

**Adult Social Care and Health Committee**

**Date:** Monday, 02 July 2012  
**Time:** 10:30  
**Venue:** County Hall  
**Address:** County Hall, West Bridgford, Nottingham NG2 7QP

**AGENDA**

|           |   |                |
|-----------|---|----------------|
| <b>1</b>  | <b><u>Minutes of the last meeting held on 11 June 2012</u></b><br>Details   | <b>3 - 8</b>   |
| <b>2</b>  | <b><u>Apologies for Absence</u></b><br>Details  | <b>1-2</b>     |
| <b>3</b>  | <b><u>Declarations of Interest</u></b><br>(a) Personal<br>(b) Prejudicial   | <b>1-2</b>     |
| <b>4</b>  | <b><u>Supporting People Mansfield - Response to Petition</u></b><br>Details   | <b>9 - 12</b>  |
| <b>5</b>  | <b><u>Performance Overview of Adult Social Care Health and Public Protection 2011-12</u></b><br>Details                 | <b>13 - 24</b> |
| <b>6</b>  | <b><u>Service Overview - Promoting Independence and Public Protection</u></b><br>Details                                | <b>25 - 34</b> |
| <b>7</b>  | <b><u>High Governance Savings and Efficiencies Projects - Community Care Spend and Supporting People</u></b><br>Details | <b>35 - 42</b> |
| <b>8</b>  | <b><u>Aiming for Excellence - Retained Homes</u></b><br>Details   | <b>43 - 52</b> |
| <b>9</b>  | <b><u>Adult Access Team - Temporary Social Worker Post</u></b><br>Details   | <b>53 - 58</b> |
| <b>10</b> | <b><u>Nottinghamshire Adult Asperger's Team - Temporary Additional Capacity</u></b><br>Details                          | <b>59 - 62</b> |
| <b>11</b> | <b><u>Strategic Development Programme Manager and Programme Manager, Change - Extension of Posts</u></b><br>Details     | <b>63 - 68</b> |



## minutes

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 11 June 2012 (commencing at 10.30 am)

### **Membership**

Persons absent are marked with 'A'

### **COUNCILLORS**

Kevin Rostance (Chairman)  
Stuart Wallace (Vice-Chairman)  
Ged Clarke  
Dr John Doddy  
Rachel Madden  
Geoff Merry  
Alan Rhodes  
Mel Shepherd  
Martin Suthers  
Chris Winterton  
Jason Zadrozny

A Ex-officio (non-voting)  
Mrs Kay Cutts

### **OTHER COUNCILLORS IN ATTENDANCE**

Councillor Richard Jackson  
Councillor Carol Pepper

### **OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, Joint Commissioning, Quality and Business Change  
Paul Davies, Policy, Planning and Corporate Services Department  
Claire Dixon, Liberal Democrat Group Research Officer  
David Hamilton, Service Director, Personal Care and Support (Older Adults)  
Jennie Kennington, Senior Executive Officer  
Robert Knott, Group Manager, Credit Control and Payments  
Paul McKay, Service Director, Promoting Independence and Public Protection  
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection  
Michelle Welsh, Labour Group Research Officer  
Jon Wilson, Service Director, Personal Care and Support (Younger Adults)

### **OTHERS IN ATTENDANCE**

Andrew Owusu, Service User

## **CHAIRMAN AND VICE-CHAIRMAN**

The appointment by the County Council of Councillor Kevin Rostance as Chairman and Councillor Stuart Wallace as Vice-Chairman was noted.

## **MEMBERSHIP**

The membership of the committee, as set out above, was noted. Councillor Shepherd had been appointed in place of Councillor Adair.

## **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **TERMS OF REFERENCE**

### **RESOLVED: 2012/001**

That the report be noted.

## **OVERVIEW OF ADULT SOCIAL CARE AND HEALTH AND RESPONSIBILITIES OF THE DEPARTMENT**

David Pearson presented an overview of adult social care and health and the responsibilities of the department. He responded to members' questions and comments.

### **RESOLVED: 2012/002**

That the presentation be noted.

## **AGENDA ORDER**

The item "Fostering Aspiration: Progress on Personalisation" was taken later in the meeting.

## **END OF YEAR REPORT ON DELIVERY OF ADULT SOCIAL CARE AND HEALTH SAVINGS AND EFFICIENCIES PROGRAMME 2011/12**

### **RESOLVED: 2012/003**

That the report be noted.

## **PARTNERSHIP HOMES TENDER**

### **RESOLVED: 2012/004**

That the award of the Partnership Homes contract to Mencap be noted.

## **FOSTERING ASPIRATION - SOCIAL CARE AND HEALTH: PROGRESS ON PERSONALISATION**

Paul McKay introduced the report on the introduction of personal budgets. He confirmed that in Nottinghamshire, 100% of all eligible service users who were

helped to live at home now received a personal budget. Andrew Owusu gave a service user's perspective on personalisation. They responded to members' questions and comments.

**RESOLVED: 2012/005**

- (1) That the progress report on personalised budgets be noted; and
- (2) That the following expenditure be approved:
  - a) £38,944 for a Co-ordinator post for micro providers
  - b) £42,000 to support user-led organisations
  - c) £120,000 to develop a social care directory

**DEVELOPING A MARKET POSITION STATEMENT FOR ADULT SOCIAL CARE IN NOTTINGHAMSHIRE**

**RESOLVED: 2012/006**

- (1) That approval be given to the proposed plan and timescales for developing Nottinghamshire's Market Position Statement.
- (2) That the draft Market Position Statement be presented to the committee for approval in July or September.

**MEMBERS' VISITS TO ADULT SOCIAL CARE ESTABLISHMENTS**

Comments made during discussion included ensuring a good geographical spread of members in the panel, so that members could make visits in their own area; appointing to all the places on the panel, so that members did not undertake visits on their own; notifying the local members of the visit; and giving establishments limited notice of when a visit would take place.

**RESOLVED: 2012/007**

- (1) That visits to adult social care establishments should continue.
- (2) That a panel of 20 members be set up with the support of each political party's Business Manager.
- (3) That a review be undertaken prior to the 2013 elections to evaluate the process, and a report be presented to this committee.
- (4) That the new form, in Appendix 2 to the report, be approved.
- (5) That independent sector home care and social care providers be included in this process once it has been evaluated and reviewed, with the aim that this should commence after the 2013 elections.
- (6) That the visits be renamed "Members' Social Care Visits".

## **ESTABLISHMENT OF A SUPPORTED LIVING TEAM FOR MENTAL HEALTH SERVICES**

### **RESOLVED: 2012/008**

That the following posts be established on a temporary basis for a period of two years to work specifically on the outcomes of the Mental Health Utilisation Review:

0.5 fte (18.5 hours) Team Manager, Band D, scp 42-47 (£35,430-£39,855 pro rata per annum) with authorised vehicle user status

2 fte (74 hours) Supported Living Coordinators, Band B, scp 34-39 (£28,636-£32,800) with authorised vehicle user status

1 fte (37 hours) Occupational Therapist Band B, scp 34-39, (£28,636-£32,800) with authorised vehicle user status

0.5 fte (18.5 hours) Business Support Administrator, Grade 3, scp 14-18 (£15,725-£17,161 pro rata per annum)

0.5 fte (18.5 hours) Senior Practitioner, Band C, scp 39-44, (£32,800 - £37,206 pro rata per annum) plus authorised vehicle user status.

## **EXTENSION OF PROJECT TO ESTABLISH AND IMPLEMENT A WORKFORCE DEVELOPMENT PLAN FOR END OF LIFE AND DEMENTIA SERVICES**

### **RESOLVED: 2012/009**

- (1) That 0.7 fte (26 hours) temporary Workforce Development Officer, Band A, scp 29-34 (£24,646-£28,636 per annum pro rata) be extended until 31<sup>st</sup> October 2012 and the post be allocated an approved car user status at a cost of £13,096 (6 months including on-costs and travel).
- (2) That the £20,000 under spend from the funding from the Strategic Health Authority, which was allocated for this project in 2011/12, be used to fund the above post and any training for a period of 6 months pending the outcome of the 2012/13 funding bid.
- (3) That the project budget be continued to receive any additional funding from the Strategic Health Authority and to administer the costs of any training courses, the production of training materials and resource packs.

## **TEMPORARY OCCUPATIONAL THERAPY POSTS IN THE START REABLEMENT SERVICE**

### **RESOLVED: 2012/010**

That 3 fte (111 hours) temporary Occupational Therapists, Band B, scp 34-39 (£28,636-£32,800), based in the START reablement teams in the localities as follows and the posts be allocated approved car user status:

- 1 fte - Broxtowe, Gedling and Rushcliffe
- 1 fte - Ashfield and Mansfield
- 1 fte - Newark and Bassetlaw.

## **WORK PROGRAMME**

During discussion, members suggested topics for inclusion in the work programme. David Pearson outlined the respective roles of this committee, Health and Wellbeing Board, Joint City/County Health Scrutiny Committee and the new Health Scrutiny Committee.

### **RESOLVED: 2012/011**

- (1) That the work programme be noted.
- (2) That reports on the following be included in the work programme:
  - funding of adult social care
  - operation of the new day centres
  - homelessness
- (3) That the Nottinghamshire Safeguarding Adults Board report to the committee twice per year, and that information from the remaining officer groups be covered in reports to committee on related matters.

The meeting closed at 12.45 pm.

## **CHAIRMAN**





2<sup>nd</sup> July 2012**Agenda Item: 4****REPORT OF CHAIRMAN OF THE ADULT SOCIAL CARE AND HEALTH  
COMMITTEE****RESPONSE TO PETITION PRESENTED TO THE CHAIRMAN OF THE  
COUNTY COUNCIL ON 17<sup>TH</sup> MAY 2012****Purpose of the Report**

1. The purpose of the report is to inform the committee of a response to the issue raised in a petition presented to the Chairman of the County Council at the Council meeting on the 17<sup>th</sup> May 2012:
  - a. Petition regarding Supporting People, Mansfield (ref 2012/002).

**Information and Advice****Petition Regarding the Reduction in the Supporting People Grant in Mansfield**

2. A petition of 804 signatories has been received objecting to the proposed reduction in the Supporting People Grant. The petition says:

*'We, the undersigned, object to the proposed drastic reduction in the Supporting People Grant which will affect all of those who use services such as: sheltered accommodation, wardens, help for homeless people, those subject to domestic violence, help and support for those with mental health to stay out of hospital, drugs and alcohol services, people with learning and physical disabilities etc. Reducing the overall budget from £22.5m to possibly as low as £7.5m is going too far.'*

*'We the undersigned object to the downgrading of long term support within sheltered housing'.*

**The reduction in Supporting People Grant**

3. The 'Supporting People Grant' used to be paid to the County Council by Central Government in order for the Council and its partners to commission housing-related support services for vulnerable people. The grant was ring-fenced for this purpose and had been reducing over time since the programme commenced in 2003. In April 2009, the ring-fence for this funding was removed and since April 2010 it has not been a separately identified grant. Following extensive consultation Full Council, in June 2011, approved proposals for

Supporting People funded services which enabled savings and efficiencies to be achieved whilst at the same time targeted the available resources at the most vulnerable adults and young people.

### **The effect of the savings and efficiencies programme on vulnerable people**

4. Following the initial review of all services, the County Council took additional time to work through the Supporting People savings proposals and undertook two consultation exercises. In taking account of the feedback received from the consultations, the Council has been able to respond in a number of ways which have helped to reduce the impact on vulnerable people:
  - a) In the main, key accommodation services, such as women's refuges and supported accommodation for homeless people, young people and teenage parents, have been retained with a sustainable level of funding.
  - b) Additional funds have been committed to enable a phased reduction over an extensive period of time, allowing providers to make the necessary adjustments in a more planned way. The Council is already encouraged to see that, as a result, many providers have been able to maintain existing service capacity after some funding levels were reduced in November 2011.
  - c) Some services, such as floating support services and services for people with mental health needs, have been reconfigured to enable efficiencies to be delivered. These are currently subject to tender in accordance with European Union Procurement Rules. In developing the specifications for these services the Council has been mindful of the need to ensure that people have access to preventative services at times of need and more flexible commissioning approaches have enabled the Council to get the best outcomes for vulnerable people from the more limited funds available.
  - d) Services for young people and women experiencing domestic violence are being commissioned in a more integrated way, working more closely with other departments within the County Council to achieve more streamlined commissioning and delivery of services. This should benefit those receiving and those delivering services.
  - e) Support services for older people are currently being reconfigured and instead of funding long-term services in sheltered accommodation regardless of need, the Council is seeking to commission a wider range of preventative services including outreach support and befriending services which are focussed on providing support for older people when they need it, such as at times of change.

### **Reducing the budget possibly to as little as £7.5m**

5. In response to the first consultation exercise, which ended in January 2011, the Council responded with plans to ensure that the Supporting People budget was retained at the maximum possible level of £12.5m. The Council has been able to do this by both committing additional County Council funds and by attracting funding from Health.

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

6. To update the Committee on the petition presented to the last meeting of the County Council.

## **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) It is RECOMMENDED that the contents and proposed actions be noted and the petitioner informed accordingly.

### **COUNCILLOR KEVIN ROSTANCE**

**Chairman of the Adult Social Care and Health Committee**

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

Caroline Baria

Service Director for Joint Commissioning Quality and Business Change

Tel: (0115) 97 7 3985

Email: [caroline.baria@nottsccl.gov.uk](mailto:caroline.baria@nottsccl.gov.uk)

## **Constitutional Comments**

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

## **Background Papers**

None.

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

Mansfield District:

- East Mansfield – Councillors B Cross and M Wright.
- North Mansfield – Councillors J Bosnjak and P Tsimbiridis.
- South Mansfield – Councillors C Winterton and S Garner.
- West Mansfield – Councillor V Bob and J Stendall.
- Warsop – Councillor J Allin.

ASCH20



2<sup>nd</sup> July 2012**Agenda Item 5****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****PERFORMANCE OVERVIEW 2011-12 OF ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****Purpose of the Report**

1. To provide an overview of the performance management of the Adult Social Care, Health and Public Protection department and the year end position for 2011-12.

**Information and Advice****Performance Management**

2. The most significant change for adult social care continues to be the implementation of 'personalisation' and offering choice and control to people through use of Personal Budgets and Direct Payments. In addition to this, the department is working on preventing people, wherever possible, from becoming dependent on services, and reducing the level of dependency through intermediate care and reablement as evidenced in the improved performance of our 'START' reablement service for 2011/12 (see **Appendix C**). This also contributes to managing demand for services as there has been a decreased number of service users in 2011/12 compared to 2010/11, some of which will be attributable to these services. Through the department's work with the Health and Wellbeing Board (HWB) and links with Clinical Commissioning Groups the authority is developing more seamless, efficient and improved health and social care services both in terms of commissioning and delivery.
3. Improved partnership working with other agencies via the Nottinghamshire Safeguarding Adults Board (NASB) supports and drives the department's work on safeguarding vulnerable people to ensure they are protected and feel safe in their own homes and communities, evidenced through an improved results in two national measures (Adult Social Care Survey) asking 'how safe service users feel' and 'if the support and services they receive help them to feel safe and secure' (see section 8).
4. Effective performance management is pivotal to ensuring the department successfully implement strategies, initiatives and key priorities. It enables the department to clearly evidence achievements and, more importantly, identify areas for improvement.

5. This report provides the context of the formal framework and processes used to manage and communicate on performance. Whilst performance management is dominated by numbers as determined by reporting frameworks, this is changing and a significant amount of work is undertaken by the department to ensure that it is able to achieve and evidence that positive 'outcomes' are being achieved for users and carers. This is carried out via direct service user feedback (via comments, quotes and use of case studies). It is also important that the 'real' service user or carer experience is documented whether that is through formal processes (DoH Adult Social Care and Carers Surveys, complaints) or local processes (achieving the 'primary outcomes' agreed between care workers and their service users).
6. This case study illustrates how the department has achieved and evidenced a positive outcome:

The service user lives alone and was referred to our in-house reablement service START because although previously independent despite health problems, she had experienced 4 falls within 10 days. As a result of the falls she was in considerable pain, at high risk of further falls and struggling with washing and dressing herself, mobilising around her home and preparing drinks and food.

START Occupational Therapists (OT) provided a reablement programme and issued equipment to help her regain her ability to wash and dress and to improve her mobility and transfers. This also helped to reduce the risk of further falls.

The Reablement Support Workers followed this plan and initially called twice a day to encourage and assist the service user to relearn these tasks. They gave feedback to the Occupational Therapist and by day 8, the reablement review showed that the service user was now able to undress and get ready for bed so the evening visit was no longer required. The OT also concluded through her assessment that she was ready to try a bath-lift.

The second review was carried out on day 13 – and the bath-lift was successfully tried, care workers continued to complete the reablement plan and on day 15 the service was ceased with the agreement of the service user and her family. The service user was fully reabled and required no ongoing services.

### **Adult Social Care Survey (ASCS)**

7. The annual national user experience survey, run by the Department of Health enables us to understand more about how services are affecting people's lives, rather than simply what outputs services are providing. The ASCS is used to:
  - provide an overall quality of life index and intelligence on whether specific groups experience better outcomes, whether services are meeting all outcome needs, and, in time, the value-added by social services.
  - enable us to benchmark our results against other local authorities, and use this information as a learning tool to help improve services.
  - populate six outcome measures in the [Adult Social Care Outcomes Framework \(ASCOF\)](#).

8. A standard questionnaire is issued to Councils to forward to a sample of service users (there is a separate survey for Carers). The questionnaire is anonymous and issued by the department to a random sample of service users from a population of people who use the authority's services. The department adheres to the strict guidance issued by Department of Health on how to select the random sample (involves breaking the eligible population into service user groups and drawing an independent random sample within each group) to ensure that the sample group is representative of all service user categories from both community and residential care settings.
9. Care workers and professionals are instructed to encourage service users to respond to the survey but to avoid involvement in the completion of the survey to ensure user opinions are not influenced. Where necessary support is given to make the questionnaire accessible to service users and advocacy support encouraged for vulnerable people.

### User Experience Survey Results for 2011/12 (provision) Compared to 2010/11

10. Compared to previous year (2010/11) the survey results for 2011/12 are positive, either staying the same or increasing. The results given below are based on a good response rate of 45% out of a total of 979 people surveyed.

| Adult Social Care Survey   |  | 2011-12 score | 2010-11 score | 2011/12 Max results |
|--|--|---------------|---------------|---------------------|
| Q1: Service users said they had a 'good quality of life'   |  | 88%           | 54%           | 100%                |
| <b>6 ASCOF indicators provided by the Adult Social Care Survey</b>                                 |  |               |               |                     |
| 1A – Social care related quality of life   | This measure uses responses to survey questions covering 8 domains (control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation).  | 19.2          | 18.6          | 24                  |
| 1B - % of people who use services who have control over their daily life                           | This measure is the number of service users who responded they either have 'as much' or 'adequate' control over their daily lives in response to the question "Which of the following statements best describes how much control you have over your daily life?" | 78%           | 78%           | 100%                |
| 3A – Overall satisfaction of people who use services with their care and support                   | This measure is the number of service users who responded there are either 'extremely' or 'very' satisfied with the care and support services that they receive.   | 64.3%         | 62%           | 100%                |
| 3D – % people who use services and carers who find it easy to find information about services.     | This measure is the number of service users who said they found it 'very' or 'fairly' easy to find information and advice.<br>The proportion of people who have 'never tried to find information or advice' has risen by 3% (from 29% - 31%).                    | 50.9%         | 53.9%         | 100%                |
| 4A – % of people who use services who feel safe  | This measure is the number of service users who responded they felt as safe as they wanted.  | 68.2%         | 61.3%         | 100%                |
| 4B – % of people who use services who say that those services have made them feel safe and secure. | This measure is the number of service users who said that care and support services helped them in feeling safe.   | 75.6%         | 60%           | 100%                |



11. The department will also undertake a national User Experience Survey of Carers. This survey has been developed to learn more about whether services received by carers are helping them in their caring role and their life outside of caring. It also seeks to identify carers' perception of services provided to the cared-for person. Currently, there is limited information in these areas. It is also important to take into account the impact on carers of the provision and quality of services provided to service users.
12. The last survey was undertaken in 2009-10 where results were positive; 90% of Carers said they were 'satisfied with social care support or services' and 92% of service users said 'they were satisfied with the support or services they had received'. The next survey will be carried out in 2012/13 and reported in March 2013.

### **Performance 'Outcomes Framework'**

13. Previously all councils were expected to report to the Care Quality Commission (CQC) on their achievements and areas for improvement. The CQC then awarded a performance rating. In 2009-10 the CQC judged that Nottinghamshire County Council's Adult Social Care and Health Department was 'performing excellently'.
14. In April 2010 the Government changed the way it expects councils to report on their performance. The department is now required to be 'self regulating', meaning that it is now the department's responsibility to monitor and report on performance through:
- Self assessment of performance targets
  - Reviews by other organisations
  - Seeking the views of people who use our services
  - Consulting the wider community on specific issues
  - Using survey information collected by the Department of Health from people receiving our services
  - Receiving people's views and comments through the complaints and compliments process.
15. The department will continue to report performance data to the Department of Health via annual statutory returns (see **Appendix A** for descriptions). The Government requires the authority to monitor and report on performance against four categories within the [Adult Social Care Outcomes Framework](#) (ASCOF). The categories require the department to look at how well it is performing within these categories and are supplemented with a set of supporting performance indicators (see **Appendix B**).
- **Enhance the quality of life for people with care and support needs**  
This means the work the department has done to reduce admissions to hospital; reduce the proportion of vulnerable adults and older people who require long-term residential or nursing care, by supporting them at home; increase in the number of people managing their own care through personal budgets; maintain the numbers of vulnerable adults achieving independent living and increase the number of people on a personal budget and for learning disability users in employment and those living in their own home.
  - **Delay and reduce the need for care and support**



This means the work department has done to reduce the number of people in residential and nursing care that has resulted in a drop in the number of admissions over the last few years. The focus has been on early intervention, reablement<sup>1</sup> and independence and this year the department has made achievements in all these areas.

■ **Ensure that people have a positive experience of care and support**

This means the work department has done to make sure people have positive experiences, and feel that they have. Through the service user and carer surveys it is known that satisfaction levels have increased, in relation to the information, advice, support and services received (see paragraph 8).

■ **Safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm**

This means the work department has done to improve safeguarding of vulnerable people including increasing the number of completed cases leading to completed safeguarding plans, and by reducing the number of inconclusive safeguarding assessment outcomes.

16. The department has identified 5 key performance indicators which are listed below (see **Appendix C** for detail of year end performance against targets):

- Proportion of adults who have had a safeguarding assessment which leads to a safeguarding plan
- Number of people (aged 65+) financially supported in residential and nursing care
- Proportion of people requiring no service after reablement
- Rate of delayed hospital discharges caused by a lack of social care service provision
- Proportion of service users on a personal budget.

## **Performance and the Improvement Programme**

17. Performance cannot be viewed in isolation from finance and resource strategies of the wider Council. A large number of service developments are driven by the improvement programme agenda and priorities. The Adult Social Care, Health and Public Protection Department already had a savings and efficiencies target of £23 million for 2012/13. A further £4.4 million has been added to this target to be delivered over 2012/13 and 2013/14. There are 10 'high governance' programmes within this which are:

- Re-ablement Programme
- Reduction in Community Care Spend through review of FACs<sup>2</sup> eligibility and support packages
- Review expenditure on Learning Disability and Mental Health Community Care
- Alternatives to Residential Care \*
- Sale of Care Homes\*
- Income
- Reductions in Supporting People budget

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<sup>1</sup> Reablement – aim is to enable people to remain as independent as possible and reduce or avoid the need for long-term care.

<sup>2</sup> Fair Access to Care Services - [Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care, England 2010](#)

- Organisational Redesign
- Modernisation of Day Services
- Sherwood Industries
- Redesign of commissioning of community-based care services.

\* Two projects above (Alternatives to Residential Care and the Sale of Care Homes) are to be merged to form a new programme called 'Living at Home'. A separate report on today's agenda explains this further (Extension of the Programme Manager posts).

## **How the Department manages and reports on performance**

18. The department manages performance improvement at a senior level via a monthly Performance Board, chaired by the Corporate Director for ASCH&PP. Corporate reporting is undertaken via the Performance Improvement Board (PIB) and the Corporate Leadership Team (CLT).
19. The department will report to the Adult Social Care and Health Committee on the 5 key performance indicators (see section 16) and to Policy Committee on the wider Strategic Plan actions and performance indicators.
20. All Strategic Plan and Business Plan performance indicators are monitored and reported via the corporate TOTALNOTTS performance management system.

## **Areas for Improvement**

21. As part of our internal self assessment process the following are some of the areas for improvement that have been identified for 2012-13; these will be progressed and monitored through a departmental Improvement Action Plan:
  - achieve savings through streamlining services and develop preventative services giving priority to those that need it most
  - improve safeguarding arrangements and outcomes in protecting vulnerable people in the community based on recommendations from the peer review (2011), and continue to audit and improve safeguarding standards in care homes
  - move people in long-term care onto a Personal Budget
  - reduce number of people needing long-term support
  - increase the number of people whose needs are met by the Adult Access Team/ Customer Service Centre or Self-Serve
  - provide an effective reablement service enabling people to remain in their own homes
  - develop alternatives to long-term residential care
  - improve day services facilities providing good quality and affordable services.
  - provide more flexible range of services to support people in their own homes
  - increase the number of places for Outreach Extra Care
  - increase the number of young carers accessing services, and
  - deliver the Workforce Strategy for 2010-15 to address the skills, attitudes and behaviours needed by the workforce to meet the challenges ahead.

## **Further Performance Reporting for ASCH&PP**

23. The key priorities for the department, along with actions and targets, are detailed in the **ASCH&PP Business Plan 2011-14**. Also reported are the headline achievements against key actions and performance targets for 2011/12. This has recently been updated and covers the period from 2011-14 in line with the Council's Strategic Plan.

24. The **ASCH&PP Local Account for 2011/12** reporting ASCH&PP performance is scheduled to be published in July/August 2012. This is in line with the new direction on reporting improvement and performance assessment, in accordance with the government guidance '[Taking the Lead: Self Regulation and Improvement in Local Government](#)'.

25. The department will be publishing the ASCH&PP Local Account for 2011/12 at the end of July and will be presented at the September Committee meeting.

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

26. This report is for noting and comment.

### **Statutory and Policy Implications**

27. 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). It is recommended that the Committee note and comment on the content of the report.

**DAVID PEARSON**  
**Corporate Director**

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

Jordan Pitcher

Team Manager – Performance Improvement Team

Tel: 0115 9773494

Email: [jordan.pitcher@nottsgov.uk](mailto:jordan.pitcher@nottsgov.uk)

### **Constitutional Comments**

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

### **Financial Comments (RWK 19/06/12)**

29. There are no financial implications arising from the report.

### **Background Papers**

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

- a. 11<sup>th</sup> June 2012 - [Overview of Adult Social Care, Health and Public Protection](#) – Adult Social Care and Health Committee – published.
- b. Adult Social Care Health and Public Protection [Business Plan 2011-14](#) (12-14 Refresh)
- c. Adult Social Care Health and Public Protection [Local Account 2010-11](#)

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

All.

ASCH18

## Appendix A: Statutory Returns to the Department of Health

The department is required to submit information about ASCH&PP performance to the Department of Health (DoH) via a number of statutory returns, as follows;

**The Adult Social Care Outcomes Framework (ASCOF)** - This is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care. Nationally, the ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services. Locally, one of the key uses of the ASCOF is for 'benchmarking' and comparison between areas.

**Referrals, Assessments and Packages of Care (RAP)** - This comprises over 40 tables of activity data for the period 1<sup>st</sup> April to 31<sup>st</sup> March, counting numbers of service users (including carers) who have received referrals, assessments, reviews and services during the year.

**Adult Social Care Combined Activity Return (ASCCAR)** - This comprises 10 tables of activity data for the period 1<sup>st</sup> April to 31<sup>st</sup> March, counting numbers of service users in residential care, intermediate care, learning disabled service users in settled accommodation and employment.

**Abuse of Vulnerable Adults (AVA)** - This comprises over 20 tables of activity data for the period 1<sup>st</sup> April to 31<sup>st</sup> March, counting numbers of safeguarding referrals, assessments and follow up activity and outcomes.

**Deprivation of Liberty Safeguards (DoLS)** - This is a quarterly return providing numbers of people who have been subject to a deprivation of their liberty order in accordance with the Mental Capacity Act 2005. Detail of cases is split by age band, service user group and reasons for action. This annual return is submitted in June (results not available to report until September Committee).

**Personal Social Services Expenditure (PSSEX1)** - This comprises key activity data and the related costs and income. This is a joint submission with finance colleagues for the period 1<sup>st</sup> April to 31<sup>st</sup> March and provides a comparative view of our department's efficiency. This annual return is submitted in July (results will be available to report at the September Committee).

## Appendix B: Adult Social Care Outcomes Framework Performance Indicators

| Domain   | Ref | Measure Description  |
|--|-----|--|
| 1. Enhancing quality of life for people with care and support needs                                | 1A  | Social care related quality of life  |
|  | 1B  | The proportion of people who use services who have control over their daily life   |
|  | 1C  | Proportion of people using social care who receive self-directed support, and those receiving direct payments                                  |
|  | 1D  | Carer-reported quality of life   |
|  | 1E  | Proportion of adults with learning disabilities in paid employment   |
|  | 1F  | Proportion of adults in contact with secondary mental health services in paid employment   |
|  | 1G  | Proportion of adults with learning disabilities who live in their own home or with their family  |
|  | 1H  | Proportion of adults in contact with secondary mental health services living independently, with or without support                            |
| 2. Delaying and reducing the need for care and support   | 2A  | Permanent admissions to residential and nursing care homes per 100,000 population  |
|  | 2B  | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services |
|  | 2C  | Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population                          |
| 3. Ensuring that people have a positive experience of care and support                             | 3A  | Overall satisfaction of people who use services with their care and support  |
|  | 3B  | Overall satisfaction of carers with social services  |
|  | 3C  | The proportion of carers who report that they have been included or consulted in discussion about the person they care for                     |
|  | 3D  | The proportion of people who use services and carers who find it easy to find information about services                                       |
| 4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm | 4A  | The proportion of people who use services who feel safe  |
|  | 4B  | The proportion of people who use services who say that those services have made them feel safe and secure                                      |

## Appendix C: TOP 5 Performance Indicators for ASCH&PP

| Indicator  | Value | Target | Commentary   | Lead           |
|--|-------|--------|--|----------------|
| Adult social care clients and carers receiving community based services via a direct payment or personal budget. | 66%   | 55%    | <p>All Putting People First milestones have been met.</p> <p>Work continues to refine and improve self directed support processes to make them more efficient.</p> <p>Resource allocation system being redefined.</p> <p>Increase in micro-providers offering more choice in the market place.</p> <p>Carers' resource allocation system in place.</p> <p>100% of people who are eligible have a personal budget.</p>  | Paul McKay     |
| Local Authority funded or part funded admissions of people aged 65+ to permanent residential and nursing care.   | 961*  | 840*   | <p>Alternatives to residential care have been developed and are in operation.</p> <p>A review of the project has just been completed by the Improvement team with recommendations re: actions needed to achieve project targets.</p> <p>Work with KPMG has started to determine if they can assist in specific areas.</p> <p>Numbers of new admissions are reducing but not in line with targets.</p> <p>Total numbers of residents supported are not reducing in line with targets.</p> <p>There have been 69 people successfully diverted from long term care.</p> | David Hamilton |

| Indicator   | Value  | Target | Commentary   | Lead           |
|---|--------|--------|--|----------------|
| Delayed discharges from hospital.   | 3.47** | 6.00** | Figure provided is the latest available which is from February. Next year the way this indicator is measured will change.  | David Hamilton |
| People requiring no service or a reduced package of care after reablement.        | 57%    | 40%    | Reablement aims to increase Independence levels for vulnerable adults, and we exceeded our targets by ensuring that people received a service when they needed it, that they received a supportive goal oriented plan and removed delays in leaving the service. By ensuring clients aren't delayed at the end of the service, we are able to maximise our capacity. | Paul McKay     |
| Adults who have had a safeguarding assessment which leads to a safeguarding plan. | 27.2%  | 20.0%  | Following discussions with team managers reporting methods for this indicator have been amended which have led to a marked improvement.  | Caroline Baria |

Key:

\* = Number of people

\*\* = Average number of delayed transfers of care over the year.



11<sup>th</sup> June 2012**Agenda Item: 6****REPORT OF SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE AND  
PUBLIC PROTECTION****SERVICE OVERVIEW – PROMOTING INDEPENDENCE AND PUBLIC  
PROTECTION****Purpose of the Report**

1. The purpose of the report is to provide an overview of the responsibilities of the Service Director for **Promoting Independence and Public Protection**.
2. As part of the overview the Committee will hear from a service user who has gone through the reablement process and a Health colleague about the successful work at Lings Bar.

**Information and Advice****Promoting Independence and Public Protection Function**

3. The Promoting Independence and Public Protection services is responsible for two key areas:

**Promoting Independence**

- the management of customer access to adult social care services,
- the development of the personalisation agenda and personal budgets,
- provision of reablement services

**Public Protection**

- trading standards
- emergency management
- safety in sports grounds
- registration and celebratory services.

4. The Public Protection service is overseen by the Community Safety and Planning and Licensing Committees.
5. The Promoting Independence service is overseen by the Adult Social Care and Health Committee.
6. This report will focus on the Promoting Independence area only.

7. The Service Director manages four Group Managers (the two highlighted are Promoting Independence):

- **Group Manager - Customer Access Social Care**
- **Group Manager - Reablement Services**
- Group Manager - Trading Standards
- Group Manager - Emergency Management and Registration.

### **What is Promoting Independence?**

8. The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for long-term support from the Council or health services.
9. To achieve this social care and health work together to develop and deliver a range of effective and accessible preventative services such as intermediate care and reablement services.
10. Reablement helps people to regain the skills necessary for daily living, which may have been lost through deterioration in health or increased support needs and intermediate care and assessment beds in the community. This is alongside supporting a range of low level services, such as access to minor adaptations and assistive technology.
11. For people who do have an ongoing social care need, workers arrange for the person to have maximum control and choice over their support and care through a personal budget.

### **Responsibilities of the Group Manager Customer Access**

#### **Customer Access to Social Care**

12. Through the Customer Service Centre and the Adult Access Team the department assesses whether someone is in need or likely to be in need of support. To determine this, the department uses Government guidance to decide whether a person's ability to live independently would put them at risk if services are not provided or arranged to help them. This is called Fair Access to Care Services (FACS). If there is a risk to a person's independence the department has to decide whether the risk is critical, substantial, moderate or low. Councils have a statutory responsibility to meet needs that are not met by other means, such as through care provided by informal carers or the health service.
13. People will be eligible for help if they have needs that pose a critical or substantial risk to their independence. If the identified needs pose a moderate or low risk to their independence people may not be eligible for ongoing support from the Council.
14. In addition workers have a significant role in providing information and advice for people who are not eligible for Council funded social care services or are self-funders. This includes signposting people to alternative sources of support. From September 2011 the service was extended to offer advice, information and training on welfare benefits to the public and voluntary organisations.

15. To make it easier to receive advice, support and an assessment the customer journey has been streamlined to make it easier to receive support and an assessment. The department has increased the number of queries that are resolved at the Customer Service Centre, enabling social care staff to spend time on people with complex needs. As a result, there has been an overall drop in the number of social work assessments to district teams by 18% and the number of people needing an occupational therapy assessment by 33%. This does not result in a corresponding reduction in workload as it is the longer term, more complex situations that continue to be referred for a social work or for occupational therapy assessment.
16. Since October 2011, the local authority has had responsibility for providing independent mobility assessments for blue badge applicants where they are not automatically entitled and are subject to further assessment. This follows national changes to the eligibility for blue badges. Two occupational therapists have been employed to do these assessments at clinics across the county. On average they have completed 70 assessments per month. Over the last 6 months, 420 people were assessed and of those, 330 were agreed and 90 were refused. In total, 14 complaints were generated about the change to the process all of which were resolved. There were also 2 positive letters about how well the worker dealt with the anxious situation for the applicant.
17. The Benefits Training Information Advice team replaced the Welfare Rights Service and are based in the Adult Access Team at the Customer Service Centre. The team are midway through a series of benefit workshops for staff, providing updates on changes to benefits, developing a new web-page and policy and a referral process for district teams.

## **Personalisation**

18. The Group Manager for Customer Access is also responsible for personalisation. The modernisation of social care and the development of personalisation has been described as the most significant change in social care since the creation of the Welfare State.
19. The Coalition Government's Vision for Adult Social Care 'Capable Communities and Active Citizens' and its White Paper 'Equity and Excellence: Liberating the NHS', maintain the drive towards the personalisation of public services in health, social care and beyond. The Department of Health publication, 'Think Local, Act Personal' builds upon the delivery and objectives of Putting People First.
20. The National targets to deliver Putting People First and the objectives within Think Local, Act Personal have been met.
21. The County Council has also been visited by a number of local Councils to learn from the authority's work on personalisation. This includes Councils from Sweden, Scotland and English Councils. In particular the Councils work on prevention, micro providers, reviews and support to self-funders have received national recognition.
22. The key objectives of Think Local, Act Personal are:
  - (a) A personalised and community-based approach

Personalisation and a community-based approach requires an efficient, effective and integrated service delivery alongside partnership working to support individuals and, their families, carers and the wider community - reducing the need for acute health and care support.

(b) Prevention

The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for crisis or acute services. Social care and health will work further to develop and deliver a range of effective and accessible preventative services such as intermediate care, Linkages, re-ablement services and assessment beds in the community. This is alongside supporting a range of low level services, such as access to minor adaptations.

For people who do have an ongoing social care need, then they should have maximum control and choice over their support and care.

(c) Self Directed Support

Self directed support is the name of the process that people go through to have a personal budget which provides choice and control over their support and care.

If the Council believes someone is in need of social care they will complete an assessment. The assessment will look at the support the person needs in different area of their life, decide whether the person is eligible for long-term social care support, and if they are eligible, decide how much money the Council will provide through a personal budget and the persons contribution towards this.

The Council has met the target of contacting 100% of people who are asking for assistance for the first time within 48 hours. This is completed at the Customer Service Centre. The aim is to then complete the assessment within 28 days.

The Council uses Government guidance to determine whether someone is entitled to support. The guidance states that the Council has to decide whether the ability of the person to live independently puts them at risk if the Council did not provide or arrange services to assist them. If there is a risk to someone's independence, the Council decides whether the risk is 'critical, substantial, moderate or low'. A person is entitled to assistance with problems that pose a critical or substantial risk to their independence. The Council sign-posts and advises people who have a moderate or low risk to their independence.

(d) Personal budgets

A key way the Council is delivering control and choice for those who need social care is through personal budgets. A personal budget enables people eligible for social care to know how much money they can have for their support and can spend the money in ways that achieves their outcomes. The budget can be taken as:

- A direct payment - a cash payment for people who would like to arrange, and pay for their own care and support services.
- A managed personal budget - for people who would like the Council to arrange and manage the services on their behalf. Although a managed personal budget is personalised, it offers less flexibility to the individual.
- Or a combination of a Direct Payment and a Managed Service.

23. The national target was for all eligible service users and carers to be on a personal budget by 2013 and the Council is on course to meet this. At the end of March 2012, 100% of all eligible service users helped to live at home received a personal budget. The definition of a service users who are helped to live at home are people who receive services such as home care, day support, personal assistance, respite and transport.

24. The key message from the Government is that the default position is a personal budget should be taken as a direct payment. Nearly a third of all eligible people who are helped to live at home now receive support through a direct payment.

## **Reviews**

25. The Council has a responsibility to carry out a review of service users needs on an annual basis. The Group Manager for Customer Access is responsible for four temporary reviewing teams that were established to move people onto a personal budget and to ensure the Council was meeting the needs of service users in the most cost effective way.

26. Since April 2011, over 3,000 reviews have been completed. This has enabled the Council to move people onto a personal budget and at 21<sup>st</sup> May 2012 this has resulted in £4.55 million saving in the community care budget with a projected overall saving of £5 million.

## **Responsibilities of the Group Manager - Reablement Services**

### **Short-Term Assessment and Reablement**

27. In line with Think Local, Act Personal, the aim is to enable people to remain as independent as possible and reduce or avoid the need for long-term care.

28. The service aims to provide support to people that will enable them to regain or maintain their independence wherever possible, to avoid unnecessary hospital admissions and support successful discharge from hospital care, and to avoid the need for long-term care support.

29. This is achieved through having a range of effective multi-disciplinary services including intermediate care and home-based services.

30. The Short-Term Assessment and Reablement Team (START) works with people to help them regain the skills and confidence to live as independently as possible. It helps with personal care and domestic care tasks. START staff may suggest doing things differently to how they have been done in the past, offer small items of equipment to make tasks easier and inform people about other kinds of help they could receive. This support normally lasts

for up to six weeks and is free of charge. During this time support needs are constantly reviewed to see if people will require any long-term personal support.

- 31.If someone has ongoing needs workers are expected to complete the community care assessment within 14 days targets against the national target of 28 days.
- 32.There are now no delays for people waiting for the START service or waiting to be discharged after a period of reablement.
- 33.Response times for the service have improved with 100% of customers receiving a service within the 4 day target, with 85% being started within 3 days.
- 34.57% of people reabled require either no service, or no ongoing service against a target of 40%. This is amongst the best performance nationally.
- 35.Consequently there have been 1000 less referrals passed to district teams for a community care assessment.
- 36.In line with TLAP if someone has an ongoing need people are encouraged to take their personal budget as a direct payment. As a result over 50% of people have a direct payment following reablement.
- 37.Previously there has been a culture of offering interim care in a Care Home if a support package was not available. By bringing forward the assessment process and support planning process to the earliest point possible offers of interim care have been dramatically reduced. Interim care is now seen as a last resort. It is viewed as a 'failure' as it does not meet the preferred choice of service users to return home as soon as possible.

### **Intermediate Care**

- 38.Intermediate care is a residential care-based service that helps people regain their independence through rehabilitation after they have left hospital.
- 39.The service provides a specialist multi-professional assessment that promotes faster recovery from illness, prevents deterioration and maintains the daily living skills people have.
- 40.The support includes an assessment from Occupational Therapists, Physiotherapists, Nurses and Social Workers.
- 41.The service has reduced the number of unnecessary Care Home admissions and has enabled timely discharge from hospital.

### **Community Hospitals**

- 42.The Group Manager is responsible for the social care teams based at Lings Bar Hospital and the Ashfield and Mansfield Community Hospital.
- 43.The key task of the social care teams is to undertake community care assessments and arrange support to enable people to be discharged safely.

44. There are no delays in transfers of care at Lings Bar or Mansfield and Ashfield Community hospitals. This is the first time in three years that there have not been any delays attributed to social care at Lings Bar.

## **Strategic Objectives for 2012-13**

45. The key strategic objectives are as follows:

(a) **Personal Budgets**

From 2nd April 2012 all new and existing service users in long-term care are being offered a personal budget to meet expectations set out in Think Local, Act Personal. Plans are in place to achieve this by the end of January 2013. This will enable the Council to achieve the national target from all service users in long-term care to be on a personal budget by April 2013.

(b) **Information and Advice**

To support access to information and advice, there is a need to improve the provision of information to the public and staff to enable informed choices about support available at different points of the customer journey.

Work is underway to build upon the existing social care directory to develop an information hub for staff and the public to access information on support, resources and activities across a range of providers including commercial providers and community/voluntary groups.

(c) **Telecare**

Through the use of telecare and assistive technology, the Council can help maintain or improve the independence of service users and support carers. Telecare will target service user groups where there is evidence to support the benefit and telecare will be extended to:

- At the point of access carer alert equipment and prompting equipment such as medication dispensers or movement activated message devices are provided
- Reablement where telecare can be used to help people regain independence
- Assessment to maximise choice and independence
- Following review, using facilities such as medication prompts to reduce the need for visits for this purpose.

(d) **Peer Support and Peer Support Planning**

As part of the implementation of Putting People First there was a requirement that each authority sponsored a User Led Organisation to inform the implementation of personalised services.

It is proposed to continue to work with the User Led Organisation, Disability Nottinghamshire, to develop peer support and peer support planning.



(e) **Direct Payments**

People are also being encouraged to take a personal budget as a direct payment. As part of this, direct payment cards have recently been introduced to 75 people. The aim is for all new people to have a direct payment and further encourage the take up of direct payments of existing service users

(f) **Reablement**

To maximise the number of people benefiting from reablement to regain or maintain their independence wherever possible, to avoid unnecessary hospital admissions and support successful discharge from hospital care, and to avoid the need for long-term care support.

(g) **Community Hospitals**

To reduce the length of stay in community hospitals by working with health colleagues to arrange a safe and expedient discharge.

**Other Options Considered**

46. The changes identified in the report are as a result of national requirements. The options considered are related to the pace of change and detailed implementation.

**Reason/s for Recommendation/s**

47. The report is for information purposes only and there are no recommendations stemming from it.

**Statutory and Policy Implications**

48. 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**

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

- 1) note the excellent progress made to date
- 2) consider and comment on the information provided.

**PAUL MCKAY**

**Service Director for Promoting Independence and Public Protection**



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

Paul McKay

Tel: (0115) 977 3909

Email: paul.mckay@nottsc.gov.uk

**Constitutional Comments (SLB 16/05/2012)**

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

**Financial Comments (RWK 16/05/2012)**

50. The financial implications are set out in the report.

**Background Papers**

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

- a. [LAC \(DH\) \(2009\) 1 – Transforming Adult Social Care](#).
- b. [Think Local Act Personal](#) – A sector-wide commitment to moving forward with personalisation and community-based support.

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

All.

ASCH17



2<sup>nd</sup> July 2012

**Agenda Item: 7**

## **REPORT OF SERVICE DIRECTORS FOR PROMOTING INDEPENDENCE AND PUBLIC PROTECTION AND JOINT COMMISSIONING, QUALITY AND BUSINESS CHANGE**

### **HIGH GOVERNANCE SAVINGS AND EFFICIENCY PROJECTS: (A) REDUCTION IN COMMUNITY CARE SPEND (B) SUPPORTING PEOPLE**

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

1. This report provides an overview of two of the 10 High Governance projects and sets out the progress made to date.

#### **Information and Advice**

2. At the meeting of the County Council on 24<sup>th</sup> February 2011, the Adult Social Care, Health and Public Protection Department was given a target of £63.8 million for savings and efficiencies to be delivered over a four year period; between 2011/12 – 2014/15. At the February 2012 County Council budget meeting this savings requirement was increased to £65 million.
3. There are currently over 40 projects which are delivering these savings and efficiency targets. These include 10 programmes which come under the remit of 'high governance projects' where the programmes are complex and in most cases have a number of work-streams under each, and where the saving exceeds £1 million. This report focuses on two of the 10 high governance projects:
  - a. ASC-005 - Reduction in Community Care spend through review of Fair Access to Care Services eligibility and support packages
  - b. ASC-030 - Reductions in Supporting People Budget.

#### **ASC-005 - Reduction in Community Care Spend through Review of Fair Access to Care Services eligibility and support packages**

##### **Eligibility for social care**

4. If the Council believes someone is in need of social care they will complete a community care assessment. The assessment will look at the support the person needs in different

areas of their life, decide whether the person is eligible for long-term social care support, and if they are eligible, decide how much money the Council will provide through a personal budget and the person's contribution towards this.

5. In deciding if someone is eligible for support the Council uses Government guidance to determine whether a person's ability to live independently would put them at risk if services are not provided or arranged to help them. This is called [Fair Access to Care Services \(FACS\)](#)<sup>1</sup>. If there is a risk to a person's independence, the department has to decide whether the risk is critical, substantial, moderate or low. Councils have a statutory responsibility to meet needs that are not met by other means, such as through care provided by informal carers or the health service.
6. The guidance states that the Council has to decide whether the ability of the person to live independently puts them at risk if the Council did not provide or arrange services to assist them. If there is a risk to someone's independence, the Council decides whether the risk is 'critical, substantial, moderate or low'. A person is entitled to assistance with needs that pose a 'critical' or 'substantial' risk to their independence. The Council signposts and advises people who have a moderate or low risk to their independence. This includes signposting people to alternative sources of support.

## Personal Budgets

7. If someone is eligible for support the Council provides people with a personal budget. A personal budget enables people eligible for social care to know how much money they can have for their support and can spend the money in ways that achieves their outcomes. The budget can be taken as:
  - A **direct payment** - a cash payment for people who would like to arrange, and pay for their own care and support services.
  - A **managed personal budget** - for people who would like the Council to arrange and manage the services on their behalf. Although a managed personal budget is personalised, it offers less flexibility to the individual.
  - Or a **combination** of both.

## Reviews

8. If the Council funds support for someone the Council has a responsibility to carry out a review of service users needs on an annual basis.

## Efficiency saving

9. The Council agreed an overall efficiency saving of £4.425 million over two years in older adults and younger physically disabled adults. In year one the target was £2.425 million for 2011/12 with a further £2 million over 2012/13.

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<sup>1</sup> [Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care Guidance on Eligibility Criteria for Adult Social Care, England 2010](#) – February 2010.

10. The original proposal was to realise:

- £2 million from a reduction in the community care budget through reviewing the needs of existing service users and meeting the needs of new service users in a more cost effective way. This included:
  - moving people onto a personal budget and finding more cost effective alternatives to existing support
  - the utilisation of Telecare. (Telecare is a range of sensors in the home linked to a home unit and a monitoring service which can call for a response in the event of an accident)
  - the provision of daily living equipment or adaptations.
- £2 million from savings where new and existing service users are no longer eligible for services under Fair Access to Care Services (FACS). (Under FACS local authorities are able to set eligibility criteria for services and it was agreed by the Council on 24<sup>th</sup> February 2011 to raise the threshold for support to people who have a critical or substantial risk to their independence and this decision was implemented from the 4<sup>th</sup> April 2011).
- £425,000 in 2011/12 from reviewing existing home care support and reducing the level of long-term support required.

### **Realising the efficiencies**

11. In order to realise the efficiencies and move people onto a personal budget four temporary review teams under the Group Manager for Customer Access were established to review all older adults and younger adults with physical disabilities.
12. The additional staffing capacity is required to realise the level of efficiencies within the required timescale.
13. Additional capacity has also been required to calculate, monitor and audit the level of efficiencies and to ensure the robustness and confidence in the level of the efficiencies achieved.
14. The teams have also contributed to moving people onto a personal budget and, consequently, giving people greater choice and control. Hundred percent (100%) of all people who are helped to live at home have a personal budget.
15. The efficiencies have been achieved by undertaking a review of people's needs and to ensure that service users have the service and personal budget they require.
16. In undertaking the review, it is recognised that people's needs do fluctuate over time and some people no longer need the level of support previously provided.

17. It is important that reviews of this nature are carried out carefully and such processes have led to legal challenges in a number of other local authorities. In order to minimise this risk staff have undergone intensive training and receive regular support and guidance from Team Managers.
18. The savings achieved are based on the saving at the point of review. A change in need or circumstance is a regular feature for older people. A sample of cases from April 2011 and September 2011 found that in 48% of cases demonstrated that service user need had subsequently changed, for example due to illness, increased needs or the needs of carers. However, this is to be expected and a delayed cost still results in an overall saving.
19. The current projection is forecasting that the savings target would be exceeded by £546,000. This will help mitigate against changes in circumstances or needs, which subsequently increases costs.

## **Achievements**

20. Since April 2011, over 3,000 reviews have been completed. The number of reviews completed is a significant achievement. This has enabled the Council to move people onto a personal budget and at 21<sup>st</sup> May 2012 has resulted in an estimated £4.55 million saving in the community care budget with a projected overall estimated saving of £5 million.
21. This is broken down as follows:
- £84,000 through reviewing existing service users under FACS
  - £4.47 million from reduction in the community care budget through reviewing the needs of existing service users and either reducing the level of support or meeting the needs of new service users in a more cost effective way.

## **ASC-030 - Reductions in Supporting People Budget.**

### **Description and Aims of the project**

22. Supporting People funding is used to commission housing-related support services to enable vulnerable young people and adults to live independently in their accommodation or move from temporary accommodation into a more permanent home. The programme supports the following client groups:
- People with drug/alcohol misuse problems
  - Women at risk of domestic violence
  - Homeless people
  - People with learning disabilities
  - People with mental health problems
  - Offenders and people at risk of offending
  - Older people
  - People with physical or sensory disability
  - Gypsies and Travellers
  - Young people (including care leavers and teenage parents).

23. In 2010, as part of the corporate Improvement Programme, Supporting People funded services were identified as a key area for achieving efficiencies. At that time the actual Supporting People expenditure in Nottinghamshire was £25.2 million, significantly higher than the amount spent in other local authorities. By the end of the savings and efficiencies programme in 2015, the Council will still be spending £12.5 million on housing-related support services which is comparable to that of other neighbouring Shire counties.
24. In accordance with the corporate savings and efficiencies programme, an initial consultation exercise was undertaken between October 2010 and January 2011 in relation to Supporting People funded services and in response to the feedback received, a proposal was progressed to deliver £10 million savings over four years, with a contribution from the NHS to enable the savings target to be kept to the lowest level possible and thereby minimising the impact on services. It was proposed that the savings required would be phased and that ring-fenced reserves would also be used to ease the pace of change.
25. The proposal was developed using the following guiding principles:
- Target funding at the most vulnerable people and those at greatest risk
  - Maximise value for money including review of provider overhead and transactional costs
  - Minimise the impact on high-cost statutory services
  - Ensure geographic spread of services according to need
  - Ensure that, as far as possible, accommodation-based services are not closed and floating support services are retained but at reduced capacity and cost
  - Ensure that all targeted client groups have access to services
  - Reconfigure the procurement of services for different client groups, where appropriate, to achieve economies of scale
  - Agree clear and measurable outcomes
  - Encourage greater volunteering and shared responsibility for care.
26. This proposal formed the basis for a second, detailed consultation exercise which ran between February and March 2011. The feedback from the consultation informed the savings proposals that were approved at Full Council on 30<sup>th</sup> June 2011.
27. Against the planned activities for 2011/12, all have been completed as scheduled delivering the full savings target. In addition, approximately £250,000 of the planned 2012/13 savings were delivered ahead of schedule and approximately £100,000 of additional, non-recurrent savings were delivered in-year. Staffing reductions were achieved through voluntary redundancies and redeployment.
28. In relation to the planned activities for 2012/13, the contract variations already agreed mean that £2.33 million savings have already been achieved against the total target savings of £4.07 million. The Domestic Violence tender has been completed ahead of schedule and new contracts are now scheduled to commence three weeks earlier than originally planned. The Mental Health tender is progressing in accordance with plans and the Homelessness Prevention tender is currently two weeks behind schedule. Responsibility for Young People's services has transferred to the Children, Families and Cultural Services Department and consultation on the Youth Housing Strategy closed on 24<sup>th</sup> May.

29. The programme has resulted in additional benefits to people who use the services as well as to the Council and partner agencies. The following achievements should be noted in respect of the programme of work delivered to date:

- Collaborative working with Community Safety and Children's Social Care on the Domestic Violence tender has enabled greater efficiency in commissioning and service delivery. Procuring a single provider for a range of services in each of three areas will also enable more integrated service delivery.
- There has been greater involvement of Mental Health Teams in the operation of the Mental Health Support Service and this will result in more targeted use of resources and a greater understanding of the outcomes achieved for service users.
- There is greater flexibility for service providers, which has been achieved in part through the scale of contracts. This will ensure services are delivered more efficiently and new ways of working will allow the reduced resource to reach more people than would have been possible through existing services.
- Integration of Young People's supported accommodation services with the Children, Families and Cultural Services Department's Targeted Youth Support - this will enable all the young people's services to work more effectively.

### **The Remodelling of Mental Health Services**

30. One of the key priorities within Supporting People funded mental health services is the provision of sufficient levels of accommodation for people who have mental health needs. Therefore, the funding will initially be targeted at supporting those in existing accommodation-based support services, with the remaining funding allocated to floating support services, which are aimed at helping people to remain in their own homes.

31. In order to enable this change in a planned and phased way, staff within the Community Mental Health Teams will work with the current support providers to ensure that the floating support services are targeted at those people who are most vulnerable. This service will continue to complement the services provided to people who are eligible for social care support under Fair Access to Care Services (FACS) eligibility criteria.

32. The new support services are being commissioned to support those in the existing supported accommodation towards more independent living and support people in more efficient ways. Over the course of the first twelve months of the contract it is, therefore, expected that the contract funds will be released to enable increased floating support levels.

### **Older People Service Commissioning**

33. To date, Supporting People funding for older persons services has predominately been focussed on community alarm and warden aided services which have been provided to people based on where they live rather than on need. New services are being commissioned which will target older people at risk of losing their independence and those for whom social isolation is impacting on their wellbeing. These will be short-term support



services such as floating support and befriending schemes that will complement existing early intervention and prevention services.

34. The Council is working with a range of partners to achieve these changes.

### **Other Options Considered**

35. Through the two consultation processes undertaken during 2010/11, a range of options were considered for the delivery of savings and efficiencies. At Full Council, Members considered and agreed this efficiency programme.

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

36. This report is for noting and updates on the progress on the efficiencies achieved through the reduction in community care spend, by reviewing service users' eligibility under FACS and the existing support package in place.

### **Statutory and Policy Implications**

37. 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**

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

- 1) Note the excellent progress made to date to achieve the required efficiencies of the two projects
- 2) Consider and comment on the information provided.

**PAUL MCKAY**

**Service Director for Promoting Independence and Public Protection**

**CAROLINE BARIA**

**Service Director for Joint Commissioning, Quality and Business Change**

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

Jane North

Group Manager

Email: [jane.north@nottsccl.gov.uk](mailto:jane.north@nottsccl.gov.uk)

Tel: (0115) 97 73668

Lyn Farrow

Programme Manager, Supporting People

Email: [lyn.farrow@nottsccl.gov.uk](mailto:lyn.farrow@nottsccl.gov.uk)

Tel: (0115) 97 73569

## **Constitutional Comments**

38. Because this report is for noting only, no constitutional comments are required.

## **Financial Comments (RWK 20/06/2012)**

39. The report outlines progress toward making savings of £4.425 million in community care spending over the 2 years 2011/12 and 2012/13 and on proposals to reduce the budget and spending on Supporting People by £10 million in 2011 to £12.5 million in 2014/15. Both these savings will contribute to the total savings target for ASCH&PP of £65 million over the period 2011/12 to 20/14/15

40. There are no financial implications arising from the report.

## **Background Papers**

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

- a. 30<sup>th</sup> June 2011 – Supporting People – [Response to the 2<sup>nd</sup> Round of consultation](#) on Savings – County Council (including [Appendix](#)) (published)
- b. 24<sup>th</sup> February 2011 – [Annual Budget 11-12](#) - County Council.
- c. 23<sup>rd</sup> February 2012 – [Annual Budget 12-13](#) - County Council.

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

All.

ASCH21



**2<sup>nd</sup> July 2012**

**Agenda Item: 8**

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

**AIMING FOR EXCELLENCE – RETAINED HOMES**

**Purpose of the Report**

1. The purpose of the report is to:
  - a. advise the Committee in relation to outline proposals for the 6 retained Council owned residential care homes
  - b. seek approval to develop further the options identified to make best use of the buildings whilst still providing a home for the existing long-term residents
  - c. Seek approval for the costs identified for the decoration and maintenance of each of the 6 homes
  - d. approval that further work be undertaken to confirm the detailed costs in the light of budget proposals and strategic directives in respect of personal care for older people in Nottinghamshire

**Information and Advice**

2. Over the past 3 years a number of strategies for the homes have been developed. These strategies were reviewed in June 2009 and a revised strategy to seek to sell County Council's residential care homes for older people as a continuing residential service was agreed by Full Council in February 2010.
3. This report follows the previous report of 22<sup>nd</sup> September 2011 when Members agreed that the Councils remaining six homes would continue to operate as residential care homes as well as providing short-term and respite care services that will provide support to carers and that the existing Council Policy relating to non closure of Care Homes would remain unchanged.
4. This report follows the conclusion of the procurement process resulting in the transfer of 6 of the Council's 12 residential care homes to Runwood Homes as continuing care services. The 6 remaining homes are:
  - Bishop's Court – Newark District

- James Hince Court – Bassetlaw District
  - Kirklands – Ashfield District
  - Leivers Court – Arnold District
  - St Michael's View – Bassetlaw District
  - Woods Court – Newark District.
5. Reablement approaches and prevention are critical elements in the Council's strategy for the provision of care to older people and will underpin a range of services in the future. The availability of the 6 remaining homes provides an opportunity to consider how the authority can transform existing services to provide a wider range of short-term services that promote independence whilst maximising the use of the current resources. There are further opportunities to work more collaboratively with Health services providing a joint approach in some areas of work.
  6. Alternative approaches to the provision of care within each of the six homes have been explored on a home-by-home basis taking into account the needs of local communities. For each of the homes suggestions are presented for both immediate changes with little or no capital funding and longer term plans that will require capital funding.
  7. Where longer term plans are suggested there will need to be further work to model the financial investment needed. The proposals for each of the 6 homes are in addition to the recently agreed commitment to investment to improve the environment of the buildings.

## Background

8. All of the 6 remaining buildings have continued to operate as care homes providing a mix of both long-term and short-term care. None of the homes have any en-suite facilities and the rooms are not large enough to meet the standards that would now be required by the Care Quality Commission. Because they were opened in advance of the new standards they can continue to be run as care homes.
9. Day Services at all but one of the homes have been relocated in keeping with the Council's policy to co-locate day services in a range of buildings across the County leaving vacant space that can be used for alternative purposes.
10. Proposals for the future use of the retained homes focus on services in line with the overall strategic objectives of the Council and department of:
  - securing good quality affordable services
  - to be financially robust and sustainable
  - reducing the number of adults in long-term care, and
  - supporting more service users and their carers in local communities.
11. The overall aim is to develop a range of cost effective services which maximise the use of the buildings whilst making them more financially viable.

## Future Business Model

12. A map containing a detailed breakdown of current capacity and occupancy for all 6 homes is included as **Appendix 1** to this report. This also describes some of the future options for each home.

## Outline Proposals for each of the 6 homes

### Bassetlaw District

13. **James Hince Court** is situated in the village of Carlton-in-Lindrick which is approximately 5 miles from Worksop town centre. The home was built in 1985 and has 38 bedrooms; 34 bedrooms are used for long-term care and 4 bedrooms for short term/respite care.

- i) There are currently 7 beds which can be re-utilised immediately. This would produce an increase in income for the department without any additional investment. If agreed it is proposed to develop a specialist 7 bedded unit to support older adults with moderate dementia/mental health needs.
- ii) **Independent Living Beds:** Since February 2012 James Hince Court has provided 2 beds for service users leaving hospital after sustaining falls with resultant upper and lower limb fractures. Typically they have temporarily needed more care and support than can be provided in the community. These beds have dedicated social work, physiotherapy and occupational therapy support with the intention of returning people to the community as soon as possible. The provision of therapy is via a partnership arrangement with NHS Bassetlaw Primary Care Trust. This is an example of the type of new services that can be provided from the homes.

The scheme will generate additional income for the home.

- iii) **ADL (Aid to Daily Living) Clinic.** This has recently been introduced at James Hince Court operating one day every two weeks. It is planned to extend the scheme to operate on a weekly basis. The scheme provides Occupational Therapy assessment/advice re: minor equipment adaptations for service users who attend for assessment on an appointment basis. The aim is to provide a quicker service for service users whilst reducing the waiting lists of the District Occupational Therapy teams.

14. **St Michael's View** is situated in Retford a 2 minute walk away from where the proposed extra care scheme site. The home was built in 1972 and has 34 bedrooms; 30 bedrooms are used for long-term care and 4 bedrooms for short-term/respite care.

- i) St Michaels View provides 2 Independent Living beds on the same model as James Hince Court.
- ii) Work is ongoing to explore better utilisation of vacant office accommodation and further service development is dependent on the relocation of the current day services from St Michaels View. Changes, to date, have focussed on enhancing the quality of support e.g. introduction of room for partners/carers etc. when service user is newly admitted or very ill, co-location for some of the community clinical staff. Initiatives are being considered to take into account the choice of Retford as one of the Phase 1 sites for new extra care housing.

## **Mansfield and Ashfield Districts**

15. **Kirklands** is situated in Kirkby-in-Ashfield. The home was built in 1957 and has 29 bedrooms; 12 bedrooms are used for long-term care and 17 bedrooms for short-term/respite care.
16. Kirklands operates 5 assessment beds for service users in hospital who have been initially assessed as at risk of long-term care. Utilisation of these beds has been significant, in particular by Sherwood Forest Hospitals Foundation Trust who have indicated an interest in increasing the number available. It is possible to increase the beds by a further 5 which would increase income for the home.
17. Work is being undertaken regarding the utilisation of the available day centre space at Kirklands with the potential for voluntary sector rental and/or community outreach services.

## **Broxtowe, Gedling and Rushcliffe Districts**

18. **Leivers Court** is situated in Arnold. The home was built in 1984 and has 38 bedrooms; 34 bedrooms are for long-term care and 4 bedrooms for short-term/respite care
19. Discussions are underway with Health partners regarding the use of space at Leivers Court. The home has a high ratio of service users with dementia and further proposals regarding specialist dementia services, similar to the model at James Hince Court, are being considered.

## **Newark and Sherwood District**

20. **Bishops Court** is situated in Boughton near Ollerton. The home was built in 1984 and has 45 bedrooms; 42 bedrooms are for long-term care and 3 bedrooms for short-term/respite care.
21. Bishops Court operates two Assessment Beds (as Kirklands). This is an extension of the successful scheme at Woods Court. Therapy input is being provided via the separate District Occupational Therapy team.
22. Evaluation of the assessment beds across Newark and Bassetlaw, to date, has demonstrated success in enabling service users to return to the community (rather than entering long-term residential care) ranging between 50% and 75%. They have also demonstrated the potential for service users returning to the community with reduced level of home care packages.
23. **Woods Court** is situated in Newark centre. The home was built in 1987 and has 49 bedrooms; 31 bedrooms are for long-term care, 8 bedrooms for short-term/respite care and 10 bedrooms for intermediate care.
24. Woods Court operates 5 assessment beds as well as the previous 10 bedded Intermediate Care unit and has recently introduced 2 Independent Living beds similar to St Michael's View and James Hince Court.
25. Therapy input is currently via the Primary Care Trusts' Intermediate Care service for the assessment beds and occupational therapy input via the district team.

## All Homes

26. Consideration is being given in all of the homes to the development of a Community Liaison role (from existing staffing resources). The remit of this post would be to link with other local services/groups, promote and market the services on offer, identify market opportunities, co-ordinate information and to provide advice and support for service users and carers to fully engage Nottinghamshire County Council provision within the local community.
27. Managers and staff have been considering how the Council could maximise the use of the homes and also generate income. There are currently gaps in the market that are not readily filled by the independent and voluntary sector and officers are looking to maximise the opportunities for local people and encourage them to use their personal budgets in more diverse ways. Developing support services that are both in-reach (within the homes) and outreach (either into the community or people's own home environment) could be a way forward.
28. Some of the homes have informally provided support to residents and their families and have given positive examples of how they have supported carers and enabled them to continue in their supportive role. Staff offer advice about supporting people in a reablement approach to maximise independence which, in the longer term, can encourage people to use short-term and respite care services on a regular basis which is the appropriate approach.

## Information Technology (IT) Links

29. As part of the Council's One County One Network Project each of the remaining homes will need to have their IT Links updated. The precise cost for the work is not known as the work will involve installing new cabling and the homes must have asbestos surveys undertaken to ensure that cabling is installed appropriately. The estimated figure for the 6 homes is £12,000 which includes the cost of the surveys.

## Maintenance and Decoration of the 6 Retained Homes

30. Work has been undertaken by Corporate Property to establish the level of work required in the immediate term to address critical health, safety and also compliance issues in each of the homes. Given the age and type of construction of these buildings it is inevitable that once work commences further essential work will be identified to achieve the delivery of this programme. It will be necessary to undertake essential repairs and maintenance in advance of any redecorating work.
31. The budget for the programme of works is £600k and the identified tasks are outlined in **Appendix 2**. It is anticipated that when the timetable for the programme of works is agreed with the Contractor/Contractors that some of the tasks may be prioritised in terms of Health and Safety. A full programme of works will be developed.

## Timescales

32. The work identified at each of the homes could be completed in 4 to 6 months following identification of the Contractor/Contractors. The exact timescales will depend on the



number of residents in the homes at the time the work is undertaken taking account the need to ensure continuity of care whilst the work is being completed.

## **Statutory and Policy Implications**

33. 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**

34. An Equality Impact Assessment has been undertaken with regards to the project. Advice will be required on the need for a further review from the Equalities Team should the recommendations in this report to move to the next stage be accepted. The impact of the proposals on existing long-term care residents is considered minimal as where changes are made to the balance of provision this will be made as and when opportunities arise.

## **Financial Implications**

35. Funding for assessment beds is provided from a variety of sources (Support to social care funding from Health and reablement monies). The funding of Independent Living (IL) beds was only agreed until the year end and there will need to be further agreement for 2012/13. More detailed work will be required to breakdown costings and sources of funding in the next stage of this review. Further detailed analysis will be carried out subject to agreement to proceed.

36. The funding of the proposals to undertake essential repairs and maintenance work at the retained homes at an estimated cost of £596,799 will be funded from a sum of £600,000 carried forward from 2011/12 to 2012/13.

## **Equalities Implications**

37. The recommendations do not change existing County Council policy. Should any changes to the current Council policy be made following the review recommended, pursuant to paragraph 4, the equality impact implications will need to be reassessed and a new Equality Impact Assessment potentially completed. However, Council officers will keep this under review and continue to consult services users as set out in paragraph 5 and the need to make further assessments will be considered at appropriate junctures.

## **Human Rights Implications**

38. Should any changes to the current Council policy be made following the review recommended pursuant to paragraph 6, Human Rights Act implications will need to be reassessed. However, Council officers will keep this under review and continue to consult services users as set out in paragraphs 3 and 5.



## **Implications for Sustainability and the Environment**

39. The proposed alterations and investment are in line with and support the Council's strategic objectives to maximise building occupancy, improve building condition/compliance and enhance service outcomes by ensuring property facilities meet service requirements.

## **RECOMMENDATION/S**

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

- 1) approval be given to develop the proposed options further
- 2) approve the expenditure for the maintenance and decoration for each home.

## **DAVID HAMILTON**

### **Service Director Personal Care and Support (Older People)**

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

Cherry Dunk  
Strategic Development Programme Manager  
0115 9773268

## **Constitutional Comments (KK 31/05/2012)**

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

## **Financial Comments (RWK 20/06/2012)**

41. The financial implications are set out the report.

## **Background Papers**

Except for previously published document, 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.

42. County Council Report - 22<sup>nd</sup> September 2011 – [Aiming for Excellence – Sale of Residential Homes for Older People as a Continuing Residential Service](#) (published).

43. County Council report – 25<sup>th</sup> February 2010 – [Aiming for Excellence](#) (published).

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

44. Bassetlaw:

James Hince Court  
Worksop North East and Carlton - Councillor A Rhodes

St Michael's View  
Retford West - Councillor M Quigley

45. Mansfield and Ashfield:

Kirklands  
Kirkby in Ashfield South - Councillor R Madden.

46. Broxtowe, Gedling and Rushcliffe:

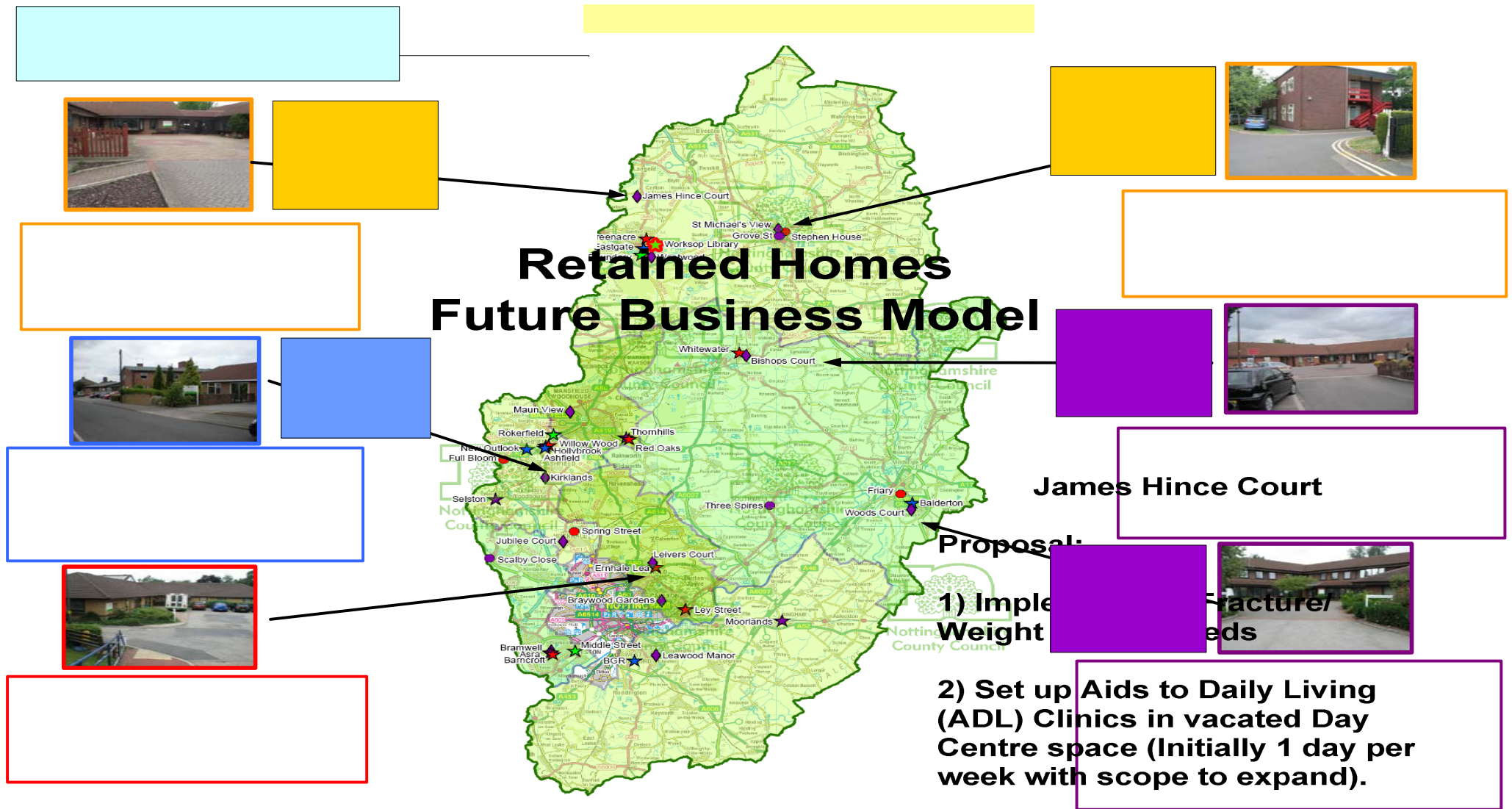
Leivers Court  
Arnold North – Councillors G Clarke and C Pepper

47. Newark and Sherwood:

Bishops Court  
Ollerton – Councillor S Smedley

Woods Court  
Newark East – Councillor S Wallace.

ASCH12



**James Hince Court Report as at 02/03/12)**

**Total Beds** = (LTC = 34; STC = 4; IC = 0; Asmt = 0) = 38 (+7 unused)

**Occupancy** = (LTC = 27; STC = 1; IC = 0; Asmt = 2) = 30 (79%)

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**Area for Improvement: Specialist Dementia Unit (North)**

1. Activate 7 unused beds within home to generate additional income. Could be re-opened within a week.

2. Introduce 2 x Independent Living Beds

### **AIMING FOR EXCELLENCE – RETAINED HOMES**

#### **Overview of Tasks Required at Each Home**

##### **James Hince Court**

- Joinery works: doors, glazing.
- Roofing works: flat
- Flooring works: quarry tiles
- Electrical works: lighting
- General Building Works: pointing, uneven paving slabs

##### **St Michaels View**

- Joinery works: doors, windows, flooring, and fencing.
- Roofing works
- Mechanical works: surface mounted.
- Guttering
- Ceiling works

##### **Kirklands**

- Joinery works: doors, door frames, windows.
- Electrical works: bonding, lighting, fire alarm.
- Specialist work: lifts.
- General building work: uneven paving slabs.

##### **Bishops Court**

- Joinery works: doors, door frames, glazing,
- Electrical works: bonding, lighting.
- Mechanical works: heating

##### **Woods Court**

- Electrical works: lighting.
- Ceiling works
- Roofing works: flashing

All works will be either detrimental to decorating works if not carried out first or, be of a nature so as to cause embarrassment to the Authority if not completed before investment in redecoration work across the retained homes.

All costs are indicative and information is as detailed on P2 the Council's property system.

**2<sup>nd</sup> July 2012****Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR FOR PERSONAL CARE AND  
SUPPORT – OLDER ADULTS****ESTABLISHMENT OF A TEMPORARY SOCIAL WORKER WITHIN THE  
ADULT ACCESS TEAM****Purpose of the Report**

1. The purpose of this report is to seek approval to recruit a full-time temporary social worker in the Adult Access Team.

**Information and Advice****Carers Crisis Prevention Scheme Co-ordinator**

2. Adult Social Care, Health and Public Protection department provides a Crisis Prevention Service for carers (previously referred to as Carers' Emergency Respite). This service provides 24-hour support delivered to the person cared-for in their own home when the carer is unable to care for a short period of time due to an unforeseen event, for example short-term illness or sudden death of a relative.
3. The Carers' Break Demonstrator Site (2010-2011) piloted a scheme whereby two specific homecare providers were commissioned, under block contracting arrangements, to provide the Crisis Prevention Service. Following the successful evaluation of the pilot it was agreed by the department's Senior Leadership Team in May 2011 that a tender process should take place to enable the scheme to continue, commissioning one or two providers to deliver the scheme on a block contract basis.
4. The tender process has now been completed and two providers appointed. Discussion has been underway with the departmental carers' lead, the Group Manager for Customer Access/Social Care and the Team Manager for the Adult Access Team, regarding the management and oversight of the scheme (a role previously undertaken by the demonstrator site project lead and administration staff). There is strong support for the proposal to manage this activity within the Adult Access Team.

**Objectives**

5. It is anticipated that this role will provide the following functions:
  - Provide a first point of contact for carers wanting to access the scheme

- Carry out a brief eligibility check (carers accessing the scheme should have had, or be eligible for, a carer's assessment i.e., they are providing regular and substantial care, and the person cared for should meet the "critical" or "substantial" assessed level of need)
- If a carer (or the person cared-for) has not had an assessment ensure that they are referred for one
- Liaise with the providers to set up the support required by the carer in the timescale required
- Record the service provided and use to cross-check against monitoring information submitted by the providers
- Manage the interface between the block contract and spot contracting (e.g. if the block provision is full to capacity, commission emergency provision on a spot contract basis with relevant providers)
- Ensure the scheme is delivered within the allocated budget.

#### 6. Anticipated outcomes

- Quick and easy access for carers to the crisis prevention scheme
- Avoidance of admissions to residential care following crisis/emergency arising for the carer
- Increase in use of the crisis prevention scheme through the establishment of clear processes
- Increase in number of carer assessments following use of the crisis prevention scheme.

#### **Financial/resource implications**

7. Additional resources would be required by the Adult Access Team to carry out the role, as there is insufficient capacity to do so with existing resources. It is proposed that due to the development aspect of the role, the need for eligibility checks and the commissioning of services on a 'spot contract' basis, a social worker is appointed for 18.5 hours per week at Pay Band B, scp 34-39 (£28,636-£32,800, with additional on-costs). It is proposed that the post would initially be for one year.
8. Funding for this element of the post has been identified within the Carers' Crisis Prevention budget for 2012-13. There is sufficient budget available to deliver the direct service provision for carers and to support this post.

## **Carer 'triage' role**

9. There is a wider role that could be developed within the Adult Access Team regarding carer support.
10. In some authorities, for example Worcestershire, carers are 'triaged' following their initial contact with adult social care access teams. The access teams carry out a simple 'carers' well check' with the carer, then make the decision as to whether they require further support, for example through a carers' assessment, or whether they can be offered advice and signposting. This has resulted in carers' being referred to district teams only when they need to be, providing a more efficient and effective response.

## **Key objectives of the carer triage role**

- Ensure that carers, and the people they care for, contacting the Customer Service Centre receive accurate and timely advice and information
  - Make an initial professional judgement regarding the level of care provided by the carer, the impact of the caring role and the likelihood of eligibility for services (primarily carers' personal budget) following a carer assessment
  - Ensure that carers are aware of the services available to them, whether or not they are assessed as Fair Access to Care Services<sup>1</sup> eligible (for example the Emergency Card, services provided by the Carers' Federation) and signpost as required
  - Promote the principles of choice and control, personalisation and Self Directed Support
  - Identify and respond to safeguarding and other risks
  - Ensure that up-to-date information is recorded on Framework-i<sup>2</sup>, for example linking main carers to people cared for.
11. A potential development for this role could be the conducting of unscheduled reviews for carers on the telephone, when appropriate, and commissioning a carers' personal budget without the need to refer to district teams.

## **Anticipated outcomes**

- Quick and easy access for carers to the right level of support required
- More efficient screening of carer referrals for assessment, ensuring that those that are referred to district teams are likely to be FACS eligible (this will become more crucial in 2012-13 due to loss of the dedicated carer assessment worker role within teams)
- Greater numbers of carers and the people they care for, linked on Framework-i, enabling information regarding overall service provision to carers (including support provided to the

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<sup>1</sup> Fair Access to Care Services - [Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care, England 2010](#)

<sup>2</sup> Framework-i is an integrated case management system which holds Electronic Social Care Record.



person cared for that benefits the carer) and performance data to be gathered more accurately

- More effective processing of unscheduled carer reviews.

### **Financial/resource implications**

12. As above, it is proposed that a social worker is recruited to this role - Pay Band B, scp 34-39 (£28,636-£32,800, with additional on-costs) and that the post is initially for one year, operating as a pilot. A social worker is considered necessary due to the development aspect of the role, the understanding of eligibility issues for carers and the people they care for, the professional judgement and decision-making aspect of the role, the understanding of Framework-i and the potential for carrying out telephone reviews and commissioning services. In effect, the social worker will be carrying out a similar role to social workers already based within the Adult Access Team, but with a focus on carers. An evaluation framework will be developed by the commissioning officer - carers, in conjunction with the Adult Access Team.

13. Again, it is anticipated that the role will be required for 18.5 hours per week. Funding for the carer triage aspect of the post has been identified within the NHS support to social care funding for 2012-13. The combination of the two roles would result in recruitment to a full-time temporary post.

### **Other Options Considered**

14. The other option considered is to retain the status quo where carers call the Customer Service Centre and may be referred to an Assessment Team, Carers' Federation or to the 2 Crisis Prevention providers.

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

15. Currently, carers may experience a convoluted pathway causing delay and frustration. There may be inappropriate referrals to Assessment Teams; e.g. when the carer just needs signposting, information or some emergency respite cover. The post, resulting from this recommendation, would ensure that carers are:

- Given accurate information and immediate support
- Referred for carer assessments quickly and appropriately
- Fixed up with emergency respite quickly and appropriately.

16. As mentioned, there will be an exploration into completing simple assessments and reviews over the telephone to access a Personal Budget; this would be faster and much more economical, and should lead to greater carer satisfaction.

### **Statutory and Policy Implications**

17. 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.

## **Human Resources Implications**

18. The post is being established on a temporary basis as this is a pilot approach and an evaluation at the end of the trial will establish whether this way of working has been effective. The post will be reviewed in 12 months time against the set objectives and a decision taken in relation to its continuation in the future.

## **RECOMMENDATION/S**

- 1) It is recommended that 1 fte temporary social worker, Pay Band B, scp 34-39 (£28,636-£32,800, with additional on-costs) be established in the Adult Access Team for one year, funded through the Carers' Crisis Prevention budget and Section 256 monies (transferred to social care from the NHS as a part of the support to social care fund), subject to job evaluation. The social worker would hold the combined roles of Carers' Crisis Prevention Scheme co-ordinator and carer triage lead. The start date would be as soon as the new worker is in post and would then run for 12 months. This post would attract approved car user allowance.

## **DAVID HAMILTON**

### **Service Director for Personal Care and Support (Older Adults)**

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

Penny Spice  
Commissioning Manager  
Tel: (0115) 9773012  
Email: penny.spice@nottscg.gov.uk

## **Constitutional Comments (KK 21/05/2012)**

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

## **Financial Comments (CLK 15/05/12)**

20. The financial implications are contained within the body 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.

11<sup>th</sup> December 2009 - [Carers' Demonstrator Site for Carers' Breaks Services](#) (AC/2009/00092) (published).

**Electoral Division(s) and Member(s) Affected**  
All.

ASCH16 / DD3544

**2<sup>nd</sup> July 2012****Agenda Item 10****REPORT OF SERVICE DIRECTOR, PERSONAL CARE AND SUPPORT  
(YOUNGER ADULTS)****TEMPORARY ADDITIONAL CAPACITY TO SUPPORT THE  
NOTTINGHAMSHIRE ADULT ASPERGERS TEAM****Purpose of the Report**

1. To seek approval for the appointment of additional social work capacity on a temporary basis in the Nottinghamshire Adults Aspergers Team.

**Information and Advice**

2. The prevalence of all autistic spectrum disorders is estimated to be approximately 1% of the population, therefore in Nottinghamshire it is estimated that there will be over 3,000 people with the condition at any given time. This number has been increasing and will continue to increase over the next ten years. This is thought to be due to increased awareness leading to better identification, a broadening of the definition of autistic spectrum disorders and changes in diagnostic processes. It is likely that such changes will continue to contribute to an increased number of individuals being diagnosed, at least in the short to medium term.
3. The Adults Aspergers Team was established in 2009 to deliver social care services to local residents who have Aspergers disorder or other high functioning autistic spectrum disorders. The team of four and a half FTE social care workers, plus Team Manager is based in Mansfield and operates across the county, delivering assessment, care management functions, and professional support to 200 people. The team therefore know of about 10% of the population with Asperger's Syndrome in the County after 3 years of operation and have conducted over 300 assessments
4. The current rate of referral to the team shows that the team is receiving around 200 new referrals per year. Many of the people referred have very complex needs, the majority of people will have some form of communication difficulty, many have risks attached to offending behaviour and most are socially isolated.
5. This service is a leading social care service and is often cited in national strategy and policy documents as an exemplar of good practice.
6. Nottinghamshire has not had a specific NHS service for people with Aspergers and therefore there has not been a specific health pathway for people with high functioning autistic

disorders. However, this pathway has now been developed and is being published which may increase the number of referrals as more people are diagnosed with this condition.

7. During the last twelve months, it has become clear that the team requires additional capacity to deal with the volume of referrals in a timely manner. The current organisational redesign work being undertaken within the department has allocated additional resource to this team; however these resources will not fully be in place until the last quarter of the year.
8. The team has a number of outstanding assessments to complete on people newly referred to the service including young people who are transitioning from children's services who require adult social care. Discussions have commenced to consider how the team can operate more effectively and manage demand differently over the next twelve months and introduce a revised operating model.
9. Therefore this report proposes to establish an additional social worker post for one year to assist in meeting the current demands in the team.

### **Reason/s for Recommendations**

10. This report recognises the growing number of referrals in this area of service, together with the current high volume of casework. The report also notes the work being undertaken to manage workloads and additional resources being deployed in the medium term, but requests a temporary short term increase in capacity to deal with immediate pressures.

### **Statutory and Policy Implications**

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

### **RECOMMENDATION/S**

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

- 1) 1 fte (37 hours) temporary Social Work post, scp 29-39 (£24,646 - £32,800), for a period of one year with effect from the date of appointment and the post be allocated approved car user status. The total cost of the post including on-costs and travel is £43,000. The post holder will be based in the Nottinghamshire Adults with Aspergers Team.

**JON WILSON**

**Service Director for Personal Care and Support (Younger Adults)**

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

Chris Mitchell

Team Manager, Countywide Aspergers Team

Tel: 01623 436636

Email: Christopher M Mitchell/ss/nottsc

**Constitutional Comments (KK 31/05/2012)**

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

**Financial Comments (SC 14/06/2012)**

13.The financial implementations are set out in the report and funding is available from Departmental Reserves for the Savings and Efficiency Programme.

**Background Papers**

None.

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

All.

ASCH10



**2<sup>nd</sup> July 2012****Agenda Item 11****REPORT OF THE SERVICE DIRECTOR FOR JOINT COMMISSIONING,  
QUALITY AND BUSINESS CHANGE****EXTENSION OF POSTS OF STRATEGIC PROGRAMME DEVELOPMENT  
MANAGER (INCLUDING PROJECT SUPPORT) AND THE PROGRAMME  
MANAGER (CHANGE)****Purpose of the Report**

1. The purpose of the report is to seek approval to extend 3 posts for a period of 18 months, to manage the authority's programme to develop and promote alternatives to residential care, specifically:
  - Strategic Development Programme Manager, to deliver the programme of change in relation to the council's retained residential homes for older people and development of extra care housing
  - Programme Manager, Change, to drive a number of other change work-streams to enable older people to live at home, including operational staff awareness, commitment and contribution to this agenda
  - Business Support Administrator post, to support the work of the Programme Managers.

**Information and Advice**

2. Nottinghamshire County Council has embarked on the development of a new flexible care and support services which will enable many older people to continue living comfortably and safely within their own homes for longer. The authority is broadening the scope of the Alternatives to Residential Care programme, bringing Extra Care developments into the work-stream, and extending its various projects under a new programme named 'Living at Home'. This project will enable the authority to offer a diverse range of community-based services tailored to people's individual circumstances and needs, including:
  - use of assistive technology such as monitoring systems
  - a night response service
  - a specialist service for older people with dementia or mental health problems and their carers

- further resources for reablement
  - streamlining the existing, highly valued handy person's adaptation service.
3. Overall, there will be a wider selection of care and support services available to support people to live at home, which will help to improve the quality of life for service users and their carers, and maintain personal dignity and respect.
  4. Nottinghamshire County Council has transferred six of its twelve residential care homes for older people to Runwood Homes; an Independent Sector organisation. The conditions of the transfer were that every resident would be able to remain living at their home and that all staff would transfer under TUPE, ensuring minimal disruption for both residents and staff.
  5. The authority will save revenue of £900,000 per year (i.e. £4.5m over 5 years) as a result of the transfer. This is in addition to the capital receipt of £2.5 million (which includes £600,000 being reimbursed to Health) which will be reinvested into services for older people. Runwood Homes is also committed to invest £3 million (£500,000 per home) in improving the homes for the benefit of residents and their visitors.
  6. Six of the Council's homes were not sold and further work is underway to explore the provision of additional services within those buildings (please see separate report on today's agenda – Aiming for Excellence – Retained Homes). Reablement approaches, short-term care, assessment beds and prevention including support to carers are opportunities for the authority to develop short-term services that promote independence, whilst optimising current resources and generating additional income.
  7. As a core part of its strategy to modernise services for older people, the Council is investing £12.650 million in extra care provision. A formal tender process is underway to facilitate phase 1 of the strategy, to deliver three new build extra care schemes on sites across the County:
    - Former Walker Street Schools site in Eastwood, Broxtowe
    - Former Elizabethan Lower School site in Retford, Bassetlaw
    - Skegby Lane, Mansfield.
  8. The extra care developments will provide a range of services and facilities on-site dependent on the size of the scheme, and may include a cafe, restaurant, fitness room, IT suite, flexible space that can be used for wellbeing clinics, hairdresser, chiropodist, and space for social events. These services and facilities will be available to people in the wider community.
  9. In addition to these services, tenants eligible for the extra care service will have access to care staff around the clock, so that their care needs can be met in the most appropriate way to maximise their independence.
  10. Phase 2 will include additional new-build schemes and the remodelling of existing accommodation will be considered, including joint working with district and borough councils.
  11. Work required for the 'Living at Home' programme will be substantial and includes:



- Developing the projects identified in paragraph 2
- Developing the project and implementation plan for the future of the authority's six unsold homes
- Comprehensive procurement exercises to develop new extra care housing schemes, with a potential value of £100 million
- Establishing new models of extra care housing services, e.g. outreach extra care housing and night response services
- Handling media and communications issues throughout the duration of the programme
- Delivering the programme within the budgetary limits agreed
- Co-ordinating all activity in relation to property, legal issues, finance, commercial matters and procurement to ensure the successful delivery of the programme.

### **Other Options Considered**

12. The option of not filling the posts, or combining them with the duties of other posts, has been considered and ruled out due to the workload outlined in paragraph 11, and the need to retain the focus on this high-priority area of the authority's work. Ability to deliver the savings identified in this high governance project would be at risk if the posts are not extended.

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

13. In order to deliver the large and complex Living at Home programme, it is recommended that all of the posts be extended for 18 months from their current end date of 30<sup>th</sup> September 2012, to finish on 31<sup>st</sup> March 2014.

### **Statutory and Policy Implications**

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

### **Financial Implications**

15. The Strategic Development Programme Manager and Programme Manager, Change, posts have been evaluated at Hay Band E (£39,855-£44,276), and the project support officer post, grade 3 (£15,725-£17,161). The estimated additional costs arising from the extension of these posts are:

|                           | 2012/13<br>£ | 2013/14<br>£ |
|---------------------------|--------------|--------------|
| Employees and other costs | 66,850       | 133,700      |

The estimated additional costs will be met from within the 2012/13 and 2013/14 revenue budget allocations for the Adult Social Care and Health Committee.

## **Equalities Implications**

16. Promoting greater equality of opportunity is a key driver for this programme. The Programme Managers will play a key part in the access to facilities by minority ethnic, older people and disabled people.

## **Human Rights Implications**

17. The Human Rights Act has been considered and everyone has the right to respect for his/her private and family life and his/her home (Article 8 – right to respect for private and family life). The proposed changes create better opportunities for older people to remain at home, retain their privacy and maintain and preserve their family networks. The posts of Programme Manager will play a key part in the coordination of this process.

## **Human Resources Implications**

18. The posts will ensure that the department has the capacity to implement the decision of the County Council (25<sup>th</sup> February 2010) in respect of the Council's homes for older people and extra care housing. Both Programme Manager posts will report to the Group Manager, Business Change and Support. Current post holders would continue to remain in post.

## **RECOMMENDATION/S**

It is recommended that the following posts be extended for a fixed term for 18 months from 1<sup>st</sup> October 2012 to 31<sup>st</sup> March 2014 and based at County Hall:

- a) 1 fte (37 hours) Strategic Development Programme Manager, Band E, scp 47-52 (£39,855-£44,276) with approved car user status
- b) 1 fte (37 hours) Programme Manager, Band E, scp 47-52 (£39,855-£44,276) with approved car user status
- c) 1 fte (37 hours) Business Support Administrator, grade 3, scp 14-18 (£15,725-£17,161).

**CAROLINE BARIA**

**Service Director for Joint Commissioning, Quality and Business Change**

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

Kate Revell

Tel: (0115) 9773727

email: [kate.revell@nottsc.gov.uk](mailto:kate.revell@nottsc.gov.uk)

**Constitutional Comments (KK 15/06/2012)**

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

**Financial Comments (RWK 19/06/12)**

20. The financial implications are set out in the report.

**Background Papers**

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

- a. County Council report of 25<sup>th</sup> February 2010 (previously published).

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

All.

ASCH11



**2 July 2012****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 2012/13.

**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 Chairman and Vice-Chairman, 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 new committee arrangements, 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. It may be that the presentations about activities in the committee's remit will help to inform this.
5. Administration Committee has decided that there are no outside bodies which require regular reporting to Adult Social Care and Health Committee.

**Other Options Considered**

6. None.

**Reason/s for Recommendation/s**

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

## **Statutory and Policy Implications**

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

## **RECOMMENDATION/S**

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

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

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

## **Constitutional Comments (HD)**

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

## **Financial Comments (PS)**

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

## **Background Papers**

None.

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

All

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

| <b><u>Report Title</u></b>   | <b><u>Brief summary of agenda item</u></b>  | <b><u>Lead Officer</u></b>  | <b><u>Report Author</u></b> |
|--|---|---|-----------------------------|
| <b>2 July 2012</b>   |   |   |                             |
| Supporting People, Mansfield – Response to petition                    | To respond to a petition submitted to the Full County Council meeting on the 17 <sup>th</sup> May 2012                            | Service Director – Joint Commissioning, Quality and Business Change | CB/LJS                      |
| Service overview – Promoting Independence and Public Protection        | Information overview of service area responsibilities and key issues and current service developments.                            | Service Director for Promoting Independence and Public Protection   | JN / NP                     |
| Progress update on 2 of ASCH high governance projects                  | Update on biggest projects currently in progress within ASCH (Reviews/Supporting People)  | Relevant Service Directors  |                             |
| Plan for the six retained residential homes                            | Update on plans for services at the retained homes – For Decision TBC   | Service Director – Personal Care and Support – Older Adults         | CD                          |
| Update on ASCH performance   | Overview of current performance in ASC including key performance indicators and production of Local Account report to the public. | Service Director – Joint Commissioning, Quality and Business Change | JP/AM                       |
| Extension of Programme Managers posts                                  | To propose the extension of two programme manager post and project support  | Service Director – Joint Commissioning, Quality and Business Change | KR/CB                       |
| Temporary support in the Aspergers Team                                | To propose an additional post in the Nottinghamshire Aspergers Team   | Service Director for Personal Care and Support – Younger Adults     | CM                          |
| Establishment of a temporary Social Work post in the Adult Access Team | To propose the establishment of a temporary social worker post in the adult access team   | Service Director – Personal Care and Support – Older Adults         | PS                          |
| <b>3 September 2012</b>  |   |   |                             |
| Service overview – Personal Care and Support, Younger Adults           | Information overview of service area responsibilities and key issues and current service developments.                            | Service Director for Personal Care and Support – Younger Adults     | JW                          |
| Safeguarding peer review – report on action plan                       | Update on action plan produced as result of safeguarding peer review <a href="#">Page 71 of 76</a>                                | Service Director – Joint Commissioning, Quality and                 | CB                          |

**Updated 21.6.2012**

| <b><u>Report Title</u></b>  | <b><u>Brief summary of agenda item</u></b>  | <b><u>Lead Officer</u></b>  | <b><u>Report Author</u></b> |
|---|---|---|-----------------------------|
|   |   | Business Change   |                             |
| Fair Price for Care Framework – Outcome of Consultation             | To provide information on the outcome of the Fair Price for Care Framework consultation.  | Service Director – Joint Commissioning, Quality and Business Change   | CB                          |
| Organisational Redesign update report                               | Update on progress of Organisational Redesign within tiers 5-7 of department.   | Service Director – Joint Commissioning, Quality and Business Change   | MS                          |
| Change to the Short Breaks Service – outcome of consultation        | To provide information on the outcome of the Short Breaks service consultation.   | Service Director – Personal Care and Support – Younger Adults   | IM                          |
| Extra Care Strategy - Procurement update                            | Progress and outcome of extra care procurement process.   | Service Director – Personal Care and Support – Older Adults   | CD                          |
| Transition work from Children's to Adults – update                  | Update on the work taking place on the transition from Children's to Adult Services.  | Service Director for Personal Care and Support – Younger Adults   | JW                          |
| Adult Visual and Sensory Impairment Service                         | To propose amendments to model of service delivery for people with visual and sensory impairments.                                      | Service Director for Personal Care and Support – Younger Adults   | DS/WA                       |
| Local Account 2011/12   | To present completed Local Account to the Committee.  | Service Director – Joint Commissioning, Quality and Business Change   | JP                          |
| Single Access Housing Fund  |   | Service Director for Personal Care and Support – Younger Adults   | JW                          |
| Health interface Social Work post (physical disability)             | To propose the establishment of a social worker post in physical disability   | Service Director – Personal Care and Support – Older Adults<br>And<br>Service Director – Personal Care and Support – younger adults | DH/JW                       |
| Staffing Changes in Adult Care Financial Services                   | To seek approval to staffing changes in the Department Adult Care Financial Services section  |   |                             |
| <b>1 October 2012</b>   |   |   |                             |
| Service overview – Joint Commissioning, Quality and Business Change | Information overview of service area responsibilities and key issues and current service developments.<br><a href="#">Page 72 of 76</a> | Service Director – Joint Commissioning, Quality and Business Change   | CB                          |

**Updated 21.6.2012**



| <b><u>Report Title</u></b>  | <b><u>Brief summary of agenda item</u></b>   | <b><u>Lead Officer</u></b>  | <b><u>Report Author</u></b> |
|---|--|---|-----------------------------|
| Update on ASCH performance  | Overview of current performance in ASC including key performance indicators and production of Local Account report to the public.  | Service Director – Joint Commissioning, Quality and Business Change | JP/AM                       |
| Overview of Adult Social Care and Health savings and Efficiencies Programme | Update on progress of projects in dept and savings made to date.   | Service Director – Joint Commissioning, Quality and Business Change | KR                          |
| <b>29 October 2012</b>  |  |   |                             |
| Service overview – Personal Care and Support, Older Adults                  | Information overview of service area responsibilities and key issues and current service developments.   | Relevant Service Director   | DH                          |
| Mental Health Utilisation Review  | To inform members of the Utilisation review undertaken in NHS adult mental health rehabilitation services and the consequent requirement for adult social care services. | Service Director – Personal Care and Support – Younger Adults       | TD                          |
| Progress update on 2 of ASCH high governance projects                       | Update on biggest projects currently in progress within ASCH (Learning Disability Community Care/Fair Access to Care)  | Relevant Service Director   |                             |
| <b>26 November 2012</b>   |  |   |                             |
| Update on outcome of Supported Employment restructure                       | Progress in relation to support provided to staff affected by closure of Sherwood Industries and CHWT sites.   | Service Director – Joint Commissioning, Quality and Business Change | JA                          |
| Overview of Adult Social Care and Health savings and Efficiencies Programme | Update on progress of projects in dept and savings made to date.   | Service Director – Joint Commissioning, Quality and Business Change | KR                          |
| Guardianship Panel arrangements   | To update members on the Guardianship policy of the County Council.  | Service Director – Personal Care and Support – Younger Adults       | JW                          |
| Shared Lives Services – update  | Update on the development of the Shared Lives Services   | Service Director – Personal Care and Support – Younger Adults       | IM                          |
| Safeguarding adults at risk – update report                                 | Update from Chair of Nottinghamshire Safeguarding Adults Board (6 monthly).  | Corporate Director  | AB                          |
| <b>7 January 2013</b>   |  |   |                             |
| Progress update on 2 of   | Update on biggest projects currently in progress within  | Relevant Service Directors  |                             |

| <b><u>Report Title</u></b>  | <b><u>Brief summary of agenda item</u></b>  | <b><u>Lead Officer</u></b>  | <b><u>Report Author</u></b> |
|---|---|---|-----------------------------|
| ASCH high governance projects   | ASCH (Reablement/Day Services modernisation)  |   |                             |
| Re-tender for Community based services – progress report  | Update on re-tender process of community based care services.   | Service Director – Joint Commissioning, Quality and Business Change | KR                          |
| Update on ASCH performance  | Overview of current performance in ASC including key performance indicators.  | Service Director – Joint Commissioning, Quality and Business Change | JJP / AM                    |
| Think Local, Act Personal – Expenditure Plan for 2013/14  | To seek approval for of the Think Local, Act Personal expenditure plan for 2013/14  | Service Director for Promoting Independence and Public Protection   | JN                          |
| Update on Supported Living Team (Mental Health Utilisation Review)  | To provide an update on work of the SL team set up to support people leaving mental health rehabilitation services in hospital.     | Service Director for Personal Care and Support – Younger Adults     | TD                          |
| <b>4 February 2013</b>  |   |   |                             |
| New rates for independent sector care homes, homecare and other community based support services and new charges for services | Review of contract prices and charges to service users – for decision   | Service Director – Joint Commissioning, Quality and Business Change | CB                          |
| Reablement for Younger Adults   | Update on the Reablement services being provided to younger adults.   | Service Director for Personal Care and Support – Younger Adults     | JW                          |
| Overview of Adult Social Care and Health savings and Efficiencies Programme   | Update on progress of projects in dept and savings made to date.  | Service Director – Joint Commissioning, Quality and Business Change | KR                          |
| <b>4 March 2013</b>   |   |   |                             |
| Progress update on 2 of ASCH high governance projects   | Update on biggest projects currently in progress within ASCH (Alternatives to residential care – including extra care developments) | Relevant Service Directors  |                             |
| Personalisation and Promoting Independence – progress report  | To provide an update on progress on personalisation and promoting independence.   | Service Director for Promoting Independence and Public Protection   | JN/NP                       |

| <u>Report Title</u>        | <u>Brief summary of agenda item</u>  | <u>Lead Officer</u>   | <u>Report Author</u> |
|----------------------------|--|---|----------------------|
| <b>April 2013</b>          |  |   |                      |
| Update on ASCH performance | Overview of current performance in ASC including key performance indicators. | Service Director – Joint Commissioning, Quality and Business Change | JP/AM                |

