

## **Adult Social Care and Health Committee**

**Monday, 06 October 2014 at 10:30**

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

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### **AGENDA**

- |    |  |         |
|----|--|---------|
| 1  | Minutes of the last meeting held on 8 September 2014   | 3 - 6   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Extra Care - Presentation  |         |
| 5  | New Policy for Providing Planned Short Breaks for Adult Service Users and their Carers   | 7 - 24  |
| 6  | Department for Health Funding Formula for Implementation of the Care Act in 2015-16<br>and the Second Care Act Stocktake.  | 25 - 28 |
| 7  | Framework Development Team Priorities.   | 29 - 32 |
| 8  | Direct Payments Support Service Progress Update.   | 33 - 36 |
| 9  | Establishment of an Additional Deputyship Officer Post in Adult Care Financial Services.   | 37 - 40 |
| 10 | Extension of the Data Input Team.  | 41 - 46 |
| 11 | Work Programme   | 47 - 54 |

## **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          8 September 2014 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

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

Alan Bell  
John Cottee  
Dr John Doddy  
Sybil Fielding  
Michael Payne

Andy Sissons  
Pam Skelding  
Stuart Wallace  
Jacky Williams

A    Ex-Officio: Alan Rhodes

**OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, ASCH&PP  
Sue Batty, Service Director, ASCH&PP  
Claire Bearder, Group Manager, Access and Safeguarding  
Paul Davies, Democratic Services Officer  
Jennie Kennington, Senior Executive Officer, ASCH&PP  
Paul McKay, Service Director, ASCH&PP  
Penny Spice, Commissioning Manager, ASCH&PP  
Jon Wilson, Temporary Deputy Director, ASCH&PP

**ALSO IN ATTENDANCE**

Diane Davies, Carer  
Claire Grainger, Chief Executive, Healthwatch

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 7 July 2014 were confirmed and signed by the Chair.

**DECLARATIONS OF INTEREST**

There were no declarations of interest by members or officers.

**CARERS' CONFERENCE**

Claire Grainger and Diane Davies gave a presentation about the Carers' Conference held on 1 May 2014, and responded to members' questions and comments. Members requested a follow-up report on services for carers in 12 months' time.

### **RESOLVED 2014/063**

That the report on the Carers' Conference 2014 be noted.

### **WINTERBOURNE PROJECT UPDATE REPORT**

The Committee agreed to receive six monthly update reports on the Winterbourne Project in future.

### **RESOLVED 2014/064**

- (1) That the content of the report and progress being made to commission suitable care and accommodation for people currently placed in hospital settings be noted;
- (2) That the delay in the implementation of any pooled budget around this work be agreed until 2015/16 when further information will be presented to the committee.
- (3) That the work so far on the draft strategy be noted, and it also be noted that any financial implications of the strategy identified when annual actions plans are developed will be brought as a separate report.

### **ACCESS AND SAFEGUARDING**

Members asked for a report on the implications of the Cheshire West judgement at the November meeting.

### **RESOLVED 2014/065**

That the report be noted.

### **CARE SUPPORT AND ENABLEMENT UPDATE**

### **RESOLVED 2014/066**

- (1) That the report be noted.
- (2) That the recruitment of a temporary two year post of Quality Development Officer, Grade 5, scp 24-28 be noted.

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

### **RESOLVED 2014/067**

- (1) That the implications of the new and extended responsibilities for local authorities and partners arising from the Care Act, including financial and resource demands, be noted.
- (2) That the updated programme of work be noted.

## **ON-LINE ASSESSMENT AND INFORMATION AND ADVICE PROVISION IN RELATION TO ADULT SOCIAL CARE**

### **RESOLVED 2014/068**

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

### **ORGANISATIONAL REDESIGN BOARD UPDATE**

During discussion, members referred to the potential impact of organisational change on hospital discharges, and asked for a report on discharges from hospital.

### **RESOLVED 2014/069**

- (1) That the report be noted.
- (2) That approval be given to the conversion of 1 fte Community Care Officer, Grade 5 in the Asperger's Team to a 0.6 fte Advanced Social Work Practitioner, Band C, scp 39-44, and the post be allocated authorised car user status.

### **WORK PROGRAMME**

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

- Services to Carers
- Winterbourne Project
- Cheshire West Judgement
- Hospital Discharges

### **RESOLVED 2014/070**

That the Work Programme be noted.

The meeting closed at 12.35 pm.

**CHAIR**



**6 October 2014****Agenda Item: 5****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. To update Committee and endorse the consultation process on the proposed draft policy for providing planned short breaks for adult service users and their carers and request Policy Committee approval.

**Information and Advice**

2. The Committee received a report on 9 June 2014 on the draft policy for providing planned short breaks for adult service users and their carers (appendix 1).
3. The Policy outlines the:
  - principles and commitments
  - intended purpose of the short break service
  - how which planned short breaks will be funded for eligible service users and carers
  - details about eligibility
  - how the value of the personal budget will be determined
  - details on charging
  - how eligibility and funding will be reviewed
  - process for making a complaint.
4. In summary, the new policy will:
  - provide clarity how planned short breaks can be accessed
  - ensure that the resources available for planned short breaks are allocated in a fair and equitable way, according to service user and carer needs
  - assist the Council to implement the planned changes to Short Breaks, by ensuring that the people who will be affected by these changes will receive a fair and equitable new allocation of planned short breaks, based on agreed policy
  - help the Council to meet its responsibilities towards carers, outlined in the Care Act.
5. As part of the recent Budget Consultation 2013/14, service users and carers reported they would like to be involved in the discussion of how the allocation of short breaks can be fair and consistent.

6. People responding to the Budget Consultation also said the policy should be fair and consistent across all client groups; that people should be offered the most cost-effective service; and that individual circumstances should be taken into account when allocating short breaks.
7. The draft policy consultation period commenced on the 4 July 2014 and ended on the 1 September 2014.
8. The consultation exercise was promoted via the Nottinghamshire County Council website as news item and also internally as an intranet news item for staff. A letter was sent to a wide range of people and organisations, to explain to them that the policy was out for consultation and how they could access the document and give comments. The policy was sent out to people who asked for further detail but was also available on-line.
9. Letters were sent to over 1200 service users and carers known to the Council who use short break services. Letters were also sent to members of stakeholder groups including:
  - the Integrated Commissioning Carers Implementation Group,
  - the Learning Disability Partnership Board,
  - the Involvement Group,
  - the North Notts Learning Disability Carers meeting
  - and the Older Persons Advisory Group.
  - Carers Federation
  - Healthwatch
  - various carers' groups and related organisation (Appendix 2).
10. People could complete a short questionnaire to send back to the Council, or speak to the relevant Officer to give feedback, or complete a questionnaire on-line to give their comments. Thirteen people completed the questionnaire on-line. 55% (6 people) were carers, 27% (3 people) were friends or relatives, 9% (1 person) an employee and 9% (1 person) a potential service-user. Two did not answer the question. Most respondents were aged 60-64 (36%) and most were female (73%). All were white British. Results from this feedback was:
  - 92% (11 people) agreed with the Short Breaks Policy
  - 8% (1 person) did not agree with the Short Breaks Policy
  - 83% (10 people) stated there was not something missing from the Policy
  - 17% (2 people) stated there was something missing from the Policy
  - 83% (10 people) agreed with the proposed Carer Assessment criteria
  - 17% (2 people) did not agree with the proposed Carer Assessment criteria.
11. Individual comments on the questionnaires were:
  - a. 42 nights are not enough for people with complex/high level need. ***In Response: The policy allows for additional breaks to be granted if exceptional circumstances apply.***
  - b. Carers at 'moderate' level could still need a break from caring and who, if supported early on, may support the cared-for for longer (3 comments). ***In***



**Response:** It is not Council policy to support service users or carers who have a “moderate” level of need, so this amendment cannot be accommodated.

- c. Make sure all eligible people are aware of the policy, and helped to access the breaks. **In Response:** This will be achieved through public and staff awareness and information through carer networks.
- d. Lack of clarity about what the service user is entitled to and about eligibility criteria. **In Response:** Some people have commented that the policy is not clear enough but others have suggested that it is clear. Therefore, it is proposed that the current wording is retained but staff are trained to understand the policy before it is implemented, to ensure they can explain the detail to any carers and service users who need further support to understand the detail.
- e. Rewrite in plain English. **In Response:** Information about short breaks for carers will be described in plain language and included in the new Carers' Information Pack.

12. Separate letters from individuals have been received and other comments were given during consultation meetings. Comments were:

**General:**

- a. There appears little to disagree with, it seems careful and non-contentious.
- b. I like how you have included the service users' opinions here. Not all service users have the same opinions as their carers.

**Section 2, Principles and Commitments:**

- c. In addition to the aims outlined at section 2a, short breaks also need to play a key role in preparing people for a well-managed transition to full time care. The policy does not recognise this. **Response: policy amended to include.**
- d. The wording at section 2c should be clarified as the meaning of “substitute care” is not clear. **Response: policy amended to clarify.**
- e. There should be a reference to the person's care plan when considering the needs of the service user. **Response: policy amended to include.**
- f. Include micro-businesses in the range of services that will be able for service users to receive a planned short break. **Response: types of service provider are less relevant than the type of service that can be funded as a planned short break.**
- g. Point 2f seems to ignore the needs of the service user. **Response: this statement is consistent with the Adult Social Care Strategy.**

**Section 3, Eligibility:**

- h. The policy should be amended to clarify that Shared Lives Carers can continue to receive a short break from caring. **Response: policy amended to include.**

#### Section 4, Allocation:

- i. The policy does not seem to deal with the allocation process, should overall demands from Carer and Service user reviews not be met by the resources available. **Response: Once the new system of allocating personal budgets has been implemented, it will be possible to report on the allocations and compare this to available supply as well as usage of the allocations.**
- j. Some account should be taken of the long term impact of caring.
- k. About the four bands of personal budget: there needs to be some evidence that budget allocation can be effective in achieving the stated aims of the policy, particularly at the lower end of the scale. i.e. can a payment of £ 150 genuinely help carers or it is money wasted? **Response; This will be considered as part of the Care Act implementation.**
- l. It is difficult to comment on the proposal without understanding how the four bands will be allocated. It is not clear whether those with the greatest need will have their allocation cut in order to be able to accommodate more people at the lower end of the scale, or just cut costs. **Response: The aim of the new allocation system is to allocate resources fairly across all service users and carers, to meet assessed need for each family. There is no mechanism within the system to reduce the breaks for families in greatest need if there is an increase in need for breaks from people at the lower end of the scale.**

#### Section 6, Review:

- m. I am concerned about the review of eligibility. It says that previous usage will be taken into account. This does not take into account any difficulties in being able to get the dates required in any particular year. **Response: It is proposed that previous usage should be taken into account when reviewing the planned short break allocation, to avoid allocating excessive personal budgets to service users which are not being used in practice. This is consistent with the authorities reviewing policy.**

#### Section 7, Complaints:

- n. The complaints section of the policy should refer to carers as well as service users. **Response: Policy amended to include.**

- 13. In summary, the majority of respondents agreed with the policy, felt that it is comprehensive and agreed with the proposed Carer Assessment criteria
- 14. Implementation of the policy can commence from 1 January 2015 as this will allow sufficient time for new systems to be finalised and assessment staff to be trained to understand the policy and how to apply it when assessing service users and carers.

#### Other Options Considered

- 15. There are no other options to outline.

## **Reason/s for Recommendation/s**

16. There is no current policy that describes how adult service users and their carers can access resources to fund planned short break services.

## **Statutory and Policy Implications**

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

## **Financial Implications**

18. The budgets available to fund planned short breaks will be allocated to individual service users and carers, as a personal budget specifically to be used for purchasing planned short breaks. This will be a requirement as part of the implementation of the Care Act in 2015. Financial modelling is underway to determine the future financial commitment to meet this legislative requirement

## **Human Resources Implications**

19. Staff will benefit from the clarity provided by the new policy for planned short breaks and the associated staff guidance.
20. The Carers Assessment will be amended to meet the requirements of the new policy and the requirements of the Care Act. There will be a new process on Frameworki to allocate the personal budget for planned short breaks to the service user or carer; this will mean some change to the way that these tasks are completed by staff now.

## **Public Sector Equality Duty implications**

21. The introduction of the new policy will ensure equity and fairness of provision of planned short breaks across all adult service user groups.

## **Implications for Service Users**

22. Service users and their carers will find it easier to understand who is eligible to receive a planned short break, and how resources for planned short breaks are allocated.
23. Once the new policy and allocation process are approved, all current allocations for planned short breaks will be reviewed, using the Community Care Review and review of the Carers Assessment. As a result, it is possible that some allocations will change, to reflect individual circumstances.

## **RECOMMENDATION/S**

It is recommended that Committee:

- 1) note the results of the Short Breaks Policy consultation
- 2) recommend the policy for providing planned short breaks for adult service users and their carers be presented to Policy Committee for their approval
- 3) recommend to policy committee an implementation of the policy from January 2015, due to outstanding work needed to finalise the required systems and train staff.

### **JON WILSON**

**Deputy Director for Adult Social Care, Health and Public Protection**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (LM 16/09/14)**

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

### **Financial Comments (KAS 16/09/14)**

25. The financial implications are contained within paragraphs 24 and 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.

- Short Break business cases (ASC417 and C011).
- ASCH Committee Report 9 June 2014

### **Electoral Division(s) and Member(s) Affected**

- All.

ASCH 50



### 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	x	Guidance	
Strategy		Procedure	

**Approved by:**

**Date approved:**

**Version number: 1**

**Proposed review date:**

### Subject Areas (choose all relevant)

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

**Author:** Strategic Review Manager – Day Services

**Contact number:**

**Responsible team:** Business Change Team

**Contact email:**

### Please include any supporting documents

1.	
2.	
3.	
<b>Review date</b>	<b>Amendments</b>

# Providing Planned Short Break Services for Adults and their Carers Policy

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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 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 p.a.
- Substantial Needs = £ 950.00 p.a.

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 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
- **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.
- **Provided as part of a coordinated programme to prepare people for a transition to full time formal care and support, where and when appropriate for each person**

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 **individual** care and support needs of the service user during the period of the short break, **based on requirements in the person's support plan and information provided by the carer and service user.**

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, or the scheme does not apply to the person because of where they live or because their GP is not based in Nottinghamshire.

e) There will be a range of short break service options available, for purchasing with the planned short break personal budget, including residential short breaks, '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 e.g. Supported Living, residential or nursing home care. The exception to this rule is that **Shared Lives carers who provide long term care arrangements for service users will be eligible to receive planned short break, in line with the Shared Lives carer agreement.**
- 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 p.a. Carers Personal Budget
2. Sufficient to fund up to 1 week of residential care p.a. (7 nights)
3. Sufficient to fund up to 3 weeks of residential care p.a. (21 nights)
4. Sufficient to fund up to 6 weeks of residential care p.a. (42 nights)

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 **or carer** 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.

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## Organisations and groups consulted

Age UK Notts  
Alzheimer's Society  
Ashfield Citizens Advice Bureau  
Bassetlaw Clinical Commissioning Group  
Bassetlaw Community and Voluntary Service  
Blind Veterans UK  
British Red Cross  
CAMHS (Children and Adult Mental Health Services)  
Carers Federation  
Carers in Hucknall  
County Health Partnership (NHS)  
Crossroads Care East Midlands  
Cruse Bereavement Care  
Disabilities Living Centre  
East Midlands Advocacy Alliance  
Framework  
Gedling Community and Voluntary Service  
Healthwatch Nottinghamshire  
Hetty's  
Jigsaw  
Mansfield Community and Voluntary Service  
NAVO (Nottinghamshire Association of Voluntary Organisations)  
NCHA (Nottinghamshire Community Housing Association)  
Newark & Sherwood Community and Voluntary Service  
Newark Dementia Carers Group,  
Nottingham University Hospital Trust  
Nottingham West Clinical Commissioning Group  
Nottinghamshire Carers' Alliance  
Places for People  
Practice managers across county  
RVS (Royal Voluntary Service) - Home from hospital in Bassetlaw  
Bassetlaw Hospice Carers in the Community  
Rushcliffe Borough Council  
The League of Friends - of QMC  
The Maize - Supporting parents of children on the Autistic Spectrum  
The Royal British Legion







**6 October 2014**

**Agenda Item: 6**

## **REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE**

### **DEPARTMENT OF HEALTH FUNDING FORMULA FOR IMPLEMENTATION OF THE CARE ACT IN 2015/16 AND THE SECOND CARE ACT STOCKTAKE**

#### **Purpose of the Report**

1. To advise and update Members on the Department of Health's funding formula relating to implementation of the Care Act in 2015/16.
2. To advise and update Members on the Department of Health's second stocktake of the Care Act.

#### **Information and Advice**

##### **Introduction**

3. The Care Bill received Royal Assent on 14 May 2014 at which time it became an Act of Parliament. A significant part of the Act is due to be implemented from April 2015, including the extension of the Deferred Payment Scheme and new burdens relating to assessment of prisoners. Further, there is an expectation upon Councils to begin work in 2015 on assessing self-funders ahead of the introduction of the care cap and care accounts in April 2016.
4. Members will be aware the reforms are anticipated to have a significant financial cost attached to them, and Councils are undertaking financial modelling to understand the impact of them.
5. The Department of Health have allocated £175 million nationally to help Councils to fund the additional assessment activity in advance of the introduction of the care cap, a further £108.5 million to fund the introduction of the universal deferred payment scheme, and £11.2 million for social care in prisons. The total of the three grants is £294.7 million. At the time of writing, this is expected to be one-off funding in 2015.
6. On 31 July 2014 the Department of Health published a consultation on the allocation formulae used to apportion these monies across all the Local Authorities. This is a technical consultation on the formulae to apply to the three different elements of the grant and work is underway to submit a response by the closing date of the 9 October 2014.

## **Funding Formula**

7. There are three parts to the consultation, focussing on the three different funding streams:
  - i. for the section on additional assessment activity, two alternative allocation methods are proposed, and the consultation asks respondents which they prefer and why
  - ii. for the section on the deferred payment scheme, two alternative allocation methods are again proposed, and the consultation again asks respondents which they prefer and why. It further asks Councils to provide details about the cost of their current deferred payment activity.
  - iii. For the section on prisoners proposes only one allocation method, and asks respondents whether this method is agreeable.
8. From those options which are costed in the consultation, the funding available to Nottinghamshire County Council would be either £4.9 million or £5 million.
9. Based on the financial modelling completed to date, it is intended that the County Council responds to the consultation with a view that £5 million is required.

## **Second national stocktake**

10. The national Care Act Implementation Stocktake has been developed jointly by the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Department of Health for all councils to complete. It is a condition of the Care Bill Implementation Grant 2014/15 that the Council take part in the national implementation stocktake programme.
11. The purpose of the stocktake is to support local self-assessment in implementing the requirements of the Care Act across the country. The returns will provide a national picture in relation to progress on the Care Act in the build-up to April 2015 and 2016, including areas of potential concern. It will also flag up any anomalies in preparedness between regions and type of authority.
12. For councils, it is intended as a tool to prompt strategic discussions, map progress and identify support needs.
13. For the region, it is a way of identifying opportunities for shared learning.
14. Progress towards implementing the Care Act will be tracked with a third stocktake taking place in January 2015.

## **Approach to the stocktake in Nottinghamshire**

15. The survey questions in the stocktake have been circulated to relevant business leads for completion and co-ordinated centrally.
16. In most areas of the stocktake, the measures indicate that the Council are largely on track for the delivery of the Care Act and are fairly confident that it will be delivered. However,

the stocktake does highlight a number of risks that are logged on the risk register, including the late release of the final national guidance and regulations; development of digital, IT and financial systems required within a short time frame; and communications to the wider public on the reforms.

17. The stocktake was submitted on the 23 September 2014 with Members' approval of the final submission.

### **Other Options Considered**

18. No other options have been considered.

### **Reason/s for Recommendation/s**

19. There are no other recommendations. There are no alternatives to completing the stocktake.

### **Statutory and Policy Implications**

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

### **Implications for Service Users**

21. It is anticipated that the Care Act 2014 will bring considerable benefits to service users and carers, for example through the new statutory duty which will enable carers to have access to services in the same way as those provided to service users, regardless of the amount of informal care they provide. Some of the other benefits include the principles of equity and fairness by encouraging consistent application of policy and practice as a result of national eligibility criteria, from having a single charging policy, through the transportability of assessments when service users move from one geographical area to another, and through effective transitions planning and continuity of care from children's to adults' social care services.

### **Financial Implications**

22. There are no financial implications directly arising from this report. However there will be financial implications depending on the outcome of the funding consultation. We will therefore be responding to the consultation on the basis that the maximum funding of £5 million is required.

### **Equalities Implications**

23. The changes arising from the Care Act will impact on all vulnerable groups of adults and children across Nottinghamshire's communities. Equality Impact Assessment(s) will be completed to enable detailed understanding of the impact of the changes on people with

protected characteristics and these will in turn help inform the changes that will be required to local policies and procedures.

## **RECOMMENDATION/S**

It is recommended that Committee:

- 1) note the technical consultation on the Department of Health's funding formula relating to implementation of the Care Act in 2015/16.
- 2) note the submission to the Department of Health on the second stocktake of the Care Act.

**CAROLINE BARIA**  
**Service Director for South Nottinghamshire**

**For any enquiries about this report please contact:**

Jane North

Programme Manager

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### **Constitutional Comments (SLB 24/09/14)**

24. As this report is for noting only, no constitutional comments are required.

### **Financial Comments (KAS 24/09/14)**

25. The financial implications are contained within paragraphs 5,8,9 and 21 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.

- Department of Health consultation on the funding formula

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/338937/Consultation\\_document.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338937/Consultation_document.pdf)

### **Electoral Division(s) and Member(s) Affected**

- All.

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6 October 2014

Agenda Item: 7

## **REPORT OF THE SERVICE DIRECTOR, ACCESS AND PUBLIC PROTECTION**

### **FRAMEWORK DEVELOPMENT TEAM PRIORITIES**

#### **Purpose of the Report**

1. The purpose of the report is:

- to advise committee members of current and future work priorities for the Adult Social Care, Health & Public Protection (ASCH&PP) Framework Development Team
- to request temporary funding and recruitment of:
  - a) 2 FTE Technical Specialists
  - b) 1.5 FTE Reports Specialists.

#### **Information and Advice**

2. Over the next 12-24 months, with the implementation of the Care Act and other priorities, the workload of the ASCH&PP Framework Development Team will increase significantly. Current and future developments of the team are outlined below.

<i>Priority</i>	<i>Comment</i>
Upgrade of the Framework system to the new 'Mosaic'	<ul style="list-style-type: none"> <li>• Significant developments required in advance including removal of duplicate records and automatic allocation of retention dates</li> </ul>
Home Based Services	<ul style="list-style-type: none"> <li>• 'Portal' for providers to complete support plans</li> <li>• Implementing the new electronic monitoring system</li> </ul>
Care Act	<ul style="list-style-type: none"> <li>• Ability to calculate and charge interest on Deferred Payments</li> <li>• Improved online advice</li> <li>• Statement of needs</li> <li>• Prescription of services</li> <li>• Carers' Assessment and support plans which meet Care Act requirements</li> <li>• New national eligibility criteria and consideration of the Resource Allocation System (RAS)</li> <li>• Financial Assessment calculations</li> <li>• Online needs self-assessment, and process or system to</li> </ul>

	triage <ul style="list-style-type: none"> <li>• Online financial self-assessment</li> <li>• Citizen portal</li> </ul>
Other priority projects include integration of NHS numbers, Short Breaks allocation calculator and carers' assessment, review of Occupational Therapy assessment form, contact form redevelopment, Community Care Assessment and Support Plan (CCASP) changes, Systems Review implementation, Promoting Independence workflow, Mobilisation, Organisational Redesign, contracting, Transitions, and review of Deprivation of Liberty Safeguards (DOLS) forms, and a range of reporting requirements.	

3. Consideration has been given to the resource gap within the Framework Development Team and the ability to deliver numerous changes within required timeframes. The current staffing of the Framework Team consists of a number of positions with varying roles and responsibilities. It is envisaged that a significant number of future developments will require a high level of technical specialist resource and subsequent report writing specialist skills. Both of these areas are where limited resource is available within the current staffing establishment.
4. It therefore proposed that the department recruit to 2 x fte Technical Specialists and 1.5 x fte Reports Specialists on a temporary basis to work alongside the current establishment so priority changes and developments can be delivered within the required timeframes.

### **Other Options Considered**

5. Discussions have taken place with performance and ICT colleagues to understand whether the required levels of the necessary technical skills exist currently that could be utilised to support the Framework Development Team's current resource and help deliver proposed developments and changes to the Framework system. Unfortunately there is insufficient capacity of the appropriate level of technical knowledge and skills.

## **Statutory and Policy Implications**

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

### **Financial Implications**

7. 2 x fte Technical Specialists Band C scp 39 – 44, £144,754 at top of scale including on costs for 18 months funded from departmental reserves.

1.5 x fte Reports Specialist Band B scp 34 – 39, £95,550 at top of scale for 18 months funded from the SALT implementation money and transformation fund.

Total salaries of the 3.5 fte additional posts requested - £240,304 including on costs.

## **Human Resources Implications**

8. The posts will be subject to the vacancy control protocol and appointed to on an 18 month fixed term contract.

## **Implications for Service Users**

9. The work required in relation to the Care Act aims to provide improved access for our citizens to county council services through the use of technology based improvements, of which a high percentage relate to the development of the Frameworki system.

## **RECOMMENDATION/S**

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

- i) notes the contents of this report
- ii) approves the funding and recruitment of:

2 x fte Technical Specialists Band C scp 39 – 44, £144,754 at top of scale including on costs for 18 months, from departmental reserves

1.5 x fte Reports Specialist Band B scp 34 – 39, £95,550 at top of scale including on costs for 18 months, from Short and Long Term Care (SALT) data collection implementation funds and transformation fund.

Total salaries of the 3.5 fte additional posts requested - £240,304 over 18 months.

**Paul McKay**  
**Service Director, Access & Public Protection**

### **For any enquiries about this report please contact:**

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## **Constitutional Comments (LM 16/09/14)**

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

## **Financial Comments (KAS 24/09/14)**

13. The financial implications are contained within paragraph 7 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.

- 'None'.

## **Electoral Division(s) and Member(s) Affected**

- 'All'.

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**6 October 2014****Agenda Item: 8****REPORT OF DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH AND  
PUBLIC PROTECTION****DIRECT PAYMENTS SUPPORT SERVICE PROGRESS UP-DATE****Purpose of the Report**

1. This report provides an up-date on progress with implementing the new Direct Payment Support Service (DPSS).

**Information and Advice**

2. A new approach agreed by Committee in October 2013 approved a change in the provision of services that promotes greater independence and control for people in managing their Direct Payments (DPs). This includes the extended use of pre-payment Cards, which offer a cost effective, safe and secure method for people to their purchase services, does not require people to set up a separate bank account for their DP and reduces associated administrative work.
3. Initially the Council undertook a tender process to initiate change was terminated in January 2014. An interim measure was therefore subsequently required and it was proposed to establish a small temporary team for 18 months within the Council, which was agreed by Committee in March 2014. This team would support the changes to be made as part of the process of individual's annual review of their needs and support package. The team would also take on all new referrals of people needing support to manage their Direct Payments.
4. The temporary team would enable a consistent approach to be applied to implementing the new approach, as well as gather the overarching information the Council requires in order to gain a true picture of future needs and make a decision on the best way of providing the service in the future. Options for procuring elements of support services that would be more cost effective if done at scale, such as providing payroll support and insurance, were also agreed. All work currently with existing DPSS providers would remain with them during the period this work was being completed and further consultation undertaken as to the best longer term method of commissioning DPSS.
5. Progress since March includes:
  - Pre-payment Card Current Accounts are now being offered as the first and main option for all new Service Users who take all or part of their personal budget as a Direct Payment.

- Briefings for operational managers and staff have been held to promote the new approach.
  - The Pre-payment Card Information Leaflet for service users has been up-dated. This explains how to activate and manage their account and includes a helpline number offered by the card provider.
  - Discussions have been held with colleagues in the Environment and Resources Department on the potential to purchase employer liability insurance on behalf of DP recipients employing their own support staff. This would secure better rates through economies of scale. A procurement exercise is being planned.
  - A consultation and information gathering exercise has been carried out through a telephone survey in which calls were made to just fewer than 2,000 recipients of Direct Payments. Information was successfully gathered from nearly 50% of the people called. The survey has yielded useful information about the way people use their Direct Payments and Direct Payment Support services and given us a better understanding of the market for Personal Assistants.
  - A process has been developed in order to gather further data on use of DPSS as part of the work currently being undertaken by the review teams.
  - Meetings have taken place with some existing Direct Payment Support Service Providers as part of the rolling re-accreditation process. The meetings have explored the extent to which providers may be willing and able to make use of Pre-payment Card current accounts within their “managed account” services. The response has been positive with the majority of providers that this has been discussed with to date.
  - Draft job descriptions for the team have been completed and been to Corporate Job Evaluation.
6. The decision to create an interim team within the Council has effectively been on hold since March. This is due to the need to fully understand a number of broader emerging issues which could potentially impact on the team and DP processes, including the final Care Act Guidance which was delayed until June 2014, as well as Nottinghamshire’s developing Adult Social Care Transformation programme.
7. Following completion of the analysis of the impact of the Care Act and Transformation programme on the original proposal, this information and the outcomes of the telephone survey will then form the basis for further engagement with providers and key stakeholders. An options report will then be presented to Committee with appropriate recommendations to enable a decision to be made.

### **Other Options Considered**

8. Other options have been considered as part of previous Committee reports.

## **Reason/s for Recommendation/s**

9. This report provides an up-date of work underway and recommends putting recruitment to the team on hold pending further consultation and analysis of new issues that have emerged since the original proposal. This is in order to ensure that if posts are established, that these are appropriate for the work required into the future and fit within new processes and pathways.

## **Statutory and Policy Implications**

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

## **Implications for Service Users**

11. As outlined in the report progress has already been made on implementing an approach to supporting people to manage their Direct Payments that supports greater independence, for example, through the roll out of use of Pre-payment Cards. The impact on service users of not recruiting to the team is that there will not be the provision of one-off information and advice to people except those that receive an ongoing package of support. People's current support package will remain in place with independent sector DPSS providers, subject to annual review of their needs and support plan.

## **RECOMMENDATION/S**

It is recommended that Committee:

- 1) note the report and progress made with implementing the new DPSS model promoting greater independence and control for people in managing their Direct Payments
- 2) agrees to hold recruitment to the proposed Council team to support this work, pending further analysis of relevant newly emerging issues
- 3) receives an update report at a future meeting.

**JON WILSON**

**Deputy Director, Adult Social Care Health & Public Protection**

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## **Constitutional Comments (LM 16/09/14)**

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

### **Financial Comments (KAS 16/09/14)**

13. There are no financial implications contained within 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.

- 'None'.

### **Electoral Division(s) and Member(s) Affected**

- 'All'.

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**6 October 2014**

**Agenda Item: 9**

## **REPORT OF SERVICE DIRECTOR ACCESS AND PUBLIC PROTECTION**

### **ESTABLISHMENT OF AN ADDITIONAL DEPUTYSHIP OFFICER POST IN ADULT CARE FINANCIAL SERVICES**

#### **Purpose of the Report**

1. To outline proposals to expedite the processing of deputyship referrals by seeking approval to establish an additional Deputyship Officer post within the Adult Care Financial Services (ACFS) structure.

#### **Information and Advice**

2. The Corporate Director of Adult Social Care Health & Public Protection acts as a deputy for service users who have lost the mental capacity to manage their finances and have no-one else to act on their behalf.
3. Applications are submitted to the Court of Protection which grants an order giving the council the authority to act on behalf of the service user in relation to their property and finances. This is a non-statutory function but has been considered essential to address safeguarding concerns for vulnerable adults who may be at risk of financial abuse, accumulating debts or having to enter residential care as they cannot be supported in the community.
4. Over the last 6 years, the number of service users supported by ACFS by acting as their deputy has more than doubled from 173 to 361. There are currently 3 fte Deputyship Officer Posts and 1 Team Leader responsible for the caseload. The existing staff are managing an unsustainably high number of cases which is leading to delays in processing the referrals. There are currently approximately 70 unallocated cases requiring social workers to support service users to manage their finances without having an authority to act on their behalf. The consequences of this are inefficient use of social worker time and potentially increased safeguarding risk in these cases.
5. It is therefore proposed to recruit an additional Deputyship Officer to reduce these risks and allow more effective use of social care staff's time. The cost of this would be neutral by offsetting the salary and on costs against increased fee income.

## **Other Options Considered**

6. ACFS have previously approached the Court of Protection to appoint a deputy from their panel of solicitors to act on the service user's behalf. The list of panel solicitors is approved and maintained by the Office of the Public Guardian (OPG). There are approximately 60 deputies at any one time, but currently there are none in the Nottinghamshire area.
7. It is considered good practice to have a local solicitor as the required annual visits from a more remote location would generate higher travel and time costs, which would be charged to the service user. Panel solicitors are permitted by Practice Direction B or the Court of Protection Rules to charge higher deputyship fees than local authorities so service users' savings and assets are depleted more quickly than if the local authority acts as deputy.
8. Panel solicitors have been unwilling to take on cases where the service user has less than £16,000 in assets as they are not financially viable. In these cases the amount that can be charged is based on a percentage of the service users' net assets up to a maximum of £500, which does not provide solicitors with an adequate profit margin. Panel solicitors do not always have the expertise to maximise service user income by applying for appropriate benefits in a timely manner. The work required by Nottinghamshire County Council to gather the necessary information and evidence to submit with an application to appoint from the panel is the same as if the Council were going to apply to become deputy.
9. Consideration has been given to referring cases to Freeth Cartwright Solicitors under the East Midlands LawShare agreement. This option presents the same difficulties as appointment of a panel solicitor with the only benefit that they are a local firm.

## **Reason/s for Recommendation/s**

10. The proposed increase of Deputyship Officer Posts from 3 to 4 fte will allow the timely processing of cases and reduce the risks outlined in paragraphs 3 and 4 above. Service users will benefit from lower deputyship fees than if referred to a solicitor, as well as prompt identification and application of benefit entitlements and a nominated officer to support them. Social workers will spend less time supporting service users to manage their finances without any authority to act on their behalf.

## **Statutory and Policy Implications**

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

## **Implications for Service Users**

12. If this proposal is approved, service users would benefit from lower deputyship fees, prompt identification and application of means tested and disability related benefits, and a dedicated deputyship officer who would support the service user to make decisions on how they want to manage their finances. Safeguarding issues involving potential financial abuse of vulnerable adults would be dealt with more quickly as would any debt problems.

## **Financial Implications**

13. The cost to the authority would be the cost of 1 fte Deputyship Officer at Band A, £28,922, plus on costs, making the total cost £36,644. The costs would be contained within the Adult Care Financial Services budget.

## **Human Resources Implications**

14. This report proposes to establish 1 permanent Deputyship Officer Post at Band A, £36,644pa.

## **RECOMMENDATION**

It is recommended that Committee:

- 1) approve the establishment of an additional permanent 1 fte Deputyship Officer Post, increasing the current establishment from 3 to 4 fte posts, at a total cost of £36,644 per year.

**PAUL McKAY**

**Service Director, Access and Public Protection**

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## **Constitutional Comments (LM 16/09/14)**

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

## **Financial Comments (KAS 16/09/14)**

16. The financial implications are contained within paragraph 13 of the report.

## **Background Papers**

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

- None.

## **Electoral Division(s) and Member(s) Affected**

- All.

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**6 October 2014**

**Agenda Item: 10**

## **REPORT OF SERVICE DIRECTOR ACCESS AND PUBLIC PROTECTION EXTENSION OF THE DATA INPUT TEAM**

### **Purpose of the Report**

1. To seek ASCH Committee's approval to the extension of the Data Input Team for a five-month period, from November 2014 to 31 March 2015, from existing budgets.

### **Information and Advice**

2. The establishment of a Data Input Team (DIT) was approved by ASCH Committee on 22 July 2013 for a 12-month period to fulfil the following aims to:
  - improve the commissioning of packages of adult social care
  - reduce associated financial risk
  - help to maintain timely records
  - improve the effectiveness of social workers' time.
3. Training of the team began on 4 November 2013, with the team launching in early December 2013. A graphical 'impact assessment' for the team is attached as appendix A.
4. A 'pre-launch' survey of ASCH&PP social care staff was carried out, which showed that the majority had had to seek help either sometimes, or often, in completing a commissioning outcome on Frameworki. About two-thirds of those who responded felt that the introduction of the DIT would have a positive impact on their work, with the most commonly-cited reason being the hoped-for ability to spend more time on social care tasks. On average it was taking respondents about 45 minutes to commission services on Frameworki for an individual service user.
5. A second survey was run six months after implementation, in June 2014. The results were that about two-thirds of respondents thought that the transition of commissioning activity from social care staff to the DIT was better than expected; the vast majority considered that the team had saved them time, with about a third saying that it saves them about 45 minutes per case, and one-fifth over 45 minutes. 91% of those responding said that the team had had a positive impact on their work. Two-thirds reported that it had allowed them to dedicate greater time to social care tasks. About two-fifths said they have been able to complete more assessments and reviews and that they have spent more time with service users.
6. Opinions shared by social care managers outside the survey have included:

- increased productivity; more packages sent for authorisation
- increased confidence in the accuracy of commissioning
- increased speed of commissioning
- eased pressure on operational teams and reduced stress levels
- time recouped which would previously have been spent on checking for errors.

- The surveys indicate that social care staff time saved by the team has so far been used to enable social care staff to concentrate on core activity, and from 2015/16 will assist the authority to release savings from operational teams, should the DIT continue.
- It is felt that the exit strategy if the team was to cease would be very problematic, with large numbers of workers having to be retrained and regain experience and confidence with commissioning care on Frameworki.
- A number of DIT post holders have departed since the start of the team on 4 November 2013, as their 12 month contracts near their end. From a starting point of the original 10 fte, the team is currently comprised as follows:

<i>Base</i>	<i>FTE</i>
Sir John Robinson House	2
Lawn View House	1.6
Sherwood Energy Village	2.6
TOTAL	6.2

- The team members have become more proficient since the team's inception in December (see appendix A) and Business Support managers consider that DIT could continue to offer its current service with these smaller staffing levels. In addition, it has been shown that the team can work across bases, providing flexible cover and an ability to deal with fluctuating demand.
- Consequently it is proposed that the team is extended on a two-phase basis:
  - November 2014 to 31 March 2015: the same tasks as during the pilot phase but with staff resources limited to individuals currently occupying posts in the team; and
  - On a permanent basis from 1 April 2015: a wider range of prioritised activities with either the same or a greater number of FTE as the pilot phase.
- From 1 April 2015, the suggestion is to increase the team's capacity back up to 10 FTE or more, in order to consume additional work types, and to tie tasks and funding in more closely with projects emerging from the targeted review of adult social care spend. Areas which have been proposed, which are not listed here in priority order, are as follows:
  - Data cleansing and data quality improvement generally
  - Notifying managers of forthcoming reviews
  - Prompting managers for additional documentation required
  - Assisting the commissioning of home based services
  - Commissioning 'non personal budget' care packages
  - Commissioning intermediate care

13. This would also provide stability and an assurance that the team would be able to continue creating capacity within operational teams during the forthcoming period of organisational redesign. The proposal to continue the team on a permanent basis from 1 April 2015 would be subject to a further report in early 2015 when a source of budget can be identified.
14. The 2014/15 budget for the team is £157,471, which assumes a contract end date of 3 November 2014. The team's costs by the end of October 2014 will be approximately £90k in total.
15. For phase 1 (continuation of the existing 6.2 fte from November 2014 to 31 March 2015), the cost of 6.2 fte Business Support Assistants, grade 3, scp 14-18 (£15,882-£17,333) for 5 months is £56k including oncosts, which can be contained within existing budgets.

### **Other Options Considered**

16. Another opportunity is the potential for the team to pick up some items of Children Family & Cultural Services (CFCS) work, which would be consistent with the combination of ASCH&PP and CFCS business support teams. However, this is not recommended at this stage because:
- the proposal would require significant development work with CFCS which would extend beyond the available time period for approvals
  - CFCS does not currently commission services in the same manner as ASCH&PP. There is a danger that taking on this additional and very different piece of work would detract from DIT's focus, and could risk spreading the team too thinly for this focussed 5 month period.
17. The possibility of a joint ASCH&PP and CFCS team will be explored for the period 1 April 2015 and beyond.

### **Statutory and Policy Implications**

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

### **Implications for Service Users**

19. If this proposal is approved, service users would benefit from social care staff being able to spend greater time on their substantive and professional duties.

### **Financial Implications**

20. The financial implications are outlined in paragraphs 14 and 15.

## **Human Resources Implications**

21. This report proposes to continue the employment of an existing 6.2 fte business support staff from 4 November 2014 to 31 March 2015.

## **RECOMMENDATION**

It is recommended that Committee:

- 1) approves the continuation of the contracts of the existing staffing of Data Input Team for a five-month period to the end of the financial year, at a total cost of £56k, which can be met from existing budgets.
- 2) receives a further report in early 2015 considering the permanent extension of the team.

**PAUL MCKAY**

**Service Director, Access and Public Protection**

**For any enquiries about this report please contact:**

**Kate Revell**

Group Manager – Quality & Market Management

Email: [kate.revell@nottsccl.gov.uk](mailto:kate.revell@nottsccl.gov.uk)

## **Constitutional Comments (LM 16/09/14)**

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

## **Financial Comments (KAS 16/09/14)**

23. The financial implications are contained within paragraphs 14 and 15 of the report.

## **Background Papers**

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

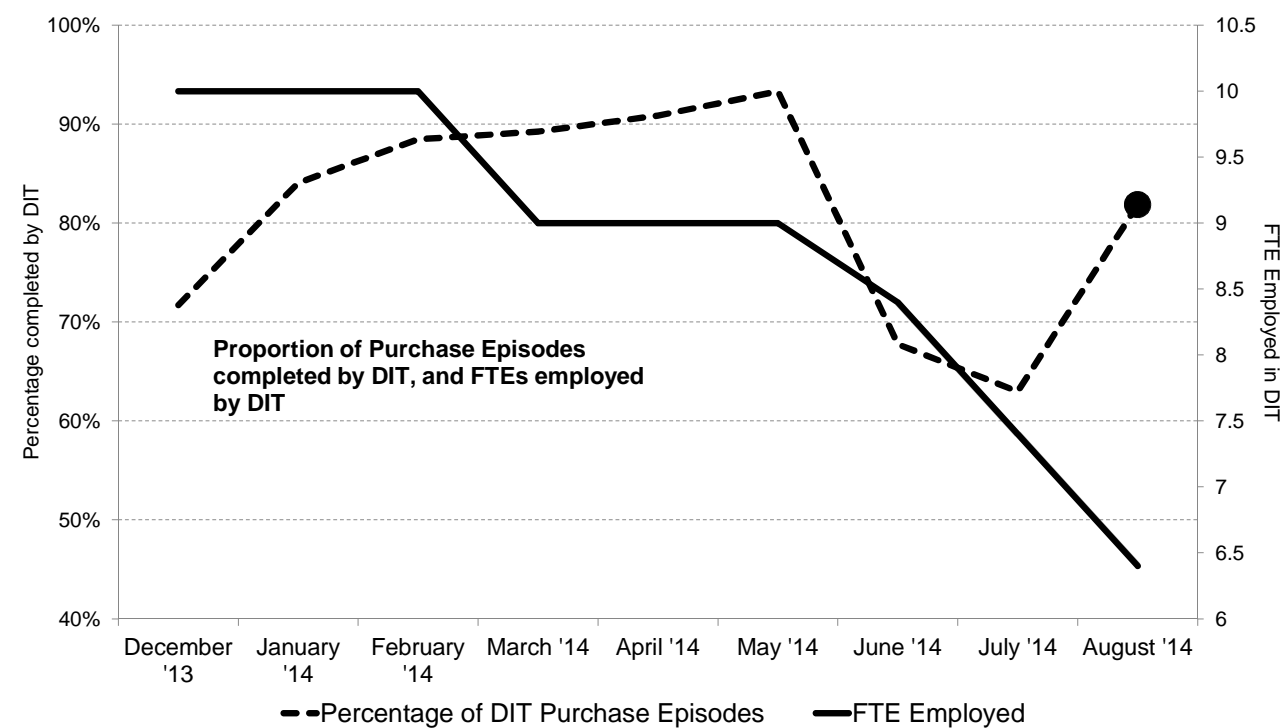
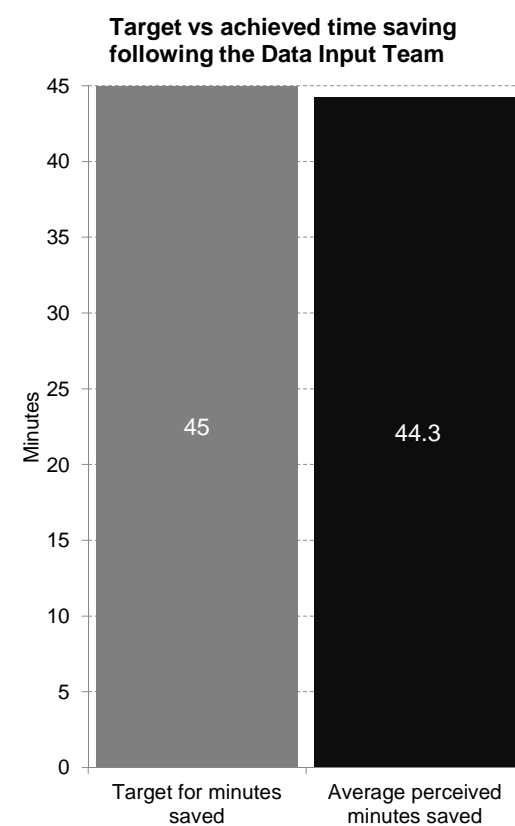
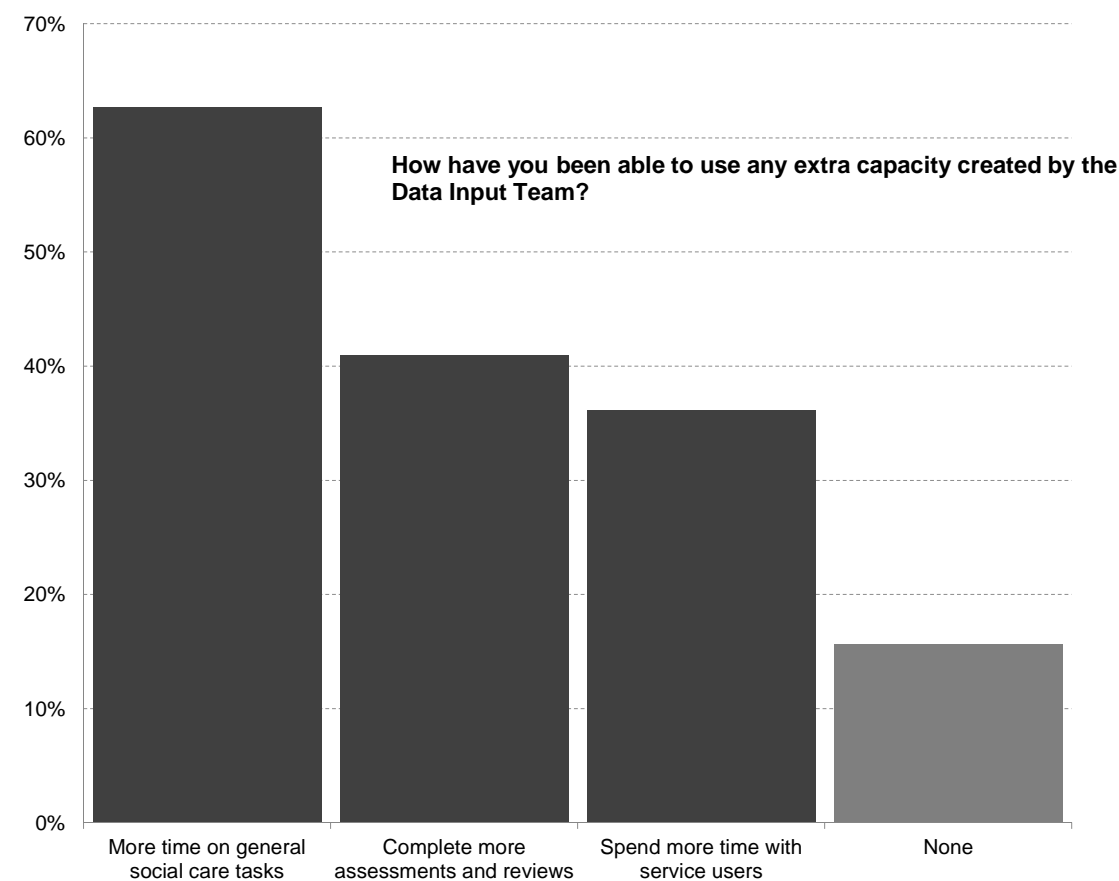
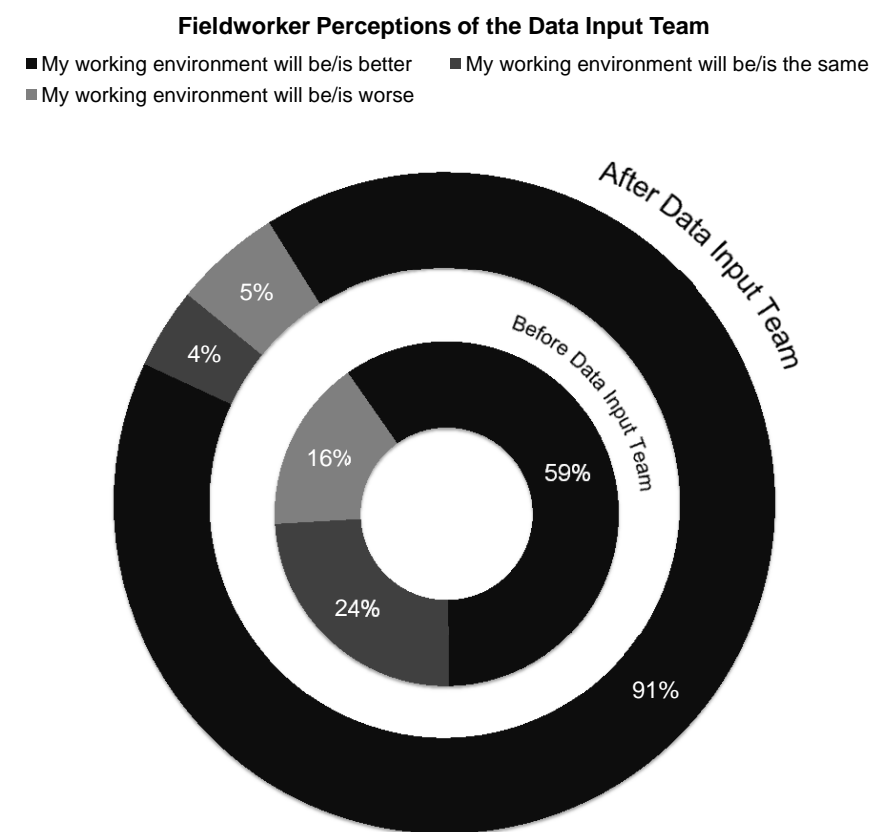
- None.

## **Electoral Division(s) and Member(s) Affected**

- All.

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Appendix A – Data Input Team Impact Assessment





6 October 2014

Agenda Item: 11

## **REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES**

### **WORK PROGRAMME**

#### **Purpose of the Report**

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

#### **Information and Advice**

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

#### **Other Options Considered**

5. None.

#### **Reason/s for Recommendation/s**

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

#### **Statutory and Policy Implications**

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

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

## **RECOMMENDATION/S**

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

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

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

### **Constitutional Comments (HD)**

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

### **Financial Comments (PS)**

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

### **Background Papers**

None.

### **Electoral Divisions and Members Affected**

All.



## **ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME**

<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
<b>6<sup>th</sup> October 2014</b>			
Presentation on Extra Care	No report – presentation on what is meant by 'extra care' and how communities can benefit from extra care facilities (plus display of plans for EC developments in Notts)	Service Director, Mid and North Nottinghamshire	Cherry Dunk
DPSS – Update	Up-date on progress with implementing the new Direct Payments Support Services (DPSS) model and team and making a recommendation to hold recruitment to associated posts.	Service Director, Mid and North Nottinghamshire	Gill Vasilevskis/Malcolm Potter
Proposed extension of the Data Input Team	Approval sort for the extension of the Data Input Team for a 5 month period.	Service Director, Access and Public Protection	Kate Revell
Deputyship	Outline proposals to expedite the processing of deputyship referrals by seeking approval to establish an additional Deputyship Officer Post	Service Director, Access and Public Protection	Kate Revell/Bridgette Shilton
ASCH&PP Framework Development Team	Advise committee of current and future work priorities for ASCH&PP and to request temporary funding and recruitments for technical and report specialists	Service Director, Access and Public Protection	Kate Revell
Outcome of consultation on policy for providing planned short breaks for adult service users and carers	Feedback on outcome of consultation in relation to draft Short Breaks policy.	Deputy Director, Adult Social Care, Health and Public Protection	Wendy Lippmann
Department of Health Formal Consultation on the Funding Formula for Implementation of the Care Act in 2015/16	Seeking Member involvement in the preparation of the response to the Department of Health's formal consultation process and approval of the final consultation response being delegated to the Corporate Director, Adult Social Care, Health and Public Protection Department.	Service Director, South Nottinghamshire	Jane North
Approval of Local Account 2013-14	To seek approval from committee for Local Account 2013-14 to be published. Local Account provides a summary of performance and activity in the department, which is shared with the public.	Deputy Director, Adult Social Care, Health and Public Protection	Anne Morgan

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<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
<b>3<sup>rd</sup> November 2014</b>			
Proposed tender for Universal Services for Carers	Proposed tender for Universal Services for Carers, this tender will replace contracts with several providers, to provide a single point of contact for carers across the county, to put in place a sustainable service and to make necessary savings.	Service Director, Mid and North Nottinghamshire	Penny Spice
MASH – Activity levels, staffing implications & Policy update	Follow on report from report submitted to Committee approving temporary post & changes to policy	Service Director, Access and Public Protection	Claire Bearder
Strategic Review of Care Home Sector Update	Strategic Review of Care Home Sector in Nottinghamshire and Nottingham City Update report	Service Director, Access and Public Protection	Rosamunde Willis-Read
Optimum Workforce Leadership – update on option for independent social enterprise	Confirmation of funding requirements for Council and other partners and plans for alternative model for Optimum.	Service Director, Mid and North Nottinghamshire	Claire Poole
Self-Funding Report	Recommend that the authority sign-posts the public to Care Advice Line Ltd to receive appropriate information and advice about care fees and self-funding following the decision by Partnership to close the Paying For Care Information and Advice Service helpline.	Service Director, Access and Public Protection	Paul McKay
Provision of Financial Information and Advice as part of the Care Act implementation	Information on the provision of Financial Information and Advice as part of the Care Act implementation.	Service Director, South Nottinghamshire	Nick Parker
Deprivation of Liberty (DoLs) progress report	Progress report on the implementation of the DoLs team and addressing issues arising from the Cheshire West Judgment	Service Director, Mid and North Nottinghamshire	Tina Morley-Ramage
Interim Senior Leadership Structure in the Adult Social Care, Health and Public Protection Department	Review of the departments interim Senior Leadership Team Structure	Deputy Director, Adult Social Care, Health and Public Protection	Jon Wilson
Business Support	Information update report	Service Director, Access and	Julie Forster

<b>Report Title</b>	<b>Brief summary of agenda item</b>	<b>Lead Officer</b>	<b>Report Author</b>
Review Update		Public Protection	
Older People Community Care and Residential care savings proposals	Progress report on savings proposals related to community and residential care for older adults	Service Director, Mid and North Nottinghamshire,	GM, Strategic Commissioning
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals.	Deputy Director, Adult Social Care, Health and Public Protection	Ellie Davies
Independent Living Fund (ILF) update	Update on transfer of responsibility for ILF to local authority.	Service Director, Mid and North Nottinghamshire,	Paul Johnson
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections.	Deputy Director for Adult Social Care, Health and Public Protection	Anne Morgan
Adult Social Care Information, Advice and Advocacy Strategy Update Report	To update the committee on progress of the implementation and development of the strategy	Deputy Director for Adult Social Care, Health and Public Protection	GM, Strategic Commissioning
Health and Wellbeing Board update	Report on work and priorities of Health and Wellbeing Board within last 6 months.	Deputy Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Temporary Short Term Group Manager Post	To seek approval for the short term secondment of a group manager and the temporary restructuring of the post to ensure service continuity.	Service Director, Access and Public Protection	Claire Bearder
Members' visits to Council and Independent Sector Care Services	Report to review the current system and make recommendations for changes which will include visits to independent sector care providers.	Service Director Access and Public Protection	Jennie Kennington/Rosamunde Willis-Read
<b>1<sup>st</sup> December 2014</b>			
Hospital discharges	Information report regarding progress.	Service Director, Mid and North Nottinghamshire	Sue Batty/Caroline Baria
Direct Services Delivery Group update	Progress report on savings programme related to direct services in the department (eg. day services, short breaks services, transport etc)	Deputy Director, Adult Social Care, Health and Public Protection	Wendy Lippmann
Planned Care of Older People after a Planned	6 month review of the Planned Care of Older People after a Planned Operation Project	Service Director, Access and Public Protection	Steve Jennings-Hough

<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Operation			
Integrated Community Equipment Loans Service (ICELS)		Service Director, Mid and North Nottinghamshire	Jessica Chapman
Commissioning and Efficiencies savings proposals	Progress report on savings proposals related to Supporting People and changes to joint commissioning arrangements.	Deputy Director, Adult Social Care, Health and Public Protection	GM, Strategic Commissioning
Feedback from Peer Challenge	Outcome and recommendations of sector led improvement peer challenge process.	Deputy Director, Adult Social Care, Health and Public Protection	Jennie Kennington
<b>5<sup>th</sup> January 2015</b>			
NHS Support to Social Care Funding	Update report on NHS Support to Social Care (s.256) Funding	Service Director for Mid Notts and Bassetlaw	Jane Cashmore
Re-tender of ICEL'S update report	Update report on preferred future models	Deputy Director, Adult Social Care, Health and Public Protection.	GM, Strategic Commissioning
Care Bill Update	Progress report on the implementation of the Care Bill in Nottinghamshire	Service Director for South Nottinghamshire	Jane North
Quality and Marketing Management Delivery Group Update	Update report on the savings projects for 2014/15-2016/17 which fall in the remit of Quality Market Management	Service Director Access and Public Protection	Kate Revell
Feedback from NCAS Conference Oct 2014	Feedback and learning from National Children and Adult Services Conference October 2014	Deputy Director, Adult Social Care, Health and Public Protection.	Jon Wilson/Cllr Weisz
<b>2<sup>nd</sup> February 2015</b>			
Young Carers and Disabled Parents	12 month update on the work regarding Young Carers and Disabled Parents	Service Director, South Nottinghamshire	Wendy Adcock
<b>2<sup>nd</sup> March 2015</b>			
Winterbourne Report	6 monthly progress report.	Deputy Director for Adult Social Care, Health and Public Protection	Cath Cameron-Jones
Direct Payment Support Service	Update after 12 months of the changes to Direct Payment Support Services	Deputy Director for Adult Social Care, Health and Public Protection	GM, Strategic Commissioning
Performance Update for	Quarterly update report on the performance of	Deputy Director for Adult Social	Anne Morgan

<b>Report Title</b>	<b>Brief summary of agenda item</b>	<b>Lead Officer</b>	<b>Report Author</b>
Adult Social Care and Health	Adult Social Care, including update on latest CQC inspections.	Care, Health and Public Protection	
<b>27<sup>th</sup> April 2015</b>			
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
<b>1<sup>st</sup> June 2015</b>			
<b>29<sup>th</sup> June 2015</b>			
Update on progress with personal budgets for people with dementia	Progress report to review situation one year on from project with Alzheimer's Society to increase no. of people with dementia who have personal budgets and direct payments.	Service Director, Mid and North Nottinghamshire	Jane Cashmore
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care, including update on latest CQC inspections.	Deputy Director for Adult Social Care, Health and Public Protection	Anne Morgan
<b>July (date TBC)</b>			
<b>August (date TBC)</b>			
<b>September (date TBC)</b>			
Services to Carers	Progress report regarding work commissioned by the department for carers	Deputy Director for Adult Social Care, Health and Public Protection	Penny Spice

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