

Adult Social Care and Health Committee

Monday, 31 March 2014 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 3 March 2014 | 5 - 8 |
| 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 | Adult Social Care Performance Update | 9 - 18 |
| 5 | Think Local Act Personal: What Next for Personalisation | 19 - 36 |
| 6 | Update of CQC Inspections of Council Registered Services in Adult Care | 37 - 44 |
| 7 | Adult Social Care Transport Policy | 45 - 58 |
| 8 | Disabled Persons' Registration Card | 59 - 62 |
| 9 | New Rates for Independent Sector Care and Support Services | 63 - 68 |
| 10 | Organisational Redesign in the Adult Social Care Health and Public Protection Department | 69 - 82 |
| 11 | Nottinghamshire Welfare Assistance Fund | 83 - 86 |

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.

Members 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) Members are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

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Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 3 March 2014 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)

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

A Ex-Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, Broxtowe, Gedling and Rushcliffe
Paul Davies, Democratic Services Officer
Sarah Gyles, Committee Support Officer
Jennie Kennington, Senior Executive Officer
Paul McKay, Service Director, Promoting Independence and Public Protection
Jon Wilson, Temporary Deputy Director, Adult Social Care, Health and Public Protection

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 3 February 2014 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillors John Wilkinson and Nicki Brooks had been appointed in place of Councillors Michael Payne and Yvonne Woodward, for this meeting only.

DECLARATIONS OF INTEREST

There were no declarations of interest.

DIRECT PAYMENT SUPPORT SERVICES

RESOLVED: 2014/019

- (1) That the decision to stop the retender of Direct Payment Support Services be noted.
- (2) That approval be given to the decision to bring the service in house on a temporary basis for 18 months.
- (3) That an additional 5.5 fte temporary posts be established for an 18 month period in order to implement the changes required to deliver the new model of Direct Payment support and fully understand the volume and type of service required in the future.
- (4) That an update report be presented in 12 months time.

NOTTINGHAMSHIRE COUNTY COUNCIL ADULT SOCIAL CARE OUTCOMES FRAMEWORK DATA

RESOLVED: 2014/020

That the contents of the report be noted.

SHARED LIVES

RESOLVED: 2014/021

- (1) That the results of the Shared Lives communications campaign be noted.
- (2) That the transfer of service from the City Council to the County Council be noted.
- (3) That Finance and Property Committee be requested to allocate a contingency sum to cover the cost of the transfer and the employment of a Shared Lives Co-ordinator once the full costs are identified.
- (4) That approval be given to the establishment of an additional 1fte post of Shared Lives Co-ordinator, NJE Grade 5 to work in the Shared Lives Team.

OUTCOMES OF CONSULTATION ON MODEL FOR ADULT SOCIAL CARE IN NOTTINGHAMSHIRE AND USE OF RESOURCES POLICY

RESOLVED: 2014/022

- (1) That the outcomes of the consultation on the model for adult social care and Use of Resources Policy be noted.
- (2) That the changes made to the model further to the consultation to make the intentions of the Council clearer be agreed.

- (3) That the model be renamed as the Adult Social Care Strategy and submitted to full Council for approval and implementation.

**EXTENSION OF CONTRACT FOR SUPPORT WITH EAST MIDLANDS
IMPROVEMENT PROGRAMME IN ADULT SOCIAL CARE**

RESOLVED: 2014/023

That the posts of temporary East Midlands Joint Improvement programme Manager (22 hours per week, Hay Band F, scp 56-61) and Business Support Administrator (18.5 hours per week, NJE Grade 4, scp 19-23) be extended until 31 March 2015.

WORK PROGRAMME

There would be an update report on Direct Payments Support Services in 12 months. This would replace the report due in November 2014.

There was discussion about how the committee might monitor the impact of the recent budget decisions affecting adult social care, with the conclusion that there should be regular reports on the business cases, and specific reports on high risk work.

Also requested or anticipated were an update on actions arising from the peer challenge in April 2013, implications of the Care Bill, a revised structure for the Adult Social Care, Health and Public Protection Department, and integration with the NHS.

RESOLVED: 2014/024

That, subject to the above, the work programme be noted.

The meeting closed at 12.20 pm.

CHAIR

31st March 2014**Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****ADULT SOCIAL CARE PERFORMANCE UPDATE****Purpose of the Report**

1. To provide an update on the five key performance measures for Adult Social Care and Health for the period 1 October to 31 December 2013.
2. To report on the progress of implementing the action plan following the Peer Challenge.
3. To advise Committee of the launch of the Local Account Highlight report.

Information and Advice**Performance Management Framework**

4. The County Council has annual responsibility to make statutory returns to the Department of Health which measure the effectiveness of adult social care against a number of key indicators. This report provides the third quarter's update on progress against these performance measures and operational priorities.

Adult Social Care and Health Key Performance Indicators

5. In addition five key measures are reported monthly to the Corporate Leadership Team. Appendix A includes all the above performance measures for Adult Social Care, showing the performance level as at 31 December 2013, the annual target and a commentary explaining the current level of performance. All of them are currently positive, with the exception of Delayed Transfers of Care (DTOCs).
6. To encourage independent living, and to assist partners in Health, the Council has a responsibility to provide social care packages to ensure people can be discharged from hospitals in a timely fashion. The Council is measured on how it performs in relation to this, giving a figure per month, per 100,000 of adult population, where any delay in the discharge is attributable to the Council. As of December 2013, this figure stands at 3.24 per 100,000, which equates to 34 cases.

7. As reported to Committee on 3 March 2014, the County Council is currently disputing the figures collected by health colleagues. The view of the Council is that the reporting is overstating figures attributed to Adult Social Care and Health.

Peer Challenge Update

8. As part of the new framework for sector-led improvement agreed by local authorities across the East Midlands, Nottinghamshire volunteered to be the pilot site to test out the peer challenge process. The challenge visit took place at the end of April 2013. A two year cycle of peer challenge visits is scheduled across the region. Further detail on this was provided to Members in a report tabled at 22 July 2013 Committee.
9. The Council received some very positive feedback as a result of the peer challenge, and some areas for consideration which were felt to be helpful and appropriate. This resulted in the formulation of an action plan, which has been regularly reviewed to ensure progress has been made. The current position in relation to this can be seen at Appendix B.
10. The peer review acknowledged the particular complexities of developing integrated strategies and services across Nottinghamshire due to the number of commissioning agencies involved. Nottinghamshire County Council is working in partnership with six Clinical Commissioning Groups (CCGs) and seven District and Borough Councils. Progress is underway with Service Directors represented on all CCG Boards, the new Adult Social Care and Health organisational structure aligning with CCG and District Council localities and the three locality planning areas that are emerging; south Nottinghamshire, mid-Notts and Bassetlaw. Joint plans are to be established for the integration/alignment of Reablement and Intermediate Care services, integrated health and social care teams are due to begin in Ashfield and Mansfield and multi-agency comprehensive Geriatric Assessment are underway within Nottingham University Hospitals NHS Trust and Broxtowe adult social care team
11. The review fed back positively about the Council's successful work that has increased the number of very small micro providers and its Market Position Statement (MPS). It reinforced the areas already identified from provider feedback to improve this, which are all in progress. These include, providing more detailed information on Direct Payments in the MPS and for social care and health to engage with more closely District Councils on prevention and housing strategies for vulnerable older and younger adults, supported by the leadership of the Health and Wellbeing Board governance structures. A greater focus on commissioning for outcomes has been developed initially as part of the current joint social care and health re-tender of home based care providers.
12. The feedback in relation to safeguarding confirmed sound practice with excellent examples of innovative practice to keep people safe. There was a suggestion that we look to review and improve existing multi-agency safeguarding policies. This was seen as an opportunity to undertake a wider review of safeguarding policy and practice. To this end, several workshops were held, with the outcomes of these being clarified roles and responsibilities and reviewed guidance which was published widely. Multi agency safeguarding adults procedure and guidance on raising a concern and referring went live in October 2013, and was widely circulated. Multi agency training has been reviewed to reflect the new procedure and guidance.

13. Nottinghamshire County Council is recognised as a leader in the implementation of personal budgets and direct payments the Peer Challenge raised a number of areas for improvements to personalisation. This included a greater emphasis on more creative and innovative approaches to self-directed support and in response the Council has worked with the Alzheimer's Society to; promote best practice around the use of direct payments for service users with dementia, offer information and advice on the potential benefits of direct payments to service users and improved information exchange between the Council and specialist dementia services. The Council was also asked to consider personalisation processes and procedures to achieve better outcomes and reduce costs. As such it has reviewed and streamlined its assessment and support planning forms and work flow into core and specialist questionnaires to increase the ability to assess proportionately and to facilitate the involvement of service providers in outcome based support planning.
14. An integrated model of Personal Health and Social Care Budgets has been agreed with Bassetlaw. This means that an individual who chooses a Direct payment and has a package funded jointly by social care and health, will only have to follow one set of processes, have one support plan and one audit of their money. This model has been shared with the other five CCGs across the County who are currently being supported in a regional model through the NHS Greater East Midlands Commissioning Support Unit.

Local Account Highlight Report

15. The Association of Directors of Adult Social Services (ADASS) recommended that all councils with social care responsibilities produce a 'Local Account' as a means of reporting back to people on the quality of services and performance in adult social care. Local accounts were described in the Department of Health's 'Transparency in outcomes: a framework for adult social care' consultation paper (November 2010, section 4) as a way of being more open and transparent about the care and support that is provided locally by the Council. Although this is not a statutory requirement, it is a document which is viewed as a vital part of the Council's communication with a variety of key stakeholders.
16. Full length reports have been produced in 2010-11 and 2011-12. The report for 2012-13 was launched in October. As a result of feedback from a number of service users, a shortened, highlight document has been made available on the County Council website, <http://www.nottinghamshire.gov.uk/thecouncil/plans/performance/aschpp-performance/>
17. This ensures that the Council is better able to make the people of Nottinghamshire aware of its achievements, areas for development and the challenges it faces, as well as providing people with further opportunity feedback where they think improvements or developments are required in the future.

Reason/s for Recommendation/s

18. This report is for noting only.

Statutory and Policy Implications

19. 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.

Implications for Service Users

20. By ensuring the continuation of robust information about departmental performance, the Council will be best able to plan and commission services in the future.

Financial Implications

21. There are no financial implications in this report.

Human Resources Implications

22. The Human Resource implications are reflected in the report.

RECOMMENDATION/S

- 1) It is recommended that the Adult Social Care and Health Committee notes the contents of this report.

DAVID PEARSON

Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Judith Horsfall

Group Manager, Operational Policy and Performance

Email: judith.horsfall@nottsccl.gov.uk

Constitutional Comments

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

Financial Comments (KAS 05/03/14)

24. 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.






- Report on the Peer Challenge – 22 July 2013




Electoral Division(s) and Member(s) Affected




All.

ASCHPP Top 5 monthly report

Code	PI	Status	November 2013	December 2013		Last Update	Commentary	Portfolio Owners
			Value	Value	Target			
1C (Part 1)	Proportion of adult social care service users and carers receiving community based services receiving a personal budget (taken as a managed personal budget, a direct payment or a mixture of both – a mixed package). High is good		92.0%	92.1%	92.0%	December 2013	This indicator has been updated for quarter 3. In line with the 2013 objective for personal budgets, all adult social care service users within Nottinghamshire that receive long-term community-based care are now provided with a personal budget. The remaining 8% of people without a personal budget receive either short-term, one-off or universal services such as equipment or reablement as defined by the DoH as being unsuitable for self-directed support.	Paul McKay
BP03.11	Proportion of service users requiring no ongoing package following reablement . High is good.		62.3%	62.3%	40.0%	December 2013	Figures have maintained since last month. Meaning quality of service is being maintained.	Paul McKay
BP03.14 (part 2)	Rate of delayed transfers of care from hospital, per month per 100,000 population. Attributable to Adult social care only. Low is good.		3.04	3.24	2.80	December 2013	There were 29 people on the snapshot for November. We are working closely with Sherwood Forest Hospitals NHS Foundation Trust and Nottinghamshire Healthcare NHS Trust who record most delays. Nottinghamshire Healthcare NHS Trust are implementing improved discharge processes and are also recategorising previous delays which should have a positive impact on figures from this Trust. David Pearson has also written to the heads of all Trusts to ask them to ensure that processes are followed concerning DToC	David Hamilton
SGCOM Pnew	Safeguarding cases completed		57.1%			November 2013	The value is from October 2013.	
BP04.11	Total number of older adults (aged 65 and over) financially supported in residential and nursing care placements. Low is good.		2,871	2,889	2,784	December 2013	The number of older adults supported in long term care has increased only slightly this month. Admissions and discharges are being carefully monitored against local targets and there are 6 projects in place to provide alternative options to Long Term Care. A reduction in admissions will lead to less people being supported in LTC in the long term.	David Hamilton

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Long Term Trends	
	Improving
	No Change
	Getting Worse

Short Term Trends	
	Improving
	No Change
	Getting Worse



Integrated Commissioning For Older People

Peer Challenge Action Description and Review Date	Update	STATUS (RAG)
ICOP.01A Bid with health partners across Nottinghamshire (south/mid-Notts/Bassetlaw) to become 'integration pioneer' September 2013	Nottinghamshire's Integration pilot proposal received positive feedback but not selected.	R
ICOP.01B Service Director input as members of CCG (Clinical Commissioning Group) boards Ongoing	Service Directors continue to attend Clinical Commissioning Group Boards. Also a budget New departmental structure aligns more closely with Health.	A
ICOP.02A Accelerate the current project initiatives under the 'Living at Home' programme October 2013	Delivery of Extra Care strategy progressing on 4 schemes across the county (Eastwood, Retford, Mansfield and Gedling). Work ongoing on benefits realisation. Locality workshops continuing. Workshops with the 7 district and borough councils to scope a joint housing strategy.	A
ICOP.02B Greater alignment of reablement service with NHS including building based intermediate care and non building based services December 2013	Work ongoing with Clinical Commissioning Groups to establish joint plans for integration/alignment of Reablement and Intermediate Care Services	A
ICOP.02C Frail Elderly workstream in south Nottinghamshire December 2013	Comprehensive Geriatric Assessment (CGA) trials currently underway within Nottingham University Hospitals NHS Trust and within the adult social care team in Broxtowe.	A
ICOP.02D Mid-Nottinghamshire Transformation project December 2013	Poised to go live in Ashfield and Mansfield with 5 integrated health and Social Care Teams using the Prism model.	A
ICOP.02E Integration of health and social care project February 2014	Work ongoing on an information project to create a more robust information system that all agencies can 'trust'. Includes work with a new team at QMC called the Care Coordination Team(CCT). New multidisciplinary and multi agency CCT proposed.	A
ICOP.03A Ensure that the approach to the roll out of Personal Health Budgets is aligned with social care Personal Budgets to ensure they offer choice to patients and improve outcomes for reduced relapse rates, recovery rates, avoiding acute NHS stays and demand for residential care. January 2015	Negotiations with Bassetlaw Clinical Commissioning Group for both fully and part health funded DPs to be processed via Council's finance teams. The other 5 county CCGs are being supported in a regional model through GEM CSU (Greater East Midlands Commissioning Support Unit). Risk that a regional approach may be at expense of local integration – issue escalated to Senior Leadership Team.	A
ICOP.04A Establish regular Direct Payments (DP) reports to inform strategic commissioning, comparator costs of care and support services. December 2013	Affected by delay in Resource Allocation System (RAS) work	R
ICOP.04B Market development to identify and address market issues that may drive up DP (Direct payment) costs e.g. lack of service availability in an area. November 2013	Work to identify and address issues that may drive up DP costs e.g. lack of capacity in an area are being addressed within the current tender for home based services, tender for Care Support and Enablement (CSE) services and work on day services.	A
ICOP.04C Share relevant DP information with providers as part of developing local markets to inform their business planning e.g. through Market Position Statement November 2013	Market position statement launched in 2012. Updates are required for March following Council budget setting. SWIPE project has not been able to provide DP data. Work now being progressed in PIT and when available will be used to inform review of RAS, DP strategies and up-date MPS.	A
ICOP.04D Include outcomes focused approach to Home Based Care as part of re-tender October 2013	Completed. Tender underway with contracts to be awarded end of March 2014. Work will then take place with new providers to deliver and improve the outcomes focused approach.	G
ICOP.04E Embedding micro- provider work as part of mainstream market development, working with Economic Development on legacy plan December 2013	Micro provider legacy plan in place for March 2014. Handover taking place to officers in Strategic Commissioning Team. Discussions started with Economic Development which also encompass strategy to increase Pas.	G
ICOP.04F Ensuring an outcomes focused approach to the tender for Direct Payments Support Services (DPSS) December 2013	New model promoting self management of Direct Payments Support Services (DPSS) approved by Committee Oct 2013. Agreed at Committee on 3 March 2014 to bring the service in-house.	R
ICOP.04G Work with Public Health, CCGs, District Councils and Health on a joint Prevention and Early Intervention Strategy. March 2014	Initial sessions progressed. Now taking stock of savings proposals. Working through Health and Wellbeing Board structures to take forward in March 2014 following budget setting	A
ICOP.04H Work with District Councils and Health to further develop strategies for ensuring the future housing supply meets needs of ageing population (as well as people with mental ill-health, physical, sensory and learning disabilities) Ongoing	Initial workshops held and action plan being agreed.	A

Status - Please Note

- R** Red - serious delays/not completed
- A** Amber - progress but some delays etc
- G** Green - completed /going well



Safeguarding

Peer Challenge Action Description and Review Date	Update	STATUS (RAG)
S.01A Review the completed actions within the action plan and support further work with staff where required. September 2013	Peer Review action plan has been reviewed	G
S.01B Review work to develop use of consistent language by staff. September 2013	Waiting Feedback (by 14/02/14 for February Performance Board)	A
S.02A Review how staff and managers are using Framework in line with procedures, especially: capturing outcomes consistency in use of lessons learned field. October 2013	NCC currently participating in a national pilot which commenced Sept 13 on 'making safeguarding personal' which is specifically looking at capturing outcomes as defined by service users. Results due to be reported to the Project Board in Jan 2014.	A
S.02B Review of all safeguarding processes and procedures. January 2014	4 Workshops held with ASCH staff around safeguarding processes/clarifying roles and responsibilities. Procedural guidance for raising a concern and referring was reviewed and published October 2013. Currently carrying out a 'lean plus' review of safeguarding assessment process to be completed March 2014.	G
S.03A Identify resources required to deliver this piece of work and review the timetable. July 2013	Multi agency safeguarding adults procedure and guidance for raising a concern and referring went live October 2013. Publicised extensively with wide circulation. Multi agency training has been reviewed to reflect the new procedure and guidance.	G
S.04A NSAB to consider how it might support communication and engagement across the partnership, targeted at frontline staff. October 2013	Revised multi agency quality assurance process being developed through the Notts Safeguarding Adults Board (NSAB) Quality Assurance Group. This will enable the Board to understand more fully which partners are not engaged in safeguarding investigations	A
S.05A Develop understanding of the role of the Notts Safeguarding Adults Board (NSAB) across all operational staff through internal communications (Team Talk/Frontline/intranet). November 2013	Annual Report published / Newsletters Partnership event / Reconstructed Governance group with operational group managers leading specific work streams supported by operational staff.	G
S.05B Review communications to ensure staff: 1 understand how Multi Agency Safeguarding Hub (MASH) works 2 are aware of the link between MASH and the Market Development Team to capture care home quality issues. August 2013	Lean review of safeguarding involves review of Multi Agency Safeguarding Hub (MASH) processes / Series of 'MASH' communications which are agency specific being developed / The Operational Group Manager for MASH has held a series of feedback and lessons learnt sessions with staff / MASH data being incorporated into work to develop a risk register for care homes.	G
S.05C Identify opportunities for dialogue between senior managers and frontline staff on safeguarding issues, eg. feedback on lessons learned. Ongoing	SLT carried out roadshows to feedback learning from Peer challenge / SLT carried out a series of roadshows re 'new ways of working' / SLT attended safeguarding summit re younger adults / Safeguarding governance structure revised to facilitate improved 2 way flow of information.	G

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- A** Amber - progress but some delays etc
- G** Green - completed /going well



Personalisation

Peer Challenge Action Description and Review Date	Update	STATUS (RAG)
P.01A Progress development of 'empower and enable' support planning model alongside ULO (User Led Organisation) and other partners. November 2013	No feedback	A
P.01B Continue to develop the personalisation of social care in line with the future model of adult social care. Ongoing	No feedback	A
P.01C Develop strategy to increase the Personal Assistant (PA) market as part of Direct Payments Support Services (DPSS) tender and role. December 2013	No feedback	A
P.01D Implementation of Choose My Support. September 2013	Choose My Support launched with 159 providers and associated services registered. Information, Advice and Advocacy Strategy 2014 – 16 revised in light of Care Bill and agreed at Senior Leadership Team in Feb 2014. Task and finish group to be established to specify future needs and options for one web based information and directory.	G
P.01E Develop 'Making it Real' workstream. Ongoing	Work will be picked up in April by Commissioning Manager (Older Adults).	R
P.02A Review of support planning and brokerage and testing of a partnership approach. October 2013	New partnership approach being developed with our home based services providers to enable them to ensure that service users are at the centre of their support planning.	A
P.02B Support staff to embed an outcome based approach to support planning. December 2013	Outcome based support planning was introduced in October 2010. April 2014, our assessment and support planning forms will change to facilitate the involvement of Providers in outcome based support planning.	A
P.02C Review customer journey ensuring proportionality of assessments/support plans and efficient commissioning/set up of both managed budgets and direct payments. October 2013	Assessment forms and work flow are being reviewed as part of a Lean+ programme. They will be shorter and divided up into core and specialist questionnaires to increase the ability to assess proportionately.	A
P.03A Pilot of Direct Payments in care homes to establish whether using a Direct Payment in this setting increases choice and control. Pilot runs until March 2015	Pilot progressing well and DOH funding secured for 2014/15 to deliver the objectives of the Department of Health (DOH) Direct Payment in residential Care Trailblazer project. Key milestones met.	G
P.03B Joint project with the Alzheimer's Society to address barriers to increasing personalisation for people with dementia and their carers. Project runs until July 2014	Currently both good practice and areas for improvement. Some good practice around the use of direct payments to provide support to service users with dementia. Work is being undertaken to improve the communication of the potential benefits of Direct payments to these service users. Also work on the exchange of information between NCC and specialist dementia services.	A
P.03AC Regular reporting around the number of outcomes achieved at review. Quarterly reports-review in Sept 2013	Regular reporting on the achievement of outcomes has not been possible in the last 12 months. Reports are still not available from Framework source data. Intention is to pursue this and re-instate to inform progress.	R
P.03D Report on how people are spending their DPs to inform commissioning. Changes to Framework in Aug 2013-reports available thereafter	Affected by delay in Resource Allocation System (RAS) work	R
P.03E Consider further use of POET (Personalisation Outcome Evaluation Tool) to evaluate success of Personal Budgets. December 2013	Considering use of POET tool in conjunction with Alzheimers Society project - restricted to a cohort of people with dementia. To undertake survey exercise using AS volunteers to provide peer support.	A
P.04A Establish regular management reports on Personal Budgets/Direct Payments. Monthly reports-continuous review	Affected by delay in Resource Allocation System (RAS) work	R
P.04B Review the Resource Allocation System (RAS). Work starts June 2013-review complete by October 2013	Affected by delay in Resource Allocation System (RAS) work	R
P.04C Approval of Use of Resources policy. September 2013	Public consultation Oct 13 - Jan 14. Feedback is being analysed. New model to be submitted to full Council for approval in April 2014. Training and implementation programme for staff to be developed.	A

Status - Please Note

R Red - serious delays/not completed

A Amber - progress but some delays etc

G Green - completed /going well

31st March 2014**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE
AND PUBLIC PROTECTION****THINK LOCAL, ACT PERSONAL: WHAT NEXT FOR PERSONALISATION****Purpose of the Report**

1. To update Committee on the achievements and successes of the Think Local, Act Personal (TLAP) programme of work in Adult Social Care and Health for the period 2012-14 following on from the last update to Committee on 11 June 2012.

Information and Advice**Background to TLAP**

2. The Council has made a significant long term investment in personal budgets, along with increasing the take up of direct payments. The Council's commitment to personalisation and facilitating the appropriate use of direct payments extends beyond 2014 as it continues the implementation, development and processing of direct payments in line with the national TLAP agenda and its 'Making it Real' Action Plan priorities. As part of the Making it Real agenda the Council has made a public commitment that 'supports people to continue to live as independently as possible within their community, through providing social care advice, guidance, information and services for adults and their carers in Nottinghamshire'. The Care Bill extends current responsibilities and provides a statutory framework for personal budgets.

Continued national and regional engagement

3. The Council has engaged at a national and regional level to ensure that Nottinghamshire continues to be recognised as a leader in personalisation and transformation of adult services. The Council continues to pioneer innovative and developmental work with national TLAP, In Control and Department of Health, an example being the trailblazer project to trial direct payments in residential care. The Council is working in partnership with Community Catalysts to develop the market through growing micro-providers and are capitalising on community assets through work with the Alzheimer's Society to improve the uptake and experience of personal budgets for older people with dementia.
4. A number of local authorities, including Norfolk, Perth, Birmingham and Derbyshire have met with Council managers and staff to learn about the Council's achievements in implementing personalisation. Service Director, Paul McKay was asked to address the Senior Management Team in Birmingham about the learning and how personalisation has been implemented. David Pearson, in his capacity as Vice President of the Association of Directors of Adult

Social Services (ADASS), has written a blog on personalisation for the national TLAP website, using good practice examples from Nottinghamshire.

5. The Council has continued to make significant progress against the **5 TLAP key priorities**, in summary;

Ref	Priority	Headline Achievements
a.	transformation has been developed in partnership with service users, carers and citizens	<ul style="list-style-type: none"> • Making it Real- action plan engagement and consultation with service users • Development of User Led Organisation (ULO) and their involvement in active projects (support planning test, mystery shopping exercise with the Customer Service Centre (CSC) • Alzheimer's Society project – engagement / consultation with local user and carer groups • Consultation workshops with providers, service users and personal assistants on the re-provision of Direct Payment Support Services • Ongoing engagement with various carers groups (Carers Federation, Partnership Carers) • Disability and Information Action Group – engagement and consultation
b.	all those eligible for social care support will receive a personal budget	<ul style="list-style-type: none"> • 92% of people in receipt of personal budget in the community • 91% of older adults and 88% of younger adults now receive a personal budget in long term care • Progressing an integrated model of personal health budgets and direct payments in Bassetlaw • 42% of people in receipt of a direct payment • Increased use of pre-payment cards (214) • Trailblazer status as part of national test of direct payments for people in residential care
c.	cost effective preventative interventions are in place	<ul style="list-style-type: none"> • Telecare services supporting people to live at home • Reablement services reducing ongoing need for services • Information and advice made available to people on preventative services • Developing preventative strategy in partnership with district councils • Handy Persons Scheme, First Contact, Community Outreach Advisors
d.	all citizens have access to information and advice	<ul style="list-style-type: none"> • People have access to advice and information that is both proportionate and appropriate to their needs • Customer Services Centre – 70% of social care queries are resolved at this point • Choose My Support services directory • Adult Social Care and Health partnership with Paying for Care to provide financial advice • Community outreach advisors (face to face contact) • Access to advocacy
e.	there is broadening of	<ul style="list-style-type: none"> • Success in micro-provider project

Ref	Priority	Headline Achievements
	choice and improvement in quality of care and support services.	<ul style="list-style-type: none"> • Alzheimer's Society project • Home Based Services re-provision drives improvements in quality and control by introducing support planning • Direct payments in residential care project • Personal health budgets • Choose My Support provides access to a broader range of services

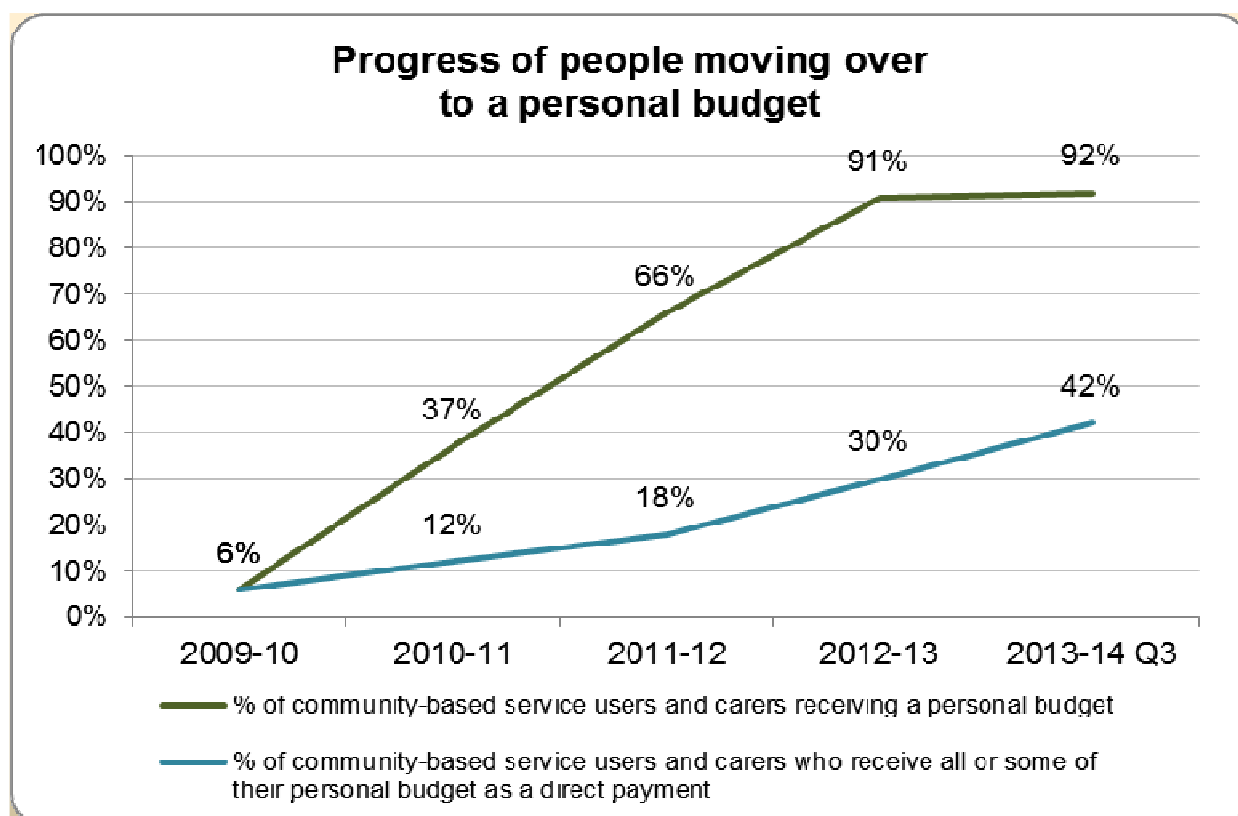
Progress against TLAP work streams;

1. Personal Budgets

6. **Personal budgets and direct payments:** since October 2010, the Council has made excellent progress with 100% of all eligible service users in the community now receiving a personal budget, against a national target of 70%, and significant growth in direct payments with 42% of people choosing to take a direct payment. Benchmarking against the national indicator Nottinghamshire ranked second out of all local authorities for personal budgets and ninth out of all local authorities for direct payments (*interim results for 2012/13 – published by the Department of Health (DoH), November 2013*).

Diagram 1: Percentage increase in personal budgets and direct payments 2009 – 2014

Year	% of community-based service users and carers receiving any type of PB	% of community-based service users and carers receiving a DP
2009-10	6%	6%
2010-11	37%	12%
2011-12	66%	18%
2012-13	91%	30%
2013-14 Q3	92%	42%



7. This has been achieved by having a clear strategic position to transform adult services in Nottinghamshire through implementing a programme of personalisation. The primary objective of this programme was to implement personal budgets and increase take up of direct payments. This strategy was supported by setting ambitious performance targets and investing in a direct payment support infrastructure; with Adult Care Financial Services financial management resources, Direct Payment Support Services, process and systems redesign and staff guidance and training
8. The Council is committed to people having a choice about how they take their personal budget. This may be through a budget managed by the Council or in the form of a direct payment;

Case study for older adult: *This is the view of a family member whose aunt has dementia and receives a personal budget via a direct payment;*

"Can I just say that the help our aunt is receiving from the Personal Assistant (PA) is of great benefit to her. The direct payment system seems to be working for us"

"My aunt now has structure to her day, the PA ensures that our aunt takes her medication and supplies her with hot meals. The PA has gained my aunt's confidence and is able to assist with some personal care, which we weren't sure she would accept initially. It takes some pressure off us, as both myself and my brothers work and have families, so it's difficult for us to be there as often as my aunt needs. However, it is comforting to know that someone we can trust is helping our aunt and is able to liaise with us and alert us to any concerns".

Case study for younger adult: *Miss R is 24 years old with a physical disability and a wheelchair user. Miss R lives with her mother in Nottinghamshire, but she wanted to attend a University to complete a degree. When living with her mother during the holidays, she doesn't require any paid support, as her mother meets all her needs.*

Following her assessment, she was able to identify very clear outcomes in her support plan: to feel safe, to get up and ready for her day at University, to be comfortable during the day and night, to have a clean and tidy home and to be able to enjoy a meal. It is essential to Miss R that she is able to have flexibility in how and when her outcomes are met. She needs to be able to call on support as required, but have time to herself and an element of freedom and independence. Miss R has chosen to have her personal budget as a direct payment. Miss R has been very happy with the support she has been able to purchase with her direct payment. It has given her the choice and control she needs to live her life independently and enjoy her life at University. She is now in her final year.

9. In addition the Council has successfully moved 92% of service users in long term care onto a personal budget.
10. Locally the last reported data on outcomes indicated that 95.8% of service users, at review, felt that the support that had been provided had either fully met or partly met their most important outcome(s), (October 2012).
11. **Pre-payment cards (PPCs):** the increased use and promotion of PPCs has contributed to the successful growth of direct payments in Nottinghamshire, as a means to making direct payments more accessible and appealing to those service users that do not have or do not wish to have a separate bank account for their direct payment. Since their introduction in 2011 the Council now has 214 PPCs in use.
12. **Improved processes & systems:** improvements have been made to care management processes and systems to engender a more personalised approach to personal budgets, as reflected in the policy and staff guidance.

What next:

Strategic developments; continue to build on successes to deliver choice and control, within financial parameters and where possible reduce processes and tools, minimise financial risk through an accurate assessment of eligible need and budget allocation; and have an eye to future changes required (referencing the Lean Plus review, recommendations expected in March 2014 and the fundamental changes required for the Care Bill that takes effect in 2015)

Operational direct payments support includes;

- improve processing, management and administration of direct payments, including financial monitoring and auditing.
- change and improve the model of direct payments support to ensure proportionate and appropriate support is offered to direct payment recipients at the time they need it

Operational work on personal budgets and direct payments will be transferred to Quality and Market Management and strategic work will be incorporated into the Care Bill programme of work.

13. **Personal health budgets (PHBs):** A PHB is an amount of money to support a person's identified health & wellbeing needs; it is agreed between the person and health. PHBs will support people with long term conditions to have a greater choice and control over their health care. The Council has agreed to host the delivery of PHBs and direct payments on behalf of Bassetlaw Clinical Commissioning Group (BCCG), on a trial basis, from April 2014. BCCG has agreed to fund resources within the Council to develop, implement and review an integrated model of PHBs for health and social care. This is aligned with the national TLAP agenda to work with health partners to achieve integration on personal health budgets;

"Integrating personal budgets across health and social care should mean that people have control over all the support they need to live their lives and are able to make the choices that are right for them. It also presents an opportunity for health and social care to come together around what works for the individual so that the whole system is geared towards putting people at the centre of decision making. This is an opportunity we cannot afford to miss and TLAP is delighted to be taking this work forward."

TLAP Director, Sam Bennett

What next: from 1 April 2014 the Council will host the delivery of PHBs on behalf of BCCG as part of a trial arrangement utilising existing social care processes and systems (incorporating in the necessary health elements). Work will also be undertaken to look at the feasibility of establishing a pooled budget for April 2015 when PHBs are extending beyond continuing health care to long term conditions.

In addition, a corresponding project will be undertaken with lead officers in County CCGs to progress an integrated model across the County.

The direct payments administration function will be located with Adult Care Financial Services. Strategic work on PHBs will be undertaken by the Strategic Commissioning Team and also incorporated into the Care Bill programme of work.

14. **Direct Payments in Residential Care 'Trailblazer' project:** the Council's main objectives of the trailblazer are to test whether a service user is able to gain more choice and control over their care and whether they achieve more personalised outcomes when opting for a direct payment. Nottinghamshire County Council is one of 18 local authorities taking part in a two year Department of Health (DoH) trailblazer programme which began in April 2013 and will end in March 2015.
15. In Nottinghamshire the project is focusing on older people in residential/nursing care. The Council is working in partnership with five/six providers with the aim of having up to 25 older people trialling direct payments. The direct payment will be applicable both to existing residential care users and to service users moving into residential care. Although the focus is on older people in Nottinghamshire, the national programme will cover all service user groups.
16. Nationally the Council is leading the way and having set up the supporting processes and infrastructure, successfully engaged with care home providers and already engaging service

users in discussions about the option to take a direct payment in residential care and what this means for them.

What next: this project will continue to deliver the DoH objectives to trial direct payments in a residential care setting. The project will be externally evaluated and best practice gathered to inform roll-out of the policy nationally in April 2016.

The project will continue within the Care Bill programme of work.

2. Capacity Building and Support Services

17. **Support with Confidence (SWC):** SWC is a register of approved personal assistants for individuals who would like to directly employ someone to provide their support. The development of the SWC accreditation scheme for personal assistants has continued and the scheme now has 52 personal assistants registered. The register was recently migrated into the Council's Choose My Support (CMS) directory of services. This is in line with the Advice and Information Strategy to improve ease of access to information about service providers by having information about available services in one place.

What next: SWC will continue to be developed within Choose My Support in line with the departments Information and Advice Strategy. To improve availability of PAs, supporting direct payment recipients as employers and to manage the PA market.

The management of the scheme will transfer to Strategic Commissioning as part of their wider CMS offering.

18. **Micro-providers:** The Council have worked in partnership with Community Catalysts to establish micro-enterprises to provide local niche services. This project has been hugely successful and over the past three years, has received over 271 enquiries from potential micro-enterprises and supported 67 micro providers to establish. Nottinghamshire now has new local providers offering over 15 different types of services and providing personalised support to over 600 people to enable them to live independent lives. The key outcome is that people now have a wider range of more flexible options to choose from when planning their support. There has also been a positive impact for the local economy, through job creation and volunteering opportunities.

'Only one of the 57 micro-providers Rebecca supports has a contract with the council. Somehow this seems to be much less of an issue than it once was. It appears that people are taking their personal budgets, DPs or own funds and voting with their feet, using micro-services because they are delivered locally and in ways that work for them personally. The result is that the 'marketplace' is developing in ways we could never have imagined 3 years ago. People are beginning to have a real choice of a diverse range of services, supports and community based stuff to help them live their lives...and hooray for that!' **Angela Cately**
Community Catalysts 28/08/13

19. One of the Nottinghamshire micro providers 'Pulp Friction', a Smoothie Bar social enterprise which employs and supports young people with learning disabilities to run pedal-powered smoothie bars, gained national attention recently when it featured on both BBC's East Midlands Today and BBC Radio 4 'Woman's Hour'

In addition Community Catalysts won a European Union 'Innovation' award in 2013 for their work in creating employment opportunities through the micro-enterprises model.

What next: the micro-provider co-ordinator has been working closely with the joint commissioning team to ensure the continuation of the project legacy work, this includes;

- expand on the information that is currently on the Council's micro-provider webpage
- local micro-provision web portal (share and exchange information)
- establish a micro-provider champion within the Council
- develop fee resources to micro-providers (access to training materials & reports)
- develop chargeable resources to micro-providers (mentoring, advice & information line, model policies and procedures for delivering quality services)

This work will continue within the Strategic Commissioning programme of work.

3. Information and advice

20. **Information and advice:** The Council has delivered on the 'Access to Good Information' project initiatives to develop an Advice, Information and Advocacy Strategy (draft) and implement the Choose My Support (CMS) directory of services, review of the Council's approach to how it offers information to the public through the website and has developed an effective access point via the Customer Services Centre.

What next: Implement the Information, Advice and Advocacy Strategy and action plan to ensure that the Council acts as a central source of well managed and up-to-date information and advice about not only adult social care, but wider services that support people's health and wellbeing, delivering this in the most appropriate way and time. This includes the development of a single information and directory search site that builds on existing work with Choose My Support. This will be for use by all citizens of Nottinghamshire and staff in any agency who may support people requiring additional help to access the support they need. Future work will incorporate the new self funder and information requirements of the Care Bill.

This work will continue within the Strategic Commissioning programme of work.

4. Co-production

21. **User Led Organisation (ULO):** over the last three years the Council has worked with Disability Nottinghamshire (DN) to develop a self-sustaining ULO to provide independent information and advice to people in Nottinghamshire. DN have been engaged at a strategic

level of the Council as members of the TLAP Project Board and as part of the TLAP programme of work – contributed to the work on developing the Support Planning Toolkit, the self-support planning test and undertaking a mystery shopping exercise with the Customer Service Centre. See Appendix A for the ULO final report on progress against ULO targets.

What next: to maintain a positive level of engagement with the ULO to ensure that the Council capitalise on the community assets available to it and to support the ongoing work of the ULO to offer independent information and advice.

This work will continue within the Strategic Commissioning programme of work.

22. **Support planning and brokerage:** working with the ULO the Council developed a Support Planning Toolkit to test out with a small number of volunteer staff and service users. This is part of the 'empower & enable' approach to support planning whereby service users are supported to be more involved in completing their own support plans, either by themselves or with support from friends, family or peers. The test finished and a review of the findings is being compiled and reported to the Senior Leadership Team with proposals on how this model can be used going forward.

It is the intention that new contracted home based services providers will complete the support plan with service users rather than assessment workers. A new workflow is being developed to facilitate this alongside a web portal to support information sharing between the Council and the new contracted providers.

What next: the customer journey work will be part of the wider Care Bill programme of work. The work on outcome focused support planning with Home care providers will be developed through a joint strategic partnership board with the Council, CCGs and new providers. The Quality and Market Management team will work closely with the new providers to deliver the new model. They will also monitor the quality of services in liaison with a service user and carer group who have been involved in the selection of the new providers.

23. **Alzheimer's Society Project:** The Council is working in partnership with the national Alzheimer's Society to look at how it can promote choice and control with people experiencing dementia and their carers.

What was done: A specific initiative is being undertaken in partnership with the Alzheimer's Society in order to improve the uptake and experience of personal budgets for older people with dementia. The Council is funding a project worker from the Alzheimer's Society for one year ending in May 2014. The project worker is co-located within the Council and the Alzheimer's Society local office and is working to implement a jointly agreed project plan, the main areas of which are:

- *Information, advice and guidance* - Working with people with dementia and their carers to develop more accessible information to help them make informed choices about personal budgets, including direct payments.

- *Awareness raising* - Working with staff personalisation champions to promote direct payments (and mixed budgets) for people with dementia; identifying and publicising good practice case studies; and providing information, training and resources to practitioners, managers and providers.
- *Systems and processes* - Working with the Council's performance and social care teams to ensure data on personal budgets for people with dementia is accurately recorded, with the first task to establish a baseline and agree a working definition which can be consistently applied.

Why it was done: it was recognised that improvements were required along a range of fronts in order to improve delivery of personal budgets for older people with dementia. Alongside better information and support, it has been considered vital to raise the awareness and expectations of what is possible with front-line staff, their managers and with older people with dementia and their carers themselves.

Outcome: progress has been made in all of the areas described above. Senior leadership for the project has been secured, a stakeholder event held, and workshops with staff to identify issues and challenges. More recent progress has included meeting with groups of people with dementia and carers at dementia cafes to establish information needs about personal budgets and direct payments including what good information would look like. The Project Manager has also met with social care staff who are regularly and successfully putting direct payments in place with people with dementia to capture 'what works well' so that successful approaches can be shared.

What next:

Performance

- improve recording of people with dementia in Frameworki (currently under-reporting)
- volunteers to work with the Council and its performance team to undertake a POET survey

Information

- Map information needs along dementia pathway
- Involve key stakeholders (CCGs/ Voluntary Sector/ Carers Groups/ the Council)
- Identify key points in pathway where access to information about services and support can be improved
- Develop simple introductory leaflet about personal budgets and direct payments for older people and people with dementia

Culture change

- Lead role to promote direct payments and to support staff developing direct payments for people with dementia, using case studies to highlight benefits of direct payments
- Peer network developed so staff can support each other and share experiences and good practice
- Agree process for sharing report locally, regionally and nationally

Learning from this project has been shared with the Integrated Commissioning partnerships to embed in the commissioning of services, including information and advice, for people with dementia. This work will also continue within the Care Bill programme of work.

Moving forward – A strategy for personalisation

24. The Council remains committed to the development of personalisation and the challenge for the next year is to secure a sustainable system that is prepared for the implementation of the home based services re-tender, is responsive to the outcomes of Lean Plus and meets the future requirements of the Care Bill.
25. The Council is committed to encouraging and developing a diverse market place that is cost effective for people who choose to take a direct payment or for people who self-fund (but may require social care funding at a later date). The Council also needs to support community resources and promote use of those resources instead of paid support.
26. It is important that the Council monitors the implementation of personalisation to ensure it meets the objectives set out and meets any performance targets set. The Council has established itself as a lead in the implementation of personal budgets and direct payments however the East Midlands Peer Challenge (April 2013) identified a number of areas for improvement to personalisation including;
- greater emphasis on more creative and innovative approaches to self-directed support
 - consider personalisation processes and procedures to achieve better outcomes and reduce costs
 - clear approach to assessing impact of personalisation for service users
 - clarification of future funding and offer to service users in light of budget reductions

These will be addressed through delivery of the Peer Challenge Action Plan.

27. From April 2015, the Care Bill places new duties and responsibilities on local authorities as well as extending existing responsibilities. The Bill represents opportunities for significant improvement and change in adult social care. It will transform the way the current adult social care system operates and will require the Council to change processes, systems, practice and culture. Personalisation and the TLAP legacy will be at the heart of the Care Bill as outlined below;

Our priority is making the care bill real and personalisation is a key part of this. Right at the highest levels within the department, at ministerial level, we are looking to drive forward personalisation, and Norman Lamb himself chaired a summit on personalisation recently to refocus our efforts towards this goal. We covered two specific, important areas in particular, personal budgets and commissioning of market development.

Glen Mason, Director of People, Communities and Local Government, Department of Health, 31/10/2013

28. In addition further TLAP work will be embedded throughout adult services, including Strategic Commissioning and Quality and Market Management.

Reason/s for Recommendation/s

29. To ensure that there is ongoing Member support for the requirement to continue to embed personalisation into the Council and has an understanding as to where this work sits in the new Adult Social Care organisational structure and programme of work.

Statutory and Policy Implications

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

Implications for Service Users

31. Ongoing TLAP work has considerable implications for service users and carers and will be addressed as part of the wider Care Bill and Strategic Commissioning programmes of work.

Financial Implications

32. As part of embedding personalisation it has been possible for TLAP work to transition into mainstream areas of Adult Social Care, primarily Strategic Commissioning, within existing resources. The Care Bill, however, is creating further work that will impact on how a personalised social care system will look in the future and which will require additional resources. This will be subject to a future Committee Report.

Equalities Implications

33. Equalities implications for ongoing TLAP work will be considered as part of the wider Care Bill and Strategic Commissioning programmes of work. The work will impact on all groups across Nottinghamshire's communities. As and when these programmes of work are approved then consideration will be given to the requirements for Equality Impact Assessments to inform the changes that will be required to local policies and procedures.

Human Resources Implications

34. See Financial Implications section.

RECOMMENDATION/S

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

- 1) Notes the achievements of Think Local, Act Personal to date.

PAUL MCKAY

Service Director for Access and Public Protection

For any enquiries about this report please contact:

Jordan Pitcher

Think Local Act Personal (TLAP) Project Manager

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Constitutional Comments

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

Financial Comments (KAS 05/03/14)

36. The financial implications are contained within paragraph 32 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

ASCH203

Author: Simon Bernacki
Version: 5
Date: March 2014

Action completed	GREEN
On track to complete action	YELLOW
At risk of not completing action	ORANGE
Not achieved	RED

Milestones and sub-actions	Actions	Outcomes	Due Completion Date	Progress	Risk when project ends	Status
Building community capacity - Lead on user/carer engagement for voluntary and community sector (VCS) across Nottinghamshire						
1 Disability Nottinghamshire volunteers	To ensure that a target number of 10-15 volunteers are recruited, trained and supported to meet the future requirements of a self sustaining ULO.	<ul style="list-style-type: none"> • Knowledge of personalisation principles and priorities • Knowledge of the local social care market to assist with brokerage • Knowledge of social care processes around eligibility, assessments, support planning, brokerage and review • Ability to provide peer support planning 	Mar-14	<p>Training undertaken on a variety of topics recently:</p> <ul style="list-style-type: none"> - Personal Independence Payments (PIP) - Universal Credit (UC) - Communications - General advice - Equality & diversity <p>7x new volunteers recruited (3x ULO (Access, fundraising, marketing), 2x CORE advice & 2x shop/charity stall)</p> <p>Approx 2-3 volunteers enquiring each week. Postpone recruitment & induction until move is complete to reassess organisational need and match skills of volunteers to positions.</p> <p>2x new board members recruited, 2x prospective board members</p>	<ul style="list-style-type: none"> - Recruitment of volunteers cease - Training of volunteers limited & knowledge not passed on regarding social care services - Pathways for volunteers reduced i.e progression within the org to be involved with different areas - Ability to engage in new projects / tests / pilots severely impeded due to capacity of other staff and volunteers 	GREEN
2 Disability Independent Advisory Group (DIAG)	Hold quarterly meetings around County with different users/groups	<ul style="list-style-type: none"> • Individuals feel more confident to have a say & participate • Increased knowledge of services & processes • Ability to influence service development and/or delivery • DIAG ToR and action plan give clear direction for the group 	Ongoing quarterly meetings	Meeting postponed by Chair in July due to lack of items for an agenda. Rescheduled after Summer to tie in with AGM.	<ul style="list-style-type: none"> - Disability Notts not able to provide admin role and support - Chair poss resigning due to length of time served and lack of support - No funding to support group, room hire, transport, expenses 	GREEN

Milestones and sub-actions	Actions	Outcomes	Due Completion Date	Progress	Risk when project ends	Status
3 Promote aims & objectives of personalisation to the Voluntary & Community Services, smaller groups and individuals in Nottinghamshire	To support a target number of 10-15 community groups across Nottinghamshire to adopt the principles of being a ULO. This includes supporting groups across all localities in the county. Make more organisations aware of personalisation, how it can be of benefit & encourage them to adopt this approach	<ul style="list-style-type: none"> • Better informed about opportunities to influence policy, consultation or services • Encourage a user led ethos 	Mar-14	1) Carers Alliance 2) NIDAS 3) Peer support ULO - Mental Health & professionals 4) Bassetlaw Disability Action Team 5) APTCOO 6) Broxtowe Disability Forum 7) Disability Independent Advisory Group (DIAG) 8) MIND Network 9) Positive Patients Support Group 10) Central Notts MIND 11) Ollerton Throat Group 12) Access to Transport Group 13) SPACE Inclusive 14) Mansfield & Ashfield CCG	- We are the only recognised ULO in Nottinghamshire – Guidance by the Dept of health states each LA in England is required to have a ULO to consult, engage and involve - Groups not supported around user led ethos or becoming more user led - User led voice is not heard within groups - Values and benefits of user led organisations not promoted - Groups not informed, consulted or empowered to influence policy, services or decision makers - ULO works to ensure LA meets its obligations under the Equality Act and Public Sector Equality Duty – changes to parking in Worksop	GREEN
4 Provide information for self funders	Supported signposting to the Choose my Support Directory, Notts 50 Plus, NAVO, information links to relevant benefits	<ul style="list-style-type: none"> • Better informed about services • More choice and control • Greater awareness 	Ongoing	- Development of internal customer relationship management system. Database now in final stages of development. Ready to train and trial with volunteers/users. - Promotion of Choosemysupport via website, newsletter and emails. - Guides and info relating to welfare reform changes - Development of website to make it more interactive. Website nearing completion. Mobile phone enabled content, instant messaging advisors, more detailed & up-to-date information, searchable directory of services/health condition/location	- Ability to develop internal systems & processes restricted due to capacity i.e. new website, new customer relationship management system - Guides not updated regularly to take account of any changes - Information on the website not updated regularly	GREEN

Milestones and sub-actions		Actions	Outcomes	Due Completion Date	Progress	Risk when project ends	Status
5	Link with other infrastructure organisations inc CVS, Healthwatch, Self Help Nottingham, NAVO, Carers Fed	To develop partnerships where appropriate. Work in a collaborative way through skill sharing and networking.	<ul style="list-style-type: none"> • Sharing best practice • Making groups aware of ULO & services it can offer • Reduce duplication of services & deliver more efficient services 	Ongoing	<ul style="list-style-type: none"> - Regular updates to groups and members on the activities of the ULO via newsletters, email, website, facebook, twitter - Attended events in N&S, Four Seasons & GP surgeries to promote ULO - Presentation to NCC grant aid sub committee - Information stall at Four Seasons shopping centre - Information stall at NCC for International Day of Disability - Bassetlaw Equality Champions presentations - Strokeability presentation - Mansfield Palace Theatre (Equality and access) - Member of Mansfield & Ashfield CCG – Citizens Reference Panel - Member of NCC Think Local, Act Personal project board - Member of Healthwatch Nottinghamshire advisory group - Member of Nottinghamshire Involvement Group - Member of Nottinghamshire Access for Transport Group 	<ul style="list-style-type: none"> - No updates to groups - Limited capacity to meet with groups - Unable to represent charity at various forums and meetings - Internal newsletter cease - Updates on social media limited - Presentations to groups and attendance at events (market stalls) restricted 	GREEN
6	Mystery Shopping Consultation	Develop mystery shopping activity to ensure services are being delivered effectively & efficiently	<ul style="list-style-type: none"> • Users feel more confident about service delivery & ability to influence change 	Dec-13	<ul style="list-style-type: none"> - Materials and scenarios complete - 5x volunteers recruited - Training and development programme being scheduled for beginning of Feb 14 - Mystery Shopping exercise to take place in Feb/March 14 - Testing 2x scenarios, how to make a complaint and the handy persons adaptation scheme - Test ends Mon 10 March, report to CSC w/c 17 March 	<ul style="list-style-type: none"> - No capacity to deliver mystery shopping in future i.e. support, training, retention and planning of exercises 	GREEN
Market Development							
7	Future Micro Provider Forums	<p>Facilitate ongoing relationships with ULO's and Micro Providers</p> <p>Support the Micro Provider coordinator with market intelligence, promotion of service and general feedback</p>	<ul style="list-style-type: none"> • Potential micro providers more aware of support, advice and grants available to develop their businesses 	Ongoing	<ul style="list-style-type: none"> - Regular updates to groups and members on the activities of the ULO via newsletters, email, website, facebook, twitter - Met with SPACE Inclusive to discuss NCC budget proposals and impact of NCC Aspergers Team disbanding 	<ul style="list-style-type: none"> - This group is ceasing so no risk/impact 	GREEN
Self Directed Support							

Milestones and sub-actions		Actions	Outcomes	Due Completi on Date	Progress	Risk when project ends	Status
8	Develop peer support planning	<p>Pilot on 'Doing your own Support Plan'</p> <p>Support individuals to complete support plans by developing a user friendly toolkit</p> <p>Identify & develop the tool kit with service users</p> <p>Support service users with the plan</p> <p>Evaluate the pilot</p>	<ul style="list-style-type: none"> • Individuals feel more in control in deciding what services they want to meet their needs • Individuals, carers and families aware of greater choices to meet their support needs and outcomes • Greater awareness and knowledge of self directed support, personalisation and personal budgets 	Sep-13	<ul style="list-style-type: none"> - Toolkit (paper, audio, wiki) - Recruit ULO volunteer to manage Talk it Through line - Assist with training sessions - Recorded audio version of toolkit - 'Talk it Through' line now live - 2x Disability Notts users taken part in pilot - Awaiting evaluation of test 	- No lead at charity to help develop test programmes or pilots like this therefore capacity to engage hugely reduced	GREEN
9	Feedback from service users regarding their assessment, support planning and review of self directed support	Consult service users/carers, collate feedback and report findings.	• Service users/carers feel engaged and can influence service delivery and policy.	Ongoing	<ul style="list-style-type: none"> - Input into Direct Payment Support Services consultation - Met with Cllr Weisz to discuss NCC budget proposals - Responded to NCC budget proposals on behalf of Disability Notts 	- We work with a wide range of individuals and stakeholders. How will NCC ensure impartial representation into policies, strategies and services. Where will the user voice come from?	GREEN

31st March 2014**Agenda Item: 6****REPORT OF DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH AND
PUBLIC PROTECTION****UPDATE ON CARE QUALITY COMMISSION (CQC) INSPECTIONS OF
COUNCIL REGISTERED SERVICES IN ADULT CARE****Purpose of the Report**

1. The report will provide information on the requirement for the Council's regulated services to be inspected and an overview of inspections that have been conducted by the Care Quality Commission (CQC) over the last year. It will give the outcomes of these inspections and highlight the work undertaken to address any recommendations. The report also recommends that a report on inspections of the Council's regulated adult care services should be provided to Committee on an annual basis.

Information and Advice

2. The CQC is the independent regulator of health and adult social care services in England. The purpose of the CQC is to ensure that health and social care services provide safe, effective, compassionate and high quality care, and work with care service providers to improve. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2012 lists the activities which must be registered with CQC. For Nottinghamshire County Council the services registered under these regulations are:
 - accommodation for persons who require nursing or personal care
 - personal care
3. The six Care and Support Centres for older people, the four Short Break services for people with learning disabilities and one learning disability residential service are registered for the provision of accommodation for people requiring personal care. The county-wide Shared Lives Scheme and the Short Term Assessment and Reablement Teams (START) are both registered to provide personal care. The County Council does not have any services that are registered to provide nursing care.
4. The County Council is registered as the service provider and the nominated individual within the department is David Hamilton, Service Director, North and Mid Nottinghamshire.

Inspections

5. All registered services have the legal responsibility to ensure that they are meeting essential standards of quality and safety. There are 16 essential standards listed in CQC guidance. Each registered service has an annual unannounced inspection during which a regulation inspector spends time observing care practice and talking to service users and staff. Inspectors also contact family members to hear their experiences of using the service. The inspector will generally examine a number (normally 5 or 6) of the essential standards and consider whether the service is working to these.
6. The 16 essential standards as identified by the CQC are as follows:
 - Respecting and involving people who use services (Outcome 1)
 - Consent to care and treatment (Outcome 2)
 - Care and welfare of people who use services (Outcome 4)
 - Meeting nutritional needs (Outcome 5)
 - Co-operating with other providers (Outcome 6)
 - Safeguarding people who use services from abuse (Outcome 7)
 - Cleanliness and infection control (Outcome 8)
 - Management of medicines (Outcome 9)
 - Safety and suitability of premises (Outcome 10)
 - Safety, availability and suitability of equipment (Outcome 11)
 - Requirements relating to workers (Outcome 12)
 - Staffing (Outcome 13)
 - Supporting workers (Outcome 14)
 - Assessing and monitoring the quality of service provision (Outcome 16)
 - Complaints (Outcome 17)
 - Records (Outcome 21)
7. There are 28 outcomes in total; the remaining 12 relate more to the day to day management of the service and include such things as notifications, fees, and registration. Further information on the outcomes is available in the background papers.
8. The CQC may choose to inspect at any time where they believe that a service provider is failing in its duty to provide care to meet the essential standards. This may follow a series of complaints, or safeguarding referrals for example. The registered service must report occurrences to the CQC which may affect the running of the service. These include, but are not limited to:
 - changes affecting the manager;
 - an application under Deprivation of Liberty Safeguards;
 - the death of a service user; and
 - safeguarding issues.

Inspections of adult services in 2013/2014

9. For all the inspections listed in the report, information on the standards inspected can be found in the background papers.

Short Break Services - Helmsley Road, Rainworth

10. The last inspection was undertaken on 24th October 2013. The service met all 5 standards that were inspected. There were no actions or recommendations issued. Some of the comments from the inspection are shown below:

- People who used the service told us they felt staff treated them with dignity and respect. We found staff to be knowledgeable and competent.
- During our inspection we observed positive and active engagement with people
- 'The food is fantastic, I got a cooked breakfast today'
- People we spoke with talked positively about the staff. Comments included 'I like it here, and the staff are a good bunch. I feel safe and well looked after' and 'I like all the staff, they support me and look after me well'.

Holles Street, Worksop

11. The last inspection was undertaken on 9th October 2013. The service met all 5 standards inspected. There was one action identified; this was to ensure parents' and carers' signatures are recorded on care plans. This has been undertaken. Some of the comments from the inspection are shown below:

- People were encouraged to express their views and were involved in making decisions about their care and support. This showed the service was well led.
- Staff cared for people in a way that promoted their privacy and dignity.
- People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.
- There was an effective complaints system in place.

Wynhill Lodge, Bingham

12. The last inspection was undertaken on 30th October 2013. The service met all 5 standards inspected. There were no actions or recommendations issued. Some of the observations from the inspection:

- Inspectors used observation because some people had communication needs and were unable to share their experiences and views.
- A relative told CQC they felt involved in discussions and decisions about their relatives care and support: 'The care plans are robust and developed with me.'
- People who used the service told us how they were involved in decisions about their care and support. Comments included: '(Carer) said I can choose what to do tomorrow, we're going to Nottingham' and 'I like it here, I go to bed when I want but if I have school it's not too late.'

Kingsbridge Way, Beeston

13. The last inspection was undertaken on 23rd April 2013. The service met all 6 standards inspected. There were no actions or recommendations issued. Observations from the inspection included:

- Service users said they were 'happy being at the home' when asked about the care they received at Kingsbridge Way and referred to 'brilliant food' when asked about nutrition.

84 Church Street, Eastwood – residential home for adults with severe learning disabilities

14. The last inspection was undertaken on 9th January 2014. The service met all 5 standards inspected. Observations from the inspections included:

- Inspector noted that plans were person centred and included information about likes and preferences. Inspector spoke to 2 staff members about the Mental Capacity Act 2005 and they were able to demonstrate a good understanding.
- Staff were observed being patient and demonstrated a good understanding of residents individual preferences
- Complaints procedure was found to be clear and straightforward. One relative stated 'there is nothing I can complain about. I've never had any problems, I can't praise them enough.'

Shared Lives Scheme

15. The last inspection was undertaken on 16th May 2013. The service met all 5 standards inspected: There were no actions or recommendations following the inspection. Some feedback from families and service users from the inspection is shown below:

- 'They (carers) are marvellous. At first my relative wasn't sure about it but the carers showed us where my relative would be sleeping and we have built a fantastic relationship. The service has been a huge help to me'.
- 'It is really good. The family are nice'.

Care and Support Centres

16. All of the 6 Care and Support Centres have had CQC inspections in the last 12 months.

Bishops Court, Newark

17. The inspection took place on 25th September 2013 and the service met all standards inspected. Bishop's Court was given an action to look at running records, which was done immediately. The inspector returned on 27th November 2013 and found the Centre to be compliant. Some observations from the inspection are as follows:

- 'staff are there if needed and talk to me about (my) care'
- 'Food is great - people always have options of what to eat'

- Where people did not have the capacity to consent the provider acted in accordance with legal requirements.
- People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

James Hince Court, Worksop

18. The inspection took place on 23rd January 2013. There was one action recommended in relation to care plan recording and concerns raised about some furniture; the action relating to the care plan was addressed immediately and new furniture was already on order as part of the refurbishment programme. A review was undertaken on October 2nd 2013 and all standards were found to be compliant. Some observations from the inspection were:

- People said they were safe in the home and felt that staff would always promote their safety and welfare
- People told us that they were satisfied with the care treatment and support programmes they received.

Kirklands, Kirkby in Ashfield

19. The inspection took place in July 2013 and the service met all standards inspected; there were no actions required. Some observations from the inspection were:

- People who use the service were provided with opportunities to discuss their views about the quality of the service they received
- There were systems in place to ensure the environment was kept safe; we found that Kirklands had a consistent management team and the provider checked the quality of the services being provided
- We found that people who used the service had their needs assessed and planned for and care was taken to keep people safe through regular assessment of any risks to their health

Leivers Court, Arnold

20. The inspection took place on 3rd July 2013 with only three standards inspected. There were no actions or recommendations. Some observations from the inspection were:

- The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained
- 'I've never regretted my relative coming here - 10 out of 10'
- Staff were able to describe people's individual care needs and referred to information we saw in care plans.

St Michael's View, Retford

21. The inspection took place on 15th April 2013. There were concerns raised about levels of staffing but these were addressed immediately as the base budget review exercise had already resulted in increased staffing levels to better reflect the services provided. The

inspector reviewed St Michael's View on 2nd October 2013 and all standards were met. Some of the observations from the inspection were:

- People told us the staff were very skilled
- A visitor said they had never had to make a complaint about anything and were very happy with the care their relative received
- Residents said they felt safe and that staff would always promote their welfare.

Woods Court, Newark

22. The inspection took place on 6th June 2013. There were five standards inspected and all were met. There were no actions or recommendations arising from the inspection. Some of the observations recorded were:

- 'We heard staff asking people for their views on everyday matters and encouraging their independence'
- 'I feel the staff are working to get me home. I am independent'
- We also heard people discussing a home visit as part of their planned return home
- 'It is so much better here...at another home I was brought tea in a big pot - it was stewed - we have individual pots here.'
- A relative commented to the inspector - 'staff go over and above, they do things I don't realise Mum needs.'

23. All of the Care and Support Centres are currently compliant with the standards inspected and there are no outstanding actions.

Short Term Assessment and Re-ablement Team (START)

24. The most recent inspections for the Short Term Assessment and Re-ablement Team (START) took place in December 2013 and January 2014.

START – Broxtowe, Gedling and Rushcliffe

25. On 6th December 2013 the Broxtowe, Gedling and Rushcliffe team was inspected at Prospect House, Beeston. Prior to this the team had been inspected in January 2013. The inspection found that the service is meeting all the standards. Some observations from the inspection:

- Inspector saw evidence of quality assurance;
- Dignity awareness workbooks completed by staff and information packs given to customers
- Audited support plans, risk assessments and health action plans and training matrix and plan
- Service users said they were encouraged to 'think positively about recovery'; 'staff were very helpful and not too intrusive'; the support had been organised 'quickly and thoroughly'

START – Newark/Bassetlaw

26. The Newark/Bassetlaw team was inspected on 18th December 2013 at Sherwood Energy Village, Ollerton and was found to be meeting all the standards. Some observations from the inspection were:

- Inspectors talked to staff who gave positive feedback
- Staff files in relation to training and supervision were checked
- Feedback in relation to staff - 'They've been marvellous and helped me get my confidence back'; 'I feel safe when they help me and they show me how to do things safely for myself', 'They all know what they need to do and they all seem competent'; 'Best standard of care I have ever received'

START - Mansfield and Ashfield

27. The Mansfield/Ashfield team was inspected on 30th January 2014 at Lawn View House, Sutton-in-Ashfield. Verbal feedback was provided at the time of the inspection to say the service is meeting all standards; the inspection report has not yet been received.

28. The START service is currently compliant with the standards inspected and there are no outstanding actions.

Reason/s for Recommendation/s

29. This report is for information only.

Statutory and Policy Implications

30. 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

31. The report is for noting. There are no financial implications identified.

Human Rights Implications

32. The standards cover a broad range of areas which reflect the importance of respecting and promoting the rights of service users who receive care and support.

Safeguarding of Children and Vulnerable Adults Implications

33. Safeguarding people who use services from abuse is one of the CQC essential standards for use in inspection.

Implications for Service Users

34. The CQC standards and inspections cover areas relating to respect, care, welfare and safeguarding of service users. All the Council's regulated adult care services are currently compliant with the CQC standards and the comments highlighted in the report show how service users and families have been involved in inspections and have commented positively on the service they receive.

RECOMMENDATION/S

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

- 1) Notes the contents of the report.
- 2) Agrees for a report on inspections of the Council's regulated adult care services to be provided on an annual basis.

JON WILSON

Deputy Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Senior Executive Officer

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Constitutional Comments (LM 18/03/14)

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

Financial Comments (KAS 19/03/14)

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

Background Papers and Published Document

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.

- Care Quality Commission standards - <http://www.cqc.org.uk/organisations-we-regulate/registered-services/guidance-meeting-standards>
- List of standards inspected at adult social care regulated services during 2013

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

31st March 2014**Agenda Item: 7****REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****ADULT SOCIAL CARE TRAVEL POLICY****Purpose of the Report**

1. This report asks Committee to endorse the revised Adult Social Care Travel Policy for approval by Policy Committee, following agreement of transport savings proposals at Full Council on 27 February 2014 and the dates for implementation of the changes agreed.

Information and Advice

2. The Full Council meeting approved a number of changes to the provision of adult social care transport assistance by Nottinghamshire County Council, which need to be reflected in the revised Adult Social Care Travel Policy. These changes will contribute towards the achievement of reducing expenditure on transport assistance to Adult Social Care and Health service users by £ 500K pa, by 2016/17.
3. Short breaks services do not fall within the statutory duties of the local authority, as defined by section 46(3) of the National Health Service and Community Care Act 1990 and therefore the provision of transport to those services is discretionary. For this reason, the withdrawal of transport from people attending residential short breaks services has been approved, in order to contribute towards the agreed target for reduction on transport expenditure. This has been referenced in the revised Adult Social Care Travel Policy at section 2.1b). However, the Council will consider individual appeals to provide this transport, where exceptional circumstances apply. The process for making such an appeal is described at the new section 9 of the Transport Policy.
4. The Council currently provides fleet transport to the people who attend 20 lunch clubs and day services provided by the voluntary sector (Age UK and local Age Concern organisations). 11 fleet vehicles are provided to lunch clubs in between day service transport runs but 9 fleet vehicles support the Age UK and Age Concern day services from 9.30am to 3pm across the week, as dedicated transport provision. The lunch club clients and the organisations pay towards the costs of the transport in a variety of ways, but these do not cover the full cost of the transport provided. The size of the subsidy provided by the Council ranges between £ 5000 – 7000 pa per vehicle and driver.
5. Reasons for the Council to withdraw this transport assistance are as follows :

- There has been no assessment to determine if the clients are eligible to receive the assistance from the Council and therefore transport assistance to these particular clubs and voluntary sector day services is a discretionary arrangement.
 - The County Council is facing its biggest ever budget challenge. During the recent Budget Challenge consultation exercise, one issue was that people felt that all lunch clubs and day service clients should be treated by the Council in the same way. At present, there are 26 lunch clubs around the County whose clients do not benefit from subsidised transport assistance. The fact that some attendees of lunch clubs and day services have subsidised transport, and others do not, is not seen as equitable. The Council cannot afford to offer this arrangement to the clients of all lunch clubs and voluntary sector day services.
 - The Transport and Travel Service will be able to seek other uses for the released vehicles and drivers, to generate income that covers all costs from other sources. Alternatively, changes can be introduced to reduce the costs incurred by these resources (eg. vehicle disposal, changes to driver terms and conditions such as moving to split shifts).
6. For the reasons given at section 5, the withdrawal of this subsidised fleet transport was approved by Full Council, in order to contribute towards the agreed target for reduction on transport expenditure. The Adult Social Care Travel Policy has now been revised to state clearly that all people who receive transport assistance must be eligible to receive support and service from the Council under Fair Access to Care Services guidance (Section 2.1).
 7. It should be noted that people who are eligible for support and service from the Council will be able to continue to receive transport assistance to their Age UK or Age Concern day service or lunch club, if that service is required to meet stated outcomes from the Community Care Assessment and the person is eligible to receive transport assistance according to the Adult Social Care Travel Policy.
 8. All the affected services will be provided with information about alternative community and voluntary transport schemes.
 9. If the affected services wish to continue to have fleet transport at their disposal, they would be able to purchase this service from the Transport and Travel Service at full cost.
 10. The increase in the Transport Charge (from £5 to £7 per return journey) was approved at the Full Council meeting, but the Council needs to be mindful of the requirement in the Fairer Charging Guidance 2003 (Department of Health) that *“particular care needs to be taken to avoid any adverse impact on the service user’s income where flat rate charges are applied”*. The total level of charge made on any individual should not bring that person below the minimum level of Income Support plus 25%. At present, Adult Care Financial Services do not routinely check whether people who receive transport are being charged too much in flat rate charges, as the charges are relatively small, but this check is carried out if people state that they cannot afford to pay. With the increase in transport charge now being approved, it is prudent to introduce this check routinely as a safety precaution. This is referenced at Section 6 of the revised Adult Social Care Travel Policy.

11. Other changes proposed to the Adult Social Care Travel Policy are as follows:

- Additional detail is provided at section 3.1, to explain, for the purposes of the transport eligibility assessment, when the Council believes that it is reasonable to conclude that a person may not need assistance from the Council with transport. There is clarification at section 3.2 that a person in authority may choose to override an outcome of “non-eligibility” for transport assistance, based on individual circumstances.
- A new clause (at section 4.3) has been added to clarify when transport assistance will be withdrawn after a period of consistent non-use. If a service user fails to use the booked transport for 20 working days, or on 5 consecutive occasions (whichever is the least) without providing prior notice or explanation, then the service user will be contacted to advise them that the allocated provision will be cancelled.
- A new section (referenced as 5) has been added to detail the usual mileage to be paid as a direct payment and the circumstances in which this can be paid. The current arrangements under which people take a direct payment for transport will be investigated and action taken if necessary, to bring the arrangements in line with the new policy.
- The exemption criteria for the transport charge have been clarified (section 6.1). A check will be carried out to find out whether Independent Living Fund recipients are being charged the transport charge and this will be stopped if so.
- Details of how the transport charge should be collected from people who take a direct payment has been included (section 6.2). Checks will be carried out to ensure that the charges are being made appropriately in these circumstances.
- The section on what will happen if the service user refuses to pay the charge has been altered based on legal advice (section 6.3).

12. Recommended timescales for implementation of the transport savings proposals and the other transport policy changes are as follows:

- Withdrawal of transport assistance from people who receive short breaks services – to be implemented by January 2015. This is to allow for appeals against withdrawal of transport to be considered by the number of people who currently receive this transport.
- Withdrawal of fleet transport assistance from lunch clubs and voluntary sector day services – to be implemented by the end of July 2014. This is to allow released fleet vehicles to be used for public transport provision from August 2014 onwards.
- Introduction of the increased transport charges and new financial check (as explained at section 5) – to be implemented on Saturday 31 May 2014. Clients will receive 4 weeks written notice of the increase in charge and will be invoiced in arrears from the date of introduction.

- All other changes to the transport policy, as at section 5 will be introduced with immediate effect following approval by Policy Committee.

Other Options Considered

13. A proposal to remove transport assistance from people who receive Mobility Component as part of the Disability Living Allowance was considered but rejected after consultation (November 2013 to January 2014).

Reason/s for Recommendation/s

14. The recommendations follow from agreements made about the transport savings proposals at Full Council on 27 February 2014, and other changes to the transport policy that are required.

Statutory and Policy Implications

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

Financial Implications

16. The approval of the revised Adult Social Care Travel Policy will allow the Council to implement the transport savings proposals and realise a reduction in expenditure of £500,000 per annum on transport expenditure.

Human Resources Implications

17. Policy guidance will be produced to support the implementation of the revised Adult Social Care Travel policy.

Public Sector Equality Duty implications

18. Please refer to Equality Impact Assessment for Transport savings proposals.

Implications for Service Users

19. People who currently receive transport assistance to attend short breaks services will have their transport withdrawn, unless they appeal successfully against this due to individual circumstances.
20. People who currently receive fleet transport assistance to travel to lunch clubs and voluntary sector day services will have this transport withdrawn, unless they are eligible for

support and service from the Council and the need to attend the service is required to meet agreed outcomes.

21. All services users will pay an increased rate of transport charge, unless they are exempt from paying. A new financial check will ensure that people do not pay more than they can afford in terms of weekly minimum income.
22. There may be some changes to transport arrangements for people who have a direct payment for these costs, if current arrangements do not comply with the new policy.
23. There may be a number of service users who receive Independent Living Fund who will no longer be charged for transport.

RECOMMENDATION/S

The Adult Social Care and Health Committee are asked to:

- 1) Endorse the changes to the Adult Social Care Travel policy to go to Policy Committee for approval.
- 2) Approve the implementation dates for the transport savings proposals.

JON WILSON

Deputy Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (LM 19/03/14)

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

Financial Comments (KAS 19/03/14)

25. The financial implications are contained within paragraph 11 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.

- Previous report to the Adult Social Care and Health Committee 25th November 2013

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

Policy Library Pro Forma

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

Title: Adult Social Care Travel Policy

Aim / Summary:

To set out the criteria and charge for the provision of transport funded by the County Council

Document type (please choose one)

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

Approved by:

Version number: 8

Date approved:

Proposed review date:

Subject Areas (choose all relevant)

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

Author: Strategic Review Manager – Day Services

Responsible team: Business Change Team

Contact number:

Contact email:

Please include any supporting documents

1

2.

Review date

Amendments

April 2014

Inclusion of criteria to be met before a transport assessment is carried out. Clarification of criteria to be met for transport assistance to be provided. New clause on failure to use the service and loss of transport place. New policy

	re use of a direct payment to fund transport. New clause on collection of the charge. New Appeals process. Amendment to complaints section. Change of name for policy.
September 2011	Changes to charges for some preventative services and inclusion of an additional Transport Charge Agreement Form for these service user – see section 5.1. Inclusion of how to contact Transport Section - see section 4.2. Inclusion of additional exception criteria for the Transport Charge – See section 5.4. Change to how funding for transport is to be allocated to a person within their Personal Budget – see Section 3.1. Amendment to recording requirements – see Section 4.1 and 4.3.
3/5/2011	Change to 5.2 – Notice to avoid charge.
2/3/2011	Introduction of transport assessment episode in Framework, see section 4.2
October 2010	Updated to reflect context of personal budgets. See new information about charges in 5.1 and changes to exemption criteria in 5.4.
April 2010	Transport charges updated.
31/1/2008	Clarification given of charges for transport and additional trips. See section 3.1
26/8/2008	Increase in flat rate charge for transport. Approved by DD dated 29 th July 2008.



Adult Social Care Travel Policy

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1 Purpose of this policy

This policy should be used to determine if a person, who is eligible to receive services or support funded by the County Council under the [national eligibility framework](#) (also referred to as “Fair Access to Care Services” or FACS) , is also eligible to use County Council transport or to receive funding to assist with transport costs to access services.

2 Criteria to determine if the person is eligible to be assessed for assistance with transport

2.1 Criteria

Two criteria must be met, before an assessment will be carried out to determine if a person is eligible to receive transport assistance from the Council.

a) The service user must be eligible for services or support from the Council.

AND

b) The service user must have a need for provision of community care services, as defined by section 46(3) of the National Health Service and Community Care Act 1990. This excludes the provision of services specifically organised to provide a break for carers. Transport to and from health appointments (including hospital) is also excluded as the provision of this assistance is not a required duty of the Council.

2.2 Exceptional circumstances

In some exceptional circumstances, the Council reserves the right to consider if transport assistance should be provided to any individual or group of individuals who does not meet either or both of the criteria above. The Council should be asked to consider an individual case using the Appeal process (see section 8).

3. Determination of Eligibility for transport assistance

3.1 Transport Eligibility Assessment process

If the service user meets the criteria listed in section 2, or has made a successful Appeal (as at section 9), then the Transport Eligibility Assessment should be carried out. Please see Appendix 1 for detail of this assessment.

For the purposes of this Assessment, the Council believes that it is reasonable to conclude that a person may not need assistance from the Council with transport in the following circumstances:

- A Mobility Car is funded by the service user's DLA/PIP Mobility Component and this car is available with a driver, to transport the person to services. The driver could be the service user or another person who is insured to drive the car, including a Personal Assistant employed to support the service user. If any Personal Assistant is available, can drive and is not currently insured to drive the Mobility Car, this option should be discussed.
- An appropriate vehicle is owned by the service user, their main carer or care provider and the vehicle is or could be available to transport the service user.
- Public transport is available, for example, a bus or train and the service user has the skills, or could develop the skills through training provided by the County Council, to use this transport safely. The public transport would need to be available at appropriate times so that the person has sufficient time at the service to ensure that outcomes from the Support Plan are met. The person should be able to get to the appropriate bus stop or station safely. Part of the support planning process will involve encouraging people to develop their skills around travelling independently.
- An accessible taxi or community / voluntary transport scheme is available locally and is available at the time required, at an affordable cost.
- The person can walk or cycle safely to services located within a manageable distance for the service user
- If someone is undertaking voluntary work, then the voluntary organisation is expected to pay the transport costs.
- If someone has paid work, then the employee should pay their own transport costs or ask for a contribution from Access to Work funding.

The fact that the service user has received transport from the Council for a long time and, in some cases, enjoys the journey (eg. due to meeting friends on the bus) is not sufficient reason for the Council to continue providing the transport.

The answers to all of the Transport Eligibility Assessment questions should be negative for a decision to be reached that the service user is "eligible" to receive transport assistance from the Council, as there is no viable alternative provision. A service user will not be provided with transport assistance if he/she does not have a decision of "eligible" following this assessment.

3.2 Exceptional circumstances

A person with authority (ie. Team Manager or more senior) may determine that a person should receive transport, even if the Transport Assessment outcome is that the person is “not eligible” . In this situation, there needs to be good reason for overriding the decision which should be noted on the Assessment including any time period stated for the transport assistance to apply. In this way, each case can be considered on its own merits.

4 The provision of assistance with transport

4.1 Cost-effectiveness

Transport will always be provided to meet the service user’s need in the most cost-effective way, for example, using shared transport if this is appropriate. The form of transport could be:

- Transport operated by the County Council, including specialist transport such as a wheelchair accessible vehicle
- Transport operated by another Council on behalf of the County Council
- Transport operated by a third party contracted by the County Council
- Transport arranged by the County Council, but provided by the voluntary or independent sector,
- Transport arranged by the service user but funded by the County Council, for example, as a direct payment made towards mileage costs

4.2 Transport to the nearest appropriate service

The Council will only provide transport assistance to the nearest appropriate location that is assessed as being able to meet a service user’s needs.

4.3 Failure to use the service

If a service user fails to use the booked transport for 20 working days, or on 5 consecutive occasions (whichever is the lesser) without providing prior notice or explanation, then the service user will be contracted to advise them that the allocated provision will be cancelled.

5 Direct payments for transport costs

A direct payment can be given to fund transport costs.

The usual mileage rate will be 45p per mile for petrol costs and 50p per mile for community transport scheme costs. Confirmation of the final amount will be given

when the direct payment is awarded to each individual, to allow for discretion based on individual need.

A direct payment for transport costs will not normally be agreed if the person providing the transport for the service user lives at the same address as the service user. However, this could be agreed if exceptional circumstances apply.

It might be reasonable to fund the return journey for a neighbour or friend who is being paid mileage costs by the service user via a direct payment, providing that this option remains the most cost-effective transport option available to the service user.

6 Charging for transport

All service users, who are provided with transport or who receive funding to meet transport costs, must pay the flat rate transport charge to the Council. This rate of charge is agreed by annually by the Council and set out in the “Contributions towards the cost of a personal budget” policy. The charge is applied for a single or return journey, per day, and does not vary depending on the mileage travelled or cost of the transport provision.

The Council will ensure that the level of charge made to any individual each week does not bring their total level of income below the minimum level set by national government guidance.

6.1 Exemptions from the charge

The charge will be incurred unless the service user gives 48 hours notice of cancellation, except in the following circumstances:

- emergency hospital admission
- death of the person

Some people are exempt from the transport charge. These are people who:

- have transport assistance to attend services provided as aftercare under Section 117 of the Mental Health Act 1983.
- are already contributing to a means-tested Independent Living Fund care package.
- have Creutzfeldt Jacob Disease (CJD)
- have transport funded 100% by the NHS or another public body
- have been granted exemption from the charge as a result of becoming a new user of County Council transport when transferring day service locations, caused by the Day Service Modernisation Programme (2011-2013).

6.2 Collecting the charge

The charge is collected by invoice, issued by Adult Care Financial Services, for all service users who have their transport arranged by the Council.

If a service user takes a direct payment for transport, then the value of the transport charge per day must be deducted from the total amount of the direct payment so that the service user receives the net amount. This will be actioned by the assessor or broker at the support planning stage.

6.3 Refusal to pay the charge

Transport will not be provided if a service user, or their appointee, refuses to pay the charge. In this situation the assessor will consider if the service user's outcomes can be met in a different way:

- which does not involve the provision of any transport assistance.
- with minimal provision of transport.

If neither of the above options are possible, consideration will be given to taking legal action to recover any outstanding charges and legal action will be sought regarding the continuation of the service.

7. Reviewing eligibility for assistance with transport

The provision of transport or funding for transport, any charges and discretionary decisions will be reviewed at least annually.

If a decision has been made to withdraw provision of transport assistance following a review, notice of this decision will be given in writing, at least 28 working days in advance of the withdrawal.

8. Complaints

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

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

9. Appealing for transport assistance in exceptional circumstances

As stated at section 2.2, there may be situations where a person who does not meet either or both of the criteria described in section 2 wishes to ask the Council to provide assistance with transport and the Council will consider these requests.

The Transport Appeal Form should be completed by the service user or their appointee, with the support of Council staff if necessary, clearly setting out the reason why exceptional circumstances should apply.

The appeal should be submitted to the Customer Service Centre. The case will be considered by a senior officer within 20 working days of receipt. The outcome will be communicated to the service user within 5 working days of the decision being made.

31st March 2014**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE
AND PUBLIC PROTECTION****DISABLED PERSONS REGISTRATION CARD****Purpose of the Report**

1. The purpose of the report is to set out proposed changes to the Council's disabled persons' registration card.

Information and Advice

2. The disabled persons' registration card was introduced in Nottinghamshire in May 2008. Applications between January 2010 and December 2013 suggest that there are currently 1,788 people who have the card. This figure includes 206 children (190 new applications and 16 renewals) and 1,582 adults (1,009 new applications and 573 renewals).
3. The card is currently free to all applicants, both for initial applications and renewals. The card is valid for six years. The card has space for an emergency number for holders to complete and is available in three designs; standard, dove and giraffe. The range of designs has proved popular with applicants.
4. Eligibility for the card is the same as eligibility for a blue badge, with the addition of people who have a long term indwelling catheter or stoma. This was designed to keep the application process simple, but excludes some people who might benefit from the card.
5. The card is used primarily to allow card holders to provide formal proof that they have a disability. Evidence suggests that this reduces the likelihood of card holders being inappropriately challenged about their use of facilities provided for disabled people. It provides no other benefits or concessions.
6. The administration of the scheme, including the production of the cards, is the responsibility of the Customer Service Centre and it takes about 3 hours a month to undertake the necessary work. On average 18 cards are issued each month. This includes new cards and the renewal of existing cards.

The CredAbility Access Card

7. The CredAbility Access card is being developed by Nimbus – The Disability Consultancy Ltd. Nimbus is a social enterprise and was a finalist in the Social Enterprise Award 2013 for innovation. Their innovation was CredAbility, a disability accreditation and recognition

scheme, run by and for disabled people. Nimbus provides training, and awards a CredAbility Verified Access mark, a new quality mark for organisations whose buildings and services are accessible to disabled people. The development of the Access card is part of this work. The card has the potential to extend the benefits of the Council's disabled persons' registration card.

8. Nimbus currently has 40 cards on issue and is in discussion with 5 other Local Authorities with regard to introducing the card in their areas. The card costs £15 and will be valid for three years. Nimbus is currently offering the card in Sheffield at an introductory price of £5.
9. Eligibility for the card is based on The Equality Act 2010, so it will extend eligibility to people not currently eligible for Nottinghamshire's card, for example to Deaf people. The application process may involve getting proof of the impact of a disability from the applicant's GP for some people. Nimbus acknowledges that the applicant would incur a cost if this type of proof is asked for. GPs can charge whatever they like for letters of this kind as it falls outside their NHS work.
10. The Access Card has symbols to show the types of support that the card holder needs. For example:
 - A person whose card displays the WC logo should be permitted access to the nearest toilet facilities without question, including staff facilities.
Or perhaps,
 - A person whose card displays the +1 symbol will be granted a free personal assistance ticket at ticketed events.
11. Nimbus have confirmed Nottingham Forest will be involved in the scheme, they are also in conversations with The Theatre Royal, and have secured discounts on membership of a gym and a wheelchair basketball club. Other benefits will be secured as the card scheme develops.
12. Terry Gallagher, a service user in support of the change will be attending Committee.

Option for change

13. At present the disabled persons' registration card is a non-statutory service, which takes a small amount of time and money to administer. It is sustainable at its current level, but it is not being actively promoted. If it was to be actively promoted it might cost too much for the Council to continue with in the current financial climate. This means that people who might benefit from the card are not being encouraged to apply for it. The following option is suggested as a way forward.
14. The Council will promote the Access Card through its website and will tell people about it if they ring the Customer Service Centre to enquire about the Council's card. The disabled persons' registration card will not be issued to new applicants, but will be renewed for people who choose not to change to the Access Card. If applicants choose the Council's card, it will be issued for life to reduce the costs of renewal. Children will be expected to apply for a new card when they reach 18 years.

Statutory and Policy Implications

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

Human Resources Implications

16. The current administration of the scheme takes about 3 hours a month of a Scale 2 post. If the option for change is accepted, some short term additional time will be required to update the Council's website and to change the scripts at the Customer Service Centre.

Financial Implications

17. The cost of the current scheme for 12 months is around £559. This is based on about 216 applications a year with a cost of £2.59 to produce each card. This includes all staff time, the cost of the card and postage.
18. The proposed option will result in the same annual cost if applications remain at the same rate as now, although they are likely to reduce.

Public Sector Equality Duty

19. The Access Card would allow disabled people to provide formal proof that they have a disability. Evidence suggests that this reduces the likelihood of card holders being inappropriately challenged about their use of facilities provided for disabled people. It supports disabled people as equal members of the community and helps to prevent discrimination against them. It will also allow other businesses signed up to the scheme to promote their accessible services directly to the disabled people that are likely to need them – a unique way of bringing the social model to life.

Implications for Service Users

20. The wider eligibility criteria for the Access Card would enable more people to enjoy its benefits and address some of the specific barriers that disabled people face. However, disabled people will in future be charged for the Access Card, whilst the Council's card is currently free. Existing Council card holders may feel unhappy about this.

Human Rights Implications

21. The Access Card supports Article 8 of the Human Rights Act – the right to respect for private and family life. It enables card holders to prove that they have a disability without having to explain private details of their condition in public and enables service providers to quickly and efficiently work to remove the barriers disabled people face.

RECOMMENDATION/S

- 1) It is recommended that the proposed option for change is adopted in relation to the Council's disabled person's registration card.

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

Sarah Hampton

Commissioning Officer

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Constitutional Comments (LM 18/03/14)

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

Financial Comments (KAS 05/03/14)

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

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

31st March 2014**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR FOR BROXTOWE, GEDLING AND
RUSHCLIFFE****NEW RATES FOR INDEPENDENT SECTOR CARE AND SUPPORT
SERVICES****Purpose of the Report**

1. To inform members of the proposals for annual inflationary costs for care and support services commissioned by the department from the independent sector providers, including voluntary organisations.

Information and Advice

2. In accordance with the National Health Service and Community Care Act 1990 the Council has contractual arrangements in place with independent sector care providers to govern the provision of care and support services.
3. The Council funds 3,585* people in total in long term residential and nursing care home placements. This includes those individuals who are residents of the County but who have chosen to live in a care home in another part of the country.
4. The Council commissions a range of care and support services such as home care and day care services from independent sector providers to help people to remain living independently in their own homes. Currently, there are approximately 10,480* people who meet the Fair Access to Care Services (FACS) eligibility criteria who are receiving community based care and support services across all service user groups. People who receive these services are required to contribute to the cost of these services in accordance with their financial circumstances and based on a financial assessment. Some service users will be meeting the full cost of their care.

Fees for Independent Sector Residential and Nursing Care HomesCare Homes for Older People

5. During 2012, the Department completed a comprehensive review of its Fair Price for Care framework and fee levels for independent sector older persons' care homes. The proposed new fee structure and fee levels were approved by Policy Committee on 13 February 2013,

* Information from the Performance Improvement Team as at December 2013.

having been considered by Adult Social Care and Health Committee on 4 February 2013. As part of the proposals, members approved the application of an index related inflation formula, to be applied annually, to independent sector older persons' care home fees with effect from April 2014.

6. Calculations based on the agreed index show that the inflation increase for older people's care homes for 2014/15 would be 0.616%. It is proposed that this is applied to older persons' care home fees with effect from 7 April 2014.

Care Homes for Younger Adults

7. Specialist care home placements, for example, for adults with physical and/or learning disabilities, head injuries, or challenging behaviour, have entailed individual negotiations through the application of the 'Care Funding Calculator' for high cost placements. This tool is used by many local authorities and health commissioners when determining and reviewing fees in order to ensure value for money and to enable benchmarking across the region for the cost of complex care. The tool also provides a robust framework for agreeing a fair and transparent price for each placement based on the needs of the individual service user.
8. Alongside the implementation of the Care Funding Calculator, the Council has completed an accreditation process and has in place a contract for services with those providers that are able to meet defined quality indicators and which meet the Council's specific commissioning objectives.
9. The accredited care home providers were given a 2% inflationary increase alongside all other in county younger adult residential providers in 13/14. Given the financial pressures facing the Council over the next three years, it is proposed that 0% inflation is applied for these services. However, it is recognised that care providers will experience cost pressures arising from a proposed increase in the National Minimum Wage and new requirements to put in place and contribute to pensions for their employees. To counter these additional cost pressures, the Council will continue to work with providers to support them to make further efficiencies in their operating costs wherever possible.
10. The Council continues to fund placements in a small number of homes where the providers have retained their provision at lower than average costs. Given the anticipated staffing cost pressures, it is proposed that the Council undertakes negotiations with those providers on an individual basis, where required, so as to ensure they are able to sustain their services and fully meet the needs of the residents.

Fees for Community-Based Care and Support Services

11. The Council continues to extend and expand its range of community-based support services such as home care and extra care for older people, and supported living for adults with learning disabilities in accordance with the key strategic objective of helping people to live independently in their own home for as long as possible.

Home Care and Extra Care Services

12. Home Care and Extra Care services are subject to market testing through competitive tender processes on a regular basis, usually every 3 – 5 years. Tendering provides the

Council with the opportunity to test the market through an open and transparent competitive process in order to seek best value from providers. The last tender for home care and extra care was completed in 2007 and the current contracts have been in place with the providers since April 2008.

13. At Council in September 2013, members approved the commencement of the tender for home based care and support services. The tender is due to be completed and contracts awarded by the end of March 2014. Fees will therefore be set in accordance with tendered prices.
14. Whilst the new contracts will commence in April, any providers that are new to Nottinghamshire will require an implementation period to enable them to secure a local office base, register with the local office of the Care Quality Commission, and enable staff TUPE transfers from exiting providers as well as recruiting and training new staff.
15. In order to facilitate a smooth transition from the existing contracts to the new contracts, the Council has sought an extension of the contract with the existing providers for a period of six months. This allows the transfer of service users in a phased way thereby reducing the risk of disruption to service users and their carers and also to the care workers who will be subject to TUPE transfers.
16. As indicated above, the existing contracts have been in place since April 2008 and over the past three years, the Council has not applied an inflationary increase for the home care services. Whilst it is recognised that the costs of providing the services will have increased during this time, a consistent approach has been applied across all social care services whereby providers have been required to drive down costs by delivering the services more efficiently. However, some of the current home care providers have indicated that they are seeking an inflationary increase for the period of the contract extension.

Supported Living

17. During 2008, the Council completed a tender for care, support and enablement services, which supports adults with learning disabilities to live in the community and the new contracts commenced as of 1 October 2008. A further tender was conducted, in 2011, with additional contracts being awarded for learning disability, physical disability and mental health services.
18. The Council is currently undertaking a further tender and therefore it is proposed that 0% inflation is applied to these services.

Day Care Services

19. During 2012/13, the Council completed an accreditation of independent sector day care providers. One element of the accreditation considered the providers' compliance with the day service rates set by the Council and which are aligned to the Council's own day services.
20. Members will be aware that the Council's own day service provision has been reviewed and further savings are planned through the reconfiguration of the day centres. Given on-going

financial pressures and the need to continue to deliver further efficiencies, it is proposed that 0% inflation is applied to external day services as with the majority of social care services.

Shared Lives Services

21. As the Council has developed and expanded its Shared Lives scheme, the fee rates payable to Shared Lives carers have been reviewed during 2013/14. The new fee structure implemented in 2013/14 involved aligning fee levels with individual needs in five bands. A number of carers had an increase in their fee as a result of this exercise and those who would have seen a drop, were protected at their existing rates for as long as their current care arrangements lasted. Therefore it is proposed not to give any inflationary increase to shared lives carers.

Other Options Considered

22. The fee proposals in relation to older persons' care homes are set in accordance with the index linked inflation formula as agreed by Policy Committee in February 2013. As outlined above, the tender for home care, extra care and supported living services will give providers the opportunity to submit their hourly rates and these will be considered as part of the procurement and contract award process. Options were considered for the remaining adult social care services, however, it was not considered feasible to apply inflationary increases across the board given the Council's wider budgetary pressures and savings requirements.

Reason/s for Recommendation/s

23. The proposed fee increase of 0.616% for older people's care home services is in accordance with a previous decision made by Policy Committee as part of the new Fair Price for Care Fee structure.

24. Given the financial pressures faced by the Council over the next three years, the Council has identified the need to seek further cost efficiencies in relation to all areas of care services including from services provided by the independent and voluntary sector. As such, it is proposed that 0% inflation is applied to the services. This will not impact on the vast majority of the care services which are currently subject to tenders and where the fees will be determined through a competitive process.

25. For the remaining services, the fees are set in negotiation with providers based on the specific needs of individual service users and where appropriate through the use of the Care Funding Calculator. The only exception to this is a small number of care homes for younger adults where the 'standard' fees remain below those of older adults' care homes. In these circumstances, it is recommended that the Council takes in to account the providers' ability to continue to deliver good quality care services, as and where required.

Statutory and Policy Implications

26. 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

27. During this time of significant financial constraints and the requirement on independent sector care providers to deliver further efficiencies, the Council continues to work with them to ensure that the services they provide are of good quality and meet outcomes for service users whilst at the same time delivering value for money. The Council undertakes annual quality audits with contracted providers which considers how providers are meeting outcomes for service users.
28. The Council undertakes annual reviews in relation to those people who require care and support services and who meet the Fair Access to Care Services (FACS) eligibility criteria. These reviews ensure that the services are meeting people's identified outcomes. Unscheduled reviews are also undertaken as and where the needs of individuals change in order to ensure that the services they receive continue to meet their needs.

Financial Implications

29. The cost implications of applying a fee increase of 0.616% for older persons' care homes will be £440,429 based on the current numbers of council funded residents across Nottinghamshire.

Equalities Implications

30. The Council continues to work in partnership with providers of care and support services to ensure that there is a viable and stable market of provision to meet the needs of vulnerable older people and people with disabilities across the County.

Human Resources Implications

RECOMMENDATION/S

It is recommended that Committee approves:

- 1) application of an index linked inflationary increase of 0.616% for all council funded older persons' care home placements for 2014/15, commencing from 7 April 2014
- 2) application of 0% inflation for home care, extra care, supported living services and external day care services
- 3) continuation of cost negotiations for younger adults care home placements and Shared Lives schemes based on individuals' needs.

CAROLINE BARIA

Service Director for Broxtowe, Gedling and Rushcliffe

For any enquiries about this report please contact:

Constitutional Comments (LM 18/03/14)

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

Financial Comments (KAS 19/03/14)

32. The financial implications are contained within paragraph 29 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

31st March 2014**Agenda Item: 10****REPORT OF THE DEPUTY DIRECTOR FOR ADULT SOCIAL CARE AND
HEALTH AND PUBLIC PROTECTION****ORGANISATIONAL REDESIGN WITHIN THE ADULT SOCIAL CARE AND
HEALTH DEPARTMENT****Purpose of the Report**

1. To update Members on the Group Manager structure for the department following internal consultation and to propose the new Tier 5 structures to align with the senior management structure.

Information and Advice

2. In a report to the Adult Social Care and Health Committee dated 25 November 2013 a new interim senior management structure was proposed and agreed, to allow the department to better align itself with the three emerging health communities and to further develop a partnership approach to deliver a better integrated service to the public.
3. The interim senior management structure was implemented with effect from 1 January 2014 and has three Service Director posts covering North and Mid Nottinghamshire, South Nottinghamshire and Access and Public Protection.
4. In order to achieve savings as proposed in Outline Business Case A12- Horizontal Group Manager Restructure, which proposed a reduction of 3fte and to align the Group Manager Structure with the new Service Director Structure a new group manager structure was proposed in the report of 25 November 2013. Following internal consultation with Managers and external consultation on other Outline Business Cases it has been necessary to make changes to the structure shown as Appendix 1 in the 25 November report and appended again for information. The changes, and their rationale, are detailed below and reflected in the new Group Manager Structure attached as appendix 2.

Change 1: The new structure has 14fte Group Manager posts which is a reduction of 2.8fte not 3fte as outlined in the Outline Business Case and requires retaining 0.2fte to increase the Group Manager Safeguarding and Access to a full time position.

Rationale: In order to provide a "seamless service" it was agreed to combine the roles of access and safeguarding under one Group Manager. The two areas will be aligned to ensure people receive an appropriate service to their needs. Both services are based at the Customer Service Centre and by amalgamating the functions it will improve

outcomes for citizens and increase resilience. The increased remit of this role requires a full time incumbent to ensure the service is managed safely. The cost of this additional 0.2fte can be met from the Group Manager budget when non pay elements of the budget are considered and the savings associated with the outlined business case will still be achieved.

Change 2: The proposed Group Manager and Reablement post has been changed; Reablement is now placed with Older Adults Operational Group Managers and Access has been combined with the responsibilities of the Safeguarding Group Manager.

Rationale: The integration of reablement is key to better integration between Health and Social Care, to facilitate closer working reablement services will be aligned with health services in South Nottinghamshire, Mid Nottinghamshire and Bassetlaw. The four Group Managers for older people will be geographically based in line with health and will be responsible for reablement from April.

Change 3: Business Support and Market Development Services Group Manager post has been changed to Quality and Market Management.

Rationale: The removal of business support from the responsibilities reflects the move to a joint Business Support Service for Adult Social Care & Health and Public Protection and Children, Families & Cultural Services following the Support Services Review so provision for business support management at this level is no longer required departmentally. The inclusion of Quality and the change from market development to market management is to reflect the importance the department places on monitoring the standard of provisions by commissioned services.

Change 4: Performance as a role has been removed from the Strategic Commissioning post.

Rationale: Going forward this will be a centralised service managed in the Policy, Planning & Corporate Services

Change 5: The Group Manager for Day services post has been changed to Group Manager Day Services and Employment and includes responsibility for supported employment

Rationale: This is to maintain a strategic lead for Supported Employment and retains the function as one service managed by the existing Service Manager.

Change 6 Line management of Day Services and Employment Group Manager and Residential Services Group Manager has transferred to Adult Social Care and Public Protection Deputy Director

Rationale: Placing line management of these two posts along with Strategic Commissioning Group Manager post under the Deputy Director allows an over sight of all commissioned and provider services across the department.

Change 7: There are now two Older Adults Group Manager posts covering the Broxtowe Gedling and Rushcliffe areas.

Rationale: This change has been made in conjunction with the decision to place reablement services with operational group managers, this along with the services managed in Hospitals in these districts meant one posts would not be sufficient.

Change 8: The Trading Standards Group Manager post has been changed to Trading Standards and Community Safety Group Manager.

Rationale: This is to reflect the transfer of responsibility for Community Safety in to the Department.

5. The relevant HR processes have been undertaken; the new Group Manager structure has been appointed to and is ready to be implemented with effect from 1 April 2014. The Group Managers will move to the new structure on existing terms, conditions and pay grades and will be subject to job evaluation for those posts that have new or changed job descriptions.
6. Appendix 3 shows the proposed tier 5 structure for the department for approval. The tier 5 structure aligns the roles and responsibilities of the department and the existing teams with that of the tiers above. The tier 5 structure retains 2fte at service manager level and this is to ensure enough management capacity to maintain service delivery in two service areas, Days Services and Employment and Residential Services, where the services are both geographically widespread and offer to serve to a wide range of service users.
7. Implementation of the tier 5 structure as outlined in appendix 3, is proposed for 1 April 2014, in advance of staffing reductions to achieve savings targets for Outline Business Cases B01- Older Adults Assessment & Care Management, B03- Older Adults Social Care Staff in Hospital settings & B07- Younger Adults Personal Care and Support, Care Management and Assessment Teams from October 2014. Early implementation of this structure is essential to maintain momentum of integration work between Health and Social Care and to maintain service delivery in the interim.
8. The tier 5 structure has been designed on the principle of least disruption to the service whilst maintaining a manageable and equitable division of work as far as possible. Employees within the structure will move to the new structure on existing terms and conditions with new or changed jobs being subject to job evaluation.
9. To deliver the transformation of services across the department in line with agreed OBC's, 4.95fte existing temporary transformational posts, will be extended for 12 months on existing terms and conditions, funded by departmental reserves. The posts are:
 - 1.0 fte Researcher/Evaluator, Band A
 - 1.0 fte Commissioning Officer Band C
 - 1.0 fte Project Manager Reablement Services Band D
 - 0.95 fte Strategic Review Manager Band E
 - 1.0 fte Strategic Development Manager Band E
10. In addition to the above posts, Health funding has been secured for 2fte posts to further support the integration of Health and Social Care. These posts will assist with the overarching integration agenda in preparation for the transformation programme commencing in 2014/2015 under the Better Care Fund. The posts are 1 fte START Team

Project Support which is an existing post to be extended and 1fte Project Manager which would be established as a new post.

Other Options Considered

11. The continuation of the current structure will not provide for the required level of partnership development and co-ordination with local health services in order to take forward the integration agenda and does not align to the changes made at tiers two and three and is therefore no longer fit for purpose.

Reason/s for Recommendation/s

12. The establishment of the proposed new interim structure allows for the development of adult social care services in line with the national policy direction and fits with the local health and social care landscape.

Statutory and Policy Implications

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

14. The full saving of £200,000 can still be achieved despite the reduction of 2.8fte Group Managers instead of 3.0fte Group Managers, due to the reduction in non pay budgets associated with these posts.
15. The posts outlined in section 9 are detailed in the table below, and these will be funded from departmental reserves.

Post Title	FTE	14/15 salary inc on costs
Researcher/Evaluator	1.00	£34,920.32
Commissioning Officer	1.00	£44,762.90
Project Manager Reablement Services	1.00	£48,251.19
Strategic Review Manager	0.95	£54,656.52
Strategic Development Manager	1.00	£57,533.17
Total	4.95	£240,124.10

16. The posts funded by Health outlined in paragraph 10 are detailed below:

Post Title	FTE	Cost*
START Team Project Support	1.00	£36,999.91

Project Manager	1.00	£51,728.98
Total	2.00	£88,728.89

* Cost calculated at top of grade with on costs.

Human Resources Implications

17. This report proposes to:

- Establish the new tier 5 structures as outlined on Appendix 3 – the posts to maintain their current terms & conditions and any changes to roles and job description will be subject to job evaluation
- Confirm the Group Manager establishment as 14 fte
- Confirm the Service Manager- Employment in the Day Services and Employment Group as a permanent post
- Extend 1 fte START Team Project Support, to be funded by Health for a period of 12 months to 31 March 2015
- Establish 1 fte Project Manager, Band D (subject to job evaluation) to be funded by Health for a period of 12 months to 31 March 2015
- Extend the following temporary posts with until 31 March 2015
 - 1 fte Researcher/Evaluator, Band A
 - 1 fte Commissioning Officer Band C
 - 1 fte Project Manager Reablement Services Band D
 - 0.95 fte Strategic Review Manager Band E
 - 1 fte Strategic Development Manager Band E

RECOMMENDATION/S

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

- 1) Notes changes to the interim Management Structure at Group Manager level
- 2) Approves the proposed Tier 5 structure
- 3) Approves the temporary extension of transformational posts for implementation from 1 April 2014.

JON WILSON

Deputy Director for Adult Social Care and Health and Public Protection

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Project Manager

Email: Stacey.roe@nottsgov.uk

Constitutional Comments (KK 18/03/14)

18. The proposals in this report are within the remit of the Adult Social Care and Health Committee.

Financial Comments (KAS 19/03/14)

19. The financial implications are contained within paragraphs 14 to 16 of the report.

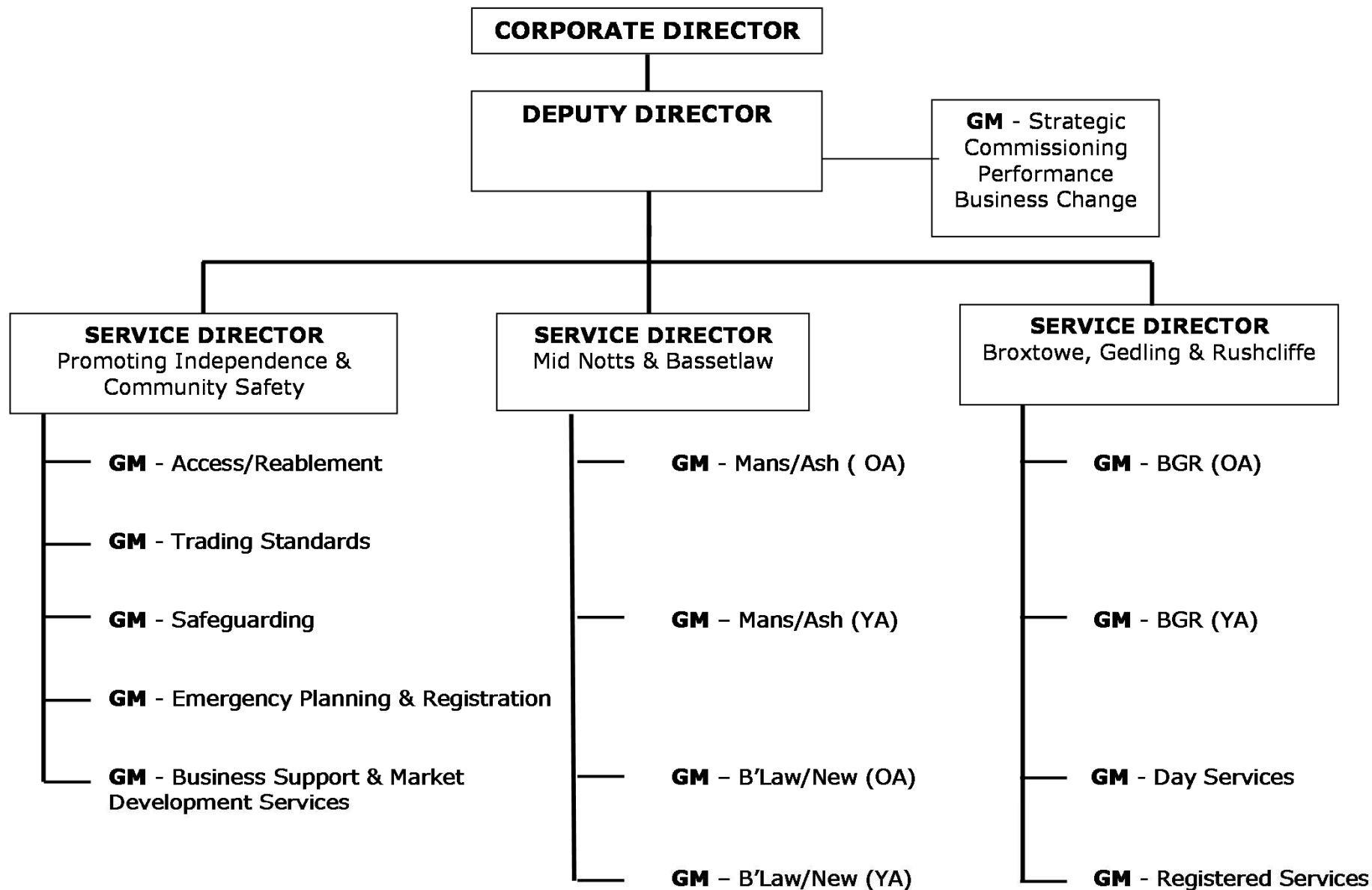
Background Papers and Published Documents

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.

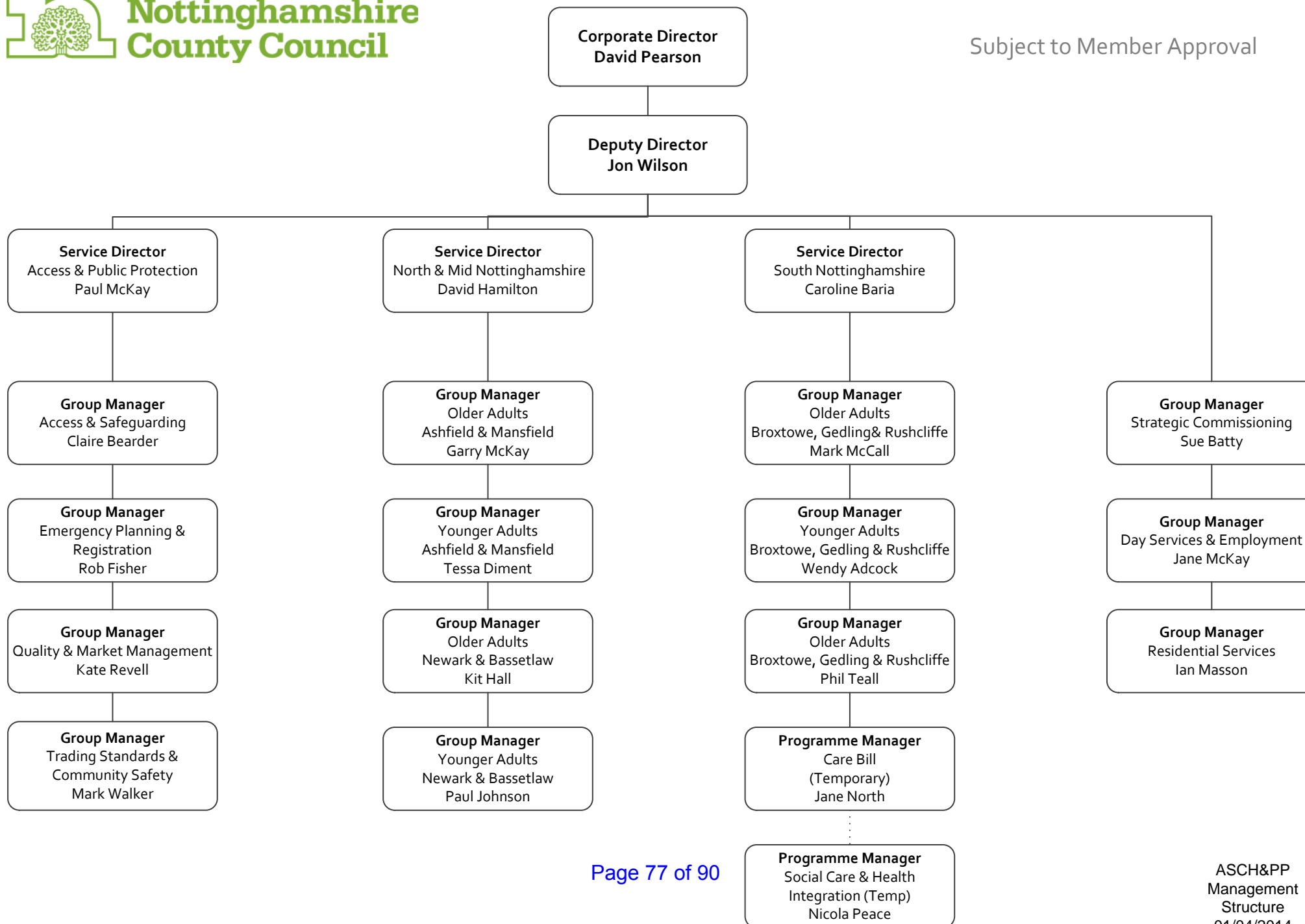
None

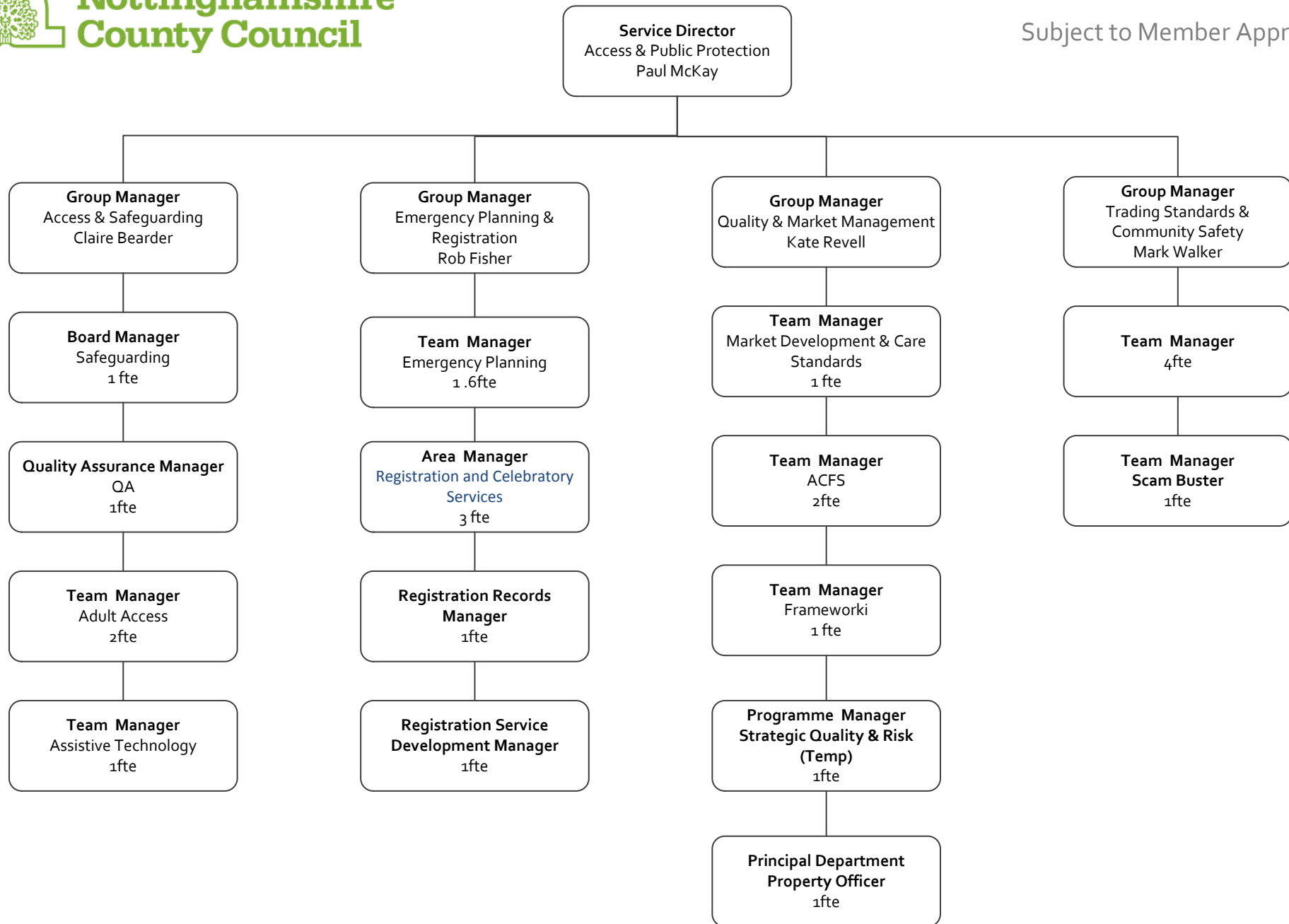
Electoral Division(s) and Member(s) Affected

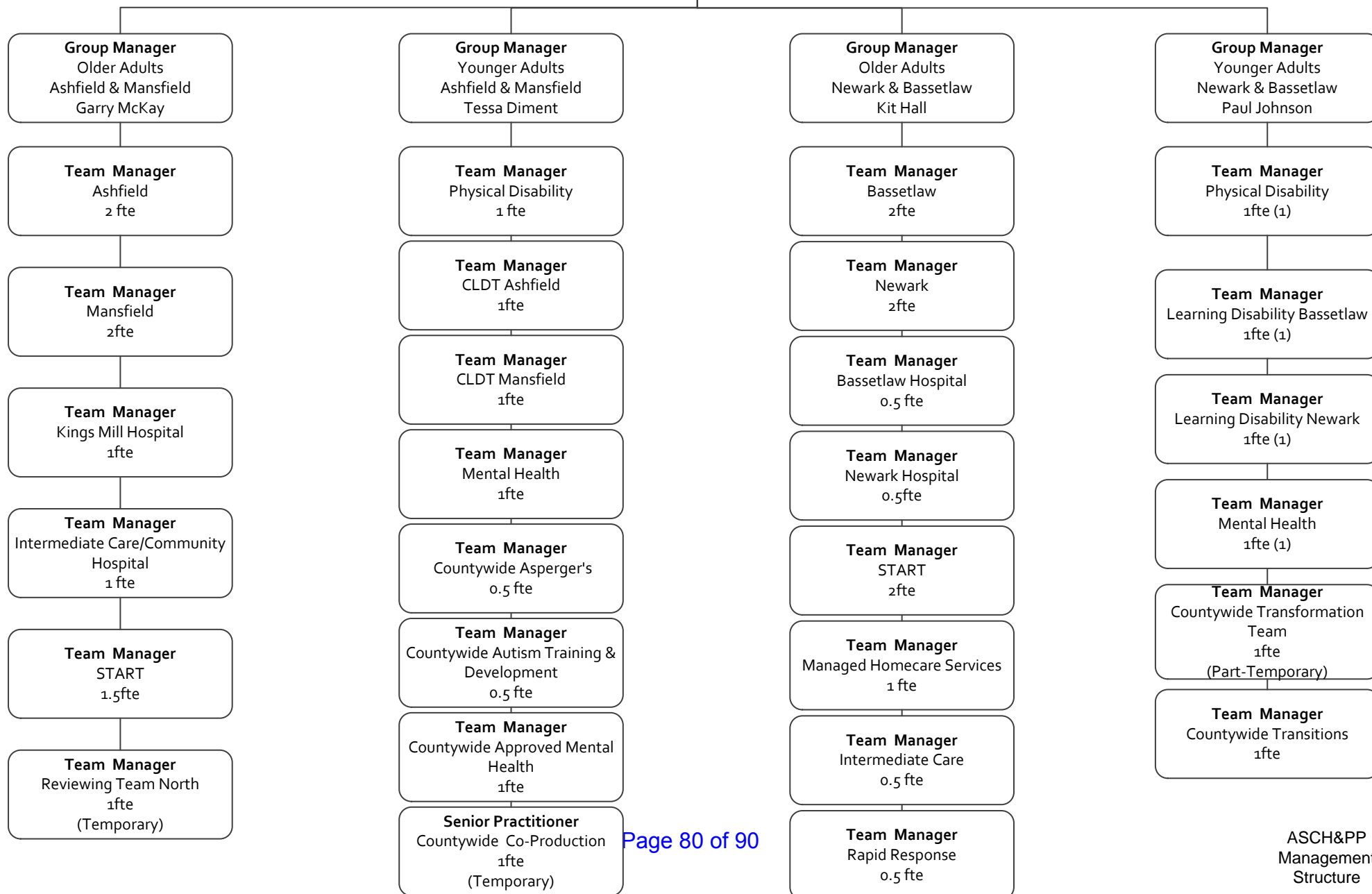
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**Nottinghamshire
County Council**

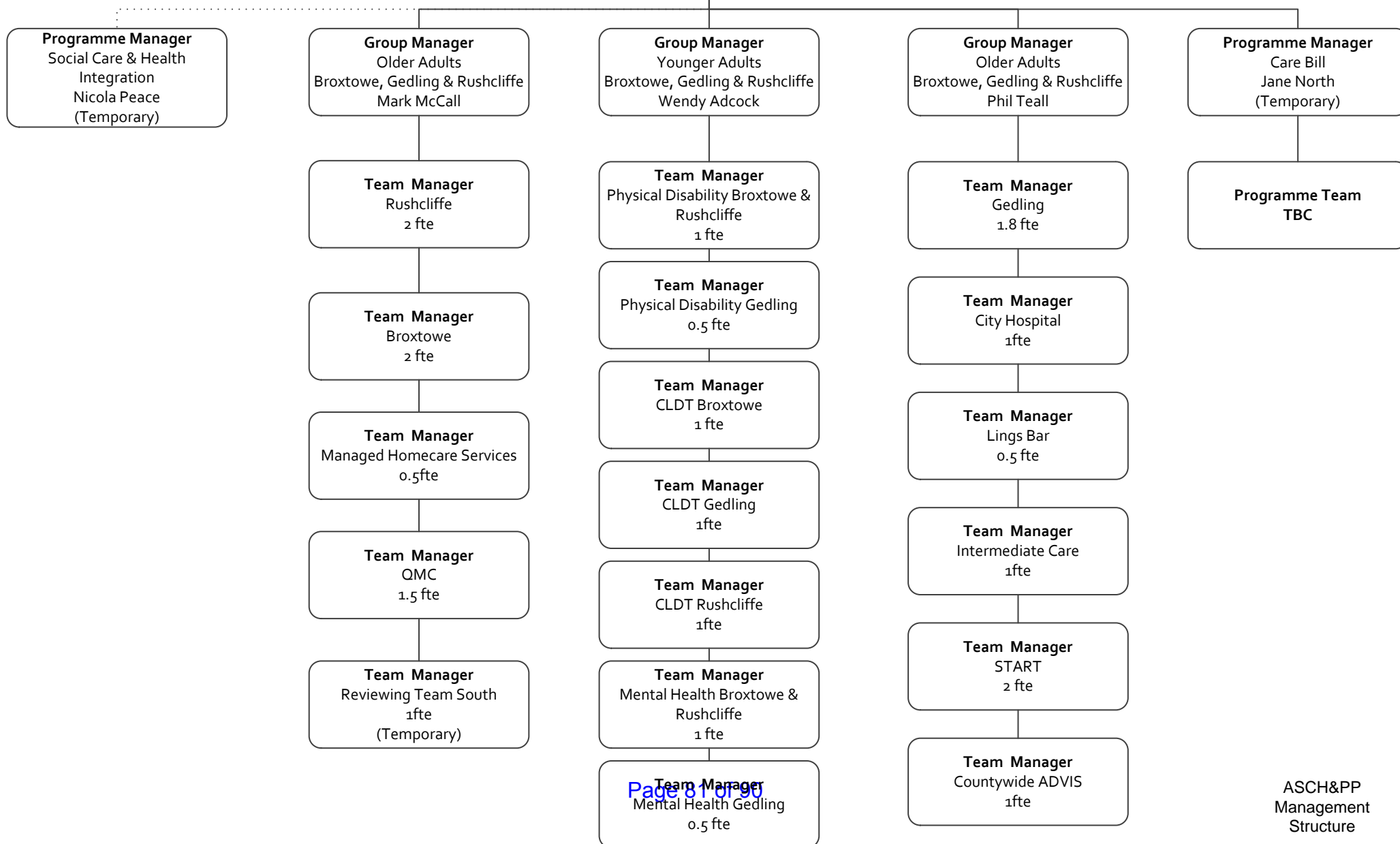


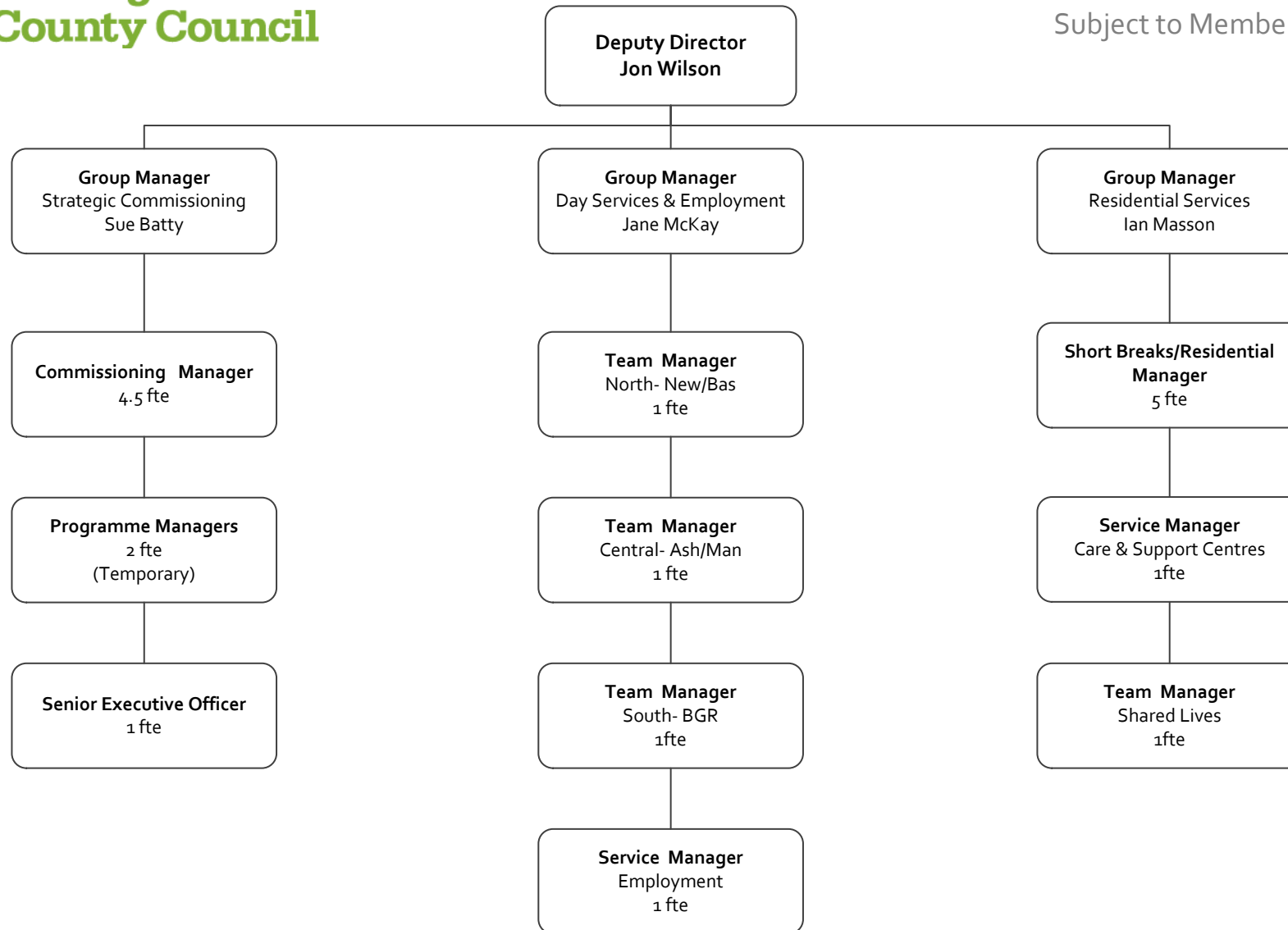




Service Director
South Nottinghamshire
Caroline Baria

Subject to Member Approval





Subject to Member Approval



31st March 2014

Agenda Item: 11

**REPORT OF SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE AND
PUBLIC PROTECTION**

REPORT ON THE NOTTINGHAMSHIRE WELFARE ASSISTANCE FUND

Purpose of the Report

1. To inform members of the alternative arrangements for advising people who would previously have been supported under 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 12 December 2012.
4. The Nottinghamshire Welfare Assistance Fund, (NWAFF) commenced operation on 2 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 27 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. 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 2 April 2013 – 31 January 2014. Whilst this figure is high, a significant proportion of these were call backs regarding existing applications or querying decisions.
12. Therefore, it is not predicted this will be the volume going forward. Only 1,357 full applications were completed via NWAf, some calls not completing full applications would still receive signposting to organisations such as food banks. It is estimated approximately 15 calls per day but this figure will require ongoing review.
13. 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.
14. 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 this is disproportionately influenced by the number of call backs referred to in point 9 above.
15. Continued monitoring and reporting on the volumes of calls received as a result of the scheme removal has been built into the pathway.
16. The Senior Benefits Officer will report on these to the Service Director – Promoting Independence and Public Protection, the Team Manager – Adult Access Service and the Group Manager – Customer Service. An updated report to Committee will be produced should the levels require.

Other Options Considered

17. As part of the budget consultation alternative options were considered.

Stakeholder Engagement and Communications

18. Significant responses were received as part of the consultation process for the proposal to cease NWAf, the actions outlined within this paper were developed to offer mitigation to some of the risks identified.
19. The Council will work with stakeholders to disseminate the new practices.

Financial Implications

20. There are no financial implications contained in this report.

Statutory and Policy Implications

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

RECOMMENDATION/S

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

- 1) Notes the closure of the Nottinghamshire Welfare Assistance Fund.
- 2) Notes the new name for the new pathway for advice, the "Emergency Advice Service".

PAUL MCKAY

Service Director for Promoting Independence and Public Protection

For any enquiries about this report please contact:

Paul McKay

Tel: (0115) 9773909

Email: paul.mckay@nottscc.gov.uk

Constitutional Comments

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

Financial Comments

23. To follow.

Background Papers

- a. Report of the Service Director for Promoting Independence and Public Protection to the Adult Social and Health Committee 29th October 2012.

<http://www.nottinghamshire.gov.uk/DMS/Document.ashx>

- b. Report of the Leader of the Council to Policy Committee 12th December 2012 – Establishment of a discretionary Nottinghamshire Local Welfare Assistance Scheme.

<http://www.nottinghamshire.gov.uk/DMS/Document.ashx>

Electoral Division(s) and Member(s) Affected

All

ASCH211

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

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

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>
12 May 2014			
Winterbourne View	Update on Nottinghamshire Response to "Transforming Care: A National Response to Winterbourne View Hospital"	Service Director for Broxtowe, Gedling and Rushcliffe	Ian Haines
Quality Assurance	Report to Committee on how quality of services is monitored	Deputy Director for Adult Social Care, Health and Public Protection	Sue Batty
Home Based Services Tender	Progress report on the Home Based Services Tender	Service Director for Broxtowe, Gedling and Rushcliffe	Sue Batty
The Care Bill	Progress report on the Implementation of the Care Bill 2014	Service Director for Broxtowe, Gedling and Rushcliffe	Jane North
NHS Support to Social Care Funding	Update on NHS Support to Social Care Funding	Service Director for Broxtowe, Gedling and Rushcliffe	Caroline Baria
Carers Triage Report	Report on Carers Triage	Service Director for Mid Notts and Bassetlaw	Penny Spice
9 June 2014			
Carers' Survey	Update to Members on response to results of the survey	Service Director for Mid Notts and Bassetlaw	Penny Spice
Nottinghamshire Partnership of Social Care Workforce Development	Report outlining the Nottinghamshire Partnership of Social Care Workforce Development Proposed Business Model	Service Director for Mid Notts and Bassetlaw	Claire Poole
Care Quality Commission	Report on the Care Quality Commission new model and feedback on the secondments	Service Director for Broxtowe, Gedling and Rushcliffe	Rosamunde Willis-Read
Service Organiser Teams	Report to seek approval for the new structure of the Service Organiser Teams	Service Director for Broxtowe, Gedling and Rushcliffe	Mark McCall
7 July 2014			
Carers' Strategy	Review of the Carers' Strategy	Service Director for Mid Notts and Bassetlaw	Penny Spice
Adult Social Care Performance Update	Quarterly update report on the performance of Adult Social Care	Deputy Director for Adult Social Care, Health and Public Protection	Anne Morgan / Nick Parker
Planned Care of Older People after a Planned	6 month review of the Planned Care of Older People after a Planned Operation Project	Service Director for Promoting Independence and Public	Amanda Marsden

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Operation		Protection	
September 2014			
Nottinghamshire Safeguarding Adults Board	12 monthly update on Nottinghamshire Safeguarding Adults Board	Service Director for Promoting Independence and Public Protection	Allan Breeton
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
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
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

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