

Adult Social Care and Health Committee

Monday, 07 July 2014 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 9 June 2014 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Not allocated | |
| 5 | Project with Alzheimer's Society to Develop Personal Budgets for People with Dementia | 7 - 30 |
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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 **9 June 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

Tony Roberts MBE
Andy Sissons
Pam Skelding
Jacky Williams

A Ex-Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Stephen Beane, Business Support Officer
Peter Barker, Democratic Services Officer
Paul Davies, Democratic Services Officer
David Hamilton, Service Director, ASCH&PP
Jennie Kennington, Senior Executive Officer, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Kate Revell, Group Manager, ASCH&PP
Rosamunde Willis-Read, Project Manager, ASCH&PP
Jon Wilson, Temporary Deputy Director, ASCH&PP

APPOINTMENT OF CHAIR AND VICE-CHAIR**RESOLVED: 2014/043**

That the appointment of Councillor Muriel Weisz as Chair and Councillor Yvonne Woodhead as Vice-Chair by the County Council of 15 May 2014 for the ensuing year be noted.

MEMBERSHIP

The membership of the Committee as set out above was noted. Councillor Roberts had been appointed in place of Councillor Wallace for this meeting only.

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 12 May 2014 were confirmed and signed by the Chair.

DECLARATIONS OF INTEREST

There were no declarations of interest.

STRATEGIC REVIEW OF CARE HOME SECTOR IN NOTTINGHAMSHIRE AND NOTTINGHAM CITY

RESOLVED: 2014/044

- (1) That the strategic review of the care home sector, along with the recommendations and proposed next steps contained therein, be noted.
- (2) That the recommendations and next steps set out in paragraphs 10 and 12 of the report be approved.
- (3) That the Committee receives a further report in September along with any recommendations arising from the Care Homes Working Group.

QUALITY AND MARKET MANAGEMENT DELIVERY GROUP UPDATE

RESOLVED: 2014/045

- (1) That the report be noted; and
- (2) That Committee receive a further progress report in 6 months' time.

URGENT ITEM

The Chair agreed to the following item being considered as a matter of urgency, in order that the committee could review progress achieved by the delivery group without delay.

OLDER PEOPLE COMMUNITY CARE AND RESIDENTIAL CARE DELIVERY GROUP REPORT

RESOLVED:2014/046

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

DEVELOPMENT OF THE CARERS' STRATEGY 2014-15

RESOLVED:2014/047

- (1) That the Carers' Survey 2012 update be noted and the Carers' Strategy 2014-15 be approved in principle.
- (2) That the Carers' Strategy be put to the Policy Committee for approval.

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

RESOLVED:2014/048

That a wider consultation on the policy be approved.

INTIMATE PERSONAL RELATIONSHIPS POLICY

RESOLVED:2014/049

- (1) That the changes to the Intimate Personal Relationships Policy and Staff Guidance be approved.
- (2) That the Intimate Personal Relationships Policy and Staff Guidance be put to the Policy Committee on the 2nd July for approval.

INTRODUCTION TO THE ADULT SOCIAL CARE INFORMATION, ADVICE AND ADVOCACY STRATEGY

RESOLVED: 2014/050

- (1) That the Information, Advice and Advocacy Strategy 2014-15 be approved.
- (2) That the work currently underway to implement and further develop the strategy in order to meet the requirements of the Care Act be noted.
- (3) That a further report be brought to Committee later in the year.

WORK PROGRAMME

In addition to the further reports mentioned above, the Chair indicated that there would be a report about rota visits by committee members.

RESOLVED: 2014/051

That the Work Programme be noted.

The meeting closed at 12.30 pm.

CHAIR

7 July 2014**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR OF NORTH AND MID
NOTTINGHAMSHIRE****PROJECT WITH ALZHEIMER'S SOCIETY TO DEVELOP
PERSONAL BUDGETS FOR PEOPLE WITH DEMENTIA****Purpose of the Report**

1. To update the Committee on the achievements and successes of the partnership project between the Council and the Alzheimer's Society to develop Personal Budgets for people with dementia, and to recommend that the Committee receives an update report on progress with Personal Budgets for people with dementia in 12 months.

Information and Advice

2. The context of the project was the identification at a national level of the low level of take up of direct payments and personal budgets for people with dementia and their carers highlighted by organisations such as the Alzheimer's Society and the Association of Directors of Adult Social Services.
3. The Care Act 2014 also places new and extended responsibilities on Councils including:
 - provision of comprehensive information and advice
 - arranging and making available services that prevent delay or reduce the need for higher levels of care and support
 - supporting a market that delivers a wide range of high quality services so that people have choice
 - identification of people in the local area who might have care and support needs that are not being met.
4. In commissioning this project the Council has responded to the challenges set out above and recognised that improvements are required along a range of fronts to improve delivery of personal budgets for older people with dementia. The project ran from July 2013 to May 2014.
5. The project built on good practice and achievements already in place within Nottinghamshire to transform and personalise adult services and to improve the early diagnosis and support for people with dementia and their carers.

Key priorities for the project

6. These were:

- identify and overcome barriers experienced by people with dementia and their carers in accessing personal budgets and direct payments
- develop accurate recording of performance data on people with dementia to inform locally and ensure resources are available to meet current and future demand for support
- improve access to good quality information and advice about personal budgets and direct payments
- raise awareness of dementia and the support available through close partnership working with key operational staff and partner agencies, and
- build on the good practice already in place locally and nationally

Key outcomes

Identify and overcome barriers experienced by people with dementia and their carers in accessing personal budgets and direct payments

7. The Project Manager and Project Volunteer interviewed social care staff, people with dementia and carers to understand their experience of direct payments and personal budgets and the critical success factors. This work showed that:

- Direct Payments for people with dementia can assist with timely hospital discharge and prevent long term care admission. A number of case examples to illustrate this have been identified for use with staff and other organisations.

Mrs. A. is 92 years of age has memory loss, macular degeneration, poor mobility and is at risk of falls. She has been using a Direct Payment for the past 2 years and her brother acts as her Suitable Person. The direct payment enables her to employ three female personal assistants that she has got to know and trusts. They provide assistance with all daily living tasks including prompting for personal care, securing property, preparing light meals.

The Direct Payment costs £216 pw and has enabled her to continue living at home even after the death of her husband which is what she wanted to do. Mrs A feels it very important to remain at home. The care package is working really well and Mrs A. is highly satisfied.

- Direct payments for people with dementia can be very cost effective. Case studies evidence that people with dementia and other health conditions can live in the community with the right support, at comparable or less cost than in residential care

- The factors that make community and home based support effective in maintaining people with dementia at home were identified as reliability, continuity of carers, trust and consistency.

Mr D. has Lewy Body dementia and gets anxious and agitated when his routine changes. His mobility is also very slow. He has recently been discharged home after 26 weeks in hospital after being admitted with a severe leg infection causing him to hallucinate and not recognise his family. He was keen to remain independent at home as long as possible, but is aware he has memory difficulties.

A Direct Payment was put in place with his daughter acting as a Suitable Person. She is using a prepayment card to manage the Direct Payment finances. Following input from START brokerage a support agency was identified that could provide practical support and personal care and could work around his need for consistency and reliability of carers.

Total cost of Direct Payment = £175 pw.

- There were many examples of excellent practice across the county with staff working imaginatively to put direct payments in place for people with dementia. This included Rushcliffe Older Adults team, Intensive Recovery Intervention Services (IRIS) for older people with mental health problems or dementia, START, and Mansfield Community Hospital social work team.

M. is 60 years of age and has working age dementia. He lives in a remote village in Nottinghamshire with his wife who is his main carer. She needed a break from caring and M needed some social interaction. M. felt he was too young for traditional day care services.

Through the use of a Direct Payment he was able to find a male personal assistant who shared similar interests as he wanted to talk about cars and engineering. A Direct Payment Support Service was able to help them with legal issues around employment

- Brokerage has been shown to be very effective in the START pilot as way of building capacity within the wider direct payment market, achieving reductions in rates, and developing partnerships with providers.

Mrs K is 84 years old has been diagnosed with dementia and has a range of other health problems. Following a fall she was admitted to hospital and from there to a step up bed in a Care Home and at risk of remaining in long term residential care.

With input from START brokerage her husband, chose one of the three agencies that expressed an ability to offer home based support to Mrs K on her discharge. Mrs. K was discharged home with a Direct Payment with her

husband acting as her Suitable Person. The care agency Mr K chose provides daily support mornings and evenings. Total cost of direct payment = £ 147 pw.

- People with dementia and carers were very positive about their experience of having a carer's assessment and carers' personal budget. This service was generally accessed via the Carers Team at the Customer Services Centre.
 - People with dementia who lack a Suitable Person to manage a direct payment still want to have choice within the managed budget option to allow for specific requests for activities or support that will offer continuity or provide a dementia specific resource.
8. The information was incorporated into a report with recommendations about ways to streamline processes and reduce barriers to people accessing personal budgets and direct payments. This has been shared with Service Directors and relevant Group Managers.

Develop accurate recording of performance data on people with dementia

9. Research on direct payments and personal budgets for people living with dementia in England has revealed that there appears to be no data being collected about people living with dementia who are receiving personal budgets or direct payments. Preliminary analysis in Nottinghamshire identified that 143 people with a category of Mental Health/sub category - Dementia were receiving a Direct Payment in Nottinghamshire on 18th August 2013.
10. Staff guidance on correct dementia recording has now been developed and circulated to operational managers and staff.

Improving access to good quality information about personal budgets and direct payments

11. A range of reports including Improving Personal Budgets for Older People (Think Local Act Personal, January 2013) state that councils need to improve access to information, advice and guidance around personal budget options for older adults, including for people with dementia.
12. The project undertook a Dementia cafe consultation to establish what information (about services or support) people with dementia and their carers wanted and needed, plus where and how they might want to access that information. Over sixty people participated. The feedback has been summarised into a full report and makes a number of recommendations to improve access to information. A full copy of the consultation information is available on request.
13. A half day workshop took place to map information needs along the dementia pathway. The workshop identified that there was a need for additional early signposting about dementia support and as a result three Clinical

Commissioning groups (Nottingham West, Nottingham North and East and Rushcliffe) are now working together with the Council, Alzheimer's Society and CVS staff to develop a joint simple signposting leaflet. There are plans to continue this work with central and north CCGs.

14. The Alzheimer's Society commissioned In Control to complete a national audit of the type and format of information available to people with dementia and to identify any examples of best practice. The Project Manager worked with small groups of people with dementia and carers across the county to develop a Nottinghamshire County Council public leaflet on Personal Budgets and Direct Payments targeted at people with dementia. This is available as a background paper.

Raise awareness of dementia and the support available through close partnership working with key operational staff and partner agencies

15. The project acknowledged that there is a strong commitment at a senior level within the Council to raise awareness of dementia. The project has successfully increased awareness within assessment and care management teams of the dementia support services offered by the Alzheimer's Society¹ and improved partnerships at an operational level between the Council and the Alzheimer's Society are already resulting in benefits on both sides.
16. Alzheimer's Society dementia support workers are key providers of information, advice and guidance about how people with dementia can access services and support but were not that familiar with personal budgets and direct payments. The Project Manager and a Council officer delivered two information sessions to the dementia support workers on the customer journey and personal budgets.

"These sessions were really helpful. Personal Budgets is a term that gets used a lot and it was interesting to find out the actual meaning. I also found it very helpful to speak to a Social Worker and get information from her. I found it very helpful to see a Community Care Assessment form and to hear from someone who has lots of experience using them and how it works in practice." Dementia Support Worker, Alzheimer's Society.

17. A regional Think Local Act Personal event focussing on 'Making it Real for People with dementia' took place in June 2014 and included a presentation about this project to share the learning with a wider audience.

Areas identified for improvement

1

The services available include Carer Support groups, Dementia cafes and Carer Information Support programme, Telephone support and Signing for the Brain; A Befriending service is also available but is chargeable. The Alzheimer's Society also employs Dementia Support workers who meet people at an early point in their dementia journey at Memory Clinics and provide support, information and advice to people, including home visits.

18. The project identified a number of areas where the Council can make improvements which include:

- increasing staff skills and confidence in direct payments as a positive option for people with dementia through use of peer support within and across teams by staff more experienced in setting up direct payments, and use of the case studies collected during the project.
- improving information provided at the Customer Service Centre and providing a more responsive and flexible process to meet the needs of people with dementia.
- ensuring more choice and control within the managed budget option.
- following up learning from the START brokerage model.
- introducing processes to performance manage personal budgets and direct payments for people with dementia in terms of numbers and quality to ensure take up is monitored.
- including a proportion of people with dementia in any future Personal Outcomes Evaluation Tool (POET) survey in Nottinghamshire to ensure their experience of the personal budgets process is captured and to ensure an improved evidence base of outcomes.
- continued development of the partnership between Alzheimer's Society and the Council at a strategic and operational level around the implementation of the Care Act and the effective delivery of dementia support from diagnosis through to end of life.
- continued role for the Council in shaping the development of dementia friendly personal budget implementation across the region.

Other Options Considered

19. No other options were considered.

Reasons for Recommendation/s

20. This project and the partnership with the Alzheimer's Society has been very successful. The use of personal budgets and direct payments for people with dementia is a particular challenge for local authorities and the project has shown that they can work well to divert and delay from long term care, deliver good outcomes for people with dementia and are cost effective when combined with support from carers.

21. The partnership between Alzheimer's Society and the Council has been strengthened with clear benefits on both sides. It is recommended that this is continued beyond the project at a strategic and operational level with both

partners identifying how they can work together to deliver improved outcomes to people with dementia.

Statutory and Policy Implications

22. This report has been compiled after consideration of implications in respect of crime and disorder, 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

23. The project has identified that personal budgets for people with dementia can offer greater choice and control for people who require services and can support them to remain in the community. It has also demonstrated how personal budgets can support families and carers to maintain difficult situations at home.

RECOMMENDATIONS

24. It is recommended that Committee:
- a. notes the achievements and successes of the partnership project between the Council and the Alzheimer's Society to develop Personal Budgets for people with dementia
 - b. receives an update report on progress with Personal Budgets for people with dementia in 12 months.

DAVID HAMILTON

Service Director of North and Mid-Nottinghamshire

Report author

For any enquiries about this report please contact:

Helen Turner,
Project Manager, Personal Budgets and Dementia Project,
Alzheimer's Society
Email: Helen.Turner@Alzheimers.org.uk

Constitutional Comments

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

Financial Comments (KAS 20/6/14)

26. 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

Nottinghamshire County Council leaflet on Personal Budgets and Direct Payments for people with dementia

Electoral Division(s) and Member(s) Affected

- All



**Nottinghamshire
County Council**

Improving people's lives

Information about Personal Budgets and
Direct Payments



Nottinghamshire County Council in partnership
with Alzheimer's Society

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Introduction

This leaflet is aimed at people with dementia and their carers and tells you what happens when you ask us for some help to remain living at home. Everyone who receives help gets this as a Personal Budget.

Direct payments are one of the ways that you can take your personal budget and we hope that once you have read this leaflet you will see the benefits and consider this as a positive option.

Getting a personal budget

If you think that you or someone you care for needs help - the first step is to contact us on

0300 500 80 80 and ask for a Community Care Assessment.

You may be offered short term home care support (reablement) first - especially if you have just come out of hospital - to help you get back on your feet. A member of Nottinghamshire social care staff will talk to you about your needs and assess whether you will be eligible for help.

We follow national guidelines for assessing who is eligible to get community care services. This aims to make sure all councils make decisions about who gets help in a similar way.

If you are eligible, your assessment will identify an amount of money which we call an indicative personal budget.

We will use this to create your support plan. Family and friends can help with this too. This plan will look at the best way to spend your budget to meet your needs.

When you call the Customer Services Centre there are a series of options. Select (Option 1) then (Option 4). These options may change from time to time.

Personal Budgets Pathway



Contact Customer Services Centre about an **Assessment** for yourself or someone you care for



Work with a member of NCC* social care staff to find ways to help you stay independent. If long term support is needed we will work out how much and decide your **indicative budget**



Write and agree your **support plan** and decide your final **personal budget**.
Work out your financial contribution



Have your personal budget as **direct payments** and organise your own support to suit your needs



Have part of your budget as direct payments and part as services managed by NCC*

Have all of your services managed by NCC* and provided by approved providers



Speak to your social care worker about the most effective way to spend your direct payments and get the most for your money.



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What goes into my support plan?

The support plan will cover:

- what you want to change or achieve – your outcomes
- how you will be supported and how that support will be managed
- how you will stay in control and be as independent as possible
- what you need to do to make the plan happen.
- equipment to help you stay independent
- support for the person who is caring for you.

We will need to agree your plan and let you know the actual cost of your support. This final figure is your personal budget.

If your situation changes you can ask for a review of your needs, which may include creating a new support plan.

The plan will include a range of services. This could include:

- getting out and attending activities in your community – clubs, cafes, church
- keeping in touch with family and friends
- support with practical tasks
- help with personal care – such as washing and dressing

“ Just because someone has dementia it doesn't mean they don't know what they want ”

Carer

Will I have to pay towards my care?

It depends on your financial circumstances. Most people will have to make a contribution towards the cost of any care or support they receive. This is so that we can concentrate our limited resources on people with the most need and provide support to as many people as possible.

We will need to know about your financial circumstances to decide how much you will need to pay towards your services.

If you choose to take all or part of your personal budget as direct payments, these will not affect your benefits and are not counted as income for tax purposes.

If you would like more information on paying for your care, ring us on **0300 500 80 80** and ask for a copy of the fact sheet called "Social Care Support: assessment, support planning and personal budgets".

Or you can find information on the County Council website:

www.nottinghamshire.gov.uk/caring/adultsocialcare/supporttoliveathome/longtermsupport/

How is my personal budget paid to me?

There are three ways to have your personal budget:

1 You can have your personal budget as direct payments paid directly to you. Direct payments can give you more freedom and the ability to be creative in how you find ways to organise and manage your support.

2 You can have part of your personal budget as direct payments to organise your own support and part of it as services managed and provided through the County Council.

3 You could have your entire personal budget as services managed and provided through Nottinghamshire County Council.

Direct payments

For many people the best option is direct payments. This allows you much more freedom to arrange the services you want from the companies or carers you prefer at times that suit you.

Having a direct payment means that you can buy services from companies that we don't have contracts with. You can also use the money to employ a personal assistant to give you support when you want it.

You can still have a direct payment if you have dementia and/or are unable to make your own decisions but you will need to have a "Suitable Person" to manage it on your behalf. This could be a family member.



If I have a direct payment, what will I need to do?

Direct payments are designed to give you more control over your care, however there are some things that you will need to do such as:

- open a separate bank account (or use a pre – payment card)
- Keep a record of how you have spent the money (bank statements/invoices).

My Story

“You have the clout to change things when you have a direct payment”

Ann switched to direct payments when she realised that she needed a more consistent and reliable home care service for her husband who has dementia.

“I had agency carers coming in and they sent different workers and visits were often late which meant my husband was waiting for an hour or even two hours to be washed and dressed.

I never knew who was coming- it was a different person every week.”

It was at this point Ann decided to take control and organise the support via a direct payment.

“I like the fact that with a direct payment I can keep hold of the purse strings. I can talk directly to the agency now and make changes to the days and times that support is provided to fit around our needs. It works so much better for us. ”

Do I have to manage everything by myself?

No. A social care worker will help to get you started and if you need more help we can give you contact details of Direct Payment Support services. You may need this if you are employing your own staff.

Bill is 60 years of age and has working age dementia. He lives in a remote village in Nottinghamshire with his wife who is his main carer. She needed a break from caring and Bill needed some social interaction.

Bill felt he was too young for traditional day care services. Through the use of a direct payment he was able to find a male personal assistant who shared similar interests as he wanted to talk about cars and engineering.

A Direct Payment Support Service was able to help them with legal issues around employment.

Where can I get more information about direct payments?

You can contact us on **0300 500 8080** and ask for information on direct payments.

If you decide to have all or part of your personal budget as direct payments, we will give you fact sheets which explain about:

- opening a bank account or a pre-payment card
- what you can and can't spend your money on
- how your payments will be made
- what simple records you will need to keep
- what checks will be made on the records
- how you can employ a personal assistant
- all relevant legal and safety issues

What happens if I don't want direct payments?

Some people may not want direct payments or may not be able to have one. If this is the case we will provide the services you need from the Council's approved list of providers.

It is up to you how you choose to have your personal budget. If you have direct payments and then change your mind, you can stop them at any time.

Dementia support groups Nottinghamshire

Alzheimer's Society

Dementia Support Workers, Carers workshops, Singing for the Brain sessions, Befriending service (charges may apply)

Nottingham: **0115 934 3800**

Mansfield: **01623 429419**

Workshop: **01909 730886**

Email: **Nottingham@alzheimers.org.uk**

Caring for Dementia Carers (Bassetlaw)

Meets every Tuesday morning in Workshop. Talk with others who understand what it's like caring for someone with dementia.

Telephone: **07530953496**

Email: **dementiacarersbassetlaw@gmail.co.uk**

Forget-me-not Dementia Support Group

A Self Help and Support Group for people with memory problems, their families and friends

Kirkby-in-Ashfield

Telephone: **01623 556065**

Email: **forget-me-not.support@hotmail.co.uk**

Ollerton Memory café

A support group for people with Alzheimer's, dementia, memory loss, their partners carers and friends. Meets monthly.

Telephone: **01623 862478**

Radford Care Group

Friendship group, day care facilities and carer support sessions.

Telephone: **01159786133**

www.radfordcaregroup.org.uk

Other Useful organisations:

Age UK Nottingham & Nottinghamshire

Telephone: **0115 844 0011**

Email: **info@ageuknotts.org.uk**

Alzheimer's Society

Nottingham: **0115 934 3800**

National Dementia Helpline:
0300 222 1122

Email: **Nottingham@alzheimers.org.uk**

Carers Federation

Telephone: **01159 629 310**

Provides free general advice, information and support to all carers

Choose My Support

Online directory of support services, groups and equipment

www.choosemysupport.org.uk

Crossroads Care East Midlands

Telephone: **01159 62 8920**

For Broxtowe, Gedling and Rushcliffe areas

Crossroads Care North Notts

Telephone: **01623 658535**

For Newark & Sherwood, Mansfield, Ashfield, Bassetlaw areas

Information Prescriptions

Prescription that provides information rather than tablets and medicines

www.nottsinfoscript.co.uk

Working Age Dementia Service (WAD)

Nottinghamshire Healthcare NHS Trust

Telephone: **01623 415707**

[illegible]

Notes

[illegible]



Nottinghamshire County
Council in partnership with
Alzheimer's Society

**Alzheimer's
Society** | Leading the
fight against
dementia



**Nottinghamshire
County Council**

W nottinghamshire.gov.uk
E enquires@nottsccl.gov.uk
T 0300 500 80 80

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7 July 2014**Agenda Item: 6****REPORT OF SERVICE DIRECTOR FOR MID AND NORTH
NOTTINGHAMSHIRE****INTEGRATED PILOT - PERSONAL HEALTH BUDGETS****Purpose of the Report**

1. To up-date on progress with an integrated Personal Health Budget pilot in Bassetlaw and seek approval to establish a temporary Direct Payment Officer (Personal Health Budgets) post to support the delivery of Personal Health Budgets to people in Bassetlaw.

Information and Advice

2. A Personal Health Budget (PHB) is an amount of money from the NHS to support a person's health and wellbeing. This includes the option for the person take the money as a direct payment to arrange their own care. Following implementation of personal budgets in social care, national rollout of PHBs was announced by the Government. From the 1st April 2014 people in receipt of Continuing Healthcare funding have the right to ask for a PHB and from October 2014 the right to have a PHB. From April 2015 there will be a further roll out to people with Long Term Conditions.

2.1 Personal budgets in social care and health aim to give people more choice and control to meet their care and health and wellbeing needs. In Nottinghamshire, NHS partners (Bassetlaw CCG and County CCG's) are working with Nottinghamshire County Council to join health and social care personal budgets together to make them more efficient and easier for people to use.

2.2 A report to Senior Leadership Team (SLT) in February 2014 outlined the intention for Bassetlaw Clinical Commissioning Group (CCG) and Adult Social Care Health & Public Protection (ASCH&PP) to work together to deliver an integrated model of health and social care personal budgets and direct payments for adults. The report recommended that ASCH&PP to undertake the host function to deliver PHB's on behalf of Bassetlaw Clinical CCG. SLT approved this and a 12 month project which commenced April 2014 is currently underway to deliver this integrated model. This model involves the utilisation of Nottinghamshire County Council assessment, financial systems and processes around setting indicative budgets, support planning and administering personal budgets for joint and fully health funded care packages via ACFS.

2.3 To support the delivery of PHB's as part of an integrated model, Bassetlaw CCG have funded and recruited a Commissioning Manager Personal Health Budgets and Continuing Healthcare. This post is co-located in ASCH&PP (until April 2015) to support delivery of PHB's. In order to cover the additional finance capacity required to process the direct payments, Bassetlaw CCG has agreed funding for 12 months for ASCH&PP to recruit a Direct Payment Officer (PHB). The post will be located in ACFS and will work closely with Bassetlaw Commissioning Manager and health and social care to develop robust financial systems for the delivery of Personal Health Budgets. The post holder will assess in conjunction with the key partners the viability and financial implications of transferring jointly funded Continuing Healthcare packages onto a PHB for the health component. The post holder will be involved in the evaluation of the project.

2.4 SLT receive quarterly progress reports with a project evaluation to be carried out in October 2014. Following this evaluation, recommendations from the project will go to the Project Steering Group and on to SLT and ASCH Committee in January 2015.

Other Options Considered

3. Other model options were considered as outlined in the February 2014 report to SLT. The model approved by SLT and Bassetlaw CCG was done so as it enabled the most integrated approach, made best use of existing expertise and resourced the additional capacity required to prepare for the wider roll out of PHBs.

3.1 The five CCGs covering the rest of Nottinghamshire County and ASCH&PP are also working together with the aim of establishing as joint an approach as possible. PHBS are managed by Greater East Midlands Commissioning Support Unit (GEM) on behalf of the County CCG's and GEM have adopted a regional approach that applies to all CCG's in the East Midlands. This model does not at present however, deliver local integrated health and social care processes as GEM will host the provision of PHB's for Nottinghamshire. This means that there are currently two different PHB models operating in Nottinghamshire County and Bassetlaw and learning across the two models is being shared.

Reason/s for Recommendation/s

4. In order to progress the project to meet the deadlines, the additional post in ACFS has been recruited to for three months with Corporate Director approval. This requires extension to the full twelve months to deliver the work associated with the pilot.

4.1 Evaluation of the project will best support the development of integration which is a Government agenda and with the roll out to Long Term Conditions, there will be a focus on other conditions such as mental health, substance misuse, Dementia etc which also calls for integrated working approach.

4.2 This project provides additional opportunities to explore wider integration across Personal Health Budgets and Direct Payments linked to any pilot schemes focused on Better Care Fund activities (formally Integrated Care Funding) and the Government commitment to bring together Health and Social Care budgets to make joined up Health and Social Care a norm by 2018.

Statutory and Policy Implications

5. 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.

Ways of Working Implications

6. The post will be based in Adult Social Care Finance Team, where accommodation has been identified.

Implications for Service Users

7. An appraisal of the model used in Bassetlaw benefits the service user by receiving a joint social care and health package which is supported by integrated processes and documentation.
 - There will be less disruption for service users and their family/carers
 - The person will receive one pot of money to manage and audit
 - Opportunity for service users to utilise existing Direct Payment Support Services
 - The person will have one joint outcome focused support plan

Financial Implications

8. The project is underpinned by a Section 75 agreement signed by both parties. This agreement includes financial arrangements. The post is funded by Bassetlaw CCG who will make an advanced payment of £20,540 to Nottinghamshire County Council for the purpose of funding this post for 12 months

RECOMMENDATION/S

9. It is recommended that Committee
 - 1) Note progress with an integrated health and social care approach to Personal Health Budgets
 - 2) Approve the establishment of one 0.8 FTE Grade 4 (SCP 19 – 23, £17,908.02 - £20,399.98) Direct Payment Officer (PHB) post for 12 months from 15 July 2014.

Dave Hamilton
Service Director for Mid and North Nottinghamshire

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Human Resources Implications

10. The post holder will be employed on a fixed term contract until 03/07/2015

Constitutional Comments (SG 12/06/2014)

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

Financial Comments (KAS 20/6/14)

12. The financial implications are contained within paragraph 8 of the report.

Background Papers and Published Documents

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

- Report to Senior Leadership Team “Think Local Act Personal (TLAP) – Implementation of Personal Health Budgets”
- Appendix 1 Use of Personal Health Budgets – case studies (NHS England)

Electoral Division(s) and Member(s) Affected

- Bassetlaw

**REPORT OF SERVICE DIRECTOR PERSONAL CARE AND SUPPORT
NORTH AND MID NOTTS****DARLISON COURT EXTRA CARE HOUSING SCHEME IN ASHFIELD****Purpose of the Report**

1. This report is an update to the ASCH Committee report of 28th October 2013 when approval in principle was given for officers to work with Ashfield District Council to deliver an extra care housing scheme on Darlison Court which is on Ogle Street Hucknall in the Ashfield District
2. Also to advise about the reduction in costs for the Council from £853,000 to £735,781 (£117,219) following negotiations by officers.

Information and Advice

3. Darlison Court is bedsit accommodation having shared bathroom and toilet facilities that has been used in the past as sheltered housing for people over the age of 60. The accommodation has for many years not been used to its full capacity as demand for this type of accommodation is low.
4. Whilst there is an over provision of residential care in the Mansfield and Ashfield Districts there is no extra care provision in the Ashfield District currently and officers have worked with officers in Ashfield to enable the delivery of such a service for the benefit of local people.
5. The scheme will see two apartment blocks built on the site comprising of 39 one and two bedroomed apartments and some communal facilities i.e. communal lounge, kitchen, assisted bathrooms, communal space that residents can use for a variety of activities such as well-being sessions.
6. The Council will have nomination rights to 10 of the apartments for people that are eligible for extra care service. There will be care staff on site 24 x7 to assist people with their care and support needs, the care contract will be funded by the Council and provided by the Home Care Core Provider.
7. The scheme is to be built to the design specification of the Council which has been used for the procured new builds in Retford and Eastwood and also the scheme that is being delivered in partnership with Mansfield District Council.
8. The original cost estimation for the Council's contribution was £853,000 (£85,300 per nomination unit).

9. Recent negotiations by officers have resulted in the overall cost to the Council being reduced to £735,781 a reduction of £117,219. This means that the cost of each of the 10 nominated units is £73,578, which compares favourably with the other extra care schemes being developed. They range from £69,000 per unit to £81,000 per unit for the procured new builds.
10. The legal agreement formalising the partnership between the Council and Ashfield District Council has been drafted and shared with both parties.

Reason/s for Recommendation/s

11. The Council has adopted a policy of developing extra care housing across the County as an alternative to residential care and this scheme will be the first one in the district of Ashfield. Extra care also provides an alternative to traditional residential care for older people and will also realise revenue savings for the Council.

Statutory and Policy Implications

12. 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

13. The development of Extra Care Housing gives older adults more choice about the services available to them. In the past there has been a reliance on residential/institutional care when a community service within someone's own home was not enough. Extra Care Housing provides purpose built accommodation that will have care staff on site 24x7 to support people with their personal care and support needs in a flexible way. There is also the opportunity of inviting health professional etc in to the scheme to undertake well - being clinics etc. People also have the advantage of flexible space that they can use to develop their own support network. This scheme will be the first Extra Care scheme in the district of Ashfield

Financial Implications

14. The County Council's proposed contribution towards the costs of redeveloping Darlison Court is £735,781. This contribution would be met from the allocation of £12.65M included in the current Capital Programme for the development of extra care schemes. Previous commitments against this allocation total £9.53M leaving a balance of £3.12M.
15. The costs of payments to a care provider to provide care and support services to nominated tenants would be met from within the savings made by placing fewer service

users into more expensive long-term residential care. These additional costs and savings will be incorporated into revenue budgets for future years.

16. The costs of any payment to Ashfield District Council/Ashfield Homes arising as a result of void periods in the nominated units would also be met from within existing revenue budgets. It is not anticipated that any such payments would arise as it is expected that there will be a strong demand for such accommodation.

RECOMMENDATION/S

- 1) That approval be given to enter in to the partnership arrangement with Ashfield District Council and contribute the identified sum of £735,781 to deliver the extra care scheme at Darlison Court.

David Hamilton

Service Director Personal Care and Support North and Mid Nottinghamshire

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Constitutional Comments (SG 16/06/2014)

17. The Committee has responsibility for adult social care matters and for promoting choice and independence in the provision of all adult social care. The proposals in this report fall within the remit of this Committee.

Financial Comments (RWK 11/06/14)

18. The financial implications are set out in paragraphs 14 to 16 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

- None

7th July 2014

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR PERSONAL CARE AND SUPPORT, NORTH AND MID NOTTINGHAMSHIRE

UPDATE ON THE PROJECT TO LAUNCH OPTIMUM WORKFORCE LEADERSHIP AS AN INDEPENDENT SOCIAL ENTERPRISE

Purpose of the Report

1. To provide the Adult Social Care and Health Committee with an update on the achievements from 2013-14 and outline objectives for 2014-15.
2. To provide information for decisions to be made to prepare for the end of the project in October 2014 in respect of future business model or exit strategy for products and services and redeployment of Optimum team.
3. To request commitment to development of the social care workforce and in principle support to the development of the Optimum model to achieve this work, pending a further report in September to confirm the funding requirement of the Council and partner organisations.

Information and Advice

4. Optimum Workforce Leadership is the new name for the Nottinghamshire Partnership for Social Care Workforce Development (NPSCWD), which is a partnership of social care employees across Nottingham City and Nottinghamshire County. They work closely with Skills for Care, part of the Sector Skills Council for Care and Development, to support the independent health and social care sector to plan and develop their workforce to improve standards of care.
5. The NPSCWD has been hosted by Nottinghamshire County Council since 2005 and at this time was funded by Nottingham City and Nottinghamshire County Councils through the Workforce Development Grant. Funding ceased in 2010 and rollover funds were retained for the work to continue to meet the Joint Workforce Strategy for Health and Social Care. In October 2012 ASCH Committee provided £387K for the development of NPSCWD as a social enterprise and to deliver workforce development initiatives for management and leadership skills and improvements in person-centred dementia care to shape the market for the future. This funding, together with the fixed term contracts for 3 FTE employees, ceases in October 2014.

6. Over the last 18 months products and services have been developed that have enabled Optimum to launch as a membership organisation with the potential to generate income. This will provide the potential to generate income and secure recognition amongst key stakeholders to enable Optimum to sustain a presence in the market beyond October 31st.
7. The following table sets out the achievements and information with regard to how the money has been used:

Key Priorities	Objective	Achieved
Set up a viable business	Establish a stakeholder board	Had two meetings to date with CCGs, Las, Associations and Health-care Partnerships in attendance
	Establish Vision and Mission	Published in End of Year Report 2012/13
	Develop products that income generate	Price list published and charged for courses are being run that are producing an income stream
	Posts established with job descriptions	In place but being amended to reflect new membership organisations and taking on the Workforce Development Fund
To raise standards in care	A more person-centred approach to dementia care	26 x care settings achieved the Dementia Care Matters 12 month programme. 13 more care settings will complete June 2014
	A Leadership and Management development pathway	<ul style="list-style-type: none"> • 17 x delegates on Level 5 Diploma in Leadership • 7 x delegates on Level 4 ILM Award in Leadership • 11 x delegates on Level 3 ILM Cert in Management
	Encourage managers to identify need for training	<ul style="list-style-type: none"> • Stopped running fully-funded training • Introduced competence assessment licences for Common Induction Standards (Sold 800) • Registered 27 moving and handling trainer assessors to use person-centred framework in their care setting • Registered 18 Medicines Management trainer assessors to use person-centred framework in their care setting
	Continue to deliver a training programme to meet care providers needs	<ul style="list-style-type: none"> • In addition to management, dementia and end of life care courses 988 delegate places have been filled on short courses and events. • 75 courses were fully funded • 15 courses were charged for • In addition 12 x bespoke courses designed and delivered to meet employer needs. These were charged for.
	Encourage better and more innovative learning opportunities	<ul style="list-style-type: none"> • Used coaching in 3 different care settings to achieve specific goals • Introduced a pilot to bring Aged Care Channel TV into residential settings to support in-house learning part-funded scheme for 600 beds for 1 year. (Over 50% sold during 2013/14)
	Better End of Life Care practices in care settings	<ul style="list-style-type: none"> • 6 more care homes achieved Gold Standards Framework full accreditation • 38 care homes completed GSF Foundation and 21 achieved the standard

		<ul style="list-style-type: none"> Became a pilot site for GSF cross boundary project which has been established in Newark and Sherwood.
	Develop best working practices in healthcare across social care settings	<ul style="list-style-type: none"> Ran a conference in October 2014 to raise awareness of best working practices with healthcare professionals Developed Top Tips Sheets in Continence, Pressure Ulcer Prevention, Falls, Infection Control, Nutrition and Medicines Management Planning further conferences for 2014
To widen participation	Raise the profile of social care in the health arena to support integration	<ul style="list-style-type: none"> Developed working relationships with Key Stakeholders Raised the profile of health and social care businesses in a range of different groups
	Raise the profile of social care as a career to aid recruitment	<ul style="list-style-type: none"> Promoted i-care Ambassadors at events Supported colleges to identify roles for advanced apprenticeships Promoted Sector Work Based Academies
To develop marketing and communications	Raise the profile of Optimum to establish its place in the sector	<ul style="list-style-type: none"> Developed a new name and branding Updated website
	Establish a communication network	<ul style="list-style-type: none"> Established a Newsletter and e-communications process Consolidated 6 monthly conference programme Developed a 6 monthly Local Managers Network programme

Summary of income and expenditure 2013-14

The above achievements have been funded through the following streams:

Nottinghamshire County Council:

- | | | | |
|--------------------------------------|---------|--------|---------|
| • Salaries 2.7 posts and on costs | £61,809 | | |
| • Dementia training for 40 people | £35,000 | income | £20,000 |
| • Leadership and Management training | £36,000 | income | £ 9,500 |

Project funding from Skills for Care £15,390 (gross)

- Sharing best practice with Health
- Top tips sheets
- Meds Management Competence Framework

Other Income from courses and products £96,000 (gross)

The development of products and services through the above funds from 2013-14 and 2012-13 has provided Optimum with products that are needed and sought after by the social care workforce.

Summary of ASCHPP award spend 2012 - 2014

Item	Outcomes	Spent	Funds remaining	Comments
Funding for 2.7 posts	Developed the business as reported on	£156,000	£70,000	To end of October 14
Develop Website, and Marketing	New Optimum brand, marketing materials and branding reflected in the website	£ 10,000	£10,000	Retained for final changes
Develop database	Improved the new database to be able to issue reports	£ 3,000	£0	Fit for current purpose
Management training to up-skill selected managers	First programme of 35 x managers from new and aspiring through to registered managers undergoing training. 2 nd programme scheduled for May/June 2014	£ 40,000	£20,000	For 2 nd programme of management training scheduled 2014
Dementia training programme to target all employers registered for dementia care	2 x cohorts of person-centred dementia training completed and 3rd underway. 1 x train the trainer due to start May 2014	£140,000	£10,000	Funds expanded due to charging subsidised rate. Earmarked for further course development
TOTAL		£349,000	£100,000	

This shows that of the £378K awarded £349K has been spent to date against the headings allocated and has been invested to generate a return of £449K through contributions from the social care sector.

8. It can be seen that Optimum have delivered on the original funding of £378K in that they have:
- Delivered dementia training to over 36 different care settings, 10 of which achieved the dementia quality mark.
 - Set up a suite of leadership and management qualifications and action learning opportunities for care settings.
 - Established a framework for a social enterprise going forward, with some potential for income generation.

Priorities for 2014-2015

- Develop the processes to deliver the Workforce Development Fund of £103K to social care employees completing units on the QCF (Qualifications Credit Framework)
- Develop Action Learning Set Management Programme
- Complete Person-Centred Care Planning Programme for Managers and care workers

- Themed conferences around Best Working Practices in Healthcare, Mental Health – in partnership with Health Partnerships, Accessing the Workforce Development Fund – in partnership with Skills for Care
- Develop the coaching opportunities available through Optimum
- Develop partnership approaches with CCGs to deliver their strategic priorities

Business model and structure

9. The most suitable business model for Optimum to deliver the above has been identified as a social enterprise Community Interest Company Model. The business plan, however, shows that delivery of the above outcomes cannot be achieved through income generation from the products currently on offer. The strategy is to link the priorities of Optimum to those of local stakeholders such as clinical commissioning groups, local authorities and health partners and offer them a membership package for workforce development services offered and outcomes delivered. A more suitable model may therefore be an 'Arms Length' organisation, otherwise known as a Teckal company.
10. Discussions with CCGs and Health Partnerships since the last Key Stakeholder Board meeting in April have raised the issue of access to information and how it is much easier to work with Optimum whilst they are under the auspices of a local authority. Should Optimum move into the private sector however, information that is currently shared to enable appropriate workforce development initiatives to be identified, will no longer be made available to Optimum as an independent business.
11. Recent developments in respect of the Care Act 2014 will have a significant impact on the interactions between local authorities and social care providers. This could highlight areas that require the development of new processes and so learning and development interventions to ensure that these area embedded efficiently and effectively. This option needs to be given careful consideration.
12. The original remit was to identify whether Optimum could become a self-sustaining organisation and the costings below show the current picture with regard to financial viability as we move forward with a membership model.
13. This model requires input from Nottinghamshire County Council (NCC) as one of the leading stakeholder partners with an interest in supporting social care providers to ensure the people of Nottinghamshire have access to services that deliver the levels of person-centred care required. The amount NCC pay for membership will aim to be commensurate with the level of services required across the different types of care provided.
14. With NCC signed up as a member of Optimum, this would lead the way for other stakeholders to identify Optimum as a solution to some of their social care workforce development challenges. The comment has already been made on the Optimum Stakeholder Board that an opportunity to discuss social care workforce development needs and initiatives in a cross-county forum could be considered a vital element of

responsible commissioning as it prevents duplication, provides a partnership approach and promotes best practice.

Income and expenditure for full year 2014-2015

Fixed Costs:	Salaries (inc on costs) x 3 FTE	£ 125,000
	Overheads and set up costs	<u>£ 15,000</u>
	TOTAL	£ 140,000

Income generation (net surplus) 2014-15

• Workforce Development Fund	£ 9,500
• Membership (Premium)	£ 8,000
• Membership (Trainers)	£ 2,000
• Courses, conferences, products and services	£ 45,000
• Project income (Skills for Care and LETC)	<u>£ 20,000</u>
SUB TOTAL	£ 84,500

15. The costings above show that Optimum is in a position to cover the cost of the products and services, but is likely to experience a shortfall of £55,500 in relation to operational and infrastructure costs. To meet this shortfall a range of products and services (see appendix A) are being promoted to key stakeholders and large care providers and membership options are under discussion. The following are currently being discussed. No agreement has yet been reached; the Bassetlaw proposal is on the agenda for their Steering Group Meeting on 22nd July.

• Bassetlaw proposal £67,000 – income (net of external suppliers) would be	£ 18,000
• Provision of workforce planning and development support to:	
o Nottinghamshire CC to 173 contracted settings @ £300 per provider	£ 51,900
o Nottingham City to 40 contracted settings @ £300 per provider	<u>£ 12,000</u>
SUB TOTAL	£ 81,900

16. Currently Bassetlaw are discussing a tailor-made proposal and Nottinghamshire County Council may identify areas for workforce planning and development through the Care Act and its Care Homes Task Force. In addition 3 large care providers are interested in discussing a package for their care settings. All 3 operate inside and outside of Nottinghamshire.

17. Optimum has a database of over 550 health and social care providers with whom they are establishing excellent relationships and who are starting to purchase the range of products and services. In addition they are working with key stakeholders to establish a joined up approach to workforce development across the County. This will help to reduce duplication of commissioning initiatives by different health and social care groups and encourage efficiencies that can be achieved through joined up working. This will be one of the ways in which participation from the different locality groups will be encouraged, such as CCGs.

18. The Optimum team all comprise of fixed term contracts until the end of October 2014, at which time the enterprise will cease if a sustainable funding package cannot be identified.
19. There is a desire within the team to take the business forward, regardless of whether this is as a Company Ltd by Guarantee as a social enterprise or a Teckal organisation, and continue to deliver the excellent workforce development initiatives that have been developed.
20. Between May and mid-June meetings were organised with the key stakeholder groups represented on the Board to negotiate services that could be supplied by Optimum and identify the potential for Service Level Agreements that will bring in a membership payments. There was a genuine desire to work with Optimum and for them to continue to be available, but preferably within the public sector so that information could be shared. The question of funding was uncertain but going forward they agreed that a dedicated workforce planning and development organisation would be an efficient and effective option.
21. At the beginning of July a further meeting of the Stakeholder Board is being organised and the decision will be made as to whether Optimum should continue to operate. If there is no clear identification of a requirement then an exit strategy will be implemented and redundancy notices will be issued, although the Nottinghamshire CC's redeployment procedure will seek to mitigate against compulsory redundancies.

Other Options Considered

22. Some consideration is being given to developing partnerships with other workforce planning and development organisations.

Reason/s for Recommendation/s

23. To enable Optimum to continue to work objectively within the social care sector there is a need for funding in order to provide genuine objective support to care providers that can look broader than just the products and services provided by Optimum.
24. The link with local authorities and other public bodies provides an insight into the strategies and priorities that are required to shape the market to support those key priorities. Optimum also provides an opportunity for a commissioning group that will reduce duplication and promote efficiencies in workforce development across the county.
25. A Teckal model is being considered as it provides a supporting interface for the Nottinghamshire County Council's focus on 'Redefining your Council'. It also provides an opportunity for market shaping to support the Care Act 2014.

Statutory and Policy Implications

26. 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

Optimum Workforce Leadership supports the health and social care sector to plan and develop their workforce to improve standards of care with a view to maintaining and improving the quality of care services available to people across the county.

Financial implications

There are no financial implications at this stage. Future funding requirements for the Council will be addressed in a future report.

RECOMMENDATION/S

- 1) That Committee notes the progress and achievements made.
- 2) That Committee approves continued work for the Council with Optimum to agree a business model and identify whether the Teckal option or social enterprise option is the more suitable given the current consultation around 'Redefining Your Council', or the exit strategy for services and employees.
- 3) That Committee acknowledges its commitment to development of the social care workforce and gives in principle support to the development of the Optimum model to achieve this work, pending a further report in September to confirm the funding requirement of the Council and partner organisations.

David Hamilton

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Constitutional Comments (SG 25/06/14)

27. The proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 26/06/14)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Appendix A

Optimum Workforce Leadership



Optimum is able to deliver the following services to social care settings as required.

Item of Work	Description of product or service	Outcomes	Cost per care provider
360o impartial survey	360o Survey Carry out a survey which will involve questionnaires being given to residents, relatives, staff and managers. Responses will be collated and a report compiled and fed back to the managers.	An impartial report to evidence current levels of practice	£300
Strategic Workforce Planning	Strategic workforce planning Work with the appropriate manager or training manager to draw up their vision and mission for their business with their service users at the centre of their organisation. Then with that as the starting point develop their own workforce plan using the Skills for Care Workforce Planning Process. 1 x 2hr session to start the process off and provide a further 4 hours of support to achieve a completed workforce plan.	Business Vision document and Workforce Plan that identifies training needs and options for how they can be met	£300
E-Assessment Licences	E-Assessment Optimum has bought e-assessment licences in bulk to reduce costs and can sell these on to care providers at the given rates. These licences enable the employer to assess competence through the individual employee undertaking the assessment for relevant subject areas. Managers can also upload observations for practical work to further evidence skill levels behaviours and attitudes. Optimum is able to provide reports to Stakeholders on the overall outcomes from the assessments. Licences purchased to date fall within the following categories: <ul style="list-style-type: none"> • Common induction Standards (this will be updated in line with the finalised version of the Care Certificate (April 2015)) • Essentials • Health • Specialist 	Assessment report for each individual member of staff to evidence their levels of competence in their areas of responsibility. Any gaps provide input into workforce development plan	Price per licence per employee: £7 or £5 for Premium Members £10 or £8 per bundle of 6
Coaching	Coaching Working with employers who have identified areas for targeted development. Examples for engagement	Action plans showing how	£50 per hour

	could be around audits, reports and inspections where the need for improvement is evidenced.	progress will be made and outcomes	
Care Planning to enhance well-being	<p>Care Planning to enhance well-being</p> <p>Care planning is an area that features highly in CQC inspections as a general area for improvement.</p> <p>Our care planning programme is a 2 x day course delivered by a trainer and a registered manager who has already been through the programme and supports the implementation of the holistic person-centre approach and the care planning templates have been developed to support the programme. It is recommended that the Registered Manager and a senior care worker attend at £250 each</p> <p>Optional half-day coaching to support implementation</p>	<p>A more streamlined approach to care planning that is embedded in staff working practices and can be audited.</p> <p>Reduction in paperwork enables more time spent on person-centred care.</p>	<p>£500 (£250 per delegate)</p> <p>£150</p>
NMDS-SC	<p>National Minimum Data Set – Social Care</p> <p>A database of uploaded data from care providers across the county. Enables Nottinghamshire's data to be benchmarked against other counties for example in relation to turnover rates, education, sickness absence, pay rates etc</p>	Reports providing anonymised data relating to care providers in local authority areas.	£0
Workforce Development Fund	<p>Workforce Development Fund</p> <p>Employers can through Optimum for funds for completed QCF units at £15 per credit to a maximum of 60 credits for one employee in any one year.</p>	Funding for the employer towards training budget	£0
Developing the Bigger Picture	<p>Developing Bigger Picture care provider learning organisations</p> <p>A training programme that changes the culture in care settings and seeks to embed a system of continuous development. The process consists of 14 learning days and starts with the Registered Managers, who will undertake learning sessions in coaching and mentoring skills and person-centred approaches. They will identify 4 x Well-Being Mentors from their care setting, who will be trained as mentors and be responsible for developing skills, attitudes and behaviours in their workforce across a range of key subject areas. This programme involves 4 learning and development days for Managers and 10 x days across the well-being mentors depending on their areas of responsibility.</p>	<p>A learning organisation approach to training that embeds behaviours and attitudes in the organisational culture.</p> <p>Empowers the Manager and Well-being Mentors to take responsibility for continuous staff development</p>	£800
Person-Centred Leadership and Management Action Learning Sets Programme	<p>Person-Centred Leadership and Management programme</p> <p>This intervention uses action learning sets to encourage a group of managers to come together to discuss ways of leading person-centred care, workforce planning, recruiting based on values and attitudes, Managing performance and implementing quality systems. Through action learning they would develop their procedures and process to ensure positive person-centred processes were embedded.</p> <p>Funding to the value of approximately £400 is available to the employer on successful completion of QCF units.</p>	<p>Ownership by the Manager of their policies and procedures that directly relate to the workforce.</p> <p>There will be evidence at the end of the programme of the</p>	£499 for each delegate

		difference made	
Person-Centred Competence Frameworks	<p>Moving and Handling A 4 day learning event that trains an internal Champion as a trainer assessor competent in implementing the person-centred competence framework. Providing the criteria set are achieved, this individual is then registered as an Optimum Moving and Handling Trainer Assessor and is able to train and assess all staff against the competence framework. This means they are competent in moving their clients in the correct way, ie which is person-centred and carried out with positive engagement and fulfils the requirements in their care plan and meets their individual needs.</p> <p>Medicines Management A 4 day learning event that trains an internal Champion as a trainer assessor competent in implementing this person-centred competence framework. Providing the criteria set are achieved, this individual is then registered as an Optimum Medicines Management Trainer Assessor and is able to train and assess all staff against the competence framework. This ensures that all staff are competent to administer medication to their clients in a way which is person-centred and carried out with positive engagement and fulfils the requirements in their care plan and meets their individual needs.</p>	<p>A registered trainer assessor implementing the Optimum Person-Centred Competence Framework in their care setting with all employees.</p> <p>Care settings with registered trainer/assessors are published on the Optimum website</p> <p>A registered trainer assessor implementing the Optimum Person-Centred Competence Framework in their care setting with all employees</p> <p>Care settings with registered trainer/assessors are published on the Optimum website</p>	<p>£500 for each trainer/assessor</p> <p>£500 for each trainer/assessor</p>
ACE	<p>ACE – Clinical Quality Framework Under development This programme has recently been awarded funding from the LETC and 30 cohorts of 30 employees will be rolled out during 2014</p>		Fully funded
Audits	<p>CCG and NCC Audit reports Optimum would welcome the opportunity to liaise with organisations that go into care provider settings to identify areas for improvement or where interventions have been delivered to identify where improvements may have been achieved.</p>	Opportunity for feedback on products and services delivered	N/A

Agenda Item: 9**REPORT OF THE SERVICE DIRECTOR, PERSONAL CARE AND
SUPPORT, SOUTH NOTTINGHAMSHIRE****INTERNAL STAFFING STRUCTURE FOR MANAGEMENT OF THE NEW
HOME BASED SUPPORT SERVICES****Purpose of the Report**

1. To outline the functions, roles and responsibilities in managing the newly configured home based care and support services, including provider relationship arrangements and to propose an operating model to support those functions.

Information and Advice

2. On 26 September 2013, Council approved the recommendations to implement a new model for home based care and support and agreed the re-tender of those services. The Council subsequently commenced the procurement exercise in accordance with its Financial Regulations and EU procurement rules. The services have been commissioned jointly with the six Nottinghamshire Clinical Commissioning Groups (CCGs) as part of an integrated service.
3. The reconfigured home based care and support services has entailed the following:
 - establishment of 'core provider model' with each provider covering a specific geographical area
 - reducing the number of contracted home care providers from 26 to 4 for the delivery of services commissioned by health care and social care staff, with a further 4 providers for the delivery of complex health related tasks which will primarily be commissioned by the CCGs
 - implementation of a new Electronic Monitoring System (EMS) to monitor activity and to make payments to providers, drive improvements and produce timely and accurate billing for service users
4. The aim of the new model of service is to deliver the following benefits:
 - significant increase in home care capacity
 - greater choice and flexibility for service users and their carers around the delivery of the service
 - stability within the home care provider market

- delivery of more efficient and effective services including greater emphasis on reablement and promoting independence
 - facilitating prompt hospital discharges and enabling avoidable hospital admissions
5. In addition to the above benefits, the new model of services will enable delivery of savings and efficiencies of £865k from:
- reduced provider costs arising from economies of scale
 - implementation of the new EMS
 - reductions in numbers of staff required to arrange the care services and to retain oversight of the providers
6. The reconfigured model of service along with the recent establishment of Data Input Team, the new Electronic Monitoring System (EMS) and proposed changes to the community care assessment and support planning process will:
- remove need for the brokerage function to source home care provision and will give assessment staff the responsibility for directly commissioning the required home care packages via the relevant provider
 - reduce bureaucracy associated with checking of transactions as required with current electronic monitoring system
 - support the development of partnership working between the Council, the CCGs and the home care providers
 - require a different approach to contractual oversight, monitoring and partnership arrangements with home care providers

Impact of the changes on internal staffing structures and current operating models

Service Organisers and Business Support staff

7. Currently there are two Service Organiser Teams, one covering Broxtowe, Rushcliffe and Gedling and the other Ashfield, Mansfield, Newark and Bassetlaw. This service is managed by Older Adults Group Managers with the Business Support Officers being managed by the Group Manager Business Support. The establishment of the Service Organiser Teams are:

• Team Manager	x 1.5 FTE	-	£76,500
• Service Organiser	x 15 FTE	-	£449,000
• Business Support Officer	x 10.5 FTE	-	£210,000

Total **£735,500**

8. One of the main activities of the service organiser staff is the brokerage function. With the new core provider model, the brokerage function will no longer be required once the implementation and bedding in of the new home care services has been completed. This will also be the case for the relevant business support staff who currently have a role in

supporting these functions. Another key role of the business support staff is the processing of EMS related transactions and this will also be reduced significantly with the implementation of the new EMS.

Market Development and Quality Monitoring staff

9. The current compliment of staff within the Market Development Team working specifically with home care providers. Additionally, the Market Development Team Manager is currently spending a significant proportion of her time overseeing the home based services transition but this is expected to be concluded by December 2014. The officers in the team specifically dedicated to home care services are as follows:

- Market Development officer x 1 FTE - £47,500
- Quality Monitoring Officer x 1 FTE - £36,500

Total	£84,000
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10. The reduction in the number of home care providers, along with increased levels of contractual oversight required by the new service specification, will have implications for staff within the Market Development Team as the levels of monitoring and management functions will change.
11. Work has recently been completed on developing a single quality monitoring process for use across different service areas which will enable a fully integrated partnership approach to monitoring by the Council and the CCGs. The Quality Development staff work across a range of service areas and whilst it is anticipated that monitoring and auditing activities specifically related to home care should decrease as a result of the fewer number of providers, this will give the team some capacity to extend quality auditing and monitoring activities in other service areas including supported living and day care.

Required future operating models

12. The new contract with the home care providers emphasises different ways of working, placing greater emphasis on partnership working to support and enable service developments and to drive out further efficiencies wherever possible.
13. The tasks and activities required in overseeing and managing the home based support services fall broadly into two categories, those at a strategic level and those at a more operational level.

Strategic developments include:

- Supporting and facilitating the development of the new home based service providers through the newly established Commissioning/Operational Board
- Overseeing the requirements of health commissioners in relation to clinical governance
- Developing close working arrangements with hospitals to enable timely discharges and prevent patients having to wait for care packages

- Analysis of activity and performance and, identification and management of any associated areas for continuous improvement and opportunities for efficiencies
- Maintaining oversight of, and embedding requirements in relation to Information Governance
- Analysis of quality audits for all associated home based services and, identification and management of any areas for improvement.
- Management the contracts and oversight and decision-making in relation to contractual sanctions
- Development of processes to support continuous improvement focusing on Key Performance Indicators
- Development and support of wider quality assurance processes such as the Lay Group of service users and carers
- Facilitating and developing community and third sector links
- Support recruitment campaigns and generally promote profile of care staff/industry
- Development and testing of payments based on outcomes
- Facilitating efficiency savings and innovation, including management and oversight of any associated pilots
- Liaison with key operational staff and problem solve issues particularly of supply and quality
- Liaison and work in partnership with the NHS contract management and contract compliance colleagues to ensure all health related elements of the contracts are managed appropriately

Operational activities include:

- Responding to and managing day-to-day operational issues such as concerns and complaints
- Managing minor or temporary adjustments of home care packages
- Working with providers in resolving customer queries, concerns and complaints as and where they arise
- Steering safeguarding matters where appropriate to the MASH, maintaining agreed departmental thresholds for safeguarding
- Working with market development staff in terms of quality assurance
- Monitoring levels of activity and performance using the EMS as well as through formal engagement with providers, service users and other relevant stakeholders
- Undertaking regular quality monitoring of home based services, including carers services, night-time response services and extra care services
- Monitoring of Key Performance Indicators, some of these include reablement, capacity, sub-contracting arrangements, service user and carer feedback, service user choice, flexibility/banking of hours, support planning quality and time frames, safeguarding
- Monitoring staff related KPIs such as travel time, staff turnover, contracts of employment
- Responding to and managing day-to-day operational issues such as concerns and complaints
- Managing minor or temporary adjustments of home care packages
- Working with providers in resolving customer queries, concerns and complaints as and where they arise

- Steering safeguarding matters where appropriate to the MASH, maintaining agreed departmental thresholds for safeguarding
- Working with market management staff in terms of quality assurance

14. It is anticipated that the above operational activities will develop over time as functions relating to the resolving of concerns, queries and complaints reduce and functions relating to increased oversight of services and partnership working increase.

Proposed operating model

15. Given the above requirements, it is proposed that the existing locality based Service Organiser teams are disestablished and a single centrally managed Community Services Partnership team is established to undertake the wide range of functions outlined above. It is proposed that the management of the team would fall under the Quality and Market Management structure.

16. It is proposed that this Community Services Partnership team model consists of the following staff:

- | | |
|---|----------|
| • Team Manager x 1 FTE (Band D) | £51,000 |
| • Community Services Partnership Officers - x 6 FTE
(Anticipated Band A) | £218,000 |
| • Business Support Officer/Assistant x 4 FTE | £80,000 |

Total	£349,000
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17. In addition to the above staff compliment, discussions are underway between the 5 Nottinghamshire CCGs for the establishment of health managed/funded post to work alongside this central team to provide clinical oversight and monitoring functions relating to clinical aspects of both the social care and complex care contracts.

18. Given the different and extended range of activities and functions to be undertaken through the new team, new job descriptions and person specifications have been drafted (see Appendix A) and the Community Services Partnership Officer posts will require job evaluation under NJE.

19. Whilst there will be single line management via the Team Manager, it is proposed that a flexible approach is taken in relation to the geographical base for the Community Services Partnership Officers in order to ensure appropriate cover across the county and as determined by the needs of the service.

20. It is anticipated that the transition process from the previous providers to the new contracted providers will take between 9 to 12 months to be completed and for the new services to have time to become embedded. Therefore, it is proposed that the new staffing structure be implemented at the earliest opportunity from April 2015.

Consultation with staff and Trades Unions

21. A comprehensive consultation process has been undertaken with the relevant staff groups and with Trades Union representatives, including meeting with the staff members.

The consultation was based on an early draft of the proposed staffing structure. Detailed feedback was received from the staff members about the proposals and the matters raised have been given consideration. Subsequently the proposals have been revised and the proposed structure outlined above reflects and addresses the matters raised by the staff through the consultation process.

Other options considered

22. As outlined above, there is a need to restructure the relevant internal staff, both in terms of numbers and in terms of roles and responsibilities, to reflect the changed requirements for the management and oversight of the new home based care and support services. This will also have the added benefit of delivering the required savings and efficiencies.
23. Various different operating models have been considered including:
- A locality based model with two separate teams one located in the north of the County and one in the south of the County. Each of the teams would undertake both the strategic and operational functions and would sit under line management of an operational Group Manager within the Older Adults' service area
 - A separation of the functions and location of the staff, with the operational functions sitting within the assessment and care management teams, and the strategic functions being located centrally within the Market Development Team
24. The above two models have the benefit of aligning to the north and south geographical split but there are a number of difficulties with these such as:
- Ability to consistently manage contract compliance and/or breaches
 - Capacity of operational Group Managers and Team Managers to absorb more responsibilities
 - Ability to apply flexibility to support cover arrangements
 - Attainment of required economies of scale
25. There are considerable benefits to having the strategic and the operational functions located under a single line management structure. This would enable clear oversight of strategic activities including management and oversight of quality assurance, supplier relationship management, service development, continuous improvement and innovation, and of the day to day operational issues experienced by the providers.

Reason/s for Recommendation/s

26. Following the tender of the home based care and support services there is a need to establish a new internal staffing structure to co-ordinate and manage the implementation of the new contracts and to oversee the development of the new services over the period of the contract duration.
27. From the onset of the tender planning process, it has been acknowledged that the new services will result in efficiencies and the delivery of savings, with a savings target of £865k. An element of these savings is to be achieved through an internal staffing restructure as proposed above.

28. A new approach to supporting the delivery of community based services is required which promotes and enables effective partnership working, ensures service users and carers have more control over the services they receive and which ensures value for money.
29. The proposed model delivers improved business resilience, supports continuity of service during the transition from existing to new home care providers, and which allows opportunities for the development of roles and responsibilities of staff to work across the different service areas.

Statutory and Policy Implications

30. 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

31. There are a large number of service users and carers who will experience a change of care provider arising from the tender process and it is imperative that the transition is managed carefully in order to minimise disruption to individuals wherever possible. Much of the operational transitions activities are being managed by the Service Organisers based in the locality teams. The implementation of the new staffing structure would not commence until April 2015 in order to enable the transitions work to be undertaken.

Financial Implications

32. The current staffing budget of the Service Organiser teams is £735,500. The cost of the proposed new team would be £349,000. This would deliver staffing savings of approximately £386,500 which will contribute to the overall savings target of £865k per annum arising from the new home based care and support tender.

Human Resources Implications

33. These are detailed within the report

RECOMMENDATION/S

It is recommended that:

- 1) The Service Organiser teams are disestablished once the transitions to the new providers have been undertaken, anticipated by April 2015

34. A new centrally managed Community Services Partnership team is established :

- 1 FTE Team Manager, Band D, scp 42 -47, (£35,784 - £ 40,254) and the post allocated an authorised Car user status
- 6 FTE Community Services Partnership Officers, Anticipated indicative Grade 5 (scp 24 – 28) (£20,858 – £23,708)) subject to full job evaluation and the post allocated an authorised Car user status
- 4 FTE Business Support Officer/Assistant,

CAROLINE BARIA

Service Director, Personal care and Support, South Nottinghamshire

For any enquiries about this report please contact:

Human Resources Comments ([SJ 12/06/2014])

35. Full consultation has taken place with staff and trade union colleagues involving HR representatives – the relevant HR policies and procedures will be applied during the move to the new structure

Constitutional Comments (SG 25/06/2014)

36. The proposals in this report fall within the remit of this Committee. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (KAS 20/06/14)

37. The financial implications are contained within paragraph 32 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

7 July 2014

Agenda Item: 10

REPORT OF SERVICE DIRECTOR FOR ACCESS AND PUBLIC PROTECTION

RESOURCES REQUIRED TO DEVELOP THE EMERGENCY ADVICE PATHWAY

Purpose of the Report

1. To propose and agree resources required to deal with the increased workload following the closure of the Nottinghamshire Welfare Assistance Fund

Information and Advice

Background

2. Following the transfer of responsibility of some elements of the Social Fund to the County Council a procurement process was undertaken for delivery of an award based scheme.
3. Northgate Information Systems were contracted to deliver a scheme for 2013/14. The fund made awards to individuals in emergency or crisis via a local rate telephone number. The eligibility criterion for the scheme was agreed in the County Council's policy committee on the 12th December 2012.
4. The Nottinghamshire Welfare Assistance Fund, (NWAF) commenced operation on 2nd April 2013.
5. As part of the Budget Challenge consultation an outline business case was produced proposing the removal of the current scheme, informed by a significant under spend on awards and high administration costs during 2013/14 and the removal of this funding for 2015 onwards.
6. The funding available for 2014/15 will be utilised to support to vulnerable people by other means including retaining the 4 members of the Benefits Team, to provide support to these individuals in maximising the benefits available to them.
7. This Business Case was agreed at the Full Council meeting on 27th February 2014.

Proposal for managing the scheme closure

8. The Consultation phase identified the risk that individuals in emergency and crisis situations would have little or no support available to them.
9. In response to this the Council developed an Emergency Advice pathway through the Customer Service Centre, with improved signposting to Third Sector and District Council support and offering, where appropriate, onward referrals to the Benefits Team and to the Adult Access Service. It is proposed this pathway will become known as the “Emergency Advice Service”, to distinguish it from the previous NWAf scheme.
10. The Work processes of the Benefits Team have been revised to reflect the support these calls will require and web based advice has been updated and expanded to enable signposting to this wherever appropriate.
11. Despite the previously reported low spend on awards to the NWAf; some 7340 telephone calls were received by Northgate in the period 2nd April 2013 – 31st January 2014.
12. The level of calls received will be influenced by the engagement of those signposting individuals to the Council for support. Whilst the DWP and jobcentres have been briefed on the removal of the fund, during 2014/15 the Council retains funding to support those in crisis consequently referrals may continue from these bodies.
13. Management Information provided by Northgate has highlighted that the calls received can be significant in length. With a longest call time of 79 minutes, whilst the reported average call time is low at 7 minutes.
14. Continued monitoring and reporting on the volumes of calls received as a result of the scheme removal has been built into the pathway.
15. As the situations of those calling for support are often complex, and by the nature of the eligibility criteria for the preceding scheme linked to emergencies, it is essential the Council has the resource to answer these calls and to adequately signpost or refer onwards quickly.
16. It has been identified that Level 2 advisors would be most appropriate to deal with the nature of calls likely to be received as a result of the removal of the NWAf. This is due to the fact that Level 2 advisors deal with Adult Social Care and Health (ASCH) calls and are able to identify situations where a referral to ASCH would be appropriate alongside advice on benefits. Level 2 advisors have access to the systems required to do this i.e. Framework
17. The additional post required is a temporary post for a 1 year period (until the end of March 2015).
18. The information below demonstrates the additional income gained for Nottinghamshire residents following the information and advice provided by the retained 4 benefits advisors. The team have kept recordings of the amount of money generated for residents since the 31st March 2014 to date as a direct result of support from the Benefits Team.

Weekly Increase	Source of Increase Gained	Yearly Increase	Cumulative Total
£26.85	Higher rate AA	£1,396.20	£1,396.20
£54.45	Standard Daily Living Component (PIP)	£2,834.40	£4,227.60
£81.30	Enhanced Daily Living Component (PIP)	£4,227.60	£8,455.20
£54.45	Lower rate AA	£2,831.40	£11,286.60
£187.90	Higher rate AA, CA, IS	£9,770.80	£21,057.40
£32.90	Standard Daily Living Component (PIP)	£1,710.80	£22,768.20
£62.79	Lower rate AA, Savings Credit	£3,265.08	£26,033.28
£61.35	Carer's Allowance	£3,190.20	£29,223.48
£32.90	Standard Daily Living Component (PIP)	£1,710.80	£30,934.28
£11.36	Savings Credit	£590.72	£31,525
£152.00	PIP, Standard daily living and Standard mobility	£1,824.00	£33,349
£56.75	Enhanced Mobility component PIP	£2,951.00	£36,300.00
£69.62	Savings Credit, middle rate DLA care	£3,620.24	£39,920.24
£34.20	CA, Carer premium - ESA	£1,778.40	£41,698.64
£7.00	Support group - ESA	£364.00	£42,062.64
£13.64	Pension Credit	£709.28	£46,999.52
£111.20	PIP - standard daily living, enhanced mobility	£5,782.40	£52,781.92
£98.70	Pension Credit, DLA middle rate care	£5,132.40	£57,914.32
£26.85	DLA - high rate care	£1,396.20	£59,310.52
£100.89	Pension Credit	£5,246.28	£64,556.80
£58.77	Income Support, Carers Allowance	£3,056.04	£67,612.84
£54.45	Attendance Allowance	£2,831.40	£70,444.24

Based on the figures above the projected annual increase of income generated for Nottinghamshire residents at the end of the financial year is £854,330.88. This figure does not include passported benefits gained such as Housing Benefit and Council Tax Support, which cannot be calculated. Nor does it include crisis situation support gained such as Funeral Payments, Short term Advance payments on benefit, council tax discounts for disabled people, energy saving schemes and food banks.

Other Options Considered

19. The other option would be to absorb the calls within the existing capacity of the CSC. Without the additional resources the CSC will receive an increased call volume without sufficient advisers to respond, consequently waiting times on all calls to the Council will increase. This would have an adverse impact on service users and could have reputational impact on the Council.

Impact for Service Users

20. Provision of additional resource within the CSC will ensure that service users, previously supported by NWAFF will be able to access advice and signposting, and where required social care referrals from the Council.

21. Without this, service users could be left without any form of support or advice and their needs may escalate.

Statutory and Policy Implications

22. 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

23. A Service Advisor, Grade 4 SCP 19-23 (£17,980 - £20,400). The total cost of this will be met from the under spend carried forward from the Nottinghamshire Welfare Assistance Fund 2013/14.

Human Resources Implications

24. This report proposes to establish the following temporary post s within the existing Adult Access Service: 1 FTE (37 hours) Service Advisor, Pay Grade 4 SCP 19-23 £17,980 - £20,400).

Ways of Working Implications

25. The additional post will be based at the Customer Service Centre, Mercury House and will be accommodated within existing office space, making use of flexible working arrangements.

RECOMMENDATION/S

26. It is recommended that the Adult Social care and Health Committee:

Approves the 1 FTE (37 hours) Service Advisor post, Grade 4 SCP 19 - 23 (£17,980 - £20,400) to be established on a temporary basis for 1 year.

PAUL MCKAY

Service Director for Access and Public Protection

For any enquiries about this report please contact:

Claire Bearder

Group Manager Safeguarding Adults -

Tel : 0115 977 3168

Constitutional Comments

27. Adult social Care and Health Committee is the appropriate committee to consider the content of this report it is responsible for approving relevant staffing structures. The Council's Employment Procedure Rules requires Human Resources comments and Trade Union consultation where changes to staffing structures are proposed.

Financial Comments

28. The financial implications are contained in paragraph 23 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

7 July 2014**Agenda Item: 11****REPORT OF THE SERVICE DIRECTOR PERSONAL CARE AND SUPPORT,
SOUTH NOTTINGHAMSHIRE****DEPARTMENT OF HEALTH FORMAL CONSULTATION ON THE DRAFT
REGULATIONS AND GUIDANCE OF PART ONE OF THE CARE ACT 2014****Purpose of the Report**

1. To seek Member involvement in the preparation of the response to the Department of Health's formal consultation process relating to Part One of the Care Act 2014 about those new duties and responsibilities which will come in to force in April 2015.
2. To seek Member approval of the final consultation response being delegated to the Corporate Director, Adult Social Care, Health and Public Protection Department following consultation with the Chair and Vice-Chair of the Adult Social Care and Health Committee.

Information and Advice

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 new national eligibility criteria.
4. Members will recall that during October/November 2013 the Department of Health undertook two initial consultation processes in parallel, on specific aspects of the Care Bill. These related to an early draft of the national eligibility criteria and the proposed Dilnot financial reforms. At this time, a small group of cross party Members were involved in formulating the County Council's response to the consultations.
5. Since this time, the Department of Health has been considering and formulating key policy decisions and the details of the regulations and the guidance which will sit under the Care Act. Nottinghamshire County Council has been involved in this to some extent by working directly with policy leads in the Department of Health in testing and helping shape aspects of the draft guidance, including the proposed eligibility criteria.
6. On 30 May 2014, the Department of Health issued the draft regulations and guidance to support the implementation of the elements of Part One of the Care Act which will come in to force in April 2015. They cover significant areas of new and changing responsibilities and duties including the following:
 - new national eligibility criteria

- person centred care and support planning
 - charging and financial assessments
 - deferred payments
 - adults' safeguarding
 - market shaping
 - integration and partnership working with health and with housing departments
7. At the same time as issuing the draft regulations and guidance on 30 May, the Department of Health launched the formal consultation process. The draft regulations and guidance are comprehensive and the consultation process includes 82 questions for consideration. The closing date of the formal consultation process is 15 August 2014. It is anticipated that the regulations and guidance will be finalised in October 2014 to enable local authorities to be ready for implementation by April 2015. The Department of Health is intending to issue the draft regulations and guidance on Part Two of the Care Act relating to the financial reforms in Autumn 2014 for consultation.
8. It is proposed that a small group of Members meet to consider the Council's response to the questions set out in the consultation document. Given the extensive documentation and number of questions for consideration, it is likely that the group will need to meet on a couple of occasions before the summer recess.
9. In addition, the Care Act Implementation Team has set up a web-page on the ASCH&PP Department's home page to encourage and facilitate responses to the consultation from Members and from the Council's staff. The site can be accessed via the following link: <http://intranet.nottscg.gov.uk/departments/asch/careact/>. The responses received through this will be considered, aggregated and included in the final response to be submitted to the Department of Health.

Other Options Considered

10. No other options have been considered.

Reason/s for Recommendation/s

11. The Department of Health has, from the onset, sought to work collaboratively with local government and a wide range of stakeholders in the formulation of the regulations and guidance which come under the Care Act 2014. Officers from the Council have been actively involved in the policy development and it is evident that this has helped shape the revised draft guidance for example in relation to the new national eligibility criteria.

Statutory and Policy Implications

12. 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

13. 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 of practice as a result of national eligibility criteria, from having a single charging policy, though 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

14. It is anticipated that there will be significant financial implications for the Council arising from the implementation of the Care Act 2014. In 2015/16, the Care Act implementation funding will be contained within the Better Care Fund with £135 million having been identified nationally. Nottinghamshire's allocation of this is approximately £2m. However, at this stage it is anticipated that this will not cover the full costs of implementing the new duties and responsibilities.
15. The Council is working with the Department of Health to undertake financial modelling regarding the new burdens and the extended responsibilities such as the new duties in relation to carers, the changes in the eligibility criteria, and the impact of the financial reforms relating to self funders.

Equalities Implications

16. Given the recent publication of the draft regulations and guidance, the Council will be undertaking an Equality Impact Assessment to enable detailed understanding of the impact of the changes on people with protected characteristics and this will in turn help inform the changes that will be required to local policies and procedures.

RECOMMENDATION/S

It is recommended that:

- 1) A small group of Members are involved in the preparation of the responses to the Department of Health's formal consultation process relating to Part One of the Care Act 2014.
- 2) Members approve the final consultation response being delegated to the Corporate Director, Adult Social Care, Health and Public Protection Department following consultation with the Chair and Vice-Chair of the Adult Social Care and Health Committee.

CAROLINE BARIA

Service Director, Personal Care and Support, South Nottinghamshire

For any enquiries about this report please contact:

Constitutional Comments (SG 25/06/2014)

17. The proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 26/06/14)

18. 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.

7th July 2014

Agenda Item: 12

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

PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH COMMITTEE

Purpose of the Report

1. To provide an update on performance management issues for Adult Social Care and Health Committee for the period up to and including 31st March 2014.
2. To propose a list of standard key performance indicators.

Information and Advice

3. The report provides the committee with an overview of the year end position against the department's key performance and operational priorities, using provisional data for 2013/14 and the provisional findings of the adult social care survey.
4. It also provides the opportunity to consider arrangements for:
 - reporting year end performance through the Local Account
 - a summary of CQC inspections since the last performance report
 - implementation of revised statutory returns and data collections for Adult Social Care and Health for 2014/15 and
 - performance measures arising from the statutory returns and council annual delivery plan to be reported quarterly to the Adult Social Care and Health Committee

Performance in 2013/14

Key Measures

5. A number of key performance measures have been reported for each quarter during 2013/14. These measures provide an overview of how the department is meeting the needs of service users and carers in relation to a number of key departmental and strategic priorities. They also link to the current statutory returns that are made annually to the Department of Health. A summary of these key measures, including the target and provisional performance figure for 2013/14 is set out at Appendix A.

6. The measures were selected to reflect key priorities, such as reablement. Reablement remains a priority, as it enables people to return to live in the community following a stay in hospital. This process involves assisting service users to regain their skills and confidence. Reablement support workers provide up to 6 weeks of intensive support to service users in their own home, enabling them to do as much as they can for themselves. A key measure of the success of reablement process is whether, through intervention by the County Council, service users can live independently and require no further ongoing support. Provisional performance for 2013/14 shows that 64% of people required no ongoing package of support following the reablement process. This a significant improvement on last year's performance of 54% and shows the positive impact the reablement process has had on the lives of over 1,200 people during 2013/14.
7. Our strong performance in relation to the personalisation of care as measured through the promotion and use of managed personal budgets and direct payments has continued during 2013/14. The County Council has already established a national reputation for the promotion of personal budgets and the provisional year-end figure of nearly 94% of service users receiving a managed personal budget / direct payment or combination, represents very high performance in this area. The true level of achievement will only be known when this figure has been finalised and the Council can compare its performance with similar authorities.
8. Linked to the reablement is the ongoing priority to reduce or delay the need for long-term care. The number of older adults (65+) supported in residential or nursing care, is reported quarterly to committee and is an important measure in relation to this priority. Provisional performance for 2013/14 shows the total number of older adults supported as 2,837 against a target of 2,784.
9. Whilst the Council have not achieved their target for the year, the total number has remained static from the previous year, which given the increasing number of adults aged over 65 and increasing demand for services, represents continued progress. Work to reduce or delay the need for long-term care centres on providing sustainable alternative options to this type of care and through the careful monitoring of admission and discharges. A number of projects around this priority area are managed through the department's 'Living at Home' project.
10. Improving the integration between care and health services for the benefit of service users is a key outcome within the new Strategic Plan 2014 - 2018. One of the indicators of how this integration is working for service users is by measuring the delay in the transfer from hospital to care provided through the County Council. Information on delays is reported by both health and care services to the Department of Health and then used to calculate the delay per 100k population and the source of these delays.
11. Performance in relation to delays attributable to care has not met the targeted figure of 2.80 during 2013/14 and the provisional year end figure is 3.66. The guidance prescribing how to calculate these figures is very complex and work is ongoing, specifically in conjunction with officers at Sherwood Forest Health Trust (SFHT) to ensure that both Nottinghamshire County Council (NCC) and SFHT are interpreting and reporting this data correctly and consistently to the Department of Health.
12. When the data relating to the SFHT has been confirmed using an agreed methodology, it is envisaged that the performance for this measure for 2013/14 will be significantly improved. Tackling all causes of delay remains a key priority and therefore work is ongoing

with all NHS Trusts to help improve how the services integrate and any reduce delays experienced by service users.

Adult Social Care Survey – Provisional results for 2013/14

13. Whilst performance information is important, we also need to understand more about how NCC services are affecting people's lives and how they feel about the services they receive. The introduction of the Adult Social Care Survey (ASCS) in 2010-11 was the first time service users had been surveyed on a national basis using the same methodology. The ASCS is the most significant source of personal outcome information for those receiving adult social care. The main purpose of the survey is to provide reliable and comparable information to help us plan to improve outcomes in a very challenging financial climate.
14. The Council currently only have provisional data from the most recent survey (2013/14) which will be verified and used to get a better picture of service users experience from year to year (by comparing to survey results from previous years). This will also allow us to see how Nottinghamshire is performing compared to other areas (by comparing our current data to that collected by similar authorities). When this formal analysis is completed, it will be reported to Committee.
15. The provisional results as they stand show the positive impact the Council's services have on many people's lives and represent very good performance for 2013/14. Key headlines from the results show (for service users who completed the survey);
 - 94% of service users were quite/very/extremely satisfied with the care and support they receive
 - 95% of service users with learning disabilities were quite happy/very happy with the way staff help them
 - 90% answered 'Yes' to the question *'do care and support services help you have a better quality of life?'*
 - 89% answered 'Yes' to the question *'do care and support services help you in having control over your daily life?'*
 - 88% answered 'Yes' to the question *'do care and support services help you in feeling safe?'*

Local Account 2013/14

16. Work is underway on the production of the Local Account covering the period of 2013/14. The Local Account publicises the services we provide and documents the key work that Adult Social Care has been doing during the previous year. It also includes our commitments and plans to develop our services in the current and future years. Last year's Local Account 2012/13, was agreed by Adult Social Care and Health Committee in November 2013 and was recognised by our peers as being of high quality.
17. By starting the preparation earlier this year, we hope to build on the high standard set last year and provide committee with draft Local Account 2013/14 at the meeting in September. The work is being coordinated by the Council's Policy, Performance & Research Team, in conjunction with senior officers within the department. It is intended

that the Local Account reflects the overview of performance set out in this report and key priorities for 2014-15 set out in the council's strategic plan and annual delivery plan.

Care Quality Commission Inspections

18. Information in relation to inspections undertaken by the Care Quality Commission (CQC) was last reported to committee on 31st March 2014. Members agreed that the outcome of all inspections will be reported to committee on an annual basis, next due in March 2015 and that the outcomes of any recent CQC inspection activity be provided through this quarterly performance report:

There have been no CQC inspections since the last report in March 2014.

Performance in 2014/15

National Adult Social Care: Changes to Statutory Reporting

19. In January 2014 Members received a detailed report on change to Adult Social Care and Health statutory reporting which will be in place from 2014-15. These new data collections (financial and non-financial), to be submitted in May 2015, are intended to reflect and support current social care policy and emerging best practice in health and social care at local and national level within a standardised reporting framework.
20. The new data returns emphasise the client journey within social care and individuals' outcomes as well as the ambition for improved integration between health and social care. These statutory collections replace existing returns but the changes are far reaching and will also support the wider national changes under the Care Act 2014.
21. A project to prepare our systems and processes for these changes has been ongoing since December 2013. New client classifications have been introduced within the main adult care management system from April 2014, accompanied by staff briefings. This includes a new cost coding hierarchy, designed to complement these classifications, which will become live in June. Information from data systems will be developed and tested during the year to fulfil the new statutory returns and associated performance indicators. These are currently subject to final guidance from the Department of Health, expected by October 2014.

New Performance Measures for 2014/15

22. The performance measures that are reported quarterly to Adult Social Care and Health Committee need to be updated to reflect changes to the statutory returns and the Council's prioritisation following the adoption of the new Strategic Plan and associated annual Delivery Plan. The existing measures will be complemented by a number of additional measures that either reflect the requirements of the new statutory returns or have been selected to demonstrate our progress towards the required outcomes for people and communities, as expressed within the Strategic/Delivery Plans.
23. The revised set of performance measures is set out at Appendix B to the report. It is proposed that progress against these measures and any associated performance risks be reported to committee as part of the next quarterly report.

Statutory and Policy Implications

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

RECOMMENDATION/S

It is recommended that the Committee:

1. Consider the content of the report.
2. Receive a performance progress report as part of the next quarterly report.

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Matthew Garrard

Team Manager, Policy, Performance and Research

Email: matthew.garrard@nottsc.gov.uk

Constitutional Comments

25. There are no constitutional comments as this report is for noting purposes.

Financial Comments

26. There are no financial implications arising from 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

Updated	Indicator	Current Value	Target	Previous Period	Good is...	Trend
Y	Service users and carers receiving a personal budget (Q)	93.9%	92%	92.1%	High	
RAG Status:		Performance against target: ● ● 				
		Performance over time: ● ● 				
Y	Older adults (aged 65 and over) financially support in care placements (Q)	2,837	2,784	2,889	Low	
RAG Status:		Performance against target: ●  ●				
		Performance over time: ● ● 				
Y	No on-going package following START Reablement (Q)	63.9%	40%	62.3%	High	
RAG Status:		Performance against target: ● ● 				
		Performance over time: ● ● 				
Y	Delayed transfers of care attributable to adult social care (Q)	3.66	2.8	3.24	Low	
RAG Status:		Performance against target: ●  ●				
		Performance over time: ●  ●				

Notes:

Current values are provisional year end figures. The previous period relates to the reporting frequency of the indicator, e.g. the previous quarter where indicators are reported quarterly. RAG Status is based on the assessment of current performance against target or over time (trend).

Reporting Frequency

(Q) Quarterly

(Y) Yearly

RAG Status

High risk



Medium risk



No or low risk



Proposed performance indicators to be reported to the ASCH Committee in 2014/15

Concluded referrals in a 12 month period where the individual was assessed as lacking capacity (Q)

Adults who have been through the safeguarding process and whose outcomes have been met (Q)

Social care related quality of life (Y)

People who use services who have control over their daily life (Y)

Overall satisfaction of service users with their care and support (Y)

People who use services who feel safe (Y)

Permanent admissions to care for older adults (Q)

Permanent admissions to care for adults aged 18-64 (Q)

Service users who receive self-directed support and/or a direct payment (Q)

Service users who receive self-directed support all or part as a direct payment (Q)

No on-going package following START Reablement (Q)

Carers who report they have been included or consulted in discussion about the person cared for (Y)

Service users or carers who found it easy to find information about support (Y)

Carers receiving assessments or reviews (Q)

Assessment timescales (Q)

Permanent admissions of older people to care directly from a hospital setting per 100 admissions of older people to care (Q)

Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (Q)

Delayed transfers of care from hospital per 100,000 population (Q)

Aviodable emergency admissions (Q)

Delayed transfers of care attributable to adult social care (Q)

Permanent admissions of older people to care, per 100,000 population (Q)

Reporting Frequency

(Q) Quarterly

(Y) Yearly

7 July 2014

Agenda Item: 13

REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE & SUPPORT, SOUTH NOTTINGHAMSHIRE

PROGRESS UPDATE – COMMUNITY & RESIDENTIAL CARE FOR YOUNGER ADULTS SAVINGS PROJECTS

Purpose of the Report

1. To update Committee on progress on savings proposals related to community and residential care for younger adults.

Information and Advice

2. The budget approved by the County Council on 27th February 2014 required the ASCH&PP department to make savings and efficiencies totalling £32.641 million for the period 2014/15 to 2016/17, through delivery of 36 projects spanning across both the Adult Social Care and Health and Community Safety committees. The projects have been grouped into different themes, each overseen by a Delivery Group chaired by a relevant Service Director.
3. This report provides an update on projects falling under the remit of the Younger Adults Community Care and Residential Care Spend Delivery Group. The Delivery Group is responsible for ensuring the successful completion of the following savings projects:

	14/15	15/16	16/17	Total
Reducing the average community care budget - Younger Adults	925k	1.178m	701k	2.804m
Reduction in Long Term Younger Adult Care Placements	550k	550k	423k	1.523m
Development of Reablement in Physical Disability Services	150k	150k	0	300k
Managing Demand in Younger Adults	175k	200k	0	375k
Total	1.800m	2.078m	1.124m	5.002m

4. The projects build on the former Learning Disability & Mental Health (LD/MH) Community Care project, which was one of the Department's savings and efficiency initiatives as part of the 2011/12 to 2014/15 budget savings programme. The project has realised its savings target and has now been closed. A summary of each of the new projects, and their intended outcomes, is provided at Appendix I. Some of the projects build on similar work that formed part of the LD/MH Community Care project, whilst others introduce new activity.

5. The projects have been categorised into high or medium/low governance requirements, depending on their level of strategic significance, savings targets, risk and complexity. The governance category assigned to each is also referenced in Appendix I.
6. Progress to date and next steps for each project is as follows:

6.1 Reducing the average community care budget - Younger Adults

Progress to date

A 'discover and analyse' phase has been undertaken to confirm the breakdown of savings anticipated from each element of the project.

Priorities have been set for the two reviewing teams (North and South) that are undertaking reviews on packages of care for those with Physical Disabilities. The teams have also begun undertaking reviews on individuals receiving phone line rental payments and direct payments for transport.

Briefing events have been held with both staff and legacy Care Support and Enablement (CSE) providers, to confirm arrangements for providers delivering savings against Supported Living and Outreach packages from June 2014. For new providers, following the CSE re-tender process, this will be written into their contracts.

A pilot approach to testing implementation of a move from double to single care, where viable, in high cost moving and handling homecare cases has been approved.

Next steps

A 'discover and analyse' phase has been undertaken to confirm the breakdown of savings anticipated from each element of the project.

Priorities have been set for the two reviewing teams (North and South) that are undertaking reviews on packages of care for those with Physical Disabilities. The teams have also begun undertaking reviews on individuals receiving phone line rental payments and direct payments for transport.

Briefing events have been held with both staff and legacy Care Support and Enablement (CSE) providers, to confirm arrangements for providers delivering savings against Supported Living and Outreach packages from June 2014. For new providers, following the CSE re-tender process, this will be written into their contracts.

A pilot approach to testing implementation of a move from double to single care, where viable, in high cost moving and handling homecare cases has been approved.

6.2 Reduction in Long Term Younger Adult Care Placements

Progress to date

A new service for multiple service user groups in Retford has opened.

A number of moves have already taken place and some significant savings have already been achieved. Project is on track to deliver target of 40 moves during 14/15.

Dialogue with relevant stakeholders is taking place around the development of more alternative supported living accommodation. Linkages are being made with the Council's Extracare Strategy as part of this.

Next steps

Continue programme of targeted moves.

Continue to explore options with relevant stakeholders for developing more supported living alternatives.

6.3 Development of Reablement in Physical Disability Services

Progress to date

Identifying how Lean+ changes can assist with streamlining the pre-assessment reablement pathway, bring alignment with the Occupational Therapy offer, and bring consistency across Younger Adults activity and for those such as START service users.

Senior Practitioners have met with the Frameworki (Fwi) Team to ensure consistency in the use of Frameworki across teams.

Next steps

Follow up meeting planned to consider some FWi process issues in more detail and confirm performance indicators for the project.

More work to be undertaken to confirm the role of the Promoting Independence Workers moving forward, priorities, the process they will follow, the point at which they can most effectively intervene, and the period of time for intervention. Associated staff guidance to be developed.

6.4 Managing Demand in Younger Adults

Progress to date

Initial analysis has been undertaken on:

- The number of service users receiving support currently falling within the project's target cohort, and current average levels of expenditure.
- Current levels and forms of support to existing service users.

The Younger Adults referral policy and scripts at the Customer Service Centre have been updated.

Discussions have taken place across specialisms of how each service area is working with this type of case, to identify the most effective ways of avoiding over commissioning in future.

Findings to date show that:

- The savings will be hard to achieve in isolation of the other Younger Adults projects. In particular, the Reducing the Average Community Care Budget - Younger Adults project.
- There is more work to be done to release staff time from managing cases where there are no commissioned services.

Next steps

Reviewing eligibility of existing service users and identifying people no longer needing support. Where existing levels and forms of support are not appropriate, organising alternative provision or case closure.

Working with Team Managers and staff in the most affected teams to move people from team caseloads where they are receiving professional support. The new ASCH strategy will set the framework for this.

7. Each project has an assigned service lead, which is a relevant service Group Manager. Each projects reports progress on delivery on an exceptions basis monthly to the Delivery Group, in order to have early visibility of any issues arising, so that these can be addressed.
8. Key challenges in delivering the projects will be:
 - a) Achieving further savings, in addition to those already achieved as part of the 2011/12 to 2014/15 savings programme, and other new savings projects as part of the 2014/15 to 2016/17 programme. The next phase of savings projects will have a greater impact on the amount of services received by service users and carers. The new ASCH strategy will set out the framework for this.
 - b) Managing change for service users, their circles of support, providers and other key stakeholders. Any change to services will be in consultation with all relevant stakeholders. Where required, advocacy support will be provided to ensure service user views are heard and Mental Capacity Assessments and Best Interest Assessments will be used. Assessment work and subsequent support planning processes will ensure that any decisions to change care packages are informed by current service user needs.
 - c) Managing the fast pace of change for staff, especially at the same time when the department and Council as a whole is implementing other large-scale changes, such as its future operating model, requirements of the new Care Act, and integration with Health and Housing. The department's Transformation Board, which includes Health and Public Health representation, will plan for and manage the implementation of transformational change.
 - d) Managing the capacity pressures faced by staff involved in implementing the changes. A temporary Younger Adults Transformation Team is to be established for two years from October 2015. The team will allow mainstream staff to focus on core duties and temporary posts to focus on specific priority areas and projects that require a short term focussed approach. The adoption of the new Adult Social Care Strategy will help to provide a framework within which staff can make decisions and management escalation can be described. Associated staff guidance is to be provided.

- e) Managing interdependencies between the projects, including unintended consequences such as cost / work shunting and changes to demand. Projects have been grouped into themed delivery groups to ensure co-ordination and help manage interdependencies. In addition, the Department's Commissioning and Efficiency Delivery Group will oversee delivery of all of the Department's savings projects.
9. The following distinct initiatives will serve as enablers to project delivery:
- a) Investment in specialist equipment, including Assistive Technology.
 - b) Capital investment to develop supported living alternatives to residential care.
 - c) Continued delivery of the Shared Lives scheme, which can serve as an alternative to long-term residential/nursing care.
 - d) The new Adult Social Care Strategy, as referenced above, which sets out the Council's proposals for the future of adult social care in Nottinghamshire, in line with its Strategic Plan 2014 – 2018 and in anticipation of the Care Act.

Other Options Considered

12. There are no other options to outline as this report aims to update Committee on progress to date and next steps for the Younger Adults Delivery Group's work.

Reason/s for Recommendation/s

13. There are no recommendations being made in the report, other than for Committee to accept the contents of the report.

Statutory and Policy Implications

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

RECOMMENDATION/S

15. It is recommended that the Committee
- 1) Notes the contents of the update report.

CAROLINE BARIA

Service Director for Personal Care & Support, South Nottinghamshire

For any enquiries about this report please contact:

Ellie Davies, Project Manager, Transformation Programme.

Constitutional Comments

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

Financial Comments (KAS 20/06/14)

17. The financial implications are contained within paragraphs 3 and 15 of the report.

Background Papers and Published Documents

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

- Report to Full Council, 27th February 2014: *Annual Budget 2014/15*.
- Report to the Adult Social Care and Health Committee, 3rd March 2014: *Outcome of the Consultation on the Model for Adult Social Care in Nottinghamshire and Use of Resources Policy*.
- Report to the Adult Social Care and Health Committee, 12th May 2014: *Overview of Savings Projects to be Delivered 2014/16 to 2016/17 by the Adult Social Care and Health Department*.

Electoral Division(s) and Member(s) Affected

All.

Appendix I: Description and Outcomes of the Younger Adults Community Care & Residential Care Spend Savings Projects 2014/15 to 2016/17

Project Title	Governance Status	Description	Intended Outcomes
Reducing the average community care budget - Younger Adults	High	<ul style="list-style-type: none"> • Reviewing the care packages of existing service users across all areas (i.e. Learning Disabilities, Physical Disabilities, Mental Health and Aspergers) to identify if their needs have reduced over time, and hence the amount of support provided can be reduced, or whether support can be provided in a different way (e.g. through use of Assistive Technology instead of 1-1 care). In particular, the following types of support will be reviewed: supported living/outreach; homecare; external day services spend; high cost care packages; and commissioned Direct Payment packages, with an initial focus on DP packages for those with physical disabilities. • Identifying any unused accumulated direct payment funds in service user bank accounts, to inform if direct payment allocations to service users can be reduced. • Reviewing expensive homecare packages where additional care staff are required to provide moving and handling support, and exploring ways of reducing the number of cases where there is a double up of staff. • Reviewing payments made under the Chronically Sick and Disabled Persons Act (CSDPA) 1970, which includes telephone line rental payments and payments for Talking Books. The phone rental review will identify those no longer eligible for support, and in such cases payments will be stopped. A policy change is also proposed, so that assistance to obtain a phone continues, but not paying costs towards installation or line rental. For those receiving Talking Books, the review will identify those that could use other services that might be lower cost or free due to advances in technology and access to new information technology. 	<ul style="list-style-type: none"> • Reduce the average community care personal budget across all areas. • Provide enough support to promote and maintain independence. • Commission services that have average package costs in line with comparable Authorities. • Ensure that the average cost of direct payment packages are in line with the average cost of managed budget packages.
Reduction in Younger Adult long term care placements	High	<ul style="list-style-type: none"> • Identifying a target group of 120 people currently living in long-term care who would benefit from a move to alternative provision, targeting high cost placements. • Developing alternative models to residential / nursing care (including more supported living, more use of Shared Lives, more interim step up / down solutions for those leaving hospital and emergency cases). • Reviewing triggers leading to admissions into long-term care. Subsequently, to use this information to reduce the number of new admissions into long-term care. • Continuing to use Assistive Technology solutions in order to keep individuals out of residential care and/or to support them in moves out of residential care. • Reducing the number of new out of county residential / nursing care placements, review existing high cost out of county packages, and move 30% of current out of area service users back home to Nottinghamshire. • Developing outcome plans pre-admission or within a set time-frame post admission. • Providing support to individuals with disabilities living with carers / family, to enable them to continue to stay at home for longer. • Focussing on provision of supported living (SL) services as an alternative to more expensive residential care option where overall financial benefit accrues. • Targetting Supported Living services where there is both an individual and economic benefit. • Considering a range of options to maintain people in the community. 	<ul style="list-style-type: none"> • Ensure that the average cost of Supported Living is in line with comparable Authorities. • Increased availability of suitable alternatives to long-term residential care for both new and existing service users. • Reduced reliance on residential care and encourage more independent living. • Reduction in the number of new admissions into long-term care and overall reduction in the number of long-term care placements. • Provision of care closer to home and a reduction in the number of new out of county residential / nursing care placements.
Development of reablement in Physical Disability services	Low/Medium	<ul style="list-style-type: none"> • To further develop the work of Promoting Independence Workers (PIWs) in Younger Adults Commissioning Teams to deliver re-ablement support to individuals with newly acquired physical disabilities and long-term health conditions. • The PIWs will provide re-ablement services to: individuals with newly acquired physical disabilities; those with long-term conditions such as Multiple Sclerosis, Muscular Dystrophy, and other chronic conditions, which often present high usage (and therefore cost) of health and social care provision with numerous admissions and re-admissions to hospital and community facilities; and those with Asperger's. • The aim is to enhance people's independence through provision of short-term interventions, focussing on developing confidence, making links with mainstream community services and assisting people to access education and employment. Ultimately, this aims to prevent or reduce longer-term support needs in future. 	<ul style="list-style-type: none"> • Reduce the number of people requiring ongoing social care support. • Ensure that all people who use social care funded services are eligible for support at the level required and only receive support for as long as is required.

Project Title	Governance Status	Description	Intended Outcomes
Managing Demand in Younger Adults	Low/Medium	<ul style="list-style-type: none"> • To review the eligibility for some people who are being referred into the service. These tend to be individuals with mild learning disabilities, moderate mental health needs or other vulnerabilities who are prone to crisis in life events and often have chaotic life styles, but who may not have substantial and ongoing social care needs. • Identify the number of service users in this cohort being supported by the service. • Confirm current average expenditure on this cohort and determine if this expenditure is appropriate. • Identify the number of new cases coming into the authority each year, the reason for referral, and any mitigating actions to prevent delay or reduce referrals. • Review current levels and forms of support to existing service users, to confirm if they are still appropriate, and identify people no longer needing support. • Where current forms of support are no longer appropriate, alternative provision or case closure is required. Where new individuals are coming into the service inappropriately, a change in the response of the services and revised access arrangements are to be developed. 	<ul style="list-style-type: none"> • Reduce the number of people requiring ongoing social care support. • Ensure that all people who use social care funded services are eligible for support at the level required and only receive support for as long as is required.

7th July 2014**Agenda Item: 15****REPORT OF THE DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE 2014****Purpose of the Report**

1. The purpose of the report is to seek approval for the Chair of the Adult Social Care and Health Committee to attend the National Children and Adult Services Conference being held in Manchester from 29 - 31 October 2014 and for a report on the outcomes to be brought to the Committee in due course.

Information and Advice

2. This Committee's terms of reference include approving councillors' attendance at conferences. Members are asked to consider whether attendance at the event should be approved for Chair of the Adult Social Care and Health Committee together with the necessary travel and accommodation arrangements.
3. The information included within the following sections of the report should ensure compliance with normal decision making rules. If attendance is approved, the details referred to below will be used to compile the Public Register, which is available on the Council's website.
4. The conference is organised by the Local Government Association (LGA), Association of Directors of Social Services (ADASS) and Association of Directors of Children's Services (ADCS). It addresses issues for children and adults and is regularly attended by more than 1,000 delegates.
5. The Corporate Director for Children, Families and Cultural Services is attending the conference and a report will be presented to the Children and Young People's Committee later this month requesting approval for the Vice-Chair of this Committee to attend. The Corporate Director of Adult Social Care, Health and Public Protection will be attending in his role as President of the Association of Directors of Adult Social Services (ADASS).

Reason/s for Recommendation/s

6. It is recommended that approval is given for attendance at the conference so that the County Council's representatives can consider issues that are vital to councillors, senior officers, policymakers and service managers with responsibilities for adult social care in

the statutory, voluntary and private sector. It is also an important opportunity for networking with partners and MPs in related fields.

Statutory and Policy Implications

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

Financial Implications

8. The cost of attendance at the conference is £450 plus VAT per person. Two or three nights' accommodation will also be necessary. An estimate from the conference information suggests a hotel within reasonable walking distance from the conference venue will cost between £70 and £145 per person per night for bed and breakfast.
9. The costs of attendance for the Chair of the Adult Social Care and Health Committee would be met from the Member Training Budget.

RECOMMENDATION/S

10. That the Committee:
 - 1) gives approval for the Chair of the Adult Social Care and Health Committee to attend the National Children and Adult Services Conference in Manchester from 29-31 October 2014, together with any necessary travel and accommodation arrangements.
 - 2) receives a report on the outcomes of the conference.

Jon Wilson

Deputy Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Jennie Kennington

Senior Executive Officer

email:jennie.kennington@nottscg.gov.uk

Constitutional Comments (initials xx/06/14)

10. ASCH Committee has delegated authority within the Constitution to approve the recommendations in the report.

Financial Comments (KAS 26/06/14)

11. The financial implications of the report are set out in paragraphs 8 & 9 above

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.

- <http://www.adass.org.uk/NCAS-conference-2014/>

Electoral Division(s) and Member(s) Affected

- All.

7 July 2014**Agenda Item: 16****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

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

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

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

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

Constitutional Comments (HD)

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

Financial Comments (PS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
7 July 2014			
Internal Staffing Structure for Management of the New Home Based Support Services	Report to seek approval for the new structure of the Service Organiser Teams	Service Director for Broxtowe, Gedling and Rushcliffe	Mark McCall
Integrated Pilot - Personal Health Budgets	Progress with an integrated Personal Health Budget pilot in Bassetlaw	Service Director Personal Care and Support North and Mid Nottinghamshire	Sue Batty
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	Rob Bayley
Darlison Court Extra Care Housing Scheme in Ashfield	Update to work with Ashfield District Council to deliver an extra care housing scheme on Darlison Court	Service Director Personal Care and Support North and Mid Nottinghamshire	Cherry Dunk
Update on the Project to Launch Optimum Workforce Leadership as an Independent Social Enterprise	Report outlining the Nottinghamshire Partnership of Social Care Workforce Development Proposed Business Model	Service Director for Mid Nottinghamshire and Bassetlaw	Claire Poole
Community Care and Residential Care for Younger Adults Savings Projects	Progress report on savings proposals related to community and residential care for younger adults	Service Director for Broxtowe, Gedling and Rushcliffe	Ellie Davies
Formal consultation on the draft regulations and guidance of part one of the care act 2014	Member involvement in the preparation of the response to the Department of Health's formal consultation process relating to Part One of the Care Act 2014	Caroline Baria	Caroline Baria
Personal Budgets and Dementia Project	Progress report to update the Committee on achievements and successes of the partnership project between ASCH and the Alzheimer's Society.	Service Director of North and Mid-Nottinghamshire	Helen Turner/ Jennie Kennington
Resources Required to	To propose and agree resources required to deal with	Service Director, Access and	Claire

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Develop the Emergency Advice Pathway	the increased workload following the closure of the Nottinghamshire Welfare Assistance Fund	Public Protection	Bearder
Attendance at NCAS October 2014	Requesting approval for the Chair of the Adult Social Care and Health Committee to attend the National Children and Adult Services Conference in Manchester from 29-31 October 2014	Deputy Director, Adult Social Care, Health and Public Protection	Jennie Kennington
8th September 2014			
Nottinghamshire Safeguarding Adults Board	12 monthly update on Nottinghamshire Safeguarding Adults Board	Service Director, Access and Public Protection	Allan Breeton
Lean +/Transformational savings proposals	Progress report on savings proposals related to organisational redesign and transformation of assessment and care management.	Deputy Director for Adult Social Care, Health and Public Protection	Stacey Roe/Phil Cooper
Care and Enablement Tender Outcome	The report is to update Committee on the Care and Enablement tender outcome.	Cath Cameron-Jones	
Commissioning and Efficiencies savings proposals	Progress report on savings proposals related to Supporting People and changes to joint commissioning arrangements.	Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
Report from Carers Annual Conference			Penny Spice
Care Act Update	Progress report on the implementation of the Care Act in Nottinghamshire	Service Director for South Nottinghamshire	Jane North
Planned Care of Older People after a Planned Operation	6 month review of the Planned Care of Older People after a Planned Operation Project	Service Director, Access and Public Protection	Amanda Marsden
Older People Community Care and Residential care savings proposals	Progress report on savings proposals related to community and residential care for older adults	Deputy Director for Adult Social Care, Health and Public Protection	Cherry Dunk
Access & Public Protection Savings Proposals	Progress report on savings proposals related to Access and Safeguarding	Service Director, Access and Public Protection	Claire Bearder
Outcome of consultation on policy for providing planned short breaks for adult service users and carers		Deputy Director for Adult Social Care, Health and Public Protection	Wendy Lippmann
6th October 2014			

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Review of Adult Social Care and Health Complaints		Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty/ Customer Services
Business Support Review Update	Information update report	John Slater	Julie Forster
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-Reed
3rd November 2014			
Interim Senior Leadership Structure in the Adult Social Care, Health and Public Protection Department	Review of the departments interim Senior Leadership Team Structure	Deputy Director for Adult Social Care, Health and Public Protection	Jon Wilson
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals.	Deputy Director for Adult Social Care, Health and Public Protection	Ellie Davies
Independent Living Fund (ILF) update	Update on transfer of responsibility for ILF to local authority.		
Commissioning Home Based Care and Support Services	Six month progress report	Caroline Baria – service Director for South Nottinghamshire	Sue Batty
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	Sue Batty
January 2015			
NHS Support to Social Care Funding	Update report on NHS Support to Social Care (s.256) Funding	Service Director for Mid Notts and Bassetlaw	Jane Cashmore
Re-Tender of ICEL'S update report	Update report on preferred future models	Deputy Director for Adult Social Care, Health and Public Protection.	Sue Batty
Care Bill Update	Progress report on the implementation of the Care Bill in Nottinghamshire	Service Director for South Nottinghamshire	Jane North
Quality and Marketing Management Delivery	Update report on the savings projects for 2014/15-2016/17 which fall in the remit of Quality Market	Service Director Access and Public Protection	Kate Revell

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Group Update	Management		
February 2015			
Young Carers and Disabled Parents	12 month update on the work regarding Young Carers and Disabled Parents	Service Director for Broxtowe, Gedling and Rushcliffe	Wendy Adcock
Integrated Community Equipment Loan Service	12 month update on the Integrated Community Equipment Loan Services (ICELS)	Service Director for Broxtowe, Gedling and Rushcliffe	Sue Batty
March 2015			
Direct Payment Support Service	Update after 12 months of the changes to Direct Payment Support Services	Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
27th April 2015			
Overview of departmental savings and efficiencies programme	Progress summary on all departmental savings proposals.	Deputy Director for Adult Social Care, Health and Public Protection	Ellie Davies

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