compliant	X			X		X						X							X
		13-November-2013	Scheduled	Non Compliant			X									X							X
	Beeches Care Home (Nottingham)	05-March-2013	Scheduled	Compliant	X		X			X							X		X				
		08-October-2013	Scheduled	Non Compliant	X		X			X	X					X	X		X				X
	Silverwood (Nottingham)	28-August-2012	Scheduled	Compliant	X		X			X		X					X		X				
		19-October-2013	Scheduled	Non Compliant			X		X			X				X							
		21-May-2012	Scheduled	Compliant	X		X	X		X							X		X				
		19-November-2013	Scheduled	Compliant		X		X				X											X
Hanumaan Limited	Blyth Country House Care Home			Non Compliant												X							
		01-November-2012	Responsive - Follow Up	Compliant	X																		
		07-August-2012	Scheduled	Compliant			X			X							X		X				
				Non Compliant	X																		
Hatzfeld Care Limited	Hatzfeld Homecare Services	30-July-2012	Scheduled	Compliant	X		X			X							X						
				Non Compliant															X				
Heritage Care Limited	1 Devonshire Avenue	22-June-2013	Scheduled	Compliant			X									X			X				
				Non Compliant													X						X
		09-February-2013	Scheduled	Compliant		X	X			X	X		X		X								
				Non Compliant													X		X				X
		21-June-2011	Scheduled	Compliant	X	X	X	X	X			X		X		X			X	X			
Homes of Rest for Old People, also known as Radcliffe Manor House	Radcliffe Manor House			Non Compliant								X											
		13-March-2013	Responsive - Follow Up	Non Compliant			X				X						X						
		18-July-2012	Scheduled	Compliant	X					X			X						X				
				Non Compliant			X										X						
Ideal Care Homes (Number One) Limited	Bowbridge Court	10-September-2013	Scheduled	Compliant	X					X									X				
				Non Compliant			X									X							
	Coppice Lodge	01-November-2013	Responsive - Follow Up	Compliant				X							X	X	X		X				
				Non Compliant			X					X											
		21-August-2013	Scheduled	Compliant						X	X			X									
				Non Compliant			X	X			X				X	X	X		X				

Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																		
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	20	21
Landermead Investments Limited	Catherine Tam Agency	19-November-2013	Scheduled	Compliant			X				X			X						X			
				Non Compliant											X								
	Landermeads Care Home	02-March-2013	Scheduled	Compliant	X		X			X							X		X				
		20-September-2013	Responsive - Concerning Info	Compliant												X							
				Non Compliant			X			X	X											X	
		27-November-2012	Scheduled	Compliant	X		X												X				
				Non Compliant						X						X							
Leonard Cheshire Disability	Holme Lodge - Care Home Physical Disabilities	25-December-2012	Scheduled	Compliant			X			X						X				X			
				Non Compliant	X								X										
		16-April-2012	Responsive - Concerning Info	Compliant			X			X									X				
Leyton Health Care (No 5) Limited	The Shires Care Centre	18-September-2013	Scheduled	Compliant	X					X							X		X				
				Non Compliant			X																
		12-April-2013	Scheduled	Compliant	X		X			X						X			X				
		21-May-2012	Responsive - Concerning Info	Compliant	X		X			X					X	X	X	X	X				
Lightdawn Limited	The Rookery Care Home	04-July-2013	Responsive - Follow Up	Compliant												X							X
				Non Compliant			X				X	X	X										
		26-July-2012	Scheduled	Compliant	X		X			X		X											
				Non Compliant																			X
		27-May-2011	Responsive - Concerning Info	Compliant						X		X		X	X	X			X				
				Non Compliant			X				X												
MacIntyre Care	MacIntyre Nottingham Support	27-September-2013	Scheduled	Compliant			X			X							X						X
				Non Compliant															X				
		20-November-2012	Scheduled	Compliant		X	X			X					X				X				
Magnolia Domiciliary Care Limited	Magnolia Domicillary Care Limited	11-June-2013	Scheduled	Compliant	X		X			X									X				
				Non Compliant													X						
Manor Residential Home (Arnold) Limited	Manor Residential Home (Arnold) Limited	08-May-2013	Scheduled	Compliant						X							X						
				Non Compliant			X																X
		27-August-2012	Scheduled	Compliant	X		X			X							X		X				
Mauricare Limited	Ivy Leaf	08-November-2013	Responsive - Follow Up	Non Compliant			X																
		17-September-2013	Scheduled	Non Compliant		X	X						X	X	X	X	X		X				X
		28-February-2013	Responsive - Concerning Info	Compliant	X					X									X				
				Non Compliant		X	X									X	X						X
		26-March-2012	Responsive - Concerning Info	Compliant	X																		
				Non Compliant		X	X			X						X			X				X
Methodist Homes	The Herons	22-May-2013	Scheduled	Compliant			X					X			X					X			
				Non Compliant												X							
		22-August-2012	Scheduled	Compliant	X					X									X				
				Non Compliant			X								X								
Millennium Health Care Limited	Southwell Court Care Home	15-November-2013	Responsive - Follow Up	Non Compliant																			X
		21-June-2013	Scheduled	Compliant		X		X					X	X						X			
				Non Compliant																			X
		15-January-2013	Responsive - Follow Up	Compliant			X									X							
		12-September-2012	Scheduled	Compliant	X					X									X				
				Non Compliant			X									X							
		14-May-2012	Responsive - Follow Up	Compliant			X			X		X				X			X	X		X	
		23-March-2012	Responsive - Follow Up	Compliant	X		X					X											X
		06-March-2012	Responsive - Follow Up	Non Compliant			X			X		X				X			X	X		X	X
Minster Care Management Limited	Broadgate Care Home	21-May-2013	Scheduled	Compliant						X						X	X			X			
				Non Compliant	X	X	X				X		X										X
		28-November-2011	Responsive - Concerning Info	Compliant															X				
				Non Compliant	X		X			X						X	X						
		27-May-2011	Responsive -	Compliant			X			X									X				

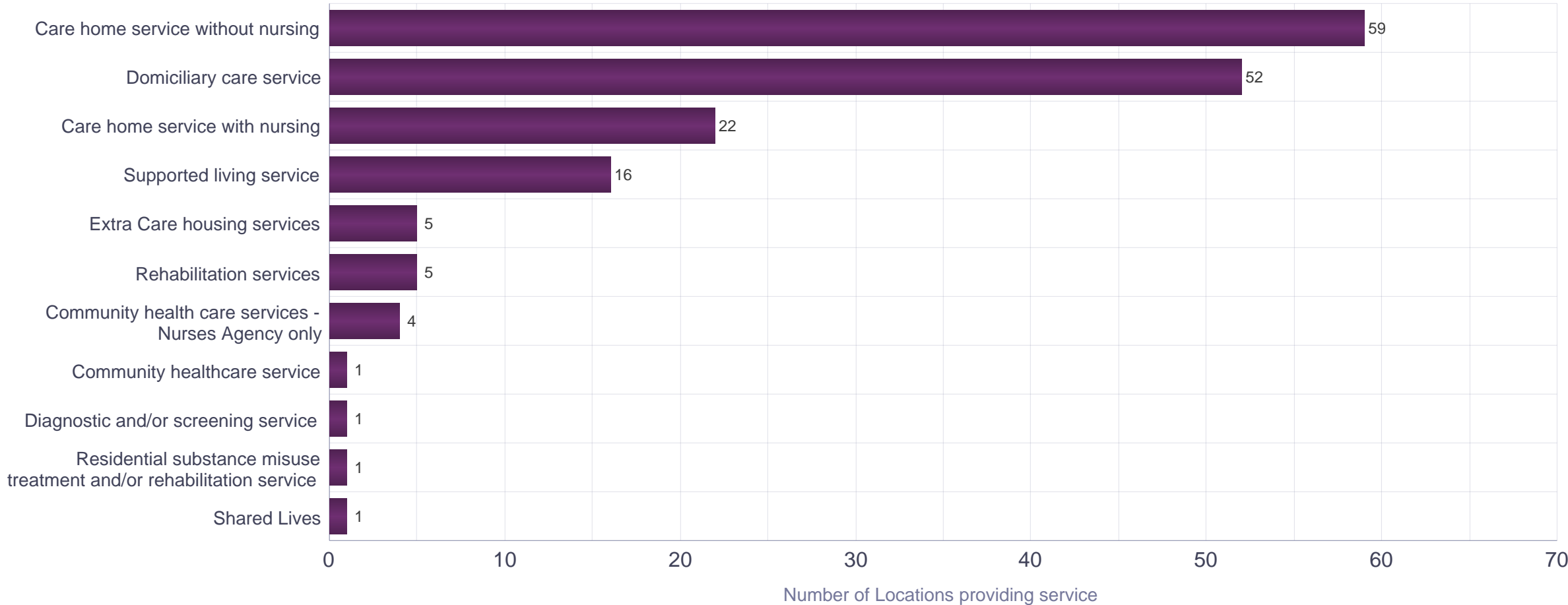
Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																		
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	20	21
Minster Care Management Limited	Broadgate Care Home		Concerning Info	Compliant																			
	Falcon House Care Home	05-April-2013	Responsive - Follow Up	Compliant			X					X						X					
				Non Compliant																		X	
		01-August-2012	Scheduled	Compliant	X											X							
				Non Compliant			X					X						X					
		27-January-2012	Responsive - Concerning Info	Non Compliant								X											
		27-January-2012	Responsive - Concerning Info	Non Compliant			X									X		X					
		25-May-2011	Responsive - Concerning Info	Compliant						X							X						
				Non Compliant			X									X		X					
				Compliant							X							X					
Monarch Consultants Limited	Parkside Nursing Home	08-November-2013	Responsive - Concerning Info	Compliant							X							X					
				Non Compliant			X					X	X										
		22-August-2013	Scheduled	Compliant		X	X				X		X		X								
		08-November-2012	Scheduled	Compliant	X		X			X							X		X				
		28-July-2011	Responsive - Concerning Info	Compliant			X			X		X			X		X		X				
Moriah House Limited	Moriah House Limited	04-July-2013	Responsive - Follow Up	Compliant							X								X				
				Non Compliant		X	X									X	X					X	
		18-December-2012	Responsive - Concerning Info	Compliant																	X		
				Non Compliant												X	X						
		15-June-2012	Responsive - Concerning Info	Compliant	X		X			X						X		X				X	
				Non Compliant																	X		
		07-November-2011	Responsive - Concerning Info	Compliant	X					X						X		X					
				Non Compliant			X																
				Compliant		X	X										X	X					
				Non Compliant																		X	
Mr & Mrs A Pearce	Five Gables Care Home	12-September-2013	Scheduled	Compliant		X	X										X	X					
				Non Compliant																		X	
		03-December-2012	Themed	Compliant	X			X		X						X						X	
Mr & Mrs D Teece	Meadow Lodge	26-July-2013	Scheduled	Compliant							X		X										
				Non Compliant	X		X															X	
		13-November-2012	Responsive - Follow Up	Compliant												X		X					
				Non Compliant			X				X		X										
		05-September-2012	Scheduled	Non Compliant	X		X				X		X			X		X				X	
		19-April-2012	Responsive - Concerning Info	Compliant						X													
Mr & Mrs M Ellis	Woodthorpe View Care Home			Non Compliant	X		X						X			X		X				X	
		08-November-2013	Scheduled	Compliant		X										X							
				Non Compliant			X			X	X	X						X			X	X	
		05-March-2013	Scheduled	Compliant	X		X					X					X						
				Non Compliant														X			X		
		13-April-2012	Scheduled	Compliant	X		X			X			X					X					
Mr David Hetherington Messenger	The Burkitt Care Centre	30-July-2013	Scheduled	Non Compliant			X				X		X			X	X	X				X	
		22-October-2012	Responsive - Follow Up	Compliant			X											X					
				Non Compliant									X				X						
		14-May-2012	Scheduled	Compliant	X	X				X													
				Non Compliant			X										X	X					
Mr John Albert Pownall	Jubilee House	25-October-2011	Responsive - Concerning Info	Non Compliant	X	X	X			X						X		X					
		24-May-2013	Scheduled	Compliant	X		X								X			X					
				Non Compliant						X													
				Compliant		X						X				X		X	X				
Mr Roger Daniel	Parklands Residential Care Home	14-November-2013	Scheduled	Compliant		X						X				X		X	X				
				Non Compliant			X																
		01-January-2013	Scheduled	Compliant	X		X			X			X				X	X					
		22-September-2011	Responsive - Concerning Info	Non Compliant						X			X				X						
Mrs Colette Louise Thomas & Mr Michael Shaun Thomas	Shortwood House	03-September-2013	Responsive - Follow Up	Compliant	X		X				X				X								
				Non Compliant															X				
		13-November-2012	Scheduled	Compliant		X	X			X								X					
				Non Compliant											X								

					Outcomes Inspected																				
Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	20	21		
Mrs Manny Wragg	Ashlands Care Home	17-August-2013	Scheduled	Compliant		X																			
				Non Compliant			X	X							X			X							
		30-April-2013	Responsive - Concerning Info	Compliant			X																		
		15-November-2012	Scheduled	Compliant	X		X			X							X		X						
		08-February-2012	Responsive - Concerning Info	Compliant						X															
Non Compliant					X											X		X							
Mrs R Linley	Hillside Farm Care Home	19-September-2012	Scheduled	Compliant			X						X												
				Non Compliant	X			X			X			X											
		17-September-2012	Responsive - Concerning Info	Non Compliant								X													
28-May-2012	Responsive - Concerning Info	Compliant			X			X						X				X							
Mrs Vijay Ramnarain & Surendra Dev Lutchia & Mr Vivek Obheegadoo	Elizabeth House Residential Care Home	11-September-2013	Scheduled	Compliant			X										X		X				X		
				Non Compliant							X														
		05-April-2013	Scheduled	Compliant	X											X									
				Non Compliant			X				X													X	
		23-November-2011	Desk Based Follow Up Review	Compliant			X			X								X							
		13-June-2011	Responsive - Concerning Info	Compliant			X					X			X					X					
Non Compliant								X								X									
Nottinghamshire County Council	Bishops Court Residential Care Home for Older People	22-October-2013	Scheduled	Compliant		X		X					X				X								
				Non Compliant																			X		
		14-June-2012	Scheduled	Compliant	X		X			X				X					X						
		12-January-2012	Responsive - Concerning Info	Compliant																X					
				Non Compliant			X																		
	Disabled Children's Support Services	23-February-2013	Scheduled	Compliant	X		X			X							X								
Old Brompton Court Limited	Rose Lodge	11-September-2013	Scheduled	Non Compliant			X			X		X							X				X		
				Compliant	X		X					X													
		30-January-2013	Scheduled	Non Compliant						X		X							X				X		
		01-May-2012	Responsive - Concerning Info	Non Compliant			X						X							X					
				Compliant			X																		
Owen & Owen Retirement Developments Limited	Westcliffe Care Home	09-August-2013	Scheduled	Compliant			X			X			X				X		X						
				Non Compliant							X														
		20-February-2013	Scheduled	Compliant	X		X														X				
				Non Compliant						X		X						X							
24-January-2012	Scheduled	Compliant			X													X							
Pathways Health Care Limited	Pathways Health Care Limited	06-September-2013	Scheduled	Compliant				X								X							X		
				Non Compliant		X																			
		30-October-2012	Scheduled	Compliant	X		X			X								X		X					
27-February-2012	Scheduled	Compliant	X		X							X				X		X							
Perthyn	Nottinghamshire Office	06-June-2013	Scheduled	Compliant	X					X							X								
				Non Compliant			X									X			X						
		22-October-2012	Scheduled	Compliant	X		X			X							X	X		X					
Rainbow Care Services Limited	Rainbow Care Services Limited - 2a Kempson Street	01-October-2012	Themed	Compliant	X					X									X						
				Non Compliant			X											X							
Reason Care Limited	The Troc Care Home	21-August-2013	Scheduled	Compliant						X							X								
				Non Compliant		X	X													X					
		04-December-2012	Scheduled	Compliant	X		X						X			X					X				
				Compliant			X			X										X					
Redlandscare Limited	Redlands Care Home	18-September-2013	Responsive - Follow Up	Compliant									X		X										
				Non Compliant							X														
		13-June-2013	Scheduled	Compliant														X		X					
				Non Compliant			X						X		X									X	
Rodenvine Nottingham Limited	Albemarle Hall Nursing Home	09-August-2013	Responsive - Follow Up	Compliant			X																		
				Non Compliant						X	X									X					
		12-June-2013	Scheduled	Compliant		X																X	X		
				Non Compliant	X		X			X	X		X		X					X				X	
		23-January-2013	Scheduled	Compliant														X							

Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																		
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	20	21
Rodenvine Nottingham Limited	Albemarle Hall Nursing Home	23-January-2013	Scheduled	Non Compliant	x	x	x			x			x						x		x	x	x
		02-November-2013	Scheduled	Non Compliant			x					x			x		x						
		25-December-2012	Responsive - Concerning Info	Compliant												x	x						
				Non Compliant			x					x											
	Parker House Nursing Home	08-June-2012	Scheduled	Compliant	x		x			x						x			x				
		10-May-2013	Responsive - Follow Up	Compliant			x	x					x		x	x	x						
				Non Compliant							x								x				
		20-March-2013	Responsive - Follow Up	Compliant	x																		
		20-February-2013	Scheduled	Non Compliant	x		x	x					x		x	x	x		x				
		27-June-2012	Scheduled	Compliant			x			x									x				
				Non Compliant	x								x			x							
		09-March-2012	Responsive - Concerning Info	Non Compliant	x		x			x			x			x			x			x	
	Rodenvine Nottingham Ltd - T/As Albemarle Court Nursing Home	17-August-2013	Scheduled	Compliant							x												
				Non Compliant	x		x								x		x		x				
		20-April-2013		Compliant			x			x							x		x				
Royal Mencap Society	304-306 Southwell Road East	08-August-2013	Scheduled	Compliant	x					x							x		x				
				Non Compliant			x									x							
	Barnby Gate	08-October-2013	Scheduled	Compliant	x		x			x									x				
				Non Compliant													x					x	
	Royal Mencap Society - 15-16 Carlton Close	14-September-2013	Scheduled	Compliant				x							x				x				
				Non Compliant			x									x							
		22-November-2012	Scheduled	Compliant		x	x					x					x						x
	Woodhouse Road Care Home	08-December-2011	Scheduled	Compliant	x		x			x						x			x				
		13-November-2013	Scheduled	Compliant				x															
				Non Compliant		x	x					x				x			x				
		02-July-2012	Scheduled	Compliant	x		x			x							x		x				
Ruddington Care Homes Limited	Baltimore Country House	08-November-2013	Responsive - Follow Up	Compliant					x														
				Non Compliant	x	x	x				x	x											
		20-March-2013	Scheduled	Compliant		x							x			x				x			
				Non Compliant			x																
		24-April-2012	Responsive - Concerning Info	Compliant			x			x							x		x				
Runwood Homes Limited	Bramwell	18-October-2013	Responsive - Follow Up	Non Compliant		x	x									x	x		x				
		18-July-2013	Scheduled	Non Compliant			x	x			x		x			x							x
		25-December-2012	Responsive - Follow Up	Compliant	x		x					x							x				
				Non Compliant												x							
		29-June-2012	Scheduled	Compliant						x													
				Non Compliant	x		x					x				x			x				
	Braywood Gardens	18-October-2013	Responsive - Follow Up	Compliant																			x
				Non Compliant			x					x				x	x		x				
		20-March-2013	Responsive - Follow Up	Compliant						x						x							
				Non Compliant			x					x											x
		21-November-2012	Scheduled	Compliant	x															x			
	Jubilee Court	10-October-2013	Scheduled	Compliant		x		x								x							
				Non Compliant			x				x	x											
		01-June-2012	Scheduled	Compliant	x		x			x							x		x				
	Leawood Manor	12-July-2013	Responsive - Concerning Info	Compliant							x					x						x	
				Non Compliant			x																
		27-February-2013	Scheduled	Compliant	x		x			x									x				
	Westwood	19-November-2013	Scheduled	Compliant		x	x				x								x				
				Non Compliant													x					x	
		27-November-2012	Themed	Compliant	x			x		x						x							x

Active Locations in Nottingham providing the following services

NB: Locations can provide more than one type of service
Date run: 25/11/2013



Number of Locations

138

Care Homes with Nursing in Nottingham

Date run: 25/11/2013

Number of Locations

22

Total number of beds

851

Care Homes without Nursing in Nottingham

NB: Care Homes can register both with and without nursing. Those have been classified only as a Care home with Nursing in this section of the report

Number of Locations

57

Total number of beds

1,147

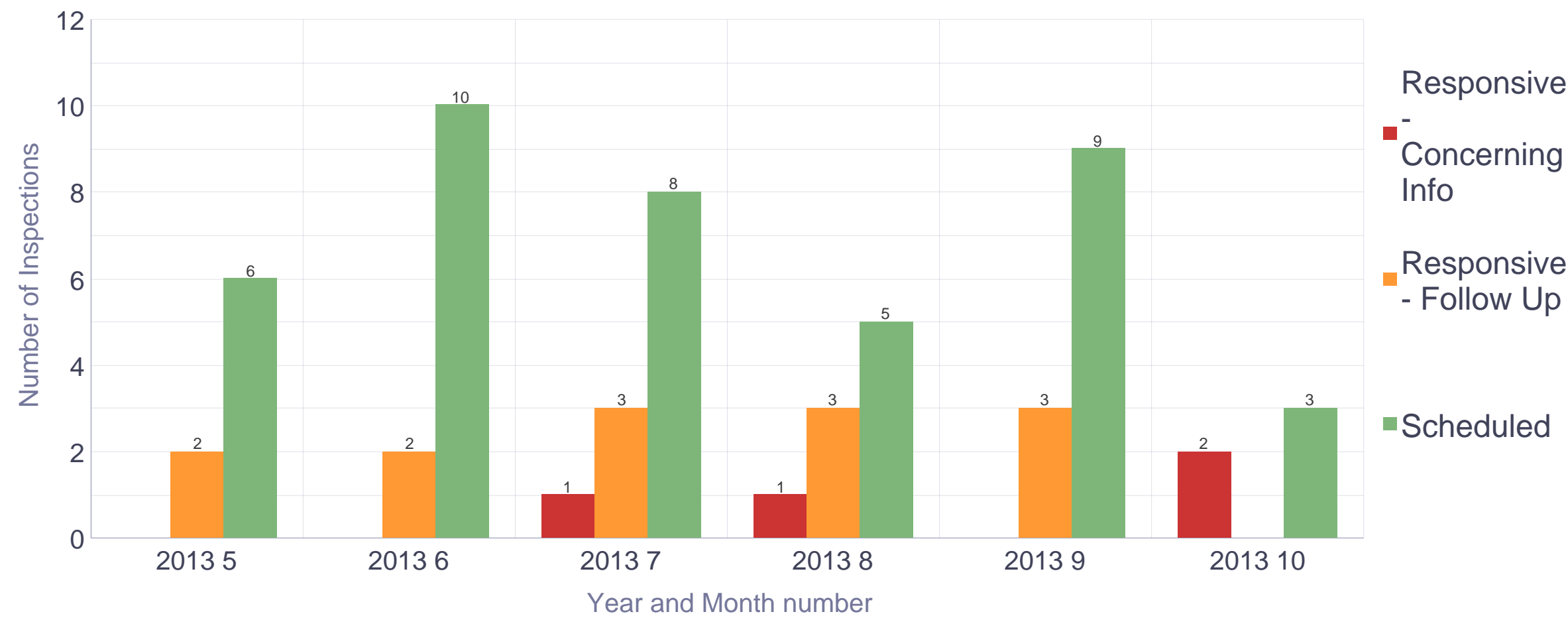
Inactive Social Care Org Services in Nottingham

The number of Social Care Org services that have become Inactive, by year. NB: A location often offers more than one service so the Grand Total will often be lower than the total number of services provided

Location Service Type Description	2011	2012	2013	# Locations ceasing to provide service
Care home service with nursing	8	3		11
Care home service without nursing	3	9	2	14
Community based services for people who misuse substances		1		1
Community health care services - Nurses Agency only		1		1
Community healthcare service			1	1
Domiciliary care service	5	13	10	28
Extra Care housing services	2		1	3
Rehabilitation services		2		2
Residential substance misuse treatment and/or rehabilitation service		3		3
Shared Lives			1	1
Supported living service	1	1	2	4
Grand Total	16	30	13	59

Number of published inspections over the last six months, by inspection type and inspection month

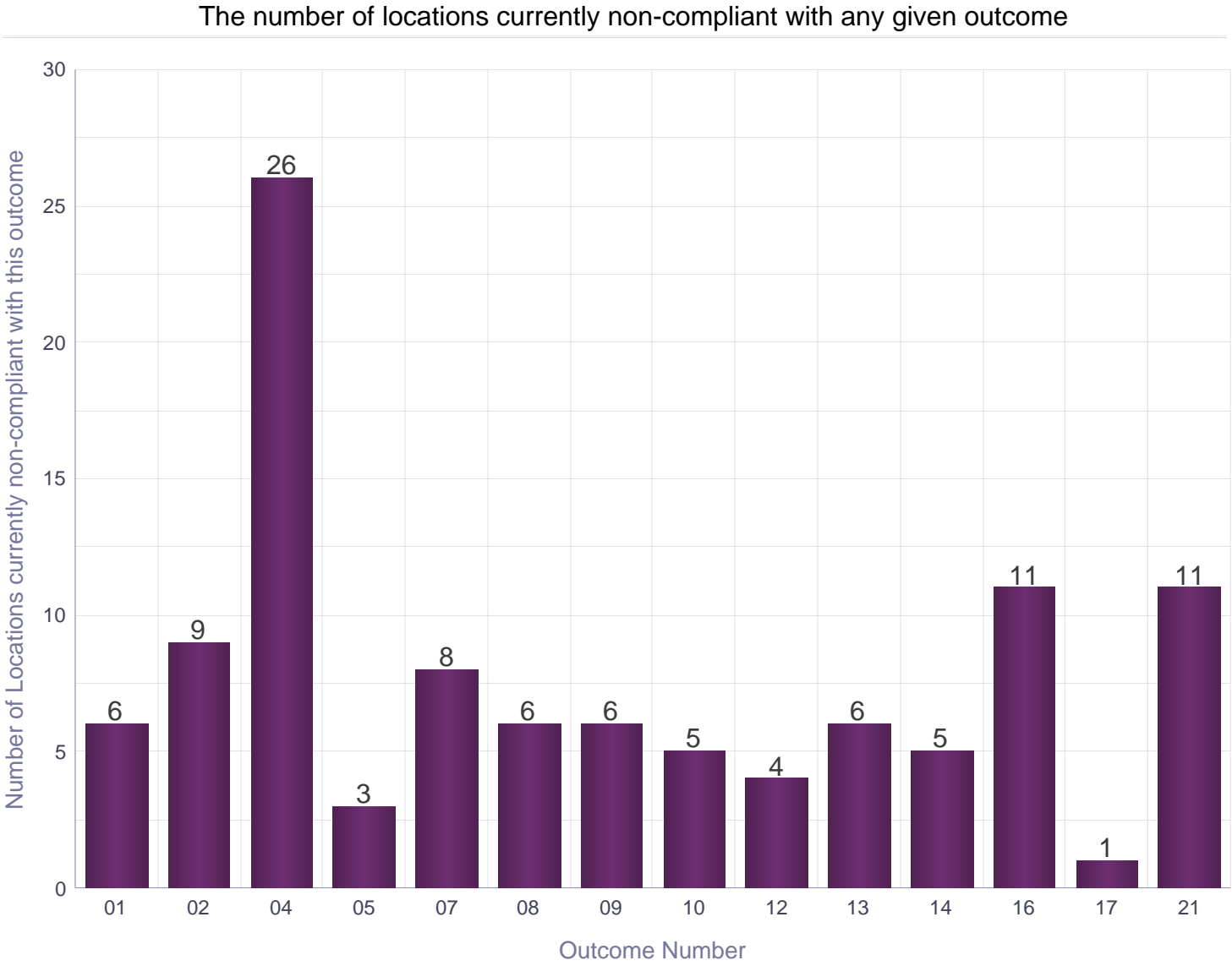
NB: there is a timelag of a number of weeks between an inspection and the report being published so previous months' figures may not yet be complete



All current Social Care Org non-compliance, by outcome, in Nottingham

NB. Some outcomes are routinely inspected more often than others, according to sector and risk

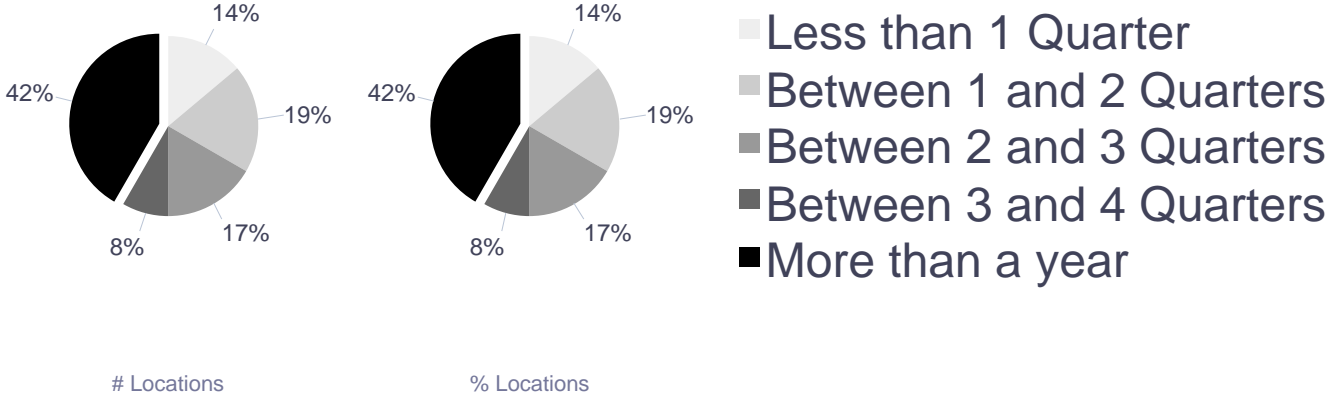
Outcome Number	Outcome Name	Number of Locations
01	Respecting and involving people who use services	6
02	Consent to care and treatment	9
04	Care and welfare of people who use services	26
05	Meeting nutritional needs	3
07	Safeguarding people who use services from abuse	8
08	Cleanliness and infection control	6
09	Management of medicines	6
10	Safety and suitability of premises	5
12	Requirements relating to workers	4
13	Staffing	6
14	Supporting workers	5
16	Assessing and monitoring the quality of service provision	11
17	Complaints	1
21	Records	11



The length of time (in calendar quarters) that Social Care Org location(s) have been non-compliant in the Nottingham area

A location is only compliant when every outcome that has ever been inspected under the HSCA is currently judged to be compliant (no Regulatory Action has been identified)

Time Non-Compliant	# Locations	% Locations
Less than 1 Quarter	5	13.9%
Between 1 and 2 Quarters	7	19.4%
Between 2 and 3 Quarters	6	16.7%
Between 3 and 4 Quarters	3	8.3%
More than a year	15	41.7%
Grand Total	36	100.0%



Social Care Org Locations in Nottingham that have returned to Compliance in the last three months

This means that, at the date of printing, they are compliant with all outcomes that have been inspected

Date run: 25/11/2013

Location City	Provider Name	Location Name	Location Postal Code	Date Location returned to Compliance
Nottingham	Medina View Limited	Wollaton Park Care Home	NG8 1GR	31 August 2013
Nottingham	Mr Ahmed Rashid Holmes	Mount Vernon Terrace	NG7 4DX	12 October 2013

Currently non-compliant Social Care Org locations in Nottingham and their Inspection history

This list displays any Active locations who are not currently fully compliant with all outcomes for which they have been inspected. It also lists a history of their inspections, marking with an 'X' which outcomes were inspected.

Date run: 25/11/2013

					Outcomes Inspected																							
Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	01	02	04	05	07	08	09	10	11	12	13	14	16	17	20	21	24							
Advantage Healthcare Nursing and Care Limited	Advantage Healthcare - Nottingham	14-March-2013	Scheduled	Compliant					X					X														
				Non Compliant	X		X							X		X												
Always There Homecare Limited	Always There (Nottingham)	10-October-2013	Responsive - Follow Up	Compliant						X				X						X								
				Non Compliant			X								X													
		07-March-2013	Scheduled	Compliant	X									X														
				Non Compliant			X			X					X				X									
Archangel Enterprises	Archangel Home Care	01-March-2013	Scheduled	Compliant	X				X							X	X											
				Non Compliant			X																					
Beeches Care Homes Limited	Beeches Care Home	30-October-2013	Responsive - Follow Up	Compliant					X	X					X	X	X											
				Non Compliant			X																					
		18-May-2013	Scheduled	Compliant	X																X							
				Non Compliant			X		X	X					X	X	X											
		24-July-2012	Scheduled	Compliant		X	X		X		X			X			X											
		22-December-2011	Scheduled	Compliant	X											X	X											
				Non Compliant			X		X		X						X											
		05-May-2011	Responsive - Concerning Info	Non Compliant	X		X		X		X					X	X	X				X						
Bondcare (Bromford) Limited	Beechdale Manor Care Home	28-June-2013	Responsive - Follow Up	Compliant							X																	
		21-June-2013	Responsive - Follow Up	Non Compliant			X																					
		31-May-2013	Responsive - Follow Up	Non Compliant			X																					

					Outcomes Inspected																			
Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	01	02	04	05	07	08	09	10	11	12	13	14	16	17	20	21	24			
Bondcare (Bromford) Limited	Beechdale Manor Care Home	21-March-2013	Responsive - Follow Up	Compliant											X									
				Non Compliant			X			X														
		22-August-2012	Responsive - Concerning Info	Non Compliant			X									X								
		09-August-2012	Responsive - Follow Up	Compliant					X															
				Non Compliant	X	X												X			X			
		15-June-2012	Responsive - Concerning Info	Non Compliant			X		X							X					X			
		27-March-2012	Responsive - Concerning Info	Compliant					X							X								
				Non Compliant			X																	
Carisbrooke Nursing Home	Carisbrooke Nursing Home	29-October-2013	Scheduled	Compliant							X			X	X									
				Non Compliant		X	X													X				
		15-August-2012	Scheduled	Compliant	X		X	X	X	X		X				X	X							
				Non Compliant							X				X						X			
		25-January-2012	Responsive - Concerning Info	Compliant											X									
				Non Compliant			X	X	X	X	X	X			X									
East Midlands Crossroads Caring for Carers	Crossroads Care East Midlands - Nottingham Office	05-November-2013	Scheduled	Compliant			X				X				X		X							
		03-April-2013	Scheduled	Non Compliant														X						
				Compliant	X		X		X						X	X								
Eastgate Care Ltd	Melbourne House	08-February-2013	Scheduled	Compliant	X		X		X							X	X							
				Non Compliant			X	X																
		07-February-2012	Responsive - Concerning Info	Compliant	X				X						X	X								
				Non Compliant			X										X							
	Park House	22-November-2013	Scheduled	Compliant								X	X		X	X								
				Non Compliant			X	X		X	X					X				X				
		17-January-2013	Scheduled	Compliant					X			X			X		X			X				
				Non Compliant			X			X	X													
		07-March-2012	Scheduled	Compliant	X											X	X							
				Non Compliant			X		X									X						
Field House	Field House	22-October-2013	Responsive - Follow Up	Compliant												X								
		03-July-2013	Scheduled	Compliant		X	X																	
				Non Compliant	X				X			X				X	X							
		26-September-2012	Scheduled	Compliant			X					X			X		X							
				Non Compliant													X							
		31-January-2011	Responsive - Concerning Info	Compliant					X		X		X	X							X			
Non Compliant										X			X	X	X									
First Class Care Limited	FIRST CLASS CARE	26-June-2013	Scheduled	Compliant	X		X		X								X							
				Non Compliant										X						X				
Forest Lodge Rest Home Limited	Forest Lodge Rest Home	07-September-2013	Responsive - Follow Up	Compliant			X		X						X	X			X					
				Non Compliant							X													
		09-February-2013	Scheduled	Compliant	X		X		X	X		X		X			X							
				Non Compliant													X			X				
		12-January-2012	Responsive - Concerning Info	Compliant			X		X		X													
				Non Compliant	X							X				X	X							
Four Seasons Homes (Ilkeston) Limited	Nottingham Neurodisability Service - Aspley	23-October-2013	Scheduled	Compliant				X	X		X					X								
				Non Compliant			X																	
		26-February-2013	Scheduled	Compliant	X		X				X			X				X						
		25-January-2012	Scheduled	Compliant		X	X				X					X	X							
Four Seasons Homes No 3 Limited	Portland House and Hemsley House	06-September-2013	Scheduled	Compliant	X				X						X	X								
				Non Compliant			X				X										X			
		26-April-2013	Scheduled	Compliant						X														
				Non Compliant	X		X		X			X				X	X							
HC-One Limited	Acacia Care Centre	02-October-2013	Scheduled	Compliant	X											X								
				Non Compliant			X		X						X									
		13-February-2013	Responsive - Follow Up	Compliant		X	X								X									
				Non Compliant	X																			
		24-May-2012	Scheduled	Compliant					X								X	X						

					Outcomes Inspected																							
Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	01	02	04	05	07	08	09	10	11	12	13	14	16	17	20	21	24							
HC-One Limited	Acacia Care Centre	24-May-2012	Scheduled	Non Compliant		x	x								x													
	Kingsthorpe View Care Home	05-November-2013	Responsive - Concerning Info	Compliant	x						x				x	x			x									
				Non Compliant		x	x		x	x						x			x									
		10-July-2013	Scheduled	Non Compliant	x	x	x			x		x			x		x		x	x								
03-January-2013	Scheduled	Compliant	x		x		x								x	x												
Highfields Limited	Highfields Nursing Home	04-July-2013	Responsive - Follow Up	Compliant												x												
				Non Compliant			x		x					x														
		06-August-2012	Scheduled	Compliant	x			x										x										
				Non Compliant			x								x	x												
K & S Home Care Services Limited	K & S Home Care Services	13-September-2013	Responsive - Follow Up	Compliant										x						x								
				Non Compliant	x		x								x	x												
		13-March-2013	Responsive - Concerning Info	Compliant					x																			
				Non Compliant	x		x						x		x	x				x								
Mappleton House Care Homes Ltd	Mappleton House	06-August-2013	Scheduled	Compliant							x						x			x								
				Non Compliant			x		x																			
		28-March-2013	Responsive - Follow Up	Compliant											x													
				Non Compliant			x				x										x							
		11-May-2012	Responsive - Concerning Info	Compliant	x				x								x	x										
				Non Compliant			x				x				x													
		14-November-2011	Scheduled	Compliant					x		x							x										
				Non Compliant			x								x													
Methodist Homes	St Andrews Lodge	15-October-2013	Responsive - Follow Up	Non Compliant			x		x																			
		24-September-2013	Responsive - Concerning Info	Non Compliant							x																	
		08-June-2013	Scheduled	Compliant															x									
				Non Compliant	x	x	x	x	x						x													
		07-February-2013	Responsive - Follow Up	Compliant					x																			
		15-May-2012	Scheduled	Compliant	x		x		x									x	x									
Non Compliant						x																						
Mrs Yvonne Angela Harris	Springfield Lodge Care Home	09-November-2013	Scheduled	Compliant	x				x							x	x											
				Non Compliant			x																					
		15-January-2013	Scheduled	Compliant		x	x	x		x					x				x									
		14-November-2011	Scheduled	Compliant	x		x		x					x				x										
Ms Razma Vanessa Alishan	West Lodge Care Home	29-October-2013	Scheduled	Compliant			x	x	x						x	x												
				Non Compliant																	x							
		02-February-2013	Responsive - Follow Up	Compliant			x		x	x		x									x							
		28-August-2012	Scheduled	Compliant	x								x	x	x	x	x											
Non Compliant					x		x	x		x										x								
My Peace Mills Limited	Peacemills Care Home	12-October-2013	Responsive - Follow Up	Compliant					x																			
				Non Compliant		x	x							x		x	x				x							
		04-July-2013	Responsive - Concerning Info	Compliant					x						x					x								
				Non Compliant		x	x																					
NORSACA	Beechwood	24-July-2013	Scheduled	Compliant						x									x									
				Non Compliant		x	x									x												
		16-November-2012	Scheduled	Compliant	x				x		x							x										
				Non Compliant			x										x											
Nottingham City Council	The Oaks Residential Unit	20-August-2013	Scheduled	Compliant	x				x							x		x										
				Non Compliant			x																					
		09-May-2012	Responsive - Follow Up	Compliant	x		x				x				x	x	x											
		15-November-2011	Scheduled	Compliant					x																			
Non Compliant	x		x				x					x	x	x														
Regal Care Trading Ltd	Hawthorn Lodge Care Home	03-September-2013	Responsive - Follow Up	Compliant			x		x	x		x					x											
				Non Compliant							x																	
		03-January-2013	Scheduled	Compliant			x								x				x		x							
				Non							x	x	x															

					Outcomes Inspected																							
Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	01	02	04	05	07	08	09	10	11	12	13	14	16	17	20	21	24							
Regal Care Trading Ltd	Hawthorn Lodge Care Home	03-January-2013	Scheduled	Compliant																								
Royal Mencap Society	Milverton Road Care Home	13-August-2013	Scheduled	Compliant					X		X					X												
				Non Compliant			X																					
		11-June-2012	Scheduled	Compliant	X		X		X								X	X										
		09-February-2012	Responsive - Concerning Info	Compliant			X																					
				Non Compliant																X								
Sevacare (UK) Limited	Sevacare Nottingham	02-February-2013	Scheduled	Compliant	X											X												
				Non Compliant			X		X		X								X									
Step Forward (Nottingham) Limited	Devonshire Manor	13-July-2013	Scheduled	Compliant		X		X						X					X									
				Non Compliant			X			X						X						X						
		09-October-2012	Scheduled	Compliant	X				X		X				X		X											
				Non Compliant			X										X											
		13-June-2011	Scheduled	Compliant			X		X						X			X	X									
The Salvation Army Social Work Trust	Notintone House	09-July-2013	Scheduled	Compliant			X		X																			
				Non Compliant		X				X							X											
				20-March-2013	Scheduled	Compliant	X				X				X					X								
				Non Compliant			X																					
				28-August-2012	Responsive - Follow Up	Compliant							X										X					
		03-May-2012	Responsive - Follow Up	Compliant			X		X									X										
				Non Compliant								X											X					
		16-January-2012	Responsive - Follow Up	Compliant														X										
				Non Compliant			X		X		X								X									
		08-November-2011	Scheduled	Non Compliant								X																
		26-August-2011	Scheduled	Compliant	X																							
				Non Compliant			X		X									X	X									
The Trustees of the Lucy Derbyshire Annuity Fund	Derbyshire Haven	01-October-2013	Scheduled	Compliant			X	X								X	X											
				Non Compliant							X				X						X							
		10-October-2012	Scheduled	Compliant	X	X			X			X							X									
				Non Compliant			X	X									X											
		18-April-2012	Scheduled	Compliant	X		X		X							X		X										
Time-Out Care Services Limited	Lyn Gilzean Court	06-November-2012	Themed	Compliant	X				X								X											
				Non Compliant			X									X												
Trustees of Seely Hirst House	Seely Hirst House	04-June-2013	Scheduled	Compliant	X		X									X												
				Non Compliant		X																						
03-May-2012	Scheduled			Compliant	X		X		X								X	X										
Virk Family Limited	Carrington House Care Home	13-August-2013	Responsive - Follow Up	Compliant								X				X												
				Non Compliant	X		X	X		X			X	X		X				X								
		17-January-2013	Responsive - Concerning Info	Non Compliant			X		X				X		X	X		X										
				Compliant					X																			
		10-December-2012	Themed	Non Compliant	X			X								X						X						
				Compliant																								
09-November-2012	Responsive - Concerning Info	Non Compliant							X		X																	
W Scott	Ascot House - Nottingham	16-August-2013	Responsive - Concerning Info	Non Compliant			X		X	X		X		X														
		05-February-2013	Responsive - Concerning Info	Compliant							X				X													
				Non Compliant							X		X															
		06-November-2012	Scheduled	Compliant	X		X		X					X				X										
	Ashleigh House	30-May-2011	Scheduled	Compliant						X		X																
		25-September-2013	Scheduled	Compliant		X	X									X				X								
				Non Compliant								X																
				Compliant			X			X	X			X							X							
		10-May-2012	Responsive - Concerning Info	Compliant				X	X				X															
				Non Compliant			X			X	X			X							X							
30-May-2011	Scheduled			Compliant						X		X						X										

Strategic review of the care home sector across the county of Nottinghamshire and of Nottingham city

30 January 2014

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1. Introduction

In early 2013 the Chief Executive of the former Nottingham City and Nottinghamshire County Primary Care Trust and the Directors of Adult Social Care for Nottinghamshire County and Nottingham City Councils commissioned a strategic review of the care home sector in Nottinghamshire. Subsequently the seven local Clinical Commissioning Groups (CCGs) also commissioned the review. The CCGs are Bassetlaw CCG; Newark and Sherwood CCG; Mansfield and Ashfield CCG; Nottingham North and East CCG; Nottingham West CCG; Rushcliffe CCG and NHS Nottingham City CCG.

Context

There has been considerable interest in the quality of services provided in care homes nationally. The organisational collapse of the largest care home provider in England at the time, Southern Cross, along with media interest following the discovery of care practices at Winterbourne View and other high profile events have highlighted the risks of poor quality and financial viability in the care home sector.

This review was also informed by local media interest in the number of care homes across Nottinghamshire, which the Care Quality Commission (CQC)¹ had judged as non-compliant across 5 of the essential standards of quality and safety. This assessment of the care home sector in December 2012 showed Nottingham City and Nottinghamshire County to be outliers in comparison with other councils in the East Midlands. More recent information has shown that Nottinghamshire care homes have by no means the highest levels of non-compliance.

As a result of the Care and Support White Paper 2011 and the Care Bill 2013, there are a number of national initiatives and tools to help drive development and quality improvement in the sector. The strategic review has been designed to dovetail with these initiatives and the work was conducted through the establishment of a board.

¹ Care Quality Commission is the single, independent and national regulator for health and social care; see appendix 1 for CQC roles and responsibilities

The sponsors for this review are listed within the Terms of Reference. See Appendix 2.

The review board

A strategic review board was established with key partner agencies being invited to participate. The invitations were extended and accepted by representatives from the following partner agencies.² Nottinghamshire County Council, Nottingham City Council, Newark and Sherwood Clinical CCG, Mansfield and Ashfield CCG, Nottingham North and East Nottingham West CCG, Rushcliffe CCG, NHS Nottingham City CCG, CQC, Nottingham City and Nottinghamshire County Healthwatch³ and the Community Programme⁴.

The Nottinghamshire Care Association was also invited to participate in the review but they were not able to attend the majority of the meetings.

The board was chaired by the Independent Chair of the Nottinghamshire Safeguarding Boards, Mr Allan Breeton and the review report has been completed by Rosamunde Willis-Read, a Compliance Manager with CQC, working on secondment within the County Council.

A schedule of monthly meetings was arranged where the terms of reference were determined and the work streams flowing from these crafted.

I would like to acknowledge the contribution of the following people, who represented their respective organisations in compiling this report,

Alison Minkley, Allan Breeton, Amanda Jones, Anita Astle, MBE, Becky Stone, Caroline Baria, Cheryl Crocker, Chris West, Gemma Shelton, Joe Pidgeon, Nicola Ryan, Ruth Rigby, Sally Seeley, Sharon Rosenfeld, Shazia Khalid and Steve Oakley.

Terms of Reference

The Terms of Reference set the programme of work to complete the strategic review.

² Appendix 2: Strategic review - Terms of reference, which includes board membership

³ Healthwatch is the independent champion for health and social care in England:
www.healthwatch.co.uk

⁴ The Community Programme was launched in July 2011 to identify issues between primary and secondary care to improve the patient, carer and clinical experience and has developed 10 projects to deliver this. www.nuh.nhs.uk/communityprogramme

The key tasks were identified as follows;

- To review the measures that are currently in place to identify and monitor risks to service users arising from poor quality provision.
- To note the strengths of existing arrangements and identify any gaps with a view to making recommendations on how these measures can be improved
- To establish the details on current care home provision across Nottinghamshire County and Nottingham City, including identifying gaps in provision.
- To identify the range and nature of support available to care homes by different agencies and the extent to which these are accessed by specific care homes
- To identify what, if any, additional measures commissioners and providers could consider taking to develop quality across the care home sector
- To consider emerging government and Care Quality Commission initiatives and make recommendations to enable early implementation

The outcomes from these identified and agreed key tasks are mapped through the remaining sections of this report.

2. Processes to measure quality

Currently both councils, the respective CCGs and CQC all use different tools and processes to assess quality of service provision. Some of this is explained by the different roles. For example, the regulator was required to set out the essential standards of quality and safety and measure care providers compliance against them. Commissioners of care are tasked with ensuring the safety of people whose care they commission.

CQC

The full CQC methodology is freely available to partner agencies, the public and care providers via their website⁵. Current CQC methodology requires the inspector to select one outcome area from each of the outcome groups based on available intelligence, which is termed a risk based model. Inspectors are not expected to assess and make judgements across all 16 outcome areas. On occasion this has resulted in the council and CCG monitoring staff having identified areas of concern, such as infection control or medicines management, whilst the most recent CQC methodology shows the service to be compliant as different outcome areas have been assessed by commissioners and the regulator.

⁵ www.cqc.org.uk

CQC supplied information in the form of area profile for both of the local authority areas to inform the strategic review.⁶ The analysis of compliance levels from CQC also showed that current inspection methodology allows inspectors to judge that the provider has appropriate systems and processes in place to effectively assess, monitor and manage quality to reduce risk to people in receipt of service, whilst judging other outcome areas to be non-compliant. Quality assurance is a key element to the successful functioning of any business, therefore meaningful assessment is crucial in determining if the provider understands and effectively operates their care business in service users' best interests.

CQC is currently revising its inspection methodology, with plans to encompass the following 5 domains in future practice: Is the service safe, effective, responsive to people's needs, caring and well-led? **See recommendation: 1.**

Nottinghamshire County Council

The County Council uses different auditing processes and tools for younger adults and older people's care homes. The younger adult's services are audited annually following accreditation by the council. The larger number of care homes for older people has a quality banding system in operation, which awards the relevant banding and corresponding payment for placements at each service. The banding currently ranges from band 1 at the lowest quality level through to band 5, being the highest.

The process involves a visit to the service to assess the level of quality in relation to a set of standards and corresponding descriptors. There is also a set of environmental standards, which signal the future commissioning needs of those who require residential care.

The quality monitoring officers also complete responsive visits to monitor care provision at services following receipt of information of concern. In both cases, recommendations to improve practice are set as necessary.

Whilst this system is comprehensive in detailing the standards covered, the focus is on processes, policies and inputs but will be enhanced by looking at how and what outcomes are being delivered for the residents.

Nottingham City Council

The City Council also utilise a quality banding system. A separate environmental assessment is not included within this process. The quality banding system is determined through an annual audit visit similar to the process carried out by the County Council staff.⁷

⁶ CQC; all current social care organisations non-compliance by outcome in Nottingham and Nottinghamshire; appendices 4&5 as at October 2013.

⁷ See Appendix 3 c) Quality information for banding information as at October 2013 across the City Council and the County Council;

Clinical Commissioning Groups

The quality monitoring of services by the CCGs is via a combination of regular audits based on risk assessment and reactive audits informed through a system of early warning measures (safeguarding referrals, pressure ulcers, and soft intelligence from other agencies etcetera and similar to the systems used by both councils.)

All the CCGs in Nottinghamshire and Nottingham City undertake an annual quality audit process of those care providers who have been awarded an 'Any Qualified Provider' (AQP)⁸ contract following an initial accreditation process. The monitoring staff also set recommendations and request action plans from providers where improvements are needed. As with the councils' work, CCG staff complete follow up and additional visits to assess quality as determined by intelligence available. CCG quality monitoring officers and other key members of staff also provide extensive support when a care home is considered to be failing. This includes regular visits (these can take the form of infection control advice, medicines management advice and support, education from quality monitoring officers). This level of support is resource intensive and current CCG structures no longer allow for this level of support to continue, with the exception of Nottingham City. This CCG has different staff and teams, which support care homes when concerns escalate. In the 6 other CCGs, whilst officers are supporting one home they are unable to monitor quality in others. CCGs offer extensive support in terms of project work, on-going support from primary care (the model of support varies across the county and city).

It is recognised that each CCG has developed a quality monitoring position based on the National Institute for Health and Care Excellence (NICE) guidance. As with both councils' current quality monitoring tools, this would benefit from a focus on outcomes for residents.

Although the CCGs are relatively new in existence, having taken over responsibility for quality and patient safety across the care home with nursing sector in April 2013, it must be recognised that positive and shared approaches with the respective local authority quality monitoring teams have continued since the disbanding of Strategic Health Authorities and Primary Care Trusts in March 2013.

Work is at an advanced stage in the development of a single quality monitoring process and tool for use across Nottinghamshire enabling a fully integrated partnership approach by County CCGs and Council staff. This approach involves an annual audit, which focuses on outcomes for people in receipt of care and support through observation of their lived experience. The care and support of people accommodated will be case tracked, involving interviews with the people themselves, staff, relatives and visitors and the examination of supporting records, along with a period of observation of the delivery of care and support. Separate to the audit process on the day will be

⁸ Bassetlaw CCG has not adopted the AQP process.

a desk top review of contractually required documents including insurance, training matrices, policies and procedures etc. This methodology will be rolled out in April 2014 and uses some of the learning from CQC inspections, but has been designed to give the assurance of quality to the commissioners of care.

Whilst it is not necessary for all commissioners across the City and County to use the same quality monitoring tools, it should be acknowledged that having the same focus would better enable all agencies to speak the same language in terms of expectations for citizens across the piece. **See recommendation 2.**

3. State of current care home sector

Following the gathering of information as outlined in the terms of reference, analysis was completed and has been attached as appendices to this report. It has been divided into three sections; a) care home statistics, b) funding and c) quality. The information was looked at in terms of the following areas at a specific point in time. All this information is subject to change over time.

- Service user group such as younger adults or older people,
- Service type, for example, residential or nursing home, specialism as indicated by the provider including provision of dementia care, learning disabilities or autistic spectrum etc.
- Quality banding, where applicable
- Location/district
- Risk register entries
- Contract suspensions and terminations
- Compliance levels with CQC Essential standards of quality and safety
- Care home without a registered manager
- Regulated services v commissioned
- Award of dementia quality mark
- Funding source and cost of placements

This information⁹ shows that with 377 services there are just shy of 400 care homes across the two local authority boundaries, with a ratio of 3:1 across Nottinghamshire to Nottingham City. The ratio is however the same for both councils in relation to residential homes to nursing homes of 2:1. When this information was broken down into districts¹⁰, the number of residential homes exceeded the nursing home provision in all but one district; this being Gedling. Nursing home provision ranged from 7 to 16 across the districts with Rushcliffe having the least and the City the most. The City commissioners currently fund approximately 20% of nursing care in County located nursing homes, some of which can be explained by people's choice of nursing home. Citizens of Rushcliffe, in particular are likely to face displacement from their

⁹ Appendix 3: Nottinghamshire Care Home a) statistics, b) funding and c) quality information and analysis

¹⁰ District assigned for the purposes of analysis were Ashfield, Bassetlaw, Broxtowe, Gedling, Mansfield, Newark, Rushcliffe and Nottingham City

home district should they require nursing support in a care home. **See recommendation 3.**

It is acknowledged that the continued direction of travel for councils is to reduce the number of people admitted into residential care, with the aim of supporting people to live at home for longer. This means that people are placed in care homes much later and they have much higher dependency levels than, for example, 5 or even 2 years ago, as a result what is now required from the market is more services with increased specialism such as dementia care and nursing homes.

The information gathered and analysed shows that the majority of care homes deliver good or high quality outcomes for the people accommodated. However, there remain a small number of care homes which fail to provide safe and appropriate levels of care to the residents or sustain the improvements needed after support and advice from health and social care staff ceases.

Nottinghamshire County Council has been a vanguard council in producing a market position statement to explain the council policy and requirements for future provision but the care home market has been slow to respond to this to date, despite provider forums, public messaging and regular engagement with the Nottinghamshire Care Association. Health and social care commissioners would benefit from more focussed and detailed discussions with care providers to enable the development of specialist services. **See recommendations 4 and 5.**

The quality banding information showed that for older people's homes, where the banding is applied both across the county and city, the numbers peak in band 3. Slight differences can be seen regarding the numbers of quality banded services in relation to district, but there are no significant outliers from which any conclusions can be drawn.

The largest group of homes falls into the service user categories of older people, followed by dementia care provision and then younger adult's provision. The proportion of older people's care home services to younger adults is almost 2:1. Younger adults care homes are not subject to the quality banding system across Nottinghamshire.

The quality indicators currently being used by all partner agencies¹¹ show that there are more concerns about quality in older people's care homes. This is further borne out by the numbers of contract suspensions over the year.

Recent analysis of compliance levels with CQC essential standards for Nottinghamshire care homes has shown that several other councils in the East Midlands have more care homes judged non-compliant than the County and City. This analysis indicated a rise within the past 6 months of the identification of major and moderate concerns in Nottinghamshire. The

¹¹ Quality audits conducted by council and CCG commissioners and compliance levels judged by CQC

secondments between the County Council and CQC have increased partnership working between the two organisations and clarity on what constitutes evidence from CQC's perspective has resulted in more robust information sharing from the County Council quality monitoring staff to inform CQC inspections. Similar information sharing occurs between City commissioners and CQC.

4. Identified areas of overlap

The Health and Social Care Act (2008) gave the providers and commissioners of care responsibility for the quality of care provision. The secondment between the County Council and CQC has enabled an increased understanding of the respective organisation's roles and remit. Moreover, it has also allowed a close examination of the methodology and processes utilised presently to map and understand any areas of overlap and craft ways of working, which complement and strengthen partnership working between commissioners and the regulator.

Commissioners' approach to monitoring the quality of service provision covers a wider range of areas and is reflective of contract contents, the legislation that underpins CQC's essential standards as well as NICE guidance.¹²

CQC's inspection methodology requires the inspector to select one outcome area from each of the 6 key outcome groups¹³. CQC also conduct responsive inspections where information and intelligence indicates the need or might bring forward a scheduled inspection to facilitate this.

Care providers have been publicly vocal in indicating that they find the amount of regulation and assessment burdensome. It is therefore incumbent upon those charged with responsibility for assessing quality in regulated and commissioned services to work together to achieve respective outcomes fairly and proportionately. Increased sharing of findings and trust between organisations has resulted, rather than repeating the same information gathering processes, often involving multiple agencies visiting care homes about the same issues. This has become a lot more streamlined and effective across the whole of Nottinghamshire, mainly as a result of the development and implementation of routine monthly information sharing meetings between respective councils, CCGs and corresponding CQC representatives. Healthwatch has plans to commence exercising its 'enter and view' powers in care homes in 2014. It is therefore also essential for commissioners and the regulator to include Healthwatch in information sharing to inform the scheduling of visits.

Whilst the coordination of communications regarding issues of poor quality has improved, this also needs to be extended to all care homes in relation to

¹² NICE guidance can be referenced at www.nice.org.uk

¹³ CQC key outcome groups are Involvement and information, Personalised care, treatment and support, Safeguarding and safety, Suitability of staffing, Quality and management, and Suitability of management

visits by partner agencies to reduce the potential duplication of visits. **See recommendation 6.**

Similarly, this work has improved knowledge of the restrictions and accountabilities of each respective agency, for example, the enforcement processes and legislative timeframes that CQC work to and the responsibility of CCGs in relation to patient safety. This has also resulted in a reduction of all agencies attending a service because of the same concerns.

CQC has of course signalled plans to review the adult social care methodology in a document entitled, 'A fresh start for regulation and inspection of adult social care',¹⁴ which is due to commence imminently. This might lead to a more holistic approach to the inspection methodology going forward. In any case, commissioners of care must be mindful that any redesigns of quality monitoring processes are future proof to ensure that the creation of overlap with the regulator is prevented. **See recommendations 7 and 1.**

5. Gaps in the sector

Challenges for providers

The recent publication of the State of Care report by CQC¹⁵; shows that there is still an issue with medication management and good quality staff. In addition, there is a national shortage of nursing staff across the acute NHS sector and the current strategy is looking to recruit from other countries. This also has an impact on the pool of nursing staff available and able to work within the care home sector. NHS pay and conditions are, in the main, more attractive than those in the private sector, with some notable exceptions,¹⁶ which might account for some of the recruitment difficulties, however as the nursing home market remains stable; it is incumbent upon providers to develop strategies to support the recruitment and retention of key staff, whilst also raising at a national level to further support progress to improve. **See recommendation 8.**

Compliance and regulation

An analysis of quality monitoring since January 2013, supported by data provided by CQC has highlighted a significant theme across services failing to provide good quality, consistent care and support. This theme is a lack of leadership and management or having sufficient competency for the role.

CQC data¹⁷ shows that 18% of care homes across Nottingham City and County boundaries do not have a registered manager in post. In many cases this is because providers have not encouraged new managers to apply to CQC for registration until they have completed their probationary period or

¹⁴ 'A fresh start for the regulation and inspection of adult social care', CQC, October 2013

¹⁵ 'State of Care 2012/13', CQC, November 2013 and available via www.CQC.org.uk

¹⁶ Bupa is a private sector organisation which operates 300 care homes across the UK

¹⁷ Referenced within appendix 3a. Care home statistics

later. CQC have developed a strategy to encourage registration of managers by writing to identified providers requiring action to rectify the situation and follow up with enforcement, where appropriate. The targeting of this work has been determined by how long the service has not had a registered manager in post, rather than a risk based approach, for example, focussing on services that are non-compliant or showing signs of poor outcomes for the people they accommodate. This work began in earnest in October 2013 and will take time to bear results. In the meantime, the commissioners of care need to continue to flag this issue to ensure the care home sector recognise the impact and respond more effectively. **See recommendation 9.**

In April 2011, with the creation of the CQC, the underpinning legislation changed around the regulation and inspection of regulated services. Previously all regulated services were inspected in relation to conditions¹⁸ of registration, for example, care providers had to declare and provide services only to service users who fell into the categories the provider had elected to register for. Examples include older people, younger adults, mental health, learning disabilities, dementia care etc.

Although lack of adherence to registration categories could lead to enforcement action by the regulator, they were often not referenced by social workers making placements or followed by care home providers. They were often reported to cause unnecessary restrictions on placements to services, where people's assessed needs could be met. With the inception of CQC, registration conditions were replaced by regulated activities, which are more generic¹⁹.

As a result of this care providers have less restriction on who they admit to their care facilities, although it remains incumbent on them to assess the care needs of a service user and identify if they can meet their care needs before admitting them to their service. Under the Health and Social Care Act (2008) care providers are empowered to indicate what specialist services they provide, if any, within their statement of purpose and are inspected against their declaration by CQC.

Dementia Quality Mark

In April 2013, the County Council initiated the award of a Dementia Quality Mark (DQM) for care homes delivering high quality dementia care. The number of care homes for older people totalled 188. Of this number 138 had declared themselves to offer dementia care as a specialism. 107 of the 138 applied to take part in the audit and following the application of an audit tool, based on best practice dementia care, 31 services were successful in achieving the DQM. This means that 18% of care providers who specialise in the care and support of people with dementia have been assessed as

¹⁸ Conditions of registration have been known within the health and social care sector as 'categories', although this terminology has not been used by the regulator for some years.

¹⁹ Examples of regulated activities relevant to care home sector include personal care, accommodation for people who require nursing or personal care, treatment of disease, disorder or injury, diagnostic and screening

delivering high quality dementia care. This does not mean that many of the other care providers continue to deliver good quality dementia care, but it is a worrying statistic in terms of care providers' own ability to assess and monitor the quality of their own service provision. Similarly, this finding is not co-terminus with research²⁰ which indicates an increasing growing need as our elderly population live longer and commissioners will therefore require increased provision for people who have needs associated with this condition, including nursing.

Quality monitoring

Additionally, information gleaned through quality monitoring of care homes between January and November 2013 shows that the highest input and activity from the council and CCG monitoring staff has been in relation to older people's care homes. There have been two contract terminations in the county, both of which were with nursing homes whose statement of purpose²¹ declared the service provision to support people with complex needs and specialise in dementia care. This situation has been mirrored in the City with one contract termination of a similar service. In addition to this the number of contract suspensions in the County over the same period also reflects the highest proportion of services causing concern have been nursing homes for older people and who declare having a specialism with dementia care.

6. Current methods used to address poor quality in care home

The support offered and used by care homes has been looked at in reviewing the sector. There have been a considerable number of opportunities provided by organisations such as the Nottinghamshire Partnership for Social Care Workforce Development and the previously mentioned Community Programme, which have respectively been offering competency based support, help with coaching, bespoke in house training as well as information, support and guidance all through a variety of methods to accommodate different learning needs and styles. The development of many of the learning opportunities have been informed through the information gathered through quality monitoring of partner agencies.

This is positive in terms of commissioners meeting their statutory responsibilities to the care home sector and the healthy take up of these means that some care providers realise the opportunities for learning and development. However, from the identification of some persistent problems with ensuring consistency in the delivery of care and support in the sector, it begs the question as to whether those care providers who want to deliver good quality care are self-selecting, accessing information, support and guidance when they identify the need. The larger issue is how to reach those care providers who seem unable to identify and measure the quality of care offered by their own services.

²⁰ 'Policy Brief; The Global Impact of Dementia 2013-2050', Alzheimer's Disease International, December 2013

²¹ Statement of purpose is a legislative requirement for regulated services under the Health and Social Care Act (2008) in which care providers declare the specifics of their service provision.

Similarly, CCGs continue to support care home providers through auditing, support and guidance around key areas of need such as tissue viability, medicines management, infection prevention and control etc. These opportunities are usually afforded the staff of services where an issue has been identified that requires improvement.

The amount and variety of information, support and guidance from CCGs is considerable. Although it has been difficult to quantify the levels of input in order to compare and contrast across the geographical boundaries of the various CCGs, it has been clear that the focus of support offered to care homes in the City has been in residential homes. The analysis of quality monitoring and CQC compliance levels does however show the largest number of concerns about quality have been with the nursing homes in this vicinity.

From the information supplied by CCGs, it is clear that significant resources have been commissioned to support the care home sector. Work continues to evaluate the impact and to inform ways of working in the most efficient and effective manner. The current variety of models of support could lead to what might be perceived as a postcode variation, which would need to have clarity on rationale. **See recommendation 10.**

Similarly commissioners also offer specialist support regarding End of Life care, falls prevention, continence management and dementia care from respective outreach teams.

Additionally, care home staff are supported to learn lessons to inform future practice through safeguarding investigations.

The training and learning opportunities from both councils perspective are, in the main provided by an independent partnership group. There is a potential opportunity to focus resources to engender improvement in care home quality through targeting competency based learning for care homes where quality outcomes are not being achieved for the people accommodated. **See recommendation 11.**

A risk register has been developed and implemented within the County Council. Following the gathering of information and intelligence from a variety of sources, including audit and monitoring visits²², services are given a Red, Amber or Green (RAG) rating dependent on the level of quality and impact of risk on people using the services. The award of the appropriate rating determines the next steps and timing of actions by council staff, in partnership with CCGs and CQC, to drive the necessary improvement in outcomes for people.

²² Intelligence used includes other agency findings, safeguarding outcomes, whistleblowing, quality referrals etc.

The County Council risk register is used as the template for information sharing with partner agencies on a monthly basis. The risk register is a live record of service concerns, which is also currently shared with council members and planned to be made more widely available within the council. For example, it will soon be available to safeguarding teams and district social work teams to inform their work.

The City Council is currently developing a 'dashboard' which will use information gathered about individual care homes to identify the level of quality of each service. It is planned for this to be publicly available on the City Council website.

As mentioned previously the County Council has been refining the methodology for quality auditing and monitoring with CCG partners and have based this on outcomes for people.

The annual audit processes conducted by commissioners offers a holistic assessment of the quality of service provision. Additional visits are also carried out in response to specific issues or areas of concern.

Commissioners' powers and options with failing care provision range from issue of improvement notices, through contract suspensions to contract terminations. The use of accepting voluntary agreement by providers not to admit further service users to a home is also used by a number of the commissioners²³, when appropriate.

Both the City and County councils have been looking at creative ways of using the tools and options available, such as issuing improvement notices prior to a contract suspension and when lifting one to maintain a close watching brief, setting specific timescales for improvement, which might lead to contract termination if not achieved. The requirement to map the improvements in a SMART²⁴ action plan has also been effectively used more recently coupled with close monitoring and support (unlike CQC) via regular provider meetings (monthly). County Council commissioners have also started to look at issues at provider level. The regulator is restricted to taking enforcement action at care home rather than provider level if each respective care home has been registered separately with Companies House²⁵. This is not an issue for commissioners whose work is related to the individual contracts with providers.

There are, however still ways of working much more effectively such as integration of the Council and CCG quality monitoring functions. **See Recommendation 12.**

Use of the quality banding system and introduction of a Dementia Quality Mark for those assessed as delivering high quality dementia care, have

²³ Nottingham City Council does not use this option.

²⁴ Specific, Measurable, Attainable, Realistic and Time bound

²⁵ **Companies House** is an executive agency of the Department for Business Innovation and Skills with the main functions are to: incorporate and dissolve limited **companies**

continued to be models to encourage incentive used by the County Council. The levels of care homes increasing in quality banding has risen year on year and it is envisaged that this will also happen with services delivering dementia care to improve the quality provision across the council boundary.

In light of the government requirement for CQC to develop a rating system for regulated services in the near future, the use of a risk based model might have to be revisited. It might seem incomplete to award a rating to a service that has only been judged on a small number of outcome areas and could be argued as not sufficient on which to base a judgement and award a corresponding rating reflective of the whole picture of service provision.

The importance of raising resident's expectations is vital and so is ensuring that their voice is heard through the monitoring of quality and holding the care providers to account. The involvement and inclusion of local Healthwatch representatives within the information sharing processes would further integrate organisations working together to achieve better outcomes for people accommodated in care homes. **See recommendation 13.**

Establishing a mechanism to retain oversight of this work would benefit the coordination of and accountability in the activities of partner agencies in dealing with poor quality service delivery to very vulnerable people. This could be achieved through regular reporting about how any concerns about quality have been managed. **See recommendation 14.**

7. Conclusion

From quality monitoring evidence, it can be seen that there remains a steady stream of issues within some care homes, which could be mitigated if the care home providers and managers understood and delivered on their legislatively determined responsibilities.

The messaging from commissioners about specific commissioning needs of good quality care must be robustly delivered and followed up in terms of actions.

There are significant numbers of care provider organisations delivering good quality care whose learning could help support those working in isolation. However care providers must be held accountable for the quality of care they deliver, the staff they employ and how well they support and understand their own care provision, or face not surviving in the market place.

Despite working with the providers of care and to the same underpinning legislation, the commissioners of care and the regulator have different roles and responsibilities as well as powers and ways of working. There has been a significant improvement in partnership working with these partner agencies over the last year. This has come about because of better understanding of how and where roles fit and overlap. This partnership will face further challenges to this improved working through changes to respective ways of working and increased roles resultant from the Care Bill.

With the changes to the health landscape that created the CCGs, including changing methodology, responsibilities and geographical boundaries, challenges to partnership working have been faced. This work will also need to continue to bear fruit. Additionally, measurement of success could lead to streamlining or more effective use of support to care homes and also quality monitoring resources.

By continuing with the current trajectory of tackling poor quality care across partner agencies, along with implementing additional recommendations, the improvement agenda will be better achieved for citizens in Nottingham and Nottinghamshire.

The consequence of not adopting and implementing the review recommendations is that the care provision required now and for the future will not be established.

8. Recommendations

1. Share the findings of the Strategic Review with CQC, at the earliest opportunity, to inform the development of new adult social care methodology for inspection during the consultation period.
2. Enhance future quality audits through focussing on expectations and outcomes for people and include the requirement for care home providers to demonstrate their own quality assurance processes.
3. Adopt a targeted approach to both commissioning of care home provision according to geographical need, where gaps have been identified as well as the potential of re-commissioning residential as nursing/dementia care/complex needs provision.
4. Utilise increased engagement with care home providers on both a national and local level to better understand the changing market needs and in planning and delivering the provision required.
5. Launch the commissioning strategy publicly with strong message about commissioning high quality care.
6. Improve co-ordination of visiting priorities and timing of visits between CQC, commissioners and Healthwatch work to ensure more effective monitoring and to reduce duplication of visits across all care homes.
7. Provide feedback to CQC on local secondment outcomes in relation to improved ways of working across commissioners and regulator to inform better national working partnerships.

8. Highlight the discrepancies nationally to the Chief Nurse for NHS England, Public Health England, Royal College of Nursing, Unison Unite of the skill mix and numbers of nursing staff in the care home sector currently.
9. Use a targeted and proactive approach by commissioners to lack of leadership/management issue, including consideration of a contractual obligation to inform commissioners when managers leave, apply for registration and interim management arrangements, baseline training, induction standards, competency and quality assurance framework (partnership)
10. Evaluate the effectiveness of existing clinical and specialist support to care homes.
11. Use the evidence from quality monitoring findings to inform a programme of competency based opportunities by training and learning partnership agencies.
12. Consider options for alignment of the CCG and Council quality monitoring functions to use resources across nursing and residential homes and reduce duplication in the assessment of care home providers.
13. Include Healthwatch in information sharing processes and use information acquired through 'enter and view' to build picture of quality of care for people for use in quality monitoring by commissioners.
14. Partner agencies to provide regular reports to the Nottingham City and Nottinghamshire Safeguarding Adults Board. These would supply information regarding the activities undertaken to ensure ongoing improvement in the quality of delivery of services within care homes is achieved.

9. Proposed next steps

The completed review will be forwarded to the Chief Officers of the respective sponsor and commissioner organisations. Responses from each will be expected in line with current governance arrangements. It is proposed that a working group be organised to identify the resources needed to drive implementation of this joint initiative to improve quality of care across the geographical area in care homes. The CQC employee secondment extension has been agreed and the Compliance Manager will lead the monitoring and

implementation of the recommendations in the County. This process will be carried out by the Market Development Team in the City.

It is also recommended that the progress of implementation is formally monitored for Nottingham City area via the care homes steering group and for the Nottinghamshire area via the Nottinghamshire Adult Safeguarding Board.

As the quality of care in care homes has remained in the public domain, the development of a media strategy for the public reporting of the review recommendations is suggested.

10. Mitigating risks to progress

The risks of not adopting and driving forward the learning from this review will result in a care home market, which is not in line with the commissioners intentions nor able to support the needs of the ageing population currently and in the future.

The achievements progressed regarding efficient partnership working would be difficult to sustain and build upon further without planned and coordinated implementation of the review recommendations. This would be a missed opportunity to effectively improve outcomes for people through advancing the improved partnership working.

Additionally, the wrong message would be sent to the public about the value of older people in society and the importance in which partner agencies hold the quality of their care.

It is important to recognise and acknowledge the good quality care homes services that operate now. In order to progress this further it would be beneficial for health and social care commissioners to undertake further work with care home providers to develop the care home market to meet present and future needs.

9th June 2014

Agenda Item: 7

REPORT OF SERVICE DIRECTOR, ACCESS & PUBLIC PROTECTION

QUALITY AND MARKET MANAGEMENT DELIVERY GROUP UPDATE

PURPOSE OF THE REPORT

1. The purpose of this report is to:
 - give an overview of the Quality and Market Management service, within Adult Social Care, Health & Public Protection (ASCH&PP) department;
 - explain the savings projects for 2014/15-2016/17 which fall within the remit of Quality and Market Management, including progress towards achieving the savings targets;
 - recommend a further progress report in six months' time.

INFORMATION AND ADVICE

2. An Adult Social Care and Health Committee report of 31 March 2014 set out the new group structure for ASCH&PP, with the following objectives:
 - to allow the department to better align itself with the three emerging health communities;
 - to further develop a partnership approach to deliver a better integrated service to the public; and
 - to achieve savings set out in the Outline Business Case for the Group Manager restructure.
3. As part of this restructure, the Quality & Market Management group was created to reflect the importance that the authority places on monitoring the quality of services and comprising the following:
 - Quality and Market Management: monitoring and improving the quality of adult care in Nottinghamshire through a partnership approach with other agencies, and implementing the transition to new contractual arrangements such as for home based services
 - Adult Care Financial Services: levying charges on behalf of Adult Social Care and Health services where appropriate and making payments to providers and direct payment recipients
 - Framework Development (Adults): providing a database for recording the delivery of services to adult social care service users
 - ICT strategy: defining and planning ICT developments for ASCH&PP department

- Information management: implementing the authority's Information Management Strategy within ASCH&PP, ensuring that the department is compliant with information governance principles, and leading appropriate information sharing initiatives with other organisations to promote greater integration
 - Property support: providing property expertise to support the Nominated Property Officers (NPOs) and Nominated Property Contacts (NPCs) responsible for buildings where the department's frontline services are based, and project management for building or refurbishment works
4. The group has a range of functions key to the successful delivery of the Care Bill within Nottinghamshire, as described in the ASCH Committee report of 25th November 2013. The legislation places new duties and responsibilities on local authorities as well as extending existing responsibilities. It seeks to introduce new regulations in relation to people's eligibility for care and support services, and in changing the existing charging regimes. The Bill also seeks to introduce funding reforms based on the recommendations of an independent commission led by Sir Andrew Dilnot in 2011. The grouping of services within Quality & Market Management will contribute significantly to the Care Bill programme, leading a number of work streams.
 5. There are a number of savings projects for 2014/15-2016/17 relevant to the group:
 - A02 Dementia Quality Mark
 - A05 Joint Commissioning Unit Staffing
 - A08 ASCH&PP Framework Development Team
 - A09 Adult Care Financial Services
 - B04 Reductions in supplier costs – older persons' care homes
 6. *Dementia Quality Mark*. This project is to award a dementia premium payment only to those care homes which are successful in achieving the Dementia Quality Mark (DQM). The previous scheme allocated an enhanced payment to all older persons' care homes that provide dementia care on the basis that excellent dementia care requires higher staffing levels and a consistent and well-trained staff group. The new scheme provides an additional payment for enhanced quality over and above that which a standard care home is expected to provide.
 7. The programme of activity to assess the high quality dementia care homes has been achieved and the savings realised.
 8. *Joint Commissioning Unit Staffing*. These staffing savings of £183k within the 3-year period 2014/15-2016/17 are to be achieved jointly between the Quality & Market Management and Strategic Commissioning groups, with £34k to be saved in 2014/15.
 9. The savings have been achieved for 2014, with the disestablishment of one Quality Development Officer (QDO) post. The remaining savings will be realised with the reduction of a further QDO post in March 2016, as well as reconfiguration of staffing within both groups.

10. *ASCH&PP Framework Development Team*. The project is to reduce the team from 10.8 FTEs to 8.8 FTEs and to discontinue the use of a specific piece of software which is no longer essential for the team's operation.
11. The staffing budget for the team has been reduced by £79k in 2014/15, achieving the required saving for the year through the disestablishment of two posts, and discontinuing the use of the software.
12. *Adult Care Financial Services*. A new structure has been designed, with fewer posts but better able to meet the needs of an expanding service with limited resources. Emphasis has been placed on addressing issues which create most financial risk to the authority. Tasks which are time-consuming for staff are being streamlined and processes improved. Methods of improving the collection of financial information from service users are being worked on, to generate efficiency and respond to the requirements of the Care Bill.
13. *Reductions in supplier costs – care homes*. This project is focussed on working with providers of older persons' care homes to reduce their costs, and includes reviewing the cost make up of care home provision with providers to reduce their cost base, seeking economies of scale with others, and/or redesigning service delivery.
14. To initiate the work, 52 care homes were contacted to offer an explanatory meeting on the project objectives and approach. From this initial contact, 27 visits were made to individual care home providers across the county to stimulate interest and outline the opportunities available. Following these visits two provider workshops were run, one in the north of the county and one in the south. A total of 13 representatives attended across both workshops. The workshops were interactive and ideas generated, including potential 'quick wins' identified by providers, around energy and food costs. Care home representatives agreed to develop a standard 'food basket' for comparative pricing. Engagement has been undertaken with a care home energy broker, a bank (to investigate finance opportunities) and care home access to existing purchasing arrangements has been investigated across a range of contracts.
15. In summary, the group's overall savings for all relevant projects have largely been realised for 2014/15.

OTHER OPTIONS CONSIDERED

16. This is an information report and therefore other options have not been considered. The rationale for the grouping of services, and savings proposals related to it, are set out in previous Committee or Full Council reports.

REASONS FOR RECOMMENDATIONS

17. Not applicable.

STATUTORY AND POLICY IMPLICATIONS

18. None.

FINANCIAL IMPLICATIONS

19. Most of the savings for 2014/15 have been delivered.

HUMAN RIGHTS IMPLICATIONS

20. None.

SAFEGUARDING OF CHILDREN AND VULNERABLE ADULTS IMPLICATIONS

21. The authority's emphasis on improving the quality of services for vulnerable adults will ensure that safeguarding concerns related to delivery of care continue to be robustly responded to.

IMPLICATIONS FOR SERVICE USERS

22. The quality of services, including the delivery of care, case management, and financial services related to care will continue to improve.

RECOMMENDATION/S

23. It is recommended that ASCH Committee:

- notes the content of this report; and
- receives a further progress report in 6 months' time.

Paul McKay
Service Director, Access And Public Protection

For any enquiries about this report please contact:
Kate Revell, Group Manager, Quality & Market Management

Constitutional Comments

To follow.

Financial Comments (KAS 20/05/14)

24. The financial implications are contained within the body of the report.

Background Papers and Published Documents

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

Report to Full Council, 27th February 2014: *Annual Budget 2014/15* (available at www.nottinghamshire.gov.uk)

Electoral Division(s) and Member(s) Affected - All

APPENDIX - Quality & Market Management Savings Projects 2014/15-2016/17

Appendix A

Quality & Market Management Savings Projects 2014/15-2016/17

Consultation Reference	Project Title	<i>TOTAL SAVINGS £000</i>	14/15 Savings £000	15/16 Savings £000	16/17 Savings £000
A02	Dementia Quality Mark	500.0	500.0	0.0	0.0
A05	Joint Commissioning Unit Staffing*	183.0	34.0	0	149.0
A08	Reduction in staffing in ASCH&PP Framework Development Team	79.0	79.0	0.0	0.0
A09	Restructure of Adult Care Financial Services (ACFS)	214.0	93.0	121.0	0.0
B04	Reduction in supplier costs - older person's care homes	2,335.0	0.0	2,335.0	0.0
	TOTAL	3311.0	706.0	2,456.0	149.0

- This project is shared between two groups, the other group being Strategic Commissioning. The amount reflected against this project is the total target figure across both groups.

9 June 2014**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR OF NORTH AND MID
NOTTINGHAMSHIRE****DEVELOPMENT OF THE CARERS' STRATEGY 2014-15****Purpose of the Report**

1. To seek approval in principle of the Carers' Strategy 2014-15

Information and Advice

2. The 2011 Census shows there are approximately 5.8 million people providing unpaid care in England and Wales, representing just over one tenth of the population. The figure has grown by 600,000 since 2001. The largest growth was in the category of people who provide 50 or more hours unpaid care per week.
3. The exponential growth in the number of older people will almost certainly mean a similar increase in the number of older carers; predictions include the demand for care provided by partners will more than double over the next thirty years, and care provided by adult children will increase by approximately 90%.
4. The 2011 Census report identified that there has been an increase in the number of carers in the last decade by 7,517 across Nottinghamshire (excluding Nottingham City). There are now 90,698 carers in the County; 57,426 carers are providing between 1-19 hours of care per week, and the number of carers now providing over 50 hours of care per week has reached 21,680.
5. The economic value of the contribution made by carers in the UK is estimated to be £119 billion per year. Based on population data, the value in Nottinghamshire would be around £1,656 million. In other words, carers in the County are saving the public sector an enormous sum of money; it is therefore both economically and ethically sound to support carers to continue in their caring role.
6. Currently, Nottinghamshire County Council spends approximately £9 million on carers (including NHS monies transferred to the Local Authority under a S256 arrangement for carers' services, which is overseen by the Carers' Implementation Group- see section 8).
7. From April 2013 to March 2014, the Authority has assessed and reviewed 4,719 carers, of whom 3,470 received a service (NB these figures are provisional until the Department of Health ratifies them in June 2014).

8. The Carers' Strategy 2014-15 is overseen, developed and up-dated by the Nottinghamshire Carers' Implementation Group, chaired by the Commissioning Manager for Carers and comprising representatives from all Clinical Commissioning Groups, carers from all localities and key stakeholders. The Carers' Implementation Group reports to the Older People's Integrated Commissioning Group and ultimately the Health and Wellbeing Board.
9. The Carers' Strategy is developed in response to local need and national drivers such as, 'Carers at the heart of 21st Century Families and Communities'; (Department of Health, 2008), the 2011 Census; consultation with local carers (including carers of people with dementia carried out by the Alzheimer's Society); the new Care Bill; and the plans developed by the Clinical Commissioning Groups. In addition, the Strategy addresses the Carers' Survey 2012.
10. Nottinghamshire County Council and the Clinical Commissioning Groups commissioned Healthwatch to host a countywide Carers' Conference on 1 May 2014, "What next for carers?" At this conference, local carers were asked for their views on the priorities for supporting carers to inform the Carers' Strategy. The headlines were:
 - One stop shops for information
 - Packs of carers' information
 - More leaflets; not everyone has access to the internet
 - Up to date information about what is available locally; sometimes information goes out of date - this should be monitored with regular reviews
 - Working with the local media more
 - Parity between carers and service users from the start
 - Service-user / patient to give permission for carer to be involved once - to be recorded in the assessment
 - Recognition of the role of advocacy
 - More 'professional' training for carers, especially dementia and moving and handling
11. The new Care Bill provides an ideal opportunity to capitalise on the new focus on the importance of working more closely with carers and the responsibility placed on Local Authorities to undertake a Carer's Assessment. In addition, the Bill emphasises:
 - 'Parity of esteem' for carers & cared-for
 - Principles of well-being & personalisation
 - Universal rights to information & advice
 - Right to carer's assessment & support plan
12. The Care Bill creates a single duty to undertake a "carer assessment". The aim of the assessment is to determine whether the carer has support needs and what those needs may be. A "carer" is defined as any adult who is caring, or intends to care, for another adult. This duty replaces existing duties previously described in the Carers (Recognition and Services) Act 1995 and section 1 of the Carers and Disabled Children Act 2000. However, the new duty does not require (as the previous provision did) that the carer must be providing "substantial care on a regular basis".

13. The Carers' Survey 2012 results were described in the ACSH Committee Report on 25 November 2013. The Survey is a national tool which aims to find out whether or not services received by carers are helping them in their caring role, their life outside of caring and also their perception of services provided to the cared for person.
14. The key findings from the Carers' Survey 2012 are shown below, in comparison with results from the 2009/10 survey.
- Nottinghamshire remains slightly above the average for overall satisfaction with support or services.
 - The percentage of carers who feel they are neglecting themselves has fallen in Nottinghamshire since 2009/10.
 - More carers in Nottinghamshire have no worries about their personal safety since 2009/10. Results for the East Midlands dropped and England remained the same.
 - Nottinghamshire have scored higher than the East Midlands and England average for carers saying they felt involved or consulted to some level.
 - Carers in Nottinghamshire feel they spend less time doing things they want or enjoy than in the East Midlands or England.
 - Nottinghamshire score for carers having enough control over their lives is below the East Midlands and England average.
 - Results for social contact remain fairly consistent between years however Nottinghamshire scored below the East Midlands and England average in this area.
 - There has been a drop in the percentage of carers who feel they have encouragement and support in their role and Nottinghamshire are below the East Midlands and England average.
15. Between September and November 2013, Helen Turner, Alzheimer's Society Project Manager, undertook a Personal Budgets and Dementia project, which included feedback on consultation with people with dementia and carers.
16. The purpose of the consultation was to establish what information about services or support people with dementia and their carers wanted and needed, plus where and how they might want to access that information.
17. The results highlighted that many carers of people with dementia did not know where to go for help in the future when they might need support. People placed a great value on practical information particularly in the early stages post diagnosis, such as: reduction in Council tax, eligibility for Attendance Allowance, Blue Badge scheme, life line on call system, radar disabled toilet key. Legal advice and information was also mentioned as important.
18. Some people would like 'self-help' information sheets or a booklet, rather than leaflets in different locations.
19. Carers were very keen to receive information about services or support that might give them some respite from their caring role. Sitting service whilst carer shops, or when carer has to attend appointments; more respite care; day care opportunities were all regularly

mentioned. Carers did have some information, but this was often just what had been mentioned by their Community Psychiatric Nurse (CPN) or GP.

“Information doesn’t come to you, you have to find it” Carer Rushcliffe

“Information about activities please. I am not able to fill the day with enough activities for my husband who is still very active” Rushcliffe Carer

20. In response to this consultation, the Carers’ Strategy has many actions relating to support for carers of people with dementia; for example, the commissioning of a team of Compass Workers who will advise and support these carers and provide extensive information.

Update and Carers’ Strategy

21. The Integrated Commissioning Carers’ Strategy 2014-15 includes several actions to address the concerns raised in the Carers’ Survey 2012. Please see Appendix for full Strategy.

Concerns from Carers’ Survey	Carers’ Strategy
25% of carers said information and advice were difficult to find	<ul style="list-style-type: none"> • Recruitment of 3 Carers’ Support workers in the Adult Access Team, based at the Customer Services Centre, who provide accurate and comprehensive information promptly to carers • Commissioning of Carers’ Universal Services (current provider is Carers Federation) to provide information and advice to carers. There is agreement to merge the similar contracts held by Nottinghamshire County Council and the Clinical Commissioning Groups to ensure cost-effectiveness and comprehensive cover across the County • Development of various information outlets to reach carers in diverse situations e.g. displays in GPs surgeries, Community Pharmacists, and utilising social media
87% of carers said they do not spend as much time as they want on what they enjoy	<ul style="list-style-type: none"> • Promoting use of Personal Budgets for carers to facilitate a life outside caring • Improving accessibility of availability of NHS breaks through the flexible use of Carers’ Personal Budgets
45% of carers said they do not look after themselves well enough	<ul style="list-style-type: none"> • Commissioning team of qualified ‘Compass’ workers to provide practical and emotional support to carers of people with dementia • Commissioning ‘End of Life Carers Support Service’ to provide practical and emotional support for ‘end of life’ carers • Implement the role of Carers Champions within General Practice • Promoting awareness and uptake of Carers’ Crisis Prevention Service • Offering training courses (‘Caring with Confidence’ by Carers Federation)

68% of carers said they did not have enough social contact	<ul style="list-style-type: none"> • Commissioning of Carers' Universal Services to provide support to carers • Encouraging carers to access 'Choose My Support' for information about community activities in their locality
65% of carers said they did not get enough encouragement and support in their role	<ul style="list-style-type: none"> • Establish mechanism to improve communication from Carers' Support Service, NCC to GP practices and vice versa, to identify carers and then provide information and support • Implement the role of Carers' Champions within General Practice • Commissioning of team of 'Compass' workers to provide practical and emotional support to carers of people with dementia • Commissioning of 'End of Life Carers Support Service' to provide practical and emotional support for 'end of life' carers

Other Options Considered

22. There were no other options to be considered.

Reason/s for Recommendation/s

23. The Carers' Strategy is the key way in which the Authority and the local NHS respond to the findings of the Carers' Survey 2012, and other drivers such as the Care Bill, the 2011 Census and local consultations.

Statutory and Policy Implications

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

Financial Implications

25. The costs of the various proposals will be met through the utilisation of the budget of £1.225 million for 2014-2015 which is transferred from the NHS to the Local Authority and overseen by the Carers' Implementation Group.

Public Sector Equality Duty implications

26. The survey applies to all carers across the County.

Implications for Service Users

27. The successful implementation of the Carers' Strategy will have positive impact on both carers, and by implication on the service users they are looking after, as carers will be receiving more support, advice and information to assist them in their role as a carer.

RECOMMENDATION/S

- 1) It is recommended that the Adult Social Care and Health Committee notes the Carers' Survey 2012 update and approves, in principle, the Carers' Strategy 2014-15.
- 2) Recommend that the Carers Strategy be put to the Policy Committee for approval

DAVID HAMILTON

Service Director of North and Mid-Nottinghamshire

For any enquiries about this report please contact:

Sue Batty
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Penny Spice
Commissioning Manager
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Constitutional Comments (SLB 30/05/2014)

28. Adult Social Care and Health Committee is the appropriate body to consider the content of this report and to recommend approval of the strategy by Policy Committee.

Financial Comments (KAS 20/05/14)

29. The financial implications are contained within paragraph 25 of the report.

Background Papers and Published Documents

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

- Carers' Survey: Adult Social Care and Health Committee on 25 November 2013
- The Integrated Commissioning Carers' Strategy 2013/14 Update, approved by the Adult Social Care and Health Committee on 6 January 2014.

Electoral Division(s) and Member(s) Affected

All.

ASC

INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN 2014 - 2015

Actions required	Target/measure	Outcomes	Timescale	Lead (post / organisation)	RAG (Red / Amber / Green)	Progress
1. Improve support to carers	1.1 To develop ' Compass ' workers who provide practical and emotional support to carers of people with dementia	Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services. Carers can balance their caring roles and maintain their desired quality of life	March 2015	<ul style="list-style-type: none"> NCC Notts Healthcare Trust CCGs 		
	1.2 To develop ' End of Life Carers Support Service ' providing practical and emotional support for 'end of life' carers	Carers can balance their caring roles and maintain their desired quality of life	March 2015	<ul style="list-style-type: none"> NCC CCGs 		
	1.3 Carer training: a) To run training courses ('Caring with Confidence') across the county b) To increase awareness of and recruitment to 'Looking After Me' course c) To provide input into Carer Information Support Programme (CrISP) for carers of people with dementia, run by the Alzheimer's Society on a rolling programme	Carers can balance their caring roles and maintain their desired quality of life	March 2015	<ul style="list-style-type: none"> Carers' Federation Notts CHP NCC CCGs Alzheimer's Society Nott'm West & Nott'm 		

	d) To support the provision of training for carers of people with Dementia through Radford Care Group			North & East CCG		
	<p>1.4 To improve access to NHS Carers' Breaks, i.e. to provide alternatives for the 'cared for' person. This may be through the use of Direct Payments for carers.</p> <p>Improve appropriate promotion of Carers Breaks in order to increase access to more groups - including seldom heard groups.</p>	Carers can balance their caring roles and maintain their desired quality of life	Summer 2014	<ul style="list-style-type: none"> • NCC • GEM • CCGs 		
	<p>1.5 To implement the Rushcliffe carers and self-care support service:</p> <ul style="list-style-type: none"> - holistic focus on the lives of for mental and physical health and wellbeing, ensuring their practical, social & emotional needs are met - focus on patients, supported to self-care & proactively self-manage conditions, particularly long term, to reduce some dependency on carers. 	<p>GP practices and their teams will be supported to embed the carers agenda into primary care. Practices will have up to date resources.</p> <p>Carers will be signposted to support that is available to them.</p> <p>Carers will be supported to ensure that they stay healthy and prioritise their own physical and mental wellbeing.</p> <p>Carers will be supported to fulfil their own ambitions and potential outside their caring responsibilities.</p> <p>Patients will be empowered as much as possible about how to deal with their condition.</p>	Summer 2014	<ul style="list-style-type: none"> • Rushcliffe CCG 		
	1.6 To develop BME Carer Support Service	BME Carers will feel that they are respected and valued as equal partners throughout the	March 2015	<ul style="list-style-type: none"> • Nott'm West CCG 		

		care process. People from BME communities who use social care and their carers are satisfied with their personal experience of care and support services				
	1.7 To develop Memory Clinic support workers and CRISP courses provided by the Alzheimer's Society within Bassetlaw for carers of people with dementia	Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services. Carers can balance their caring roles and maintain their desired quality of life.	March 2015	<ul style="list-style-type: none"> • Bassetlaw CCG • Alzheimer's Society 		
	1.8 To scope current services for young carers in Bassetlaw and identify gaps. Put together proposal for development of services.	Carers feel that they are respected as equal partners throughout the care process. People who use social care and their carers are satisfied with their experience of care and support services	March 2015	<ul style="list-style-type: none"> • Bassetlaw CCG 		
	1.9 To establish a carers' forum meeting the costs of out-of-pocket expenses that will release carers from their caring role to attend	Carers feel that they are respected as equal partners throughout the care process.	March 2015	<ul style="list-style-type: none"> • Mansfield / Ashfield CCG 		
2. Identify carers	2.1 To increase number of carers identified and assessed through a joint Communications Plan between the CCGs and NCC Work in partnership with the District Council and the local CVS to engage and consult with a range of local groups that support carers. We want to look for quick wins, for areas where local agencies working together can achieve more	Carers feel that they are respected as equal partners throughout the care process. People who use social care and their carers are satisfied with their experience of care and support services	March 2015	<ul style="list-style-type: none"> • NCC • CCGs 		

	sustainable change.					
	2.2 To identify Carers within GP practices through a carers promotional banner, information packs and carers sign-posting cards within each GP surgery in Rushcliffe and Mansfield and Ashfield	Carers will have greater information about relevant services to access.	July 2014	<ul style="list-style-type: none"> • Rushcliffe CCG • Mansfield / Ashfield CCG 		
	2.3 To work with local schools to raise awareness of help & support for young carers through local 'Young Carers' Campaign at primary & secondary schools.	Young carers will be signposted to support that is available to them.	Autumn 2014	<ul style="list-style-type: none"> • Nott'm West CCG 		
	2.4 To evaluate the Practice Carers Support Pilot & rollout to the remaining 10 practices.	Carers will have greater information about relevant services to access.	March 2015	<ul style="list-style-type: none"> • Nott'm West CCG 		
	2.5 To provide Carers' Training for new clinical and non-clinical staff	Carers feel that they are respected as equal partners throughout the care process. People who use social care and their carers are satisfied with their experience of care and support services	March 2015	<ul style="list-style-type: none"> • NCC • CCGs 		
	2.6 To implement the role of Carers Champions within General Practice providing appropriate training, support and materials	Carers feel that they are respected as equal partners throughout the care process	March 2015	<ul style="list-style-type: none"> • Mansfield / Ashfield CCG 		
3. Improve information	3.1 To improve information for parent carers	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help	December 2014	<ul style="list-style-type: none"> • NCC • CCGs 		
	3.2 To establish mechanism to improve communication from carers Support Service, NCC to GP	Carers will have a greater information and experience of care and support from their	March 2015	<ul style="list-style-type: none"> • NCC • CCGs 		

	practices and vice versa to help them identify Carers	local care services				
	<p>3.3 To ensure that carers of people living with dementia have early access to information about services & support</p> <p>To develop:</p> <ul style="list-style-type: none"> • Carers Resilience website for carers of dementia • simple signposting sheets • introductory leaflet on Personal Budgets and Direct payments aimed at people with dementia and carers produced in partnership with the Alzheimer's Society • Website developed by carers for carers of people with dementia www.dementiacarer.net 	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help	Summer 2014	<ul style="list-style-type: none"> • NCC • CCG • Alzheimer's Society • ARC Research & BCCG 		
	3.4 To produce leaflets in different formats to reach seldom heard groups; including: Carers Information leaflet translated and printed in other languages, 1 page Carers' signposting card of local services	People know what choices are available to them locally, what they are entitled to and who to contact when they need help	Summer 2014	<ul style="list-style-type: none"> • Nott'm West CCG 		
	3.5 To work with community pharmacists , to improve information & advice for carers through specially designed aids with promotional material to help the management of medications	People know what choices are available to them locally, what they are entitled to and who to contact when they need help	Autumn 2014	<ul style="list-style-type: none"> • Nott'm West CCG 		
	3.6 To produce & implement a specifically designed carers' point of information display for GP	People know what choices are available to them locally, what they are entitled to, and who to	November 2014	<ul style="list-style-type: none"> • CCG 		

	practice waiting rooms & potentially clinic rooms. To be accompanied by a practice lead (carers champion) - key contact to respond to questions & keep information updated.	contact when they need help				
	3.7 To pilot dedicated support to tenants for Carers in managing their own health & cared for's health, working with Gedling Homes & Gedling Borough Council. To include dedicated resource in addressing health needs & dedicated support relevant for young carers & dedicated support for older carers.	Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services. Carers can balance their caring roles and maintain their desired quality of life	August 2014	<ul style="list-style-type: none"> Nott'm North & East CCG 		
	3.8 To produce comprehensive Carers packs for individuals with Dementia available through GP practices & local pharmacies, in different languages	People know what choices are available to them locally, what they are entitled to and who to contact when they need help	June 2014	<ul style="list-style-type: none"> Nott'm North & East CCG 		
	3.9 To provide a dedicated page on the NNE web-site, in the NNE app and on the NNE page providing relevant information for carers and sign-posting to local services.	People know what choices are available to them locally, what they are entitled to and who to contact when they need help	July 2014	<ul style="list-style-type: none"> Nott'm North & East CCG 		

Abbreviations: CCG = Clinical Commissioning Group NCC = Nottinghamshire County Council

9th June 2014

Agenda Item: 9

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

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

Purpose of the Report

1. This report presents the proposed new policy for providing planned short breaks for adult service users and their carers, and asks Committee to approve it for wider consultation.

Information and Advice

2. The Council does not have a policy relating to the allocation of planned short breaks for adult service users and carers at the current time.
3. Current practice is that decisions about the level of breaks to be given to service users and carers are made on an individual basis, following assessment of the service user and discussions with the carer involved. Good practice is that a Carers Assessment will be completed with the carer; this enables the carer to describe how their caring role affects their life, as well as to request further information and a break from caring.
4. The advantages of having a policy about the provision of planned short breaks for adult service users and carers are :
 - a) it will be much clearer how planned breaks of planned services can be accessed and
 - b) it will ensure that the resources available for planned short breaks are allocated in a fair and equitable way, according to service user and carer needs
 - c) it will assist the Council to implement the Short Breaks savings projects (see point 7), by ensuring that the people who will be affected by these projects will receive a fair and equitable new allocation of planned short breaks, based on agreed policy.
 - d) it will help the Council to meet its responsibilities towards carers, outlined in the Care Act.
5. The Council consulted on whether to introduce a short breaks policy as part of the Budget Challenge, November 2013 to January 2014. 28 people responded as follows :
 - There was total support for the proposals that the policy should be fair and consistent across all client groups - 28 agreed (100%).

- There was good support for the proposal that people should be offered the most cost-effective service response - 18 (67%) agreed, 5 (18%) disagreed, 4 (15%) did not know.
- There was strong support for the proposal that individual circumstances should be taken into account when allocating short breaks - 28 (93%) agreed and 2 (7%) disagreed.

A common theme of comments relating to these answers was that service users and carers would like to be involved in the discussion of how the allocation of short breaks can be fair and consistent.

- The budgets allocated to the provision of planned short breaks are:

a. Assessment team budgets 14/15	£ 1,893,768
b. NCC residential respite unit funding 14/15	£ 3,292,744
c. Newlands residential respite funding 14/15	£ 485,000
- The Short Breaks savings projects (ASC417 and C011) will deliver a saving of £ 960,000 pa by October 2016. This will be achieved by closure of two short break units; these are Kingsbridge Way (run by the Council), which is due to close in October 2015, and Newlands (run by the Nottinghamshire Healthcare NHS Trust), which is due to close in April 2015. The 74 people who currently receive a short break service from these units will need to be offered an appropriate alternative short break service; for some people this could mean accessing another of the three short break services units operated by the Council (Holles Street, Helmsley Road and Wynhill Court) or another residential form of short break provided by the private or voluntary sector. For other people, an appropriate option may be to stay with a Shared Lives carer for a short break or to take a direct payment and use that to fund a different solution.
- There are 275 people in total who use the 4 residential short breaks services run by the Council and Newlands. Their current allocations of short break nights have been based on many factors, including carer requests and capacity with the unit at the time. It is necessary to ensure that future allocations of planned short breaks are based on the new policy, once agreed. Once new allocations are agreed, the plans for alternative service provision can be fully developed, based on how best to meet identified needs with the provision that will be available around the County, after the two closures. Trial periods in alternative services will be organised and detailed transition plans will be developed.
- The first section of the attached policy contains background information, including definitions of the terms “carer”, “planned short break”, “short term care”, “holidays” and information about the NHS Carers Breaks scheme, which is an additional source of funding for planned breaks but outside the remit of this policy. There is further information which clarifies the legislation relevant to carers’ rights and powers of the Local Authority. The scope of the policy is clarified as concerning the allocation of planned short breaks only and not setting out any eligibility for access to short term care or emergency provision.
- The Principles and Commitments section follows; this outlines the intended purpose of the short break service and the way in which planned short breaks will be funded for eligible service users and carers. The Council will ensure that a range of options are available for purchase. Principles of cost-effectiveness will be applied.

11. Section 3 details who is eligible to receive a personal budget for planned short breaks and section 4 outlines how the value of the personal budget will be determined.
12. Section 5 details charging. Section 6 outlines how eligibility and funding will be reviewed and Section 7 explains the process for making a complaint.

Other Options Considered

13. There are no other options to outline.

Reason/s for Recommendation/s

14. The reasons for recommending the approval of the attached policy for wider consultation are:
 - a) It will be much clearer how planned short breaks can be accessed and
 - b) It will ensure that the resources available for planned short breaks are allocated in a fair and equitable way, according to service user and carer needs
 - c) It will assist the Council to implement the Short Breaks Services, by ensuring that the people who will be affected by these projects will receive a fair and equitable new allocation of planned short breaks, based on agreed policy.
 - d) It will help the Council to meet its responsibilities towards carers, outlined in the Care Act.

Statutory and Policy Implications

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

RECOMMENDATION/S

It is recommended that the Committee

- 1) Approve the attached policy for wider consultation.

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Wendy Lippmann

Strategic Review Manager

Email: wendy.lippmann@nottscg.gov.uk

Constitutional Comments (SLB 30/05/2014)

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

Financial Comments

Background Papers and Published Documents

Electoral Division(s) and Member(s) Affected

All.

Policy Library Pro Forma

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

Title: Providing Planned Short Break Services for Adult Service Users and their Carers

Aim / Summary:

The aim of this policy is to explain what services are defined as planned short breaks, how eligibility for those services is determined and what level of provision will be provided or funded by the Council.

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: 1

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: Strategic Review Manager – Day Services

Responsible team: Business Change Team

Contact number:

Contact email:

Please include any supporting documents

1.

2.

3.

Review date

Amendments



Providing Planned Short Break Services for Adults and their Carers Policy

Contents:

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1 Background information

Unpaid carers play a vital role in supporting people to continue to live at home. The 2011 Census Report identified 57,426 carers in Nottinghamshire who were providing between 1 and 19 hours a week of unpaid care for a friend or relative, and 21,680 who were providing over 50 hours a week.

Short break services are an essential part of the overall support provided to unpaid carers and to people with care needs, to help to sustain the caring situation at home and to prevent crises.

1.1 Definitions used in this policy

a) Who is a “Carer”?

This is someone who is not paid for caring or who is recognised to be a “volunteer”.

The draft Care Bill states that a carer is any adult who provides or intends to provide care for another adult (an “adult needing care”). An adult is not to be regarded as a carer if the adult provides or intends to provide care—

- (a) Under or by virtue of a contract, or
- (b) As voluntary work

But in a case where the local authority considers that the relationship between the adult needing care and the adult providing or intending to provide care is such that it would be appropriate for the latter to be regarded as a carer, that adult is to be regarded as such.

There are some cases where the cared-for person has not agreed for their details to be held on Frameworki, but informal care is still being provided. In these cases, the carer will still be assessed in the same way as for any other carer. The allocation of a personal budget in this situation will need to be discussed with the responsible budget holder.

b) What is a planned short break?

This is a break from the normal routine of caring. It is planned in advance and is not the result of an emergency or crisis in the home, or because of illness e.g. hospitalisation of the carer. Usually the carer is having a break from caring but there may be some circumstances where

Providing Planned Short Break Services for Adults and their Carers Policy

the service user needs a break from the caring situation (even if the carer is not asking for a break). This could also count as a planned short break.

Examples of services that provide opportunities for a planned short break are:

- Residential and nursing homes
- Dedicated short break units (e.g. run by the Council)
- The Shared Lives short break scheme
- 'Sitting' services provided by Home Care agencies

More creative arrangements are possible as well, perhaps using a direct payment, for example:

- A carer who takes the person they care for away on holiday, and uses Council funding to pay towards support costs of the service user in the holiday location (excluding accommodation and food costs which remain the responsibility of the service user). Note - the Council would only be responsible for funding the normal level of support costs for the service user in equivalent local provision (as if the carer and service user were not on holiday). If there were additional costs due to being on holiday, the service user and carer would be responsible for meeting these. The Council funding could not be used towards any transport costs related to the holiday or any of the costs incurred by the carer.
- Funding the service user's usual Personal Assistant (PA) to look after the person in his/her home, whilst the carer goes away for a holiday.
- Funding the service user's usual PA to look after the person in the PA's home, whilst the carer stays at home.

c) NHS Carer Breaks

Locally, the Nottinghamshire County NHS Clinical Commissioning Groups (except Bassetlaw) fund short breaks for carers. These are available to carers who have a GP in the Nottinghamshire area, unless the GP is based in Nottingham City or Bassetlaw.

Carers are required to have a carer assessment carried out by the Council and meet the relevant eligibility criteria. The person cared for does not have to have a community care assessment for the carer to benefit from a NHS break. If the carer is eligible for a break, it will be provided free of charge. The carer's needs must be substantial or critical (outcome from the Carer Assessment). The maximum funding amounts are based on the outcome of the Carer Assessment. As at May 2014, the funding levels are:

- Critical Needs = £1,300.00 pa
 - Substantial Needs = £ 950.00 pa
- These funding levels may change over time, at the discretion of the NHS.

Access to this scheme will be the first response offered to a carer asking for a break from caring.

Funding is not currently given directly to the Carer, although it is anticipated that there will be more flexibility in the future. The breaks usually take the form of residential or home based services:

- By funding a short break for the service user in a Residential or Nursing home (Care Home), which is on the NHS approved list
- or by funding a 'sitting' service at home (Home Care)

For access to this scheme, please refer to the Staff Guidance.

d) **Short term care:**

Short term care is different to planned short breaks because it responds to the following types of needs:

- i) The caring situation is breaking down and alternative formal care must be arranged urgently for the safety and welfare of the eligible service user.
- ii) The caring situation has to change, for a temporary period, due to a change in health of the carer e.g. due to hospitalisation or serious illness (see section e) for information on the Crisis Prevention Service for carers).
- iii) The service user needs some time away from home to stay safe and well – there may not be any informal carer involved.
- iv) Intermediate Care - the service user is coming out of hospital but is not well enough to go home or needs further assessment before going home.
- v) The service user is having a trial period in a residential home before a permanent move.

There is a standard that short term care is for less than 12 weeks.

The Nottinghamshire Crisis Prevention Service for Carers is another form of short term care available to carers. It is a free service that carers can access when they are in a crisis situation (e.g. an unforeseen or emergency situation, admission to hospital, illness or death of a relative), in order for the the cared-for person to be looked after at home.

e) **Holidays:**

The primary purpose of a holiday away from home is for the service user's own pleasure and enjoyment. A secondary effect could be that the carer has a break from caring, but this is not the main reason why the service user is going away on holiday. Therefore a holiday is not normally classed as a planned short break, and would not be funded by the Local Authority. Although the Council is not responsible for funding holidays, it can "facilitate" (i.e. support) a person to organise going on holiday and any normal care costs could be maintained during this period.

However, it is recognised that there might be situations where it is difficult to decide if a trip away is a holiday or a short break. For example, a husband (who is a full-time carer) takes his wife away to Blackpool, where she stays in a residential home with full care provided and he stays in a B & B locally. They meet during the day to enjoy each other's company and the time away from home, but the husband has a break from caring for his wife. This situation would be classed as a short break, where the husband chooses to have alternative planned care from a residential home in Blackpool.

1.2 **Context of this policy**

Carers' rights in community care law are mainly contained in four statutes and one set of directions:

- **Disabled Persons Act 1986** – section 8 states that consideration must be given to whether a carer is able to continue to care when assessing the needs of a disabled person.
- **Carers (Recognition and Services) Act 1995** – this gives the carer a right to request an assessment.
- **Carers and Disabled Children's Act 2000** – includes a duty to inform carers of their right to request an assessment and the power to provide services directly to the carer.
- **Carers (Equal Opportunities) Act 2004** states that carers assessments should always consider a carer's outside interests when carrying out an assessment, for example work, study or leisure.

Providing Planned Short Break Services for Adults and their Carers Policy

- **Community Care Assessment Directions 2004** – includes a duty to involve and consult carers in social care assessments.

Eligibility for carers is contained in the Carers and Disabled Children's Act 2000 and gives a power, rather than a duty, to Local Authorities to meet eligible needs.

However, the new **Care and Support Bill**, which is currently going through Parliament, will give carers their first ever legal entitlement to public support, putting them on an equal footing with the person they care for.

1.3 Scope of the policy

This policy is concerned with the issue of eligibility for and access to resources that support carers and service users to have a planned short break.

Eligibility for, and access to, short term care (including emergency breaks) is not covered by this policy.

2. Principles and Commitments

- a) Planned short break services will be:
 - Focused on prevention; they will be designed to help people to stay at home, sustaining caring relationships and preventing crises.
 - Designed to avoid social isolation for carers, so that they are not housebound by their caring role.
- b) Service users and carers assessed as eligible for planned short break services will be offered a personal budget for provision of planned short breaks. The budget will be determined as part of the support planning. This can be taken as a managed service or direct payment but cannot be spent on any other form of service unless that is to give the carer an agreed additional break (e.g. extra day service).
- c) The most cost-effective form of short break will be offered to the carer, to meet the substitute care needs of the service user during the period of the short break.
- d) All carers requesting a planned short break allocation will be expected to make use of the NHS Carers Break scheme in the first instance, once eligibility has been established. However, there may be exceptional circumstances for individuals where it is agreed by the responsible budget holder that the services available through this scheme are not appropriate to meet the service user's needs.
- e) There will be a range of short break service options available, for purchasing with the planned short break personal budget, including residential short break, 'sitting' services, Shared Lives short break, support provided in the home or to take the service user out and about. The Council will also consider funding some or all of the support needs of a service user, if the person goes away on holiday with or without their carer; in this situation, the holiday must be clearly linked to an outcome in the service user's support plan. Note – the Council will not pay towards any other costs of the holiday itself, for example, accommodation, travel or food. The Council will support carers and service users to understand and access the range of options available, as appropriate.

- f) At the point when the cost of the service user's personal budget (including short break care during the year) exceeds the expected cost of supporting that person in another form of service package (e.g. residential care or supported living), then discussions will be held with the family to consider the options- for example, moving the service user out of the family home, or the family contributing more towards the overall cost or changing the short break service package.

3 Determination of eligibility for the provision of short break services

All the following should apply:

- The service user (person cared for) is eligible for service from the Council (under Fair Access to Care Guidance), or would be assessed as eligible, if the carer did not provide the current level of informal care on a regular basis.
- The service user is not living in a formal care arrangement funded by the Council eg Supported Living, residential or nursing home care.
- The service user has at least one carer who provides regular informal care. The carer (or carers) has/have had a Carers Assessment and is/are eligible for service from the Council (i.e. has a substantial or critical need for service to be provided). See note below.
- The carer or service user is requesting a break from the caring situation, in addition to the services normally provided to the service user.
- The need for a break cannot be met entirely by the NHS Carers Break scheme.

4 Allocation of planned short break service after a decision of eligibility is made

The allocation of a personal budget for planned short breaks will be based on a combination of a) the service user's level of needs and b) the impact of caring on the carer themselves.

The level of need for the service user is determined by the completion of the Community Care Assessment. The impact of caring on the carer is determined by the completion of the Carers Assessment, by asking the carer questions about:

- Willingness and ability to provide care to the cared-for person (Care Act requirement)
- Hours of care provided in the daytime and night
- Ability fully to maintain other family or personal relationships (Care Act requirement)
- Ability to obtain or remain in employment, education or training (Care Act requirement)
- Ability to carry out some or all basic household activities (Care Act requirement)
- Ability to access necessary facilities or services in the local community (Care Act requirement)
- Ability to participate in recreational activities (Care Act requirement)
- Whether the carer was alone or had a partner who shared the caring role
- The carer's own health and wellbeing, including mental and emotional health (Care Act requirement)
- Other caring responsibilities, including the ability to fully care for any child for whom the carer is responsible, and the ability to provide care to other persons for whom the carer provides care (Care Act requirement)

The combined results will allocate one of four bands of personal budget to the service user or carer:

1. £ 150-200 pa, Carers Personal Budget
2. Sufficient to fund up to 1 week of residential care pa (7 nights)
3. Sufficient to fund 3 weeks of residential care pa (14 nights)
4. Sufficient to fund 6 weeks of residential care pa (42 nights)

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Note – this will be in addition to breaks provided by the NHS Carers Break scheme.

Exceptional circumstances will also be considered during the Carer Assessment and the following factors may lead to additional sessions being allocated to any carer, after agreement by the authorised budget holder:

- the context of the family situation e.g. intensity of the caring situation
- the carer's individual needs e.g. related to age, or any ill health or disabilities

5 Charging for short break services

Service users and carers will be asked to make a contribution towards their personal budget for short breaks when they spend their budget, in line with the Council's Fairer Contributions Policy.

6 Reviewing eligibility for short break services and allocation of short break sessions

The provision of short break services and allocation of sessions will be reviewed at least annually. Previous usage of the allocation will be taken into account. If a decision has been made to change the provision of short break following a review, notice of this decision will be given in writing, at least 28 days in advance of the withdrawal.

7 Complaints

If any service user is not satisfied with the process that has been followed or the way that his/her case has been handled, he or she can make a complaint under the Council's [complaints procedure](#).

Staff must ensure that service users and their representatives are informed of their rights. See the Publications Directory for the fact sheet "[Have your say about our services](#)". There is also an [easy read version](#).

8 Key actions to meet the commitments set out in the policy

The Council will:

- Amend the Carers Assessment to ensure that the impact of caring can be fully assessed and used as an indicator of the appropriate short break allocation required
- Develop a costing methodology so that a carer can be allocated with a personal budget equivalent to the value of the short breaks that is required to meet needs.

9th June 2014**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR SOUTH NOTTINGHAMSHIRE****INTIMATE PERSONAL RELATIONSHIPS POLICY****Purpose of the Report**

1. This report asks Committee to recommend change to the revised staff guidance on sex and sexuality, now called the Intimate Personal Relationships Policy and Staff Guidance, to Policy Committee for approval.

Information and Advice

2. The Adult Social Care, Health and Public Protection Department currently has staff guidance on sex and sexuality, which was approved by Delegated Decision on 16th November 2007.
3. Work to update the guidance was initiated last year by Community Learning Disability Team (CLDT). The purpose of the update was to take account of new legislation and new case law, and to change the emphasis of the guidance from sexuality to intimate personal relationships. This was to ensure that staff are aware that an assessment under the Mental Capacity must be completed by a competent practitioner if doubts are raised by anyone, including family or friends, about a person's ability to make decisions about an intimate personal relationship, including a marriage or civil partnership.
4. The new documents are applicable to all vulnerable adults in all areas of the county. If approved, the staff guidance and policy will be published in the Policy Library on the Intranet and the policy will be available to the general public on the Internet.

Other Options Considered

5. No other options were considered.

Reason/s for Recommendation/s

6. The policy and staff guidance are important in ensuring that staff act within the law and that vulnerable adults are protected.

Statutory and Policy Implications

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

Safeguarding of Children and Vulnerable Adults Implications

8. The law relating intimate personal relationships involving vulnerable adults is complex. It is essential that a test for capacity is undertaken in all situations where there are doubts about a vulnerable adult's ability to consent to sexual activity, marriage or civil partnership. The revised policy and staff guidance gives protection to vulnerable adults, and to County Council staff in carrying out their duties.

RECOMMENDATION/S

The Adult Social Care and Health Committee are asked to:

- 1) Recommend the changes to the Intimate Personal Relationships Policy and Staff Guidance, which will go to Policy Committee on the 2nd July.

Caroline Baria, Service Director South Nottinghamshire

For any enquiries about this report please contact Sarah Hampton, Commissioning Officer 0115 9774969

Constitutional Comments (SLB 30/05/2014)

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

Financial Comments (KAS 20/05/14)

10. There are no financial implications contained within this report.

Background Papers and Published Documents

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

- Intimate Personal Relationships Policy – final draft
- Intimate Personal Relationships Staff Guidance – final draft

Electoral Division(s) and Member(s) Affected

All

Policy Library Pro Forma

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

Title: Intimate Personal Relationships Policy

Aim / Summary: To set out the County Council's policy in relation to intimate relationships involving vulnerable adults, including marriage and civil partnerships.

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: 1

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. Intimate Personal Relationships – staff guidance

2.

3.

Review date	Amendments

Intimate Personal Relationships Policy

Context

The Council recognises that most adults who use social care services have the same sexual needs and rights as other people, irrespective of their age or disability; most will have had intimate personal relationships and raised children.

However, some people will not have, or will have lost, the capacity to give consent to the development or maintenance of an intimate personal relationship. The Council is committed to ensuring that vulnerable people in this situation are protected and that council staff act within the law.

The law relating to this area includes:

The Marriage Act 1949 sets out four lawful impediments to marriage, these are:

1. The person must not be aged under 16 years
2. There must not be a pre-existing marriage or civil partnership that has not been legally dissolved
3. The two people must not be of the same sex
4. The two people must not have a prohibited relationship to one another, for example, they must not be mother and son.

The threshold for the legal capacity to marry is low and registrars/ ministers are not expected to undertake or refer people for a mental capacity assessment if they are concerned about the person's ability to consent to the marriage.

The Human Rights Act 1998 applies equally to all UK citizens. Article 12 deals with the right to marry and have a family.

The Sexual Offences Act 2003 forbids sexual activity between care workers and people with "mental disorders" whether they appear to give consent or not and whether they have the legal capacity to consent or not. A partial defence in this situation might be that the care worker and the person with a mental disorder are married, in a civil partnership or have a pre existing sexual relationship. However, if the person lacks capacity to give consent the sexual activity is illegal and in all situations staff must abide by the [Council's code of conduct](#).

Under the Act care workers can be charged with the following specific offences:

(a) "...sexual activity with a person with a mental disorder. This covers all intercourse, other penetration or sexual touching of someone with a mental disorder. It includes sexual touching of any part of their body, clothed or unclothed, either with the body or with an object."

(b) “...causing or inciting sexual activity. This covers causing or persuading someone with a mental disorder to engage in any sexual activity, including sexual acts with someone else, or making them strip or masturbate. This offence applies where someone has incited a person with a mental disorder to engage in sex, even if the intended sexual activity does not take place.”

(c) “...causing a person with a mental disorder to watch a sexual act This makes it an offence to intentionally cause a person with a mental disorder to watch someone else taking part in sexual activity — including looking at images such as videos, photos, or webcams — for the purpose of the worker’s own sexual gratification. It is not intended that this should prevent care workers from providing legitimate sex education. For instance, a care worker showing a person with a mental disorder a video of a sexual act as part of an approved support plan would not be liable for this offence.

Sexual relationships with people other than care workers are also covered by the Act. If the person has incapacity related to mental disorder or to use the language of the Act, is “unable to refuse” due to lack of capacity or being unable to communicate, then sexual activity is illegal.

[The Civil Partnership Act 2004](#) enables same-sex couples to obtain legal recognition of their relationship. Couples who form a civil partnership have the legal status of 'civil partner'.

[The Mental Capacity Act 2005](#) provides a legal structure for assessing people who may lack capacity to make a particular decision. It also sets out how to act in the person’s best interests if they are assessed as lacking capacity. However, section 27 of the Act specifically excludes making decisions for someone lacking capacity in relation to consent to sexual relations and consent to marriage or civil partnership. This means that no one is permitted to consent to sexual activity on behalf of a person lacking capacity.

[The Marriage \(Same Sex Couples Act\) 2013](#) makes provision for the marriage of same sex couples in England and Wales and about gender change by married persons and civil partners. It became law on the 17th July 2013.

Scope of this policy

This policy covers vulnerable people aged 16 years and over, who are in receipt of social care support, and who may or may not have the capacity to give consent to an intimate personal relationship. It covers sexual relationships, sexual activity, marriage, civil partnership and co-habitation. It does not deal with friendships and other kinds of personal relationships.

Principles and Commitments

- Social care staff will apply the 5 statutory principles, set out in [Section 1 of the Mental Capacity Act 2005](#), in relation to the intimate personal relationships of people that they work with.

- Social care staff will work to the standards of conduct, performance and ethics as part of their registration with the Health and Care Professions Council, www.hpc-uk.org
- Council staff will respect the sexual orientation of service users and will not impose their own views in relation to sex and personal relationships on the people who use its services.
- The Council will ensure that sexual expression takes place within the law and does not devalue, stigmatise or exploit individuals. Some people prefer not to be sexually active or to consider sexual issues and this will be respected.
- In situations where a couple have had an established sexual relationship in the past but one of them has lost the capacity to give consent to its continuation, the Council will ensure that its staff understand that sex in this situation is illegal.
- Council staff will adopt a proactive approach by making referrals to appropriate professionals for advice and support about sex and intimate relationships, rather than adopting a 'reactive' approach where action is only triggered as a result of a 'problem'.
- A support plan will be developed where a person needs information and/or advice about sexual health needs, including the development of knowledge and skills in making intimate personal relationships. This is to protect staff under the Sexual Offences Act 2003. The design of the support plan may include advice from an appropriate professional.
- Council staff will not get involved in making direct arrangements with a sex worker or agency, even if the service user's disability makes it difficult for him or her to make the arrangements, because of the law relating to procurement for prostitution.
- Council staff will not allow illegal pornographic material to be accessed on its premises. Material of this kind will be removed and the police will be informed.
- If doubts are raised about a person's ability to make decisions about an intimate personal relationship by anyone concerned with their care, including family and friends, a Mental Capacity Act – 2 Stage Test for Capacity or an assessment report will be completed by a competent practitioner as a way of recording evidence and making a decision regarding the person's capacity to make the decision in question. The practitioner may be a social care worker or, for example, a psychologist working for an NHS trust.
- The Council is committed to ensuring that people have access to independent advocacy services so that they are assisted, where necessary, to get their voices heard.

Key actions to meet the commitments set out in the policy

- The Council will maintain up to date guidance for staff in relation to intimate personal relationships, which takes account of changes to legislation, including case law.
- The Council will provide training for staff in relation to the law relating to intimate personal relationships for vulnerable people.
- The Council will ensure that staff working in social care and registration services understand each others roles and responsibilities in relation to marriages and civil partnerships involving vulnerable people.

DRAFT

Policy Library Pro Forma

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

Title: Intimate Personal Relationships – staff guidance

Aim / Summary: To give guidance to staff in relation to intimate relationships involving vulnerable adults, including marriage and civil partnerships.

Document type (please choose one)

Policy		Guidance	✓
Strategy		Procedure	

Approved by:

Version number: 5

Date approved:

Proposed review date:

Subject Areas (choose all relevant)

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

Author:

Responsible team:

Contact number:

Contact email:

Please include any supporting documents

1. Intimate Personal Relationships Policy

Review date	Amendments
Xxxx 2014	Updated to take account of new case law.
3.9.2013	Set out in corporate template. Links checked.
19.10.2011	Department title updated, links checked and formatted.
7/7/2010	Details of safeguarding updated. Links added

Intimate Personal Relationships

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1 The Council's policy on Intimate personal relationships

This staff guidance must be read alongside the Council's policy on Intimate Personal Relationships. The guidance is to assist staff in responding to situations where:

- The person they are supporting may not have the capacity to consent to an intimate personal relationship
- They are asked for advice and information by a person who does have the capacity to consent.

1.1 Expectations of staff

In relation to intimate sexual relationships, staff are expected to:

- Act within the law
- Remember that, in terms of sexual relationships, capacity is dependent upon the person's understanding of the sexual act, not on the nature of the person they choose to have sex with. See section 2 for more information.
- Abide by the expectations of personal behaviour set out in the Personnel Handbook – [D35: Code of Conduct](#).
- Work to the standards of conduct, performance and ethics as part of their registration with the Health and Care Professions Council. See www.hpc-uk.org

1.2 Guiding principles

Implicit throughout this guidance are three guiding principles:

- In any situation, staff must make the best judgement possible, based on the information available and legal advice, where necessary.
- Staff should consult with a line manager as a matter of course when dealing with particularly sensitive situations.
- All decisions must be formally recorded

1.3 Service Provision

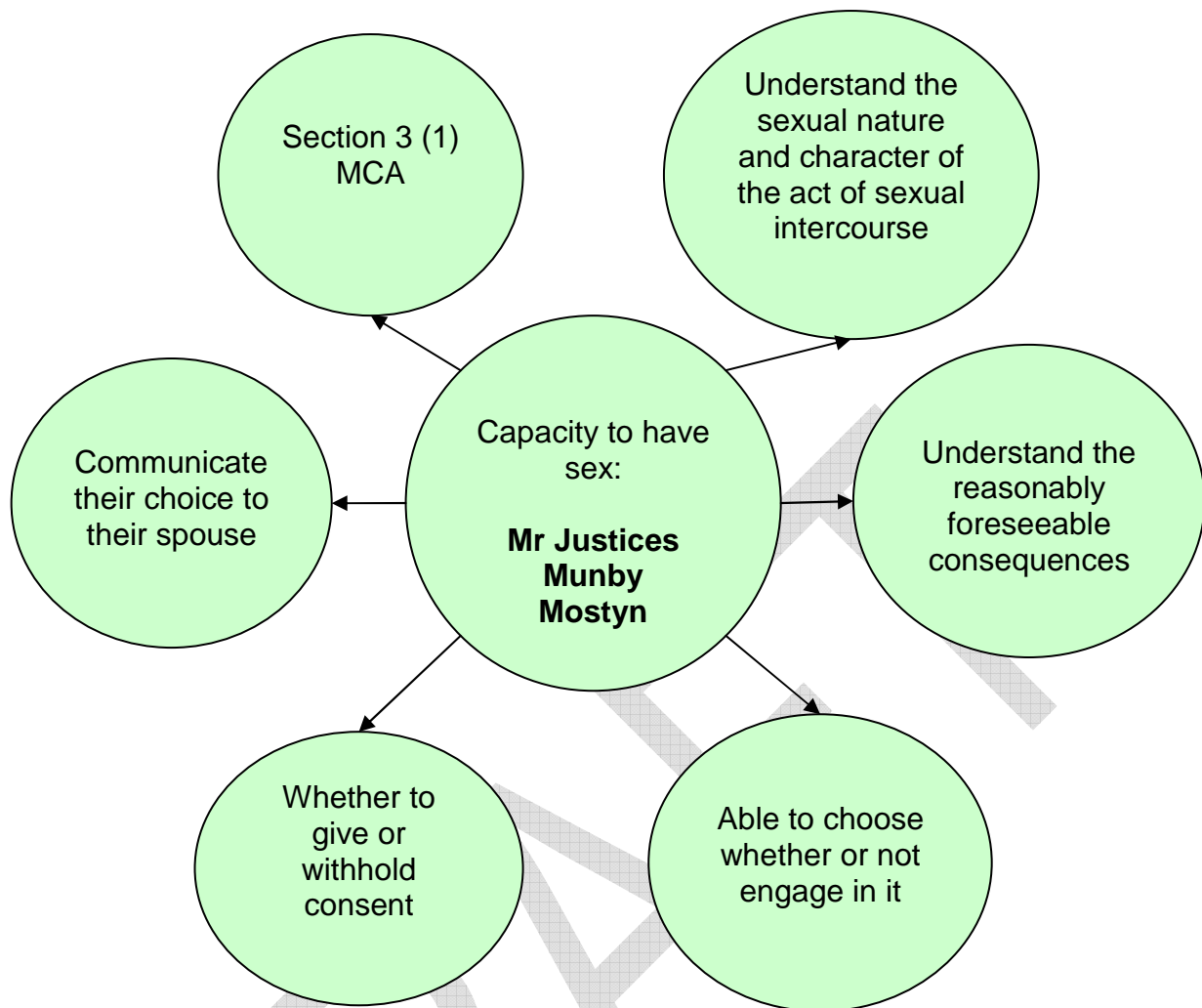
The key points to observe at all times when considering issues to do with the sexual or intimate needs of other people are: DIGNITY, SENSITIVITY, CHOICE AND RESPECT. The following points must be taken into account in this area of work:

- **Shared rooms** - if two people (whether of the opposite or same sex) living in a care home are having a sexual relationship and they have the capacity to make that decision, staff should make sure that they have access to each other's room for private time together if necessary. Requests for shared rooms should be met wherever possible.
- **Privacy** should be respected and members of staff and others should not enter a service user's room without knocking. This is of particular importance in residential settings.
- **Intimate personal care** tasks should be dealt with sensitively. Intimate personal care may inadvertently give rise to sexual stimulation, which may cause problems for the staff member and/or the service user. A risk assessment must be completed in this situation and a decision should be made about how to manage the situation. Staff must be familiar with the [staff guidance on the provision of intimate personal care](#).

2 Capacity to consent to sexual relations

If doubts are raised about a person's capacity to make a decision about sexual relations, staff must ensure that either the Mental Capacity Act – Two Stage Test of Capacity episode in Framework is completed or a report is requested from, for example, a NHS psychologist, as a way of recording evidence and making a decision regarding the person's capacity to make the decision in question. Staff should refer to the [Multi-Agency Joint Policy and Procedure on the Mental Capacity Act 2005](#) in this situation.

Capacity to consent to sexual relations is based on whether the person understands the nature of the sexual act. See the diagram below:



For details of the case law see: [Local Authority x v MM and KM \(2007\)](#) EWHC 2003 (Fam)

Someone who lacks the capacity to consent to sexual relations will, for that very reason, lack the capacity to marry. However, the opposite is not necessarily true; someone may have the capacity to consent to sexual relations, whilst lacking the capacity to marry.

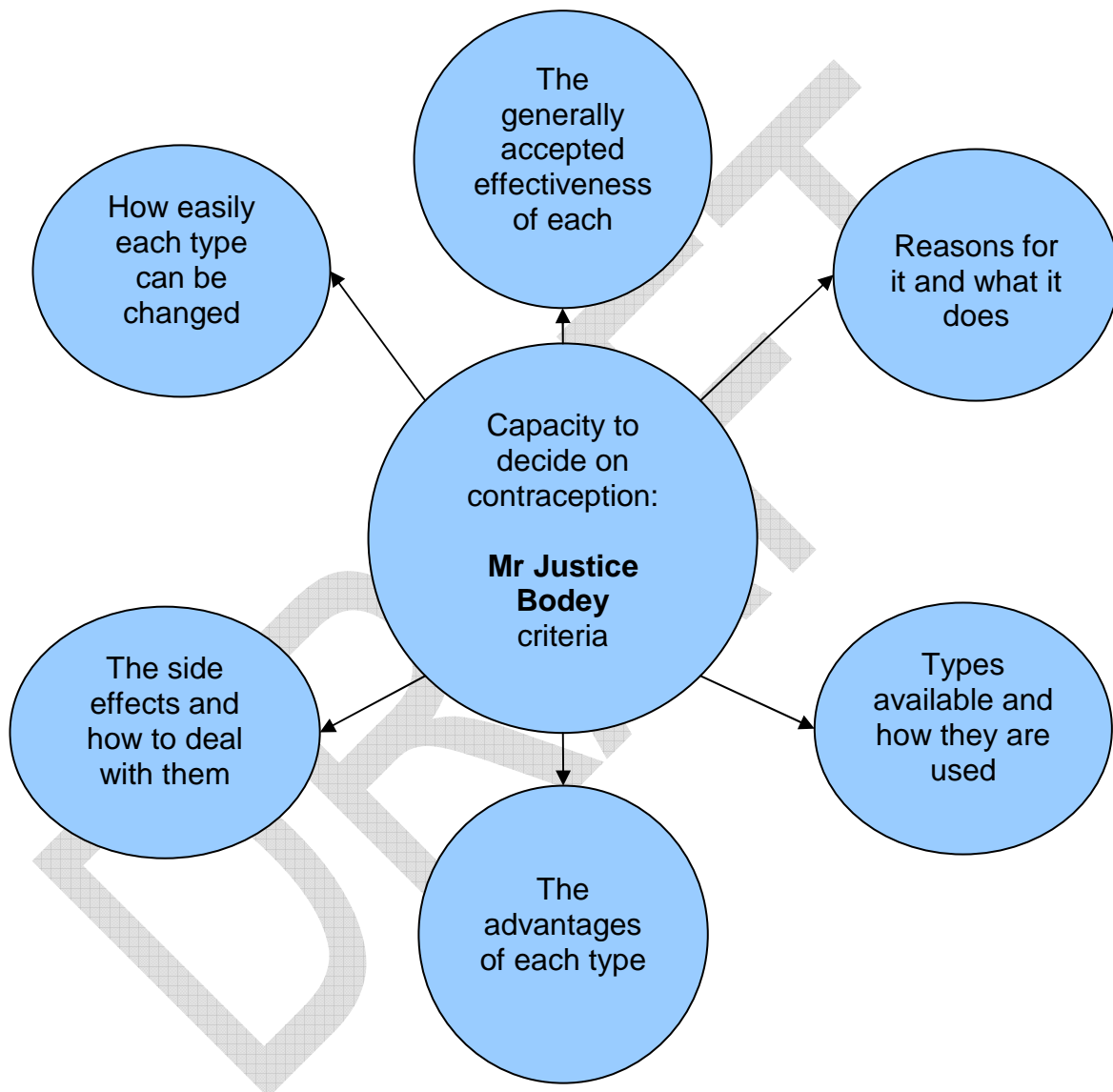
If a woman who lacks the capacity to give consent to sexual activity becomes pregnant a criminal offence will have taken place and must be investigated. When these situations arise they clearly need to be dealt with sensitively. A referral to the [MASH Team](#) MUST be made.

2.1 Loss of capacity to give consent to sex in an established relationship

Sex is illegal in situations where a couple have had an established sexual relationship in the past but one of them has lost the capacity to give consent to its continuation, Staff may come across this situation where the partner lacking capacity has been admitted to a care home and sexual activity takes place when their partner visits. Staff should follow the [safeguarding adults' guidance](#) if they think an offence is being committed.

2.2 Contraception

A test for capacity should be applied if there are any doubts about a person's ability to make a decision to use contraception. This test is the responsibility of the relevant healthcare professional, i.e the prescriber. The diagram below is reproduced to clarify understanding of the issue. Where a person does have capacity to make a decision they should be given information about contraception, where appropriate. Staff may also be involved in helping an individual to get prescribed contraceptive services by referral to a GP or family planning clinic.



For details of the case law see: [A Local Authority v Mrs A and Mr A \(2010\) EWHC 1549 \(Fam\)](#)

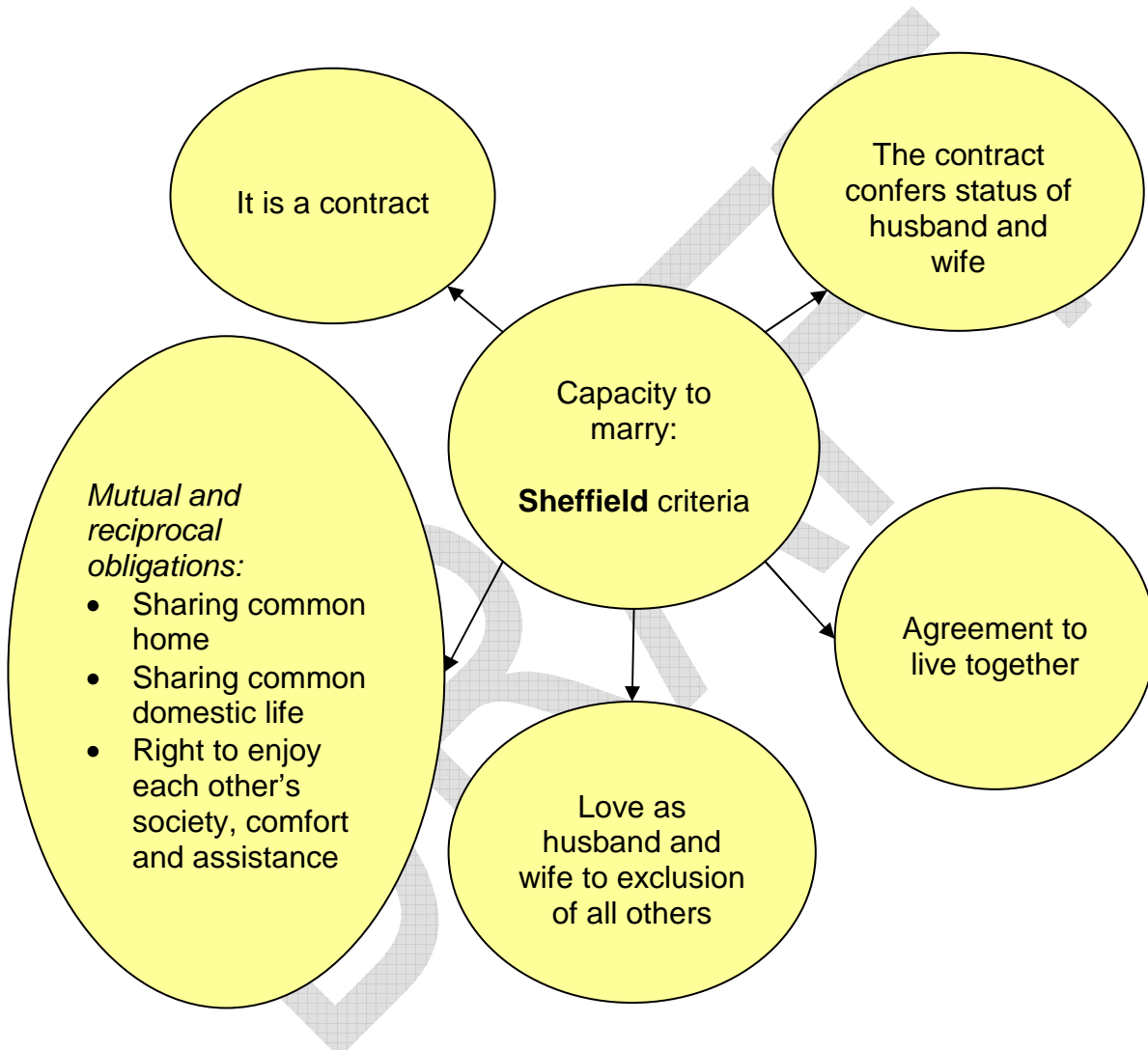
3 Capacity to marry or form a civil partnership

If doubts are raised about a person's capacity to make a decision to marry or form a civil partnership, staff must ensure that either the Mental Capacity Act – Two Stage Test for Capacity episode in Framework is completed or a report is requested from, for example, a NHS psychologist, as a way of recording evidence and making a decision regarding the person's capacity to make the decision in question. Staff

should refer to the [Multi-Agency Joint Policy and Procedure on the Mental Capacity Act 2005](#) in this situation. This **must** be done before **any** arrangements are made.

Advice may also be sought from legal services and, for marriages and civil partnerships, from the [Registration Service](#), where necessary.

Capacity to marry is based on whether a person can understand the nature of the marriage or civil partnership contract and whether they are mentally capable of understanding the duties and responsibilities that normally attach to a marriage or civil partnership. See the diagram below:



For details of the case law see:

[Sheffield City Council V E and S \(2004\) EWHC 2808 \(Fam\)](#)

Anyone wishing to marry must satisfy the Registration Service and the registrar who conducts the ceremony, or the presiding minister, that they understand the nature of the marriage vows.

3.1 Co-habitation

If a couple have the capacity to make a decision about having a sexual relationship and getting married, they can also decide to co-habit.

Where a couple both lack capacity to marry, a best interests decision can be made regarding co-habitation. However, if one or both lack the capacity to engage in sexual relations, the couple would need to be supervised to ensure that no sexual contact takes place.

3.2 Forced marriage

If staff are concerned that a service user is being forced to get married or is not able to give consent to a proposed marriage they must follow the [forced marriage guidance on the Gov.UK website](#).

4 Pregnancy and parenthood

Some disabled people who become parents, or wish to consider doing so, may need support to deal with a range of issues. They may need to explore the implications and responsibilities of parenthood, to understand the law in relation to “children in need”, to consider the level of support available to them and they may request access to genetic counselling. Staff should refer to the [staff guidance on supporting disabled parents](#) in this situation. Co-operative working between adults’ and children’s services must be established as early as possible in a pregnancy if there are concerns about capacity and child safety.

4.1 Sterilisation or termination of pregnancy

Where a person lacks the capacity to make a decision about sterilisation or to the termination of a pregnancy, case law directs that the matter should be referred to the Court of Protection by the medical practitioner proposing to carry out the operation. Other than the Court of Protection, no-one may sign a consent form on behalf of a woman for a termination or any other operation. Staff must inform the group manager about situations of this kind.

5 Information

5.1 Information for service users

Principle two of the Mental Capacity Act 2005 states that,

A person is not treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

The [Mental Capacity Act 2005 Code of Practice](#) explains what this means. It states that,

...the kind of support people might need to help them make a decision varies. It depends on personal circumstances, the kind of decision that has to be made and the time available to make the decision. It might include:

- *using a different form of communication (for example, non-verbal communication)*
- *providing information in a more accessible form (for example, photographs, drawings, or tapes) treating a medical condition which may be affecting the person’s capacity*

- *having a structured programme to improve a person's capacity to make particular decisions (for example, helping a person with learning disabilities to learn new skills)."* (paragraph 2.7)

This means that information must be provided to a person when assessing their capacity to make a decision. In all other situations specialist resources are available from the NHS, including on [NHS Choices](#).

5.2 Information for staff

Staff must:

- Have an awareness of the current law relating to sexual relationships.
- Be aware of the [staff guidance on the provision of intimate personal care](#).
- Take up training opportunities and enter into discussions in supervision in order to explore attitudes and raise awareness of issues relating to sexuality.

If a staff member feels unable to support or offer an impartial view to service users with regard to sexual matters, they should discuss this with their line manager.

The following links may be useful for keeping up to date with case law in this area:

- **Browne Jackson Solicitors** – their website provides up to date information, including regular health and public sector legal updates, webinars and bulletins – www.bjlegaltraining.com
- **Bailii** – this website has a special page dedicated to Court of Protection case law – www.bailii.org
- **Mental Health Law online** – this webpage has links to mental capacity and mental health case law – www.mentalhealthlaw.co.uk
- **39 Essex Street** – this website provides useful summaries and discussion of Court of Protection case law and publishes a regular newsletter – www.39essex.com

6 Guidance on specific areas

6.1 Masturbation

Individuals who are unaware of their surroundings because of their sensory impairments, or who are unaware of standard social 'norms', might not easily identify an appropriate place to masturbate as defined by others. Staff, in helping clients locate appropriate venues, should adopt a manner that conveys 'it's OK to engage in this behaviour — but not here'.

Staff can teach an individual to masturbate using diagrams and descriptions with no physical contact, as long it is part of that person's agreed care plan. Touching a man's or woman's genitals could be interpreted as sexual touching which is covered under

offences in the [Sexual Offences Act 2003](#). Staff must not get involved in contact of this kind.

If individuals are expressing difficulties beyond the scope of discussion, referral for specialist help should be considered.

Staff should be sensitive to the fact that a person may indicate that he/she wants their incontinence wear removed for short period so that he/she can masturbate. A risk assessment should be done in this situation and the person should then be left alone for a specified length of time, if safe to do so.

6.2 Pornography

Individuals might request the use of pornographic material for the purposes of sexual arousal or entertainment - it is part of sexual activity for some adults. It might be used to aid the development of sexual awareness or for sexual stimulation. While staff should not encourage the use of these materials, neither should they deny access to legal pornography to an individual who has the capacity to make a choice. In situations where the person does not have the capacity to consent but needs to be shown particular types of material for educational purposes, this should be recorded in an approved support plan.

Access to materials that are believed to be illegal, for example, sexual images of children, must be stopped. Staff must inform their line manager who will report the matter to the police. If the material is on County Council premises it must be taken away from the service user.

Legal pornography includes any materials that may be legally sold by a newsagent or (UK) licensed sex shop. It may include some videos certificated by BBFC (British Board of Film Censors).

It is appropriate for staff members to stress that pornographic material should not be displayed whilst they are with the service user and that it should be used in private. In residential and independent living settings service users may depend on staff support and staff may be asked to buy pornographic material. Staff must not buy or help people to get access to illegal material, but they may buy legal material if agreed with their line manager and if they are willing to do it. The decision must be recorded.

6.3 Hiring the services of a sex worker (prostitute)

People may choose to seek the services of a sex worker. However, staff must not get involved in making direct arrangements with a sex worker or agency, even if the service user's disability makes it difficult for him or her to do it, because of the law relating to procurement for prostitution.

6.4 Inappropriate Sexual Behaviour

Sexual behaviour may be inappropriate for a number of reasons. Individuals may not understand what is regarded as appropriate behaviour. This should normally be addressed through an agreed educational programme, identified as a priority need as part of a support plan.

Occasionally in day or residential services, people may display inappropriate sexual behaviour, such as inappropriate touching or masturbating. If this behaviour affects other service users and staff, one or more of the following steps should be taken:

- Explain to the person that the behaviour is inappropriate and make sure they understand why.
- Check the individual's knowledge and understanding of the law on sexual behaviour and sexual harassment.
- Assess the capacity of the person to understand how their behaviour affects others, if necessary. Understanding may be limited by dementia or other conditions.

Where public displays of sexually inappropriate behaviour continue, or the behaviour exploits, or is oppressive to others, specialist help may be needed from, for example, a psychologist or other therapist. If the behaviour might constitute a criminal offence, for example, assault, indecent exposure or an expressed sexual interest in children, staff must inform their line manager who will report the matter to the police or to the Multi-Agency Safeguarding Hub (MASH). The [safeguarding adults guidance](#) must be followed if the behaviour adversely affects another vulnerable service user.

9th June 2014

Agenda Item: 11

**REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH
& PUBLIC PROTECTION****INTRODUCTION TO THE ADULT SOCIAL CARE INFORMATION, ADVICE
AND ADVOCACY STRATEGY****Purpose of the Report**

To seek approval for the attached Adult Social Care, Information, Advice and Advocacy Strategy 2014 – 2015, note the work currently underway to implement and further develop the strategy in line with the Care Act and receive a progress report later in the year.

Information and Advice

1. The scope of the strategy (attached as Appendix) covers Adult Social Care Public Information, Advice and Advocacy directly available to individuals, as well as specific support services that help people to access information. Developing and implementing the strategy is a complex and on-going piece of work which requires a joint vision and commitment from many areas of the Council, both departmentally and corporately, as well as from partner and external organisations.
2. It is timely to review the strategy in order to incorporate the requirements of the Corporate channel shift initiative, which encourages people to help themselves where possible, as well as the Care Act; identifying where these can be met within existing resources and where further actions are needed to scope options for new areas. The detail of all the requirements of these are not yet confirmed, so the attached strategy provides a platform for this further work, outlining some important underpinning principles and outcomes, (4.1-4.2), as well as the direction of travel and priority areas of development. This provides the basis on which to consult further, identify and incorporate the best solutions to the new requirements from 2015.
3. The Care Act will contain new duties and responsibilities for local authorities about care and support for adults. Part of this requires local authorities to provide comprehensive information and advice about care and support services in their local area. This will enable people to understand how care and support services work locally, the care and funding options available and how to access services. Online systems can form the core offer, but other methods must also be available to people who are unable to access information electronically, or who require additional support. The Care Act specifically sets out that information must be provided on:

- what types of care and support are available: e.g. specialised dementia care, befriending services, reablement, personal assistance, residential care etc
 - the range of care and support services available to local people, e.g. which local providers offer certain types of services
 - what process local people need to use to get the care and support that is available
 - where local people can find independent financial advice about care and support, and help to access it
 - how people can raise concerns about the safety or wellbeing of someone who has care and support needs
4. The 2014 -15 strategy maps existing information and advice services funded wholly or in part by adult social care. Initial assessment of current information, advice and advocacy services against the Care Act indicates that we are well placed to meet these extended and new responsibilities. There is however, scope for improvement work this year to develop a clear, streamlined information pathway, make it easier for people to have one place to go to first and reduce duplication of information directories and sites. This work is currently being done, based on need, evidence of models that work and cost effectiveness.
 5. Further work is also required to review current signposting and access to independent financial advice. This will need to be available to people, including self funders, at the right time within the new assessment and financial processes that will be developed as part of implementing the Care Act.
 6. The basis of the attached strategy is that there should be one online site that individuals, as well as staff who may support them, can go to for information and advice. This may then signpost them to other places or to specialist face-to-face advisors. Up-dating information in one place is more economically efficient and likely to deliver up-to-date quality information, as well as offering better access to information for individuals. When providing information and advice, we need to take a holistic view of the lives of individuals and deliver content that cuts across traditional public sector boundaries, wherever and by whomever it is delivered, so that customers experience streamlined access to information and advice that is relevant and helpful to their current situation.
 7. It is acknowledged that not all citizens can access information electronically. However, online information is a good starting point and a resource for others to use, who will then be able to provide the information in different forms. The Council both provides directly and funds a number of services that offer either telephone advice or face-face consultations. Some services also take a proactive approach to seeking out people at times that they are most likely to need and benefit from advice. This is a further area to review, in order to ensure that positive outcomes are maximised through all relevant resources by ensuring information reaches people and their families at the time they are most likely to be able to benefit from it. Research has identified some key times, for example, when someone has just received a diagnosis of dementia, or bereavement of a partner for people aged over 65.
 8. Promoting the use of one online information source and directory will reduce the need for different providers to maintain the same information in different places. It also enables the information to easily be promoted to services whose prime aim is not information, but

where, according to user feedback, people go when seeking information; e.g. dementia cafes. Electronically centrally held information can be sent in e-mails or pdfs, printed out or offered in alternative formats as required for individual needs.

9. Some Councils are now using Integrated information systems. This allows information to flow between online assessment and support planning modules, financial systems, directories and information content pages. The benefits of this are that it can quickly take people into relevant sections as appropriate to their needs, avoid people and staff entering information more than once and reduce the need for manual data input. A priority action is therefore to undertake an appraisal of the benefits that purchasing a fully integrated system could offer, over and above developing or purchasing separate modules. Corporate web design and IT colleagues are involved in this work.

Other Options Considered

10. The proposed strategy aligns existing resources into an information and advice pathway with increased targeting of services where can be most effective. It also includes some quick wins to improve services based on research and service user feedback.
11. The alternative approach is to continue with existing services as they currently are. However, this option would not at this stage:
 - provide a good foundation for a cohesive approach to the provision of information, advice and advocacy as outlined in Care Act
 - support prevention and early intervention in a cost-effective or efficient way
 - offer a cost effective way of meeting some of the new requirements of Care Act , for example, how to use electronic systems to manage increased numbers of assessments

Financial Information

12. Funding up to March 2015 for the current adult social care online directory 'Choose My Support' (www.choosemysupport.org.uk) was agreed by Committee in October 2012. The future requirements for the directory are being scoped within wider work on options for a planned integrated online information service. This is being undertaken with the three neighbouring authorities who are current partners of the Choose My Support contract, as well as children's services who have recently developed a Special Educational Needs Directory as part of their requirements to deliver on their 'Local Offer' to provide relevant information in one place.
13. There is a possibility that the Council will receive money for Care Act implementation linked to information, advice and advocacy; however this settlement has not yet been confirmed. The work currently being undertaken to develop the detail of the strategy for 2015 onwards will be available to inform decisions regarding any future funds that may be made available.

Reason/s for Recommendation.

14. The new Care Act duties will need to be implemented with effect from April 2015. There are potential financial implications for the Council arising from the new responsibilities and the

refreshed Information, Advice and Advocacy strategy provides a foundation for further more detailed work to deliver the requirements of the Bill.

Statutory and Policy Implications

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

Implications for Service Users

16. The ability to access the right information at the right time is a key issue that both service users and carers continue to feed back through consultation. It was a key theme, for example, at the recent carers conference, which identified that positively, feedback such as the carer's survey shows that more carers can find the right information, there are still significant numbers who do not know what is available to them and if they do find information, are often unsure if it is the right information. The strategy and priority actions aim to improve information and its availability to all people living in Nottinghamshire, including targeted approaches for people and their carers who use, or may be at the point of using, social care services.

Implications for Sustainability and the Environment

17. With a focus on using online systems unless alternatives are needed, the strategy reduces use of paper formats and therefore has a positive environmental impact.

RECOMMENDATION/S

It is recommended that Committee:

- 1) Approve the attached Information, Advice and Advocacy Strategy 2014-15
- 2) Note the work currently underway to implement and further develop the strategy in order to meet the requirements of the Care Act
- 3) Receive a progress report later in the year.

Jon Wilson

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Sue Batty, Group Manager, Strategic Commissioning

Constitutional Comments

18. To follow

Financial Comments (KAS 20/05/14)

19. The financial implications are contained within paragraphs 13 and 14 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.

- ASCH50 29th October 2012. 'Access to Good Information and Web based Information Directory'. Report of Service Director for Joint Commissioning, Quality and Business Change

Electoral Division(s) and Member(s) Affected

- All

Information, Advice & Advocacy Strategy (ASCH and PP)

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Foreword

Proportionate, accessible, accurate and consistent information, advice and advocacy, is fundamental to all people making well informed choices about their health and wellbeing, as well as how to meet and fund any care and support needs they may have. It has an important role in promoting self-management, supporting a strategic shift towards early intervention and prevention and underpins self-direction and the delivery of personal budgets.

The Care Act recognises that the local authority has a critical role in the provision of advice, information and advocacy and to this end places a duty on local authorities to be pro-active in the provision of information and advice provision for its residents. Importantly, the duty relates to the whole population of Nottinghamshire, not just those with care and support needs, or in some other way known to the system. It requires local authorities to pro-actively identify people with unmet needs and signpost to preventative and early intervention services. Information and advice must not only cover basic information about care and support, but must also address finances, health, housing, employment and what to do in cases of abuse or neglect.

Nottinghamshire County Council is also facing unprecedented budget reductions, alongside a predicted increase in demand for vital care and services of £37m over the next 3 years. The authority currently provides support and care for over 18,500 vulnerable adults and older people, and home care for 4,700 disabled and older people every year¹. It is therefore more important than ever, that the Council is pro-active in ensuring the right information and advice are available to people at the right time so that they can make informed choices about their own health and wellbeing and make best use of both public and personal money.

The provision of information, advice and advocacy needs to be delivered through models where there is evidence that they are effective, cost efficient and ensure people have access to appropriate and proportionate information at the right time. This will require different media approaches including digital, face to face and telephone. Although digital channels will be the main point of holding, maintaining and sharing information and advice, this information will be able to be accessed by anyone in different formats e.g. printed. The Council will also continue to provide information in different formats to respond to specific individual requirements.

Developing and implementing an Information, Advice and Advocacy Strategy is a complex and on-going piece of work which requires a joint vision and commitment from many areas of the Council, both departmentally and corporately as well as from partner and external organisations. It is now timely to review the strategy in order to incorporate changing local and national requirements.

¹ NCC Budget Challenge 2013/14
Page: 2

For the purpose of this strategy information, advice and advocacy are defined as follows:

Information – the open and accessible supply of material deemed to be of interest to a particular population. This can be either passively available or actively distributed.

Advice – offers guidance and direction on a particular course of actions which need to be undertaken in order to realise a need, access a service or realise individual entitlements.

Source: Margiotta et al 2003 Are You Listening (JRF)

Advocacy – aims to enable the voices of people, including the most excluded members of society, to be heard when decisions are being made about them or about the services that they need. The Council recognises that independent advocacy is an important service for the citizens of Nottinghamshire who are most likely to be excluded from society and least likely to have choice and control in their lives.

The definition of advocacy used in this document comes from the Advocacy Charter 2002. The charter has been endorsed by the Association of Directors of Social Services and is supported by Nottinghamshire County Council. The charter says,

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.”

The full charter can be seen at www.actionforadvocacy.org.uk

1. Context

‘Good quality information and advice will be available to all to help people plan for the future, reduce the need for care services and where possible maintain independence.’

Guiding Principle from the Model of Adult Social Care in Nottinghamshire.

1.1 The Care and Support Bill

The Care and Support Bill contains the following requirements regarding information and advice:

- (1) *A local authority must establish and maintain a service for providing people with information and advice relating to care and support for adults and support for carers.*
- (2) *The service must provide information and advice on the following matters in particular:*
 - (a) *the system provided for by this part and how the system operates in the authority’s area*
 - (b) *the choice of types of care and support, and the choice of providers available in the authority’s area*
 - (c) *how to access the care and support that is available*
 - (d) *how to raise concerns about the safety of an adult who has care and support needs.*

The Bill requires each Local Authority to secure robust information and advice provision for all its residents. There is a requirement to identify people who have social care needs (including self-funders) and ensure people are provided with comprehensive information and advice about services in their local area, which is appropriate and proportionate to their circumstances and needs. This includes providing a written statement on universal and preventative services to prevent or delay the need for social care support and information to make informed decisions about social care and support, including access to independent financial advice.

1.2 Nottinghamshire Health and Wellbeing Strategy

The strategy incorporates the following strategic principles, which are underpinned by the existence and accessibility of effective advice and information.

- a) Early intervention and prevention – investing earlier in care services to help prevent future problems
- b) Supporting independence – retain independence, improve own health and wellbeing and reduce the need for traditional services
- c) Promote integration across partners by providing strong leadership to join up services and deliver consistent messages on key issues.

1.3 NHS England Information Guidebook

NHS England's Accessible Information is a standard for NHS and social care organisations across England to record the information and communication support needs of disabled patients, service users and carers, and take action to ensure that those needs are met. It will be implemented through changes to IT and administrative systems to enable consistent recording of such needs. In acting upon recorded information and communication support needs, organisations will be required to provide personal correspondence (such as appointment letters) and patient information (such as leaflets) in alternative formats (such as Braille, 'easy read' or via email) and communication support for appointments (such as assistive technology or British Sign Language interpreters).

More information is available on their website www.england.nhs.uk/accessibleinfo.

1.4 Nottinghamshire County Council 'Channel Shift'

The strategy should be considered along with the current corporate and departmental channel shift towards encouraging people to help themselves, rather than needing to ask someone where they can find the information they need. By providing information in a variety of ways we can speed up the process for both user and provider. Future web developments will enable users to complete e-forms, make appointments and payments online. The principles of Digital First are referenced in the NCC Digital Development Plan. www.gov.uk/designprinciples

1.5 Making it Real

The action plan for Think Local Act Personal, in which information and advice was a key area, led to the development of the e-marketplace resource.

1.6 The Adult Social Care Strategy

The [Adult Social Care Strategy](#) was approved by Full Council and is now available in the Policy Library on the public website. The strategy makes the following commitment: *"good quality information and advice will be available to all to help people plan for the future, reduce the need for care services and, where possible, maintain independence"*. The aim of the Information, Advice & Advocacy Strategy is to ensure that this commitment becomes a reality.

2. What does feedback and research tell us about how information and advice is provided currently and what people would like in the future?

2.1 NCC Digital Development Plan, 2013 - 2017

Increasing numbers of people (residents, employees and partners) want to complete transactions online wherever possible. Use of, and engagement with, digital channels have risen consistently so online is the 'channel of choice' for many.

National context:

- A recent study by the O2 Digital Community found almost half of residents surveyed would like to use the internet, social media or mobile apps to access council services - but only 7% had been able to do so in the last year due to availability from organisations
- More than half of the UK's 33 million registered Internet users (52% of population) are accessing social media on a daily basis
- 65% of the UK's active online population use Facebook every day
- 28% of the UK's active online population use Twitter every day
- The 45–54 year age bracket is the fastest growing demographic on both Facebook and Google+
- 93% of marketers use social media for business.

Local picture:

- 84% of Nottinghamshire's population has access to the internet
- The equivalent of 24% of Nottinghamshire's population accesses nottinghamshire.gov.uk each month
- Net satisfaction (number of satisfied visitors minus dissatisfied visitors) of visitors to the website is 37% - this compares with an average of 31% for other county councils
- 25% of visitors to www.nottinghamshire.gov.uk in July 2013 said their purpose was to carry out an online transaction
- 30% of visitors to nottinghamshire.gov.uk in the first half of 2013 were using a smartphone or tablet. This figure is expected to increase and has already doubled since the same period in 2012
- Data collected by the Council's channel shift programme details the cost of transacting with the Council as follows: £9.14 for face-to-face; £4.79 for telephone; £0.09p for online.

2.2 Adult Carers Survey 2012/13

In 2012, the Adult Carers' Survey was sent out to 803 carers. 419 completed questionnaires were received. Of those who responded, 66% of people who had said that they had tried to find information said that it was very easy or fairly easy to find. 34% said that it was fairly or very difficult to find. 88% of people who had received information and advice had found this very or quite helpful.

2.3 ²Dementia Café Survey 2014

A consultation was carried out in 2013 with dementia support groups across Nottinghamshire to establish what information (about services or support) people with dementia and their carers wanted and needed, plus where and how they might want to access that information. People placed great value on practical information particularly in the early stages post diagnosis.

Knowing who to ask and where to go for information about support or services was seen as a big problem, especially for carers. Support groups, voluntary sector and carers groups were seen as

² Personal Budgets and Dementia project – Feedback on consultation with people with dementia and carers Helen Turner 2014

important sources of information, while few used the Nottinghamshire County Council's Customer Services Centre or knew about 'Choose my Support'.

Outcomes

- Information needs along the dementia pathway have been mapped.
- CCG's will develop simple signposting information sheets
- Information about services and supports to be made available earlier in the pathway - via CPN's / GPs / Occupational Therapists
- Accessible Information leaflet on Personal Budgets and Direct Payments produced by NCC.
- Enhanced information role at the dementia cafes
- Dementia support activities and groups are on Choose My Support

2.4 Local Account

NCC Local Account is published annually and reflects the performance of ASCH and PP over the year taken from the Adult Social Care Survey. 74.5% of service users and carers questioned for the survey responded that they found it very or fairly easy to find information and advice. This compares well with the East Midlands as a whole where the figure was 71.5%. However this leaves over 25% of respondents who did not have such a good experience.

2.5 Information and Advice for Older People Evidence Review, Age UK 2012

This review, commissioned by Age UK, indicated that information and advice for older people is best provided through a range of channels and formats. For example, a combination of face-to-face and telephone presence might be preferable, supported by some form of written literature (to cater for those who prefer that format).

A Total Place Pilot³ report also stresses the need for a range of information for older people from a variety of providers:

"Providing information, advice and support in a way in which people need it, when they want it, clearly militates against the notion that any sort of single provider solutions will be effective.

The multiple, diverse contact points which individuals access clearly mean there is value in having cross sector principles for the provision of relevant information, advice and support for older people."

The review goes on to say that older people want continuity of contact and a follow-up service, not to be simply referred to another potential source of information.

Multiple service providers ideally would be acting together, rather than in isolation. Older people often seek information at a point of change or crisis, and need timely and comprehensive information.

³ Bournemouth, Dorset & Poole Total Place Pilot: Final report,

3. Current delivery mechanisms

3.1 NCC Website

The adult social care pages of the NCC website are currently being rewritten and restructured. The new content will be in a form designed to help people find information that is relevant to their current circumstances and will deliver the best outcome for them. It will signpost them to consider community based and preventative options, with links to more detailed information relevant to their search. Subject headings will be designed by user testing to ensure that people understand the language used.

3.2 Online information and e-marketplace resource

This is managed on a search site which enables people to research, source and purchase social care support services in the area. The current site, 'Choose My Support', contains comprehensive details of social care providers for all users and potential users and carers. There is information for both self-funders and personal budget holders using a 'marketplace' where providers can publicise their services free of charge. The long term aim is for the site to incorporate NottsInfo4You and the 50plus websites, bringing a wealth of information together in one site.

Options for the future?

Integrated information systems are now available through which information flows between searchable directories, online assessment and support planning tools, financial systems, and information content pages. This can take people into relevant sections as appropriate to their needs and avoid people and staff entering information more than once.

Flexible systems are able to use new technology as it is developed, for example, apps for mobile phones and tablets that enable local facilities that are accessible for people with disabilities to be searched for whilst out and about, along with directions of how to get there on an interactive map.

In preparing for the future, an assessment of the benefits and costs of having such systems will be considered.

3.3 Care Directory/Leaflets/fact sheets

The Care Directory is available in print or online and contains details of care homes in Nottinghamshire. Leaflets and fact sheets are available on the NCC website for downloading at the point of need. This approach ensures that they are quick to update and cheaper to produce. A Publications Directory and social care and hospital visiting packs are also available on line.

3.4 Customer Service Centre (CSC)

The public are encouraged to use the CSC number for any type of query initially, and this underlines the importance of CSC as the key provider of information and advice in the county. It is vital that all CSC staff dealing with Information and Advice enquiries have access to regular updates and support. Currently there is a first call resolution rate of 76% for all types of calls made to the centre.

Overall from October 2012 to September 2013, 62% of calls made regarding Adult Care Services were requesting information, advice or signposting. The **Adult Access Service** is based at CSC to offer a first point of contact for all adult social care enquiries. The service is resolving 42% of these queries without the need for further support.

There is a specialist **Benefits Advice Team** based in the Adult Access Service which provides advice, support, information and training to the Council and voluntary organisations on benefit matters.

A **Carers' Support Team** is also based within the Adult Access Service which provides quick access to information, advice and signposting for carers.

3.5 BEDS

The care homes beds system BEDS, provides details of all care homes in Nottinghamshire and allows the public to search for homes in the area they want. Care homes also use the system to highlight when self-funders take up accommodation. This information enables the Council to signpost people to financial advice, designed to help preserve their savings and assets for longer. The care homes web pages have been designed to make it as easy as possible for people to find the information they need.

The pages can be found at www.nottinghamshire.gov.uk/findacarehome

3.6 Paying For Care

The aims of this initiative are to ensure that self funders and their families can access specialist financial information and advice and can make informed choices about their care pathways and how they pay for their care. NCC works with the not-for-profit organisation, Paying For Care, who provide free information and advice to self funders, and if required, put them in contact with professionals if regulated financial advice or legal support is required. The cap on the cost of care contained in the Care Act will place a duty on the Council to track the amount self-funders pay up to the nationally capped limit, at which point the Council will become responsible for costs.

Further work is required to review current signposting points and access to independent financial advice alongside redesign of the new assessment and financial processes in line with the Care Act. The aim is to ensure the right amount of financial advice is available to people, including self-funders, at the right time.

3.7 Grant Aid services

NCC supports several voluntary advice and information giving organisations through Grant Aid. It is imperative that these organisations can access information easily and quickly in order to pass this onto to people coming to their services.

3.8 Customer Service Points

District councils provide face-to-face customer service advice about Nottinghamshire County Council services. Working in partnership offers customers a 'one stop' service for customers enquiring about local council, NHS and police services.

3.9 Advocacy Model in Nottinghamshire

'Your Voice, Your Choice' provides a single point of access to advocacy services. This service provides all NHS and local government services across the City and County together in one contract including NHS Complaints Advocacy or ICAS. The model provides Access to Advocacy (A2A) via a single point and telephone number which can be called via the CSC, or directly by members of the public, agencies or organisations. The triage process is undertaken remotely at a centre in Birmingham, which links to all their staff and services across the UK in a very effective way. Where a statutory service is required by practitioners, the model is designed to ensure that can be

undertaken directly with local teams as this may be linked to safeguarding processes or the use of statutory powers. The IMCA service supports Mental Capacity legislation, IMHA Mental Health Act. Paid Representatives and a DoLs (Deprivation of Liberty) service have evolved alongside IMHA.

Pohwer, acting as the Agent, deliver all statutory services except Paid Representatives. Age UK are Associate providers of Paid Representatives and specialist non statutory services supporting all service user groups. They have trained volunteers to help support and develop peer support networks that help increase wider community resilience and empower and promote self-help and self-advocacy which often links closely to networks offering information and advice. They have close links to a wide variety of organisations in the community and voluntary sector including Healthwatch. Their contract is led by NCC and monitored by all partner agencies to assure quality and accountability.

Further work is required to review current capacity, signposting points and access to advocacy alongside redesign of the new assessment support planning processes in line with the Care Act.

3.10 First Contact

The First Contact Signposting scheme aims to help older people to increase and maintain their independence through the use of a checklist which enables those aged 60 and above to access a range of preventative services through a single gateway. Staff from partner organisations are trained to complete the checklist when visiting an older person. The details are then passed to the Customer Service Centre for referral to appropriate services. NCC supports the scheme in partnership with health, district and borough councils and the Fire Service.

3.11 Community Outreach Advisors

The Community Outreach Service is a free and confidential service for people over 50 to help them to remain safe and independent in their own homes. The seven posts are funded by NCC and health and hosted by voluntary sector organisations in each district.

The advisor will usually visit the person at home to assess their situation and needs. They can then offer advice and information on a range of topics such as home safety and security, home adaptations, mobility aids, transport, social activities and benefits.

Referrals to the service can come from individuals, family, carers, or professionals such as GPs.

3.12 Information, Advice and Support for Carers

Currently NCC commissions a Carers' Universal Service, an Information and Support Service for carers of people with a learning disability and a separate Engagement service.

The services are being redesigned, which includes exploring the benefits of combining them. It is anticipated that the new service will be tendered in Autumn 2014.

3.13 Access to information on local accessible and adaptable accommodation to enhance the housing choices of older and disabled people

District and Borough Councils all have customer contact numbers to provide current information about all types of housing. The NCC website gives information about Extra Care housing provision and details of care homes for older people thinking about alternative types of accommodation.

4. Our strategy for Information and Advice

The vision for information and advice provision is based on having one online place that individuals, as well as staff who may support them, can go to for information. This may signpost them to other places or to specialist face-to-face advisors. Up-dating information in one place is more economically efficient, likely to deliver up-to-date quality information, as well as offering better access to information for individuals.

When providing information and advice we need to take a holistic view of the lives of individuals and ensure that partners are pro-active in opening up points for information through partnerships that are appropriate to people's needs and circumstances. It needs to deliver content that flows across traditional public sector boundaries, wherever and by whomever it is delivered, so that customers experience streamlined access to information and advice that is relevant and helpful to their current situation.

Initial assessment of current information, advice and advocacy services against the Care Act indicates that we are well placed to meet these extended and new responsibilities. An assessment of the impact of the Care Act against the current position will inform the action plan and future strategy. There is however, immediate scope for improvement to develop a clear, streamlined information pathway, make it easier for people to go to one place first, and reduce duplication of information directories and sites. This work will be undertaken, based on need, evidence of models that work and cost effectiveness. There is also further work to review current signposting and access to independent financial advice, to ensure this is available to people, including self-funders, at the right time within the new assessment and financial processes developed as part of implementing the Care Act.

The direction of travel described nationally in the Care Act, and locally in the Digital Development Plan, encourages people to help themselves where possible. The 3-tier model at 5.3 demonstrates the information available universally, moving upwards where people are more vulnerable and requiring targeted support and services. There is a requirement to develop pathways to assist people and staff to navigate through this model ensuring the most efficient and cost effective use of restricted resources.

In order for people to be able to find information about services in their local area, the Council needs to assure that the information is up to date. This means the work underway to manage and update websites and other associated information, such as, fact sheets, leaflets, policies, information directories and scripts at the Customer Service Centre, must continue. Governance of the strategy and associated work sits within the established 'Access to Good Information Group' chaired by the Group Manager, Strategic Commissioning and reporting into the Adult Social Care, health and Public Protection Senior Leadership Team.

"Having a website is.....like having a farm.....A website can live and grow, provided it is well thought out to begin with and then well managed.....It will flourish if it is used and refreshed and fertilized with new information and ideas..... If the links are not checked regularly they may no longer work, they "rot". The site withers and dies".

Source: Chambers desk top guides for writing for the web, page 15.

4.1 Principles underpinning the strategy include:

- Information and advice will be **proportionate, accurate and consistent**
- There will be support for people's involvement in their assessment, care and support planning and review process through the provision of **advocacy services**
- Online and **electronic universal information** will be the main way of maintaining and sharing information. It will be able to be used in different formats e.g. printed, text to speech.
- Face-to-face facilitation and **support** will be available to people who require it and also to pro-actively target people who are likely to be at a point in life to most benefit from it
- The provision of information and advice will be **tailored to meet specific needs** where necessary,
- The **communication channels will be appropriate** to the needs of different adult groups
- All communications will meet **plain English** requirements
- Access to information and advice will include **signposts to other sources** where appropriate to ensure better connectivity between local and national systems
- Working in **partnership** with wider public and local advice and information providers is essential to achieve better outcomes for people

4.2 What we need to achieve

a) For the public

- The public can **easily find information** on services and financial information from one place online and via assisted services at the appropriate time
- Information is **open and transparent** and customers are able to make informed decisions on service choice and influence future services
- There is a **single point of access for information** via telephone, online and face to face
- Information is also in **alternative formats** for those that need it.

b) For staff

- Information management principles and practices to be embedded in the organisation through **training, culture and effective system design; e.g.** how calls to the CSC are dealt with
- It is **easy to find** the information in our electronic system
- There is a **single point of access** for information.

c) For our partners including providers

- Staff from different agencies can access and use the same social care information
- We ensure that our **partners are kept up to date** with our services on a regular basis
- We share information to deliver a **more streamlined service** to the public and improve their outcomes
- We **share information with partners** in order to plan services and organisations to deliver new services
- We share information in order to **work cost effectively**.

d) Information quality standards

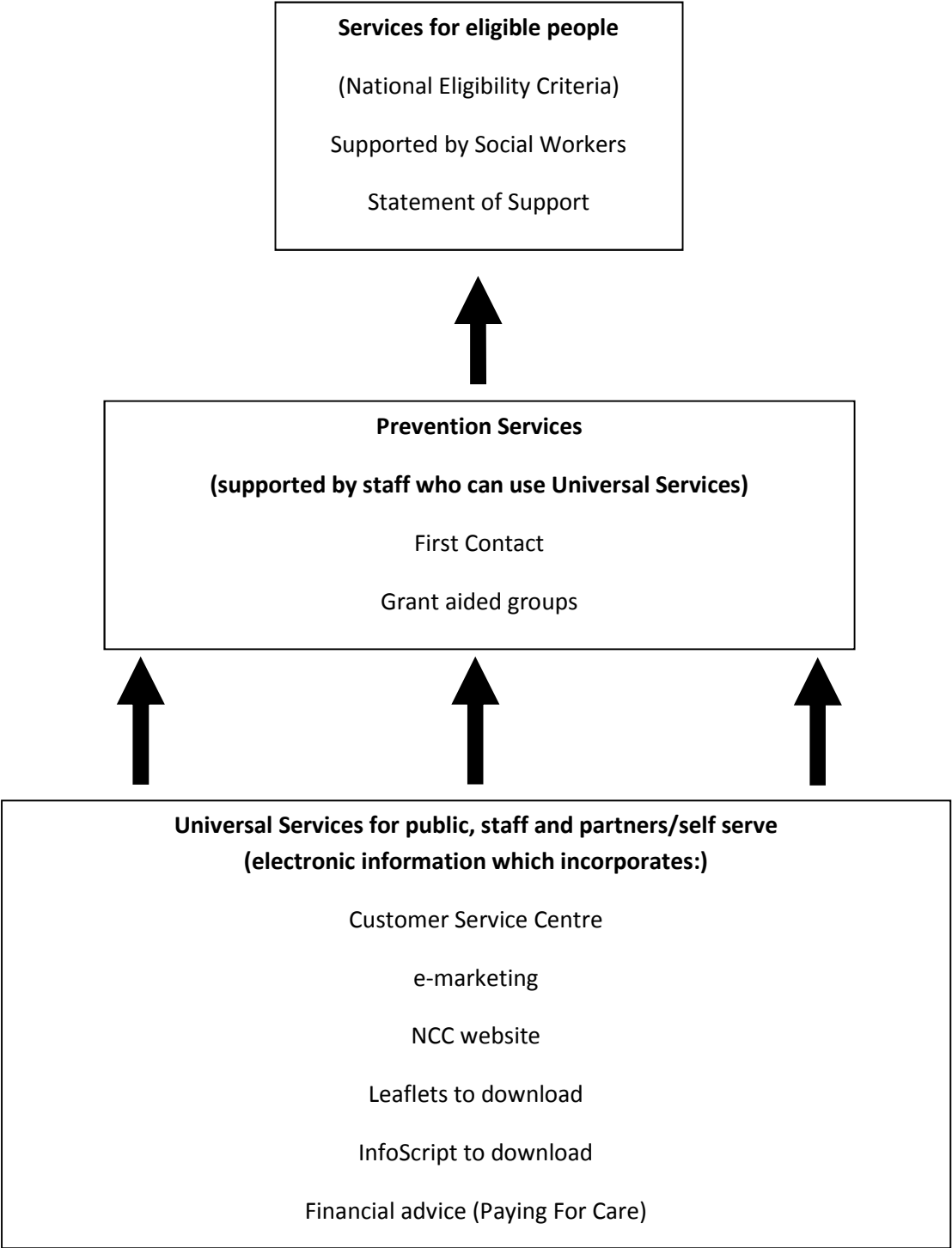
- Information is **fit for purpose**. It is **accurate and reliable**.
- Information is delivered in a way that is **accessible, and in different forms**, which may be electronic, by phone, written or oral.
- Information is owned and managed by a **defined asset owner** who is responsible for its management.

- Information is **stored and managed in one place** not duplicated in different locations or systems.
- Information is **deleted when there is no longer a need for it**, but retained for legal or business reasons according to retention and disposal policies within an agreed archiving policy.

e) Market management and value for money

- **High quality, well-structured, universal information resources** such as a web-based social care directory, will enable providers to publicise their products and services and develop provision in line with local need. It will also reduce duplications and provide information on gaps in delivery, the outcome of which will be more efficient service provision.
- Information is managed in a **cost effective** way
- All delivery methods will be **monitored and evaluated** for effectiveness.

4.3 Three tier model of access to information provision by NCC ASCH and PP



12 May 2014**Agenda Item: 12****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

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

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

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

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

Constitutional Comments (HD)

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

Financial Comments (PS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
9 June 2014			
Update on Carers Strategy	Update to Members on response to results of the survey and future strategy	Service Director for Mid Notts and Bassetlaw	Penny Spice
Nottinghamshire Partnership of Social Care Workforce Development	Report outlining the Nottinghamshire Partnership of Social Care Workforce Development Proposed Business Model	Service Director for Mid Notts and Bassetlaw	Claire Poole
Care Quality Commission	Report on the Care Quality Commission new model and feedback on the secondments	Service Director for Broxtowe, Gedling and Rushcliffe	Rosamunde Willis-Read
Revised Respite Care Policy	New policy for planned short breaks	Jon Wilson	Wendy Lippmann
Older People Community Care and Residential Care savings proposals	Progress report on savings proposals related to community and residential care for older adults	Service Director for Mid Notts and Bassetlaw	Cherry Dunk
QMM savings proposals	Progress report on savings proposals related to Quality and Market Management.	Service Director, Access and Public Protection	Kate Revell
ASCH Information, Advice and Advocacy Strategy	Strategy for information, advice and advocacy for Adult Social Care.	Deputy Director, Adult Social Care, Health and Public Protection	Sue Batty
Intimate Personal Relationships	Revised policy and guidance for intimate personal relationships.	Caroline Baria	Sarah Hampton
7 July 2014			
Service Organiser Teams	Report to seek approval for the new structure of the Service Organiser Teams	Service Director for Broxtowe, Gedling and Rushcliffe	Mark McCall
Bassetlaw Integrated Personal Health Budget Pilot		David Hamilton	Sue Batty
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections.	Deputy Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker/Jennie Kennington
Direct Payments joint		David Hamilton	Helen Turner

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
project with Alzheimer's Society			
Planned Care of Older People after a Planned Operation	6 month review of the Planned Care of Older People after a Planned Operation Project	Service Director, Access and Public Protection	Amanda Marsden
Emergency Advice Pathway Committee Report	To propose and agree resources required to deal with the increased workload following the closure of the Nottinghamshire Welfare Assistance Fund	Paul Stafford	Clair Bearder
Access & Public Protection Savings Proposals	Progress report on savings proposals related to Access and Safeguarding	Service Director, Access and Public Protection	Claire Bearder
September 2014			
Nottinghamshire Safeguarding Adults Board	12 monthly update on Nottinghamshire Safeguarding Adults Board	Service Director, Access and Public Protection	Allan Breeton
Lean +/Transformational savings proposals	Progress report on savings proposals related to organisational redesign and transformation of assessment and care management.	Deputy Director for Adult Social Care, Health and Public Protection	Stacey Roe/Phil Cooper
Care and Enablement Tender Outcome		Cath Cameron-Jones	
Commissioning and Efficiencies savings proposals	Progress report on savings proposals related to Supporting People and changes to joint commissioning arrangements.	Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
Care Bill Update	Progress report on the implementation of the Care Bill in Nottinghamshire	Service Director for South Nottinghamshire	Jane North
October 2014			
Business Support Review Update	Information update report	John Slater	Julie Forster
November 2014			
Interim Senior Leadership Structure in the Adult Social Care, Health and Public Protection Department	Review of the departments interim Senior Leadership Team Structure	Deputy Director for Adult Social Care, Health and Public Protection	Jon Wilson
Overview of departmental savings and efficiencies	Progress summary on all departmental savings proposals.	Deputy Director for Adult Social Care, Health and Public Protection	Ellie Davies

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
programme			
Independent Living Fund (ILF) update	Update on transfer of responsibility for ILF to local authority.		
January 2015			
NHS Support to Social Care Funding	Update report on NHS Support to Social Care (s.256) Funding	Service Director for Mid Notts and Bassetlaw	Jane Cashmore
Care Bill Update	Progress report on the implementation of the Care Bill in Nottinghamshire	Service Director for South Nottinghamshire	Jane North
February 2015			
Young Carers and Disabled Parents	12 month update on the work regarding Young Carers and Disabled Parents	Service Director for Broxtowe, Gedling and Rushcliffe	Wendy Adcock
Integrated Community Equipment Loan Service	12 month update on the Integrated Community Equipment Loan Services (ICELS)	Service Director for Broxtowe, Gedling and Rushcliffe	Sue Batty
March 2015			
Direct Payment Support Service	Update after 12 months of the changes to Direct Payment Support Services	Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
27th April 2015			
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals.	Deputy Director for Adult Social Care, Health and Public Protection	Ellie Davies

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