

22nd July 2013

Agenda Item: 5

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

OVERVIEW OF PERSONAL CARE AND SUPPORT FOR YOUNGER ADULTS

Purpose of the Report

1. To provide an overview of the responsibilities of the Younger Adults services.

Information and Advice

Key areas of service

2. The Service Director for Personal Care and Support Younger Adults is responsible for a range of services and commissioning activity associated mainly with people aged 16 years to 65 years. However, there are some areas of service (as detailed below) which are delivered across all age ranges and others where services, which began before the person reached 65 will continue to be delivered and commissioned beyond that age.
3. Younger Adults' services include both commissioned activity (purchased from external organisations) and directly provided services in the following areas:
 - Services to people who have mental ill health
 - Services to people who have a learning disability
 - Services to people who have a physical disability
 - Services to people who have sensory impairment
 - Services to people who have autistic spectrum disorders
 - Services to people who have alcohol / substance misuse
 - Services to people who have other vulnerabilities
 - Day services
 - Residential and respite care services.
4. **Mental Health Services** – deliver community-based mental health services, commission independent sector residential and nursing care, home care, carer support and supported living services.
5. Within the County there are 4 locality-based teams responsible for commissioning services to people across the County. In addition, a countywide team is established to coordinate and deliver statutory assessment and provision under the Mental Health Act. Services are

delivered in conjunction with the Nottinghamshire Healthcare NHS Trust, through a single point of access to services to ensure a joined up approach to health and social care.

6. Mental illness is a term that covers a wide range of conditions. It is estimated that one in four of the population may be affected by mental ill health at any time. Mental illness can be a short term issue, a fluctuating condition or a long term condition. The majority of people who experience mental ill health will have what are often termed common mental illness, such as depression or anxiety, and will be successfully treated by their GP. Longer term conditions include illnesses such as Bipolar disorder, schizophrenia or obsessive compulsive disorders. These illnesses require longer term treatment and people often need support over many years. This does not mean however that people living with these conditions cannot lead full active lives. The third area of mental ill health relates to 'organic' illness such as dementia which affects people's cognitive and motor functions. Within social care services these illnesses tend to come within the scope of older adults services where most of the expertise and experience of commissioning services lays.
7. The adult mental health service has traditionally been based within a model of professional support to individuals and day care provision, however more recently there has been a growth in delivery of personal budgets and direct payments to individuals alongside a move to developing recovery-based models of care.
8. There are comparatively low numbers of people in Nottinghamshire with mental ill health placed in long-term care settings, although there are a high number of people who reside in NHS funded rehabilitation accommodation. A joint health and social care programme of activity commenced in 2012 to commission services for a number of people who were inappropriately placed in NHS accommodation and to provide services for these people in the community.
9. In 2012/13 a specialist reablement service was established for people with mental ill health to ensure people can receive timely discharge from hospital, people in crisis can receive appropriate community support to prevent admission and people can receive short-term intensive support to prevent further deterioration in their mental wellbeing.
10. A model of co-production services is being established to promote people's recovery from illness and harness the expertise, knowledge and experience of people who have used mental health services and their local communities. This will enable people who have mental ill health and who have used mental health services to assist and help other people in a similar position. There are opportunities for people to provide peer support, or trade knowledge and skills through a 'time banking' system. People are supported to volunteer their time and expertise in return for personal, practical and emotional support. The aim is to encourage service users and the local community to fully engage in service delivery, management and development of services.
11. **Alcohol and substance misuse services** - These services are currently managed through the mental health service. The assessment and care management services are delivered in partnership with NHS colleagues in the Nottinghamshire Healthcare NHS Trust. The Council supports a number of people to access rehabilitation services and residential services alongside the provision of social care interventions within community treatments.

12. The service aims to deliver the social care aspects of national and local treatment strategies. During the next year the service will focus work to prioritise the delivery of services to prevent alcohol related harm and reduce alcohol related admissions to hospital.
13. **The Countywide Aspergers Service** – The service which was established in 2009 currently has a caseload of around 200 people with an increasing demand for services as more people are diagnosed and recognised with this condition. This service was previously managed through learning disability services; however this is now being transferred to the management of the Group Manager for mental health services following recognition that many people who have Aspergers syndrome and other high functioning autistic disorders also have associated mental health needs. The service delivers care management and assessment together with a range of professional support activities. The team is the first social care led Aspergers team in the Country, has won high praise for its work and is seen as an exemplar of good practice. People with Aspergers syndrome typically have fewer problems with speaking than others on the autism spectrum, but they do still have significant difficulties with communication that can be masked by their ability to speak fluently. They are also often of average or above average intelligence. Following transfer to mental health service management, the service will benefit from being part of the single point of access to mental health services across health and social care and will develop a re-ablement approach alongside other mental health services.
14. **Learning Disability Services** - The service delivers assessment, care management, professional support and commissions day services, residential and nursing care, supported living, respite care, home care, carer support to people with learning disabilities and people with associated Autistic Spectrum Disorders.
15. There are seven Community Learning Disability Teams (CLDTs) who provide integrated health and social care services across the County. The integrated teams consist of both health and social care professionals with joint management arrangements led by the local authority. In addition to the CLDTs, there are countywide services to commission supported living services, and to resettle people from long-term NHS care.
16. A learning disability is a lifelong disability which has been present from birth or has developed within the first few years after birth. Learning disabilities are usually defined as mild, moderate, or severe. Sometimes people are referred to as having profound and multiple learning disabilities (PMLD). People with a learning disability often also have other disabilities either physical or developmental, and many people have associated mental health needs.
17. There are approximately 2,400 people with a learning disability supported by the authority. There are above average numbers of people receiving residential care services and supported to live independently through supported living services, comparatively average numbers of people in receipt of direct payments and lower than average numbers placed in nursing care and supported to live at home with families, in receipt of domiciliary care.
18. A comparatively high proportion of people with a learning disability in Nottinghamshire have settled accommodation and paid employment which are national performance indicators to measure the level of social inclusion.

19. Alongside the aim to promote independence and choice, the service also aims to keep people safe. The County has a long history of safeguarding people with learning disabilities and continues to provide a robust and well managed response to concerns in this area. The Council is currently working with NHS colleagues to ensure that everyone who is inappropriately placed in specialist learning disability hospitals has the correct level of care and support and are able to move into the community in line with national policy to meet the recommendations of the inquiry into Winterbourne View Hospital in Gloucestershire.
20. **Autistic Spectrum Disorder services** - There are currently around 400 adults known to the County Council who have an Autistic Spectrum Disorder (ASD). Autism is defined as a lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them. The three main areas of difficulty, which all people with autism share, are known as the 'triad of impairments'. They are difficulties with:
- social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice)
 - social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own)
 - social imagination (e.g. problems in understanding and predicting other people's intentions and behaviour and imagining situations outside their own routine).
21. Many people with autism may experience some form of sensory sensitivity or under-sensitivity, for example to sounds, touch, tastes, smells, light or colours. People with autism often prefer to have a fixed routine and can find change incredibly difficult to cope with. Many people with autism may also have other conditions such as attention deficit hyperactivity disorder (ADHD), a learning disability or dyspraxia.
22. Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people. People with complex autism often have associated learning disabilities and are care managed through the Community Learning Disability Teams. Approximately 35% of people with severe learning disability will also have autism.
23. **Physical Disability Services** - These services deliver assessment, care management, community-based services, equipment, aids and adaptations, as well as commissioning residential and respite care services, home care and carer support.
24. There are three locality-based Physical Disability teams who provide integrated occupational therapy and social care services to people who have congenital and acquired disabilities, brain injuries and to people who have long-term conditions.
25. The occupational therapy services provide assessment for all younger adults and also work closely with district councils to assess people who may be eligible for disabled facilities grants.
26. All community-based care services are delivered through a personal budget to promote people's choice and independence. Over the last few years the physical disability services

have been at the forefront of delivering direct payments. There are comparatively high numbers of people supported through community-based services in receipt of a direct payment to purchase their own care and support, average numbers of people supported in residential and nursing provision and comparatively few people in receipt of domiciliary services.

27. Within the last year a reablement service has commenced which is providing people with a short-term intensive support service to build their confidence, develop independent living skills and connect to their local communities. This service is already achieving significant benefits for individuals whilst reducing people's reliance on social care funding.

28. Adult Visual and Sensory Impairment Services (ADVIS) - The Adult Visual and Sensory Impairment Service is a countywide service which commissions and provides services for all adults over 16 years who have a sensory or visual impairment.

29. The service delivers a reablement function alongside assessment and care management where people require a longer term involvement with the service. Over the last 12 months, over 80% of people referred have had their needs met through reablement or the provision of equipment.

30. The team delivers services to people through a range of provisions including assessment and delivery of equipment, professional support, interpreting, care management and rehabilitation.

31. **Day Services** - Day services are commissioned and provided to all eligible service users across all client groups. The majority of people accessing day services are older people and people with learning disabilities with lower numbers of people with physical disabilities and mental health needs.

32. The modernisation programme currently being undertaken in day services aims to provide a more efficient day service provision by directly providing services through an integrated model of care, developing the market for external provision, and ensuring a sustainable service through a robust cost and pricing model.

33. The County Council has refurbished day centre bases across the County, whilst bringing together four different staff teams under one new streamlined management team to deliver an integrated day service. The day service buildings provide a multi-purpose facility offering social support, personal care and activities for daily living to a wide range of people. The day service bases are:

Local District	Day Service Base
Bassetlaw	Worksop Library Bassetlaw Day Services (Eastgate), Worksop Bassetlaw Day Services (Retford Site) (Grove Street), Retford
Mansfield	Mansfield Day Services (Red Oaks), Rainworth
Ashfield	Ashfield Day Services (Willow Wood), Sutton-in-Ashfield
Newark & Sherwood	Newark and Sherwood Day Services (Newark Site) (Balderton), Newark

	Newark and Sherwood Day Services (Whitewater), Ollerton Newark and Sherwood Day Services (Southwell Site) (Three Spires), Southwell
Rushcliffe	Rushcliffe Day Services (BGR Resource Centre), West Bridgford Rushcliffe and Gedling Day Services (Moorlands), Bingham
Gedling	Gedling Day Services (Ernehale Lea), Arnold Gedling Day Services (Netherfield Site) (Ley Street), Netherfield
Broxtowe	Broxtowe Day Services (Beeston Site) (Middle Street), Beeston Broxtowe Day Services (Barncroft), Chilwell

34. The day services also manage and oversee the iWORK employment development team. This team provides individual work placement support and training to people with a learning disability / ASD. The team have been successful in increasing the numbers of people gaining paid employment. The team also works closely with children and young people's services to provide opportunities for young disabled people to gain employment and is recognised as a good practice exemplar within the region and nationally. The team's work was cited as an area of good practice within the Social Care White Paper¹.
35. **Residential services** – These services include the provision of respite care and short breaks from four purpose built units across the County and residential care services from one residential care home in Eastwood.
36. The residential short breaks services run by the County Council are shown in the table below:

Service	Location	District	Standard Beds	Emergency Beds	Total
Helmsley Road	Rainworth	Newark & Sherwood	8	4	12
Holles Street	Worksop	Bassetlaw	10		10
Kingsbridge Way	Beeston	Broxtowe	10		10
Wynhill Lodge	Bingham	Rushcliffe	10		10
Total Beds			38	4	42

37. The directly provided short breaks facilities were developed between 2002 and 2008 as part of a strategy to close older residential long-stay accommodation and replace this with short breaks and respite care. All services are registered services with the Care Quality Commission. The current admissions policy states that the services are to provide for people with moderate to severe learning disabilities, and in exceptional circumstances people with mild learning disabilities where carers needs require it. The services are commissioned by the district-based Community Learning Disability Teams. The costs of the service range from £1,500 to £2,000 per week/per bed.
38. The residential care home at Church Street in Eastwood has 7 beds and provides long term care to people with a learning disability. The cost of the service at around £1200 per week is comparable to independent sector costs for people with similar levels of need

¹ [Caring for our Future – White Paper](#)

39. **Shared Lives** - The current Shared Lives service provides for people with a learning disability to access care and support whilst living with an adult placement family. This support may be on a short-term respite basis or in the longer term on a permanent basis, but in both cases the placement family effectively share their lives with a person in need of support. This form of care provision provides excellent outcomes for individuals and is cost effective in comparison to other forms of residential care.
40. Nationally there has been a shift in thinking to consider whether this form of care could be expanded to provide an alternative to other traditional models of care such as day care or hospital discharge as well as to consider how beneficial it may be to help other groups of vulnerable people. The Council is, therefore, undertaking a project to expand the existing service across all client and service user groups and to provide a range of care and support. In doing so, the Council anticipates making more effective use of existing resources, whilst also making a reduction to predicted future expenditure.

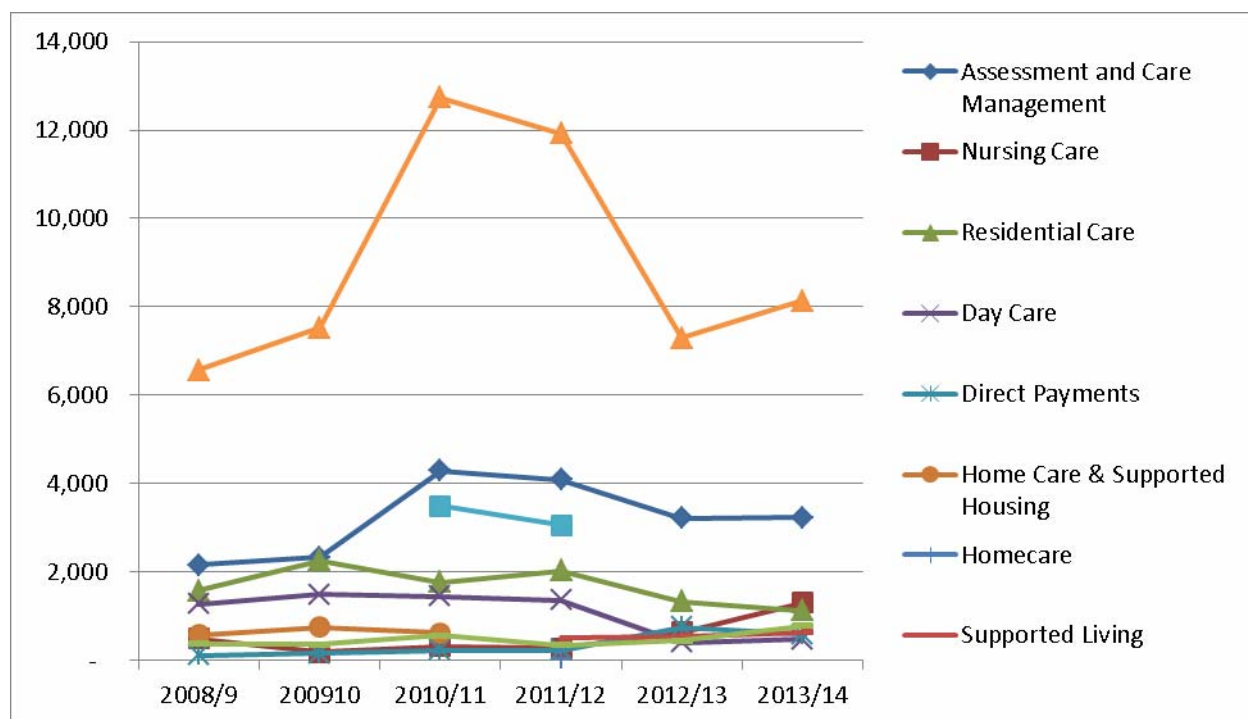
Budget

41. The gross expenditure of the County Council on these services in 2013/2014 is £130m, with a net overall budget for this service area equating to £112m.
42. Over the course of the last few years the younger adults services have achieved savings and efficiencies of over £12m. Savings have been achieved through reduced expenditure in community care budgets, on the day services, short breaks provision, commissioned services, out of area services, staffing and accommodation costs. Much of this work has focussed on negotiating improved value in supplier costs and ensuring that peoples' needs are being met in the most effective way, alongside efficiency savings within direct services such as consolidating the emergency bed provision in short breaks services.
43. Further efficiencies and cost reductions are expected to be achieved this year through a continued focus on commissioning and procurement, and initiatives aimed to promote people's independence whilst delivering improved value for money for the authority.
44. However the younger adults' service continues to present budgetary challenges due to the increased demand for services. Improvements in health and social care services mean that the number of disabled people in the population is increasing and this is particularly so for people with complex needs who may have severe and profound disabilities. Each year we are seeing more children and young people with disabilities going through the transition into adult services, and because people with complex disabilities are living longer, there are increasing demands on services for people who are living with life limiting conditions and frailties which place increasing burdens on families and carers.
45. Nationally, and locally it has been recognised that this area presents the greatest pressure on social care expenditure. Learning disability services are of particular note in relation to increased demand. The national Public Health Observatory (PHO) has recognised this issue in the 2013 annual report on Improving Health and Lives, which notes that between 2005 and 2011 there has been a compound annual growth rate of (accounting for inflation and other factors) 22.7% per annum in social care expenditure. In addition the Association of Directors of Adult Social Services (ADASS) report earlier this year noted concern by all local authorities about budget pressures in this area of service.

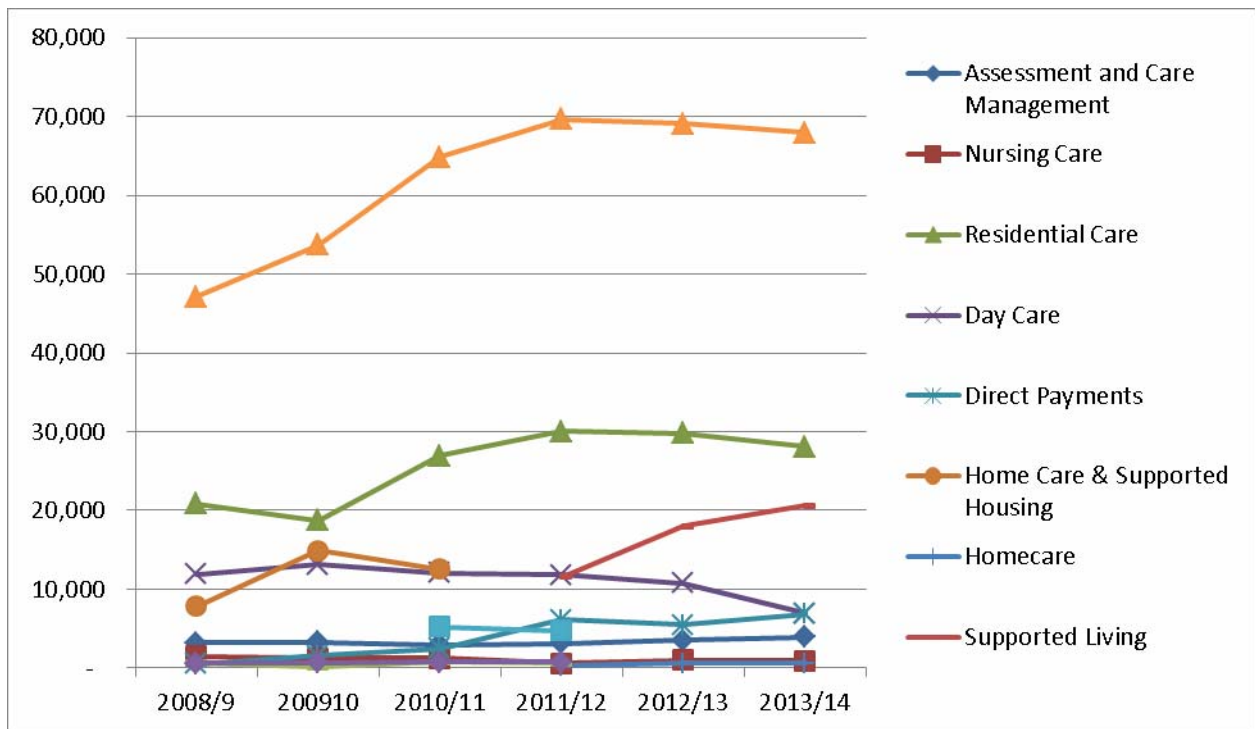
46. Whilst the service has been very successful in containing expenditure in recent years, the Medium Term Financial plan has contained a budget pressure of £6m per annum over the course of the last three years. Efficiencies and other savings have meant that we have been able to manage the budget without drawing down the full budget pressure requirement, saving the Council over £5m during this period. However it is unlikely that this level of expenditure can be maintained over the next few years. The PHO report shows that the most significant increase in budgets across all authorities has occurred between 2011–2013, the period when Nottinghamshire managed to halt expenditure, therefore it is anticipated that further growth will be required in the short and medium term. Currently there is an assumed budget pressure of £17m over the next three years within the medium term financial plan.

47. The budget profiles over the last six years for each of the main service areas are shown below

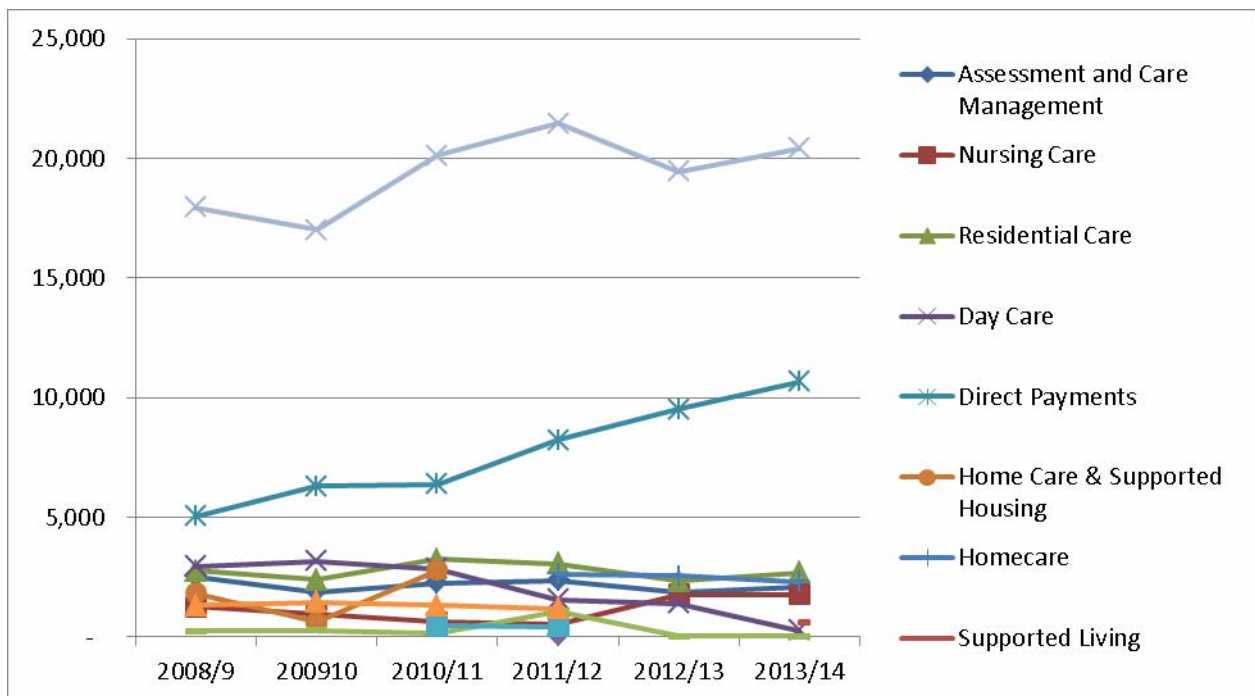
Mental Health



Learning Disability



Physical Disability



Performance

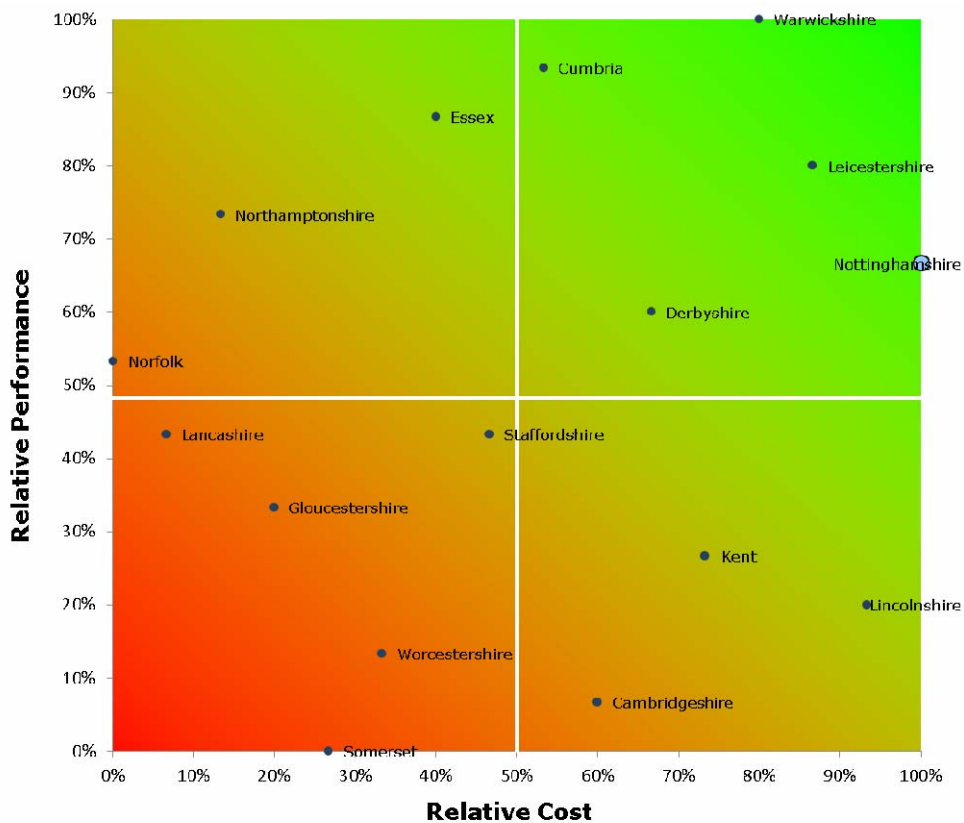
48. Overall performance of the services is good and benchmarking analysis shows above average performance in each of the service areas.

49. Areas of good practice and high performance include, supporting people to live independently, supporting people with learning disabilities into paid employment, delivery of personal budgets and the numbers of people in receipt of direct payments.

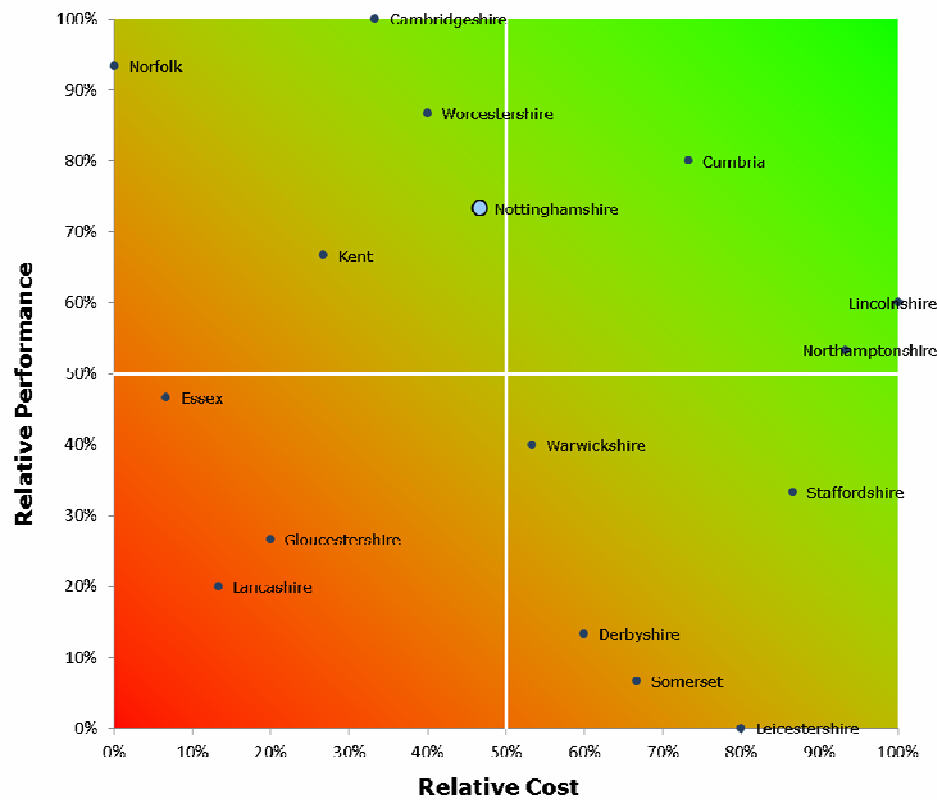
50. Areas for development where performance can be improved include timely access to assessment, and reducing the numbers of people in long term care.

51. The charts below highlight relative performance in comparison to comparator authorities.

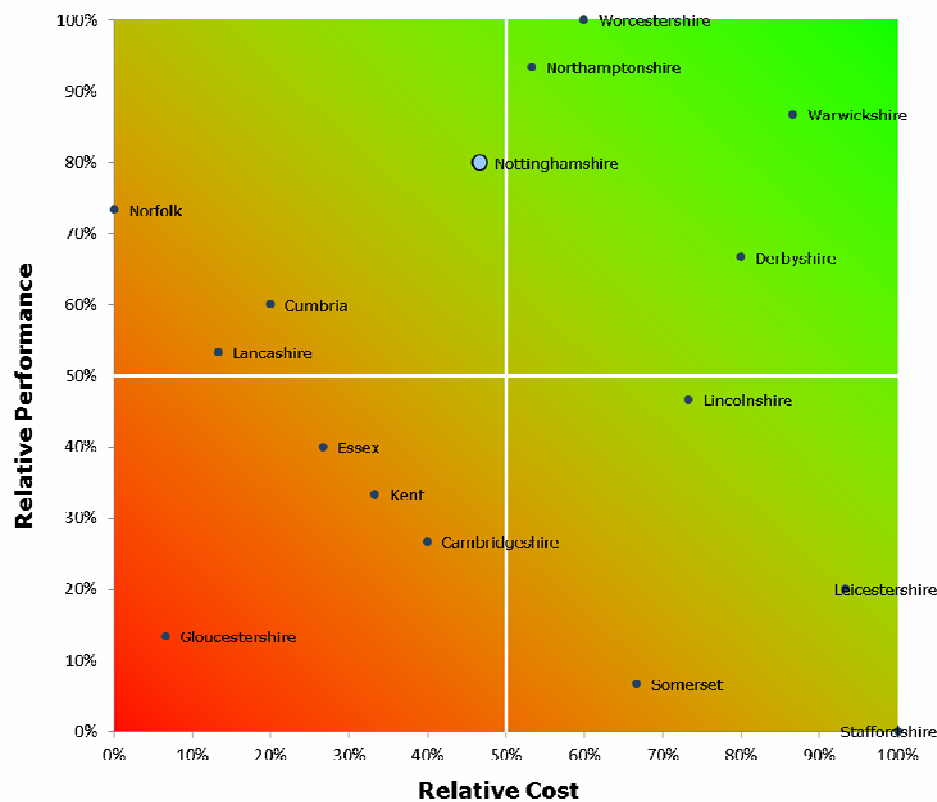
Mental Health



Learning Disability



Physical Disability



Key Challenges

52. Safeguarding Adults continues to be a central focus of work for which there is a long history of service stretching back over ten years within the County. Nottinghamshire was a pioneer of Adult Protection services for learning disabled adults and this is reflected in the comparatively high numbers of safeguarding alerts and investigations undertaken in the County. The development of the Multi-Agency Safeguarding Hub (MASH) and the pathways to services document should help services to manage this increasingly important area of service. The mental health service is also now an integral member of the locality-based anti-social behaviour forums and domestic violence forums. However the recent examples of institutional abuse highlighted in other areas of the Country such as Winterbourne View in Gloucestershire have served to further highlight this area of work. We are working closely with NHS colleagues to address these concerns and ensure that there is adequate provision locally to support people who have complex disabilities, mental ill health and behaviours which challenge services.
53. The service continues to work toward reducing the numbers of people in long-term residential and nursing care, through the development of supported living alternatives and enhanced respite care services. However, the availability of affordable housing can cause delays in disabled people being able to find suitable and appropriate accommodation to meet their needs. The Council is currently seeking alternative sources of capital funding and developing an approved list of housing and accommodation providers to address this issue.
54. The service works jointly with health services to ensure that people can have their needs met as close to home as possible and with the right balance of health and social care services to meet their needs. However, numbers of people in out of area placements and / or who have inappropriate care arrangements in the NHS remains high and the authority is working closely with NHS colleagues to develop new pathways and care provisions to meet people's needs in a more appropriate and less restrictive manner. At the same time ensuring that people have access to health services and health funding where this meets their needs.

Areas of Development

55. The Council will be looking to develop a number of areas of service over the next few years where this can be shown to increase people's independence, enhance people's experience of social care services, enhance the quality of their care, or delay their need for care. All developments will be taken forward with the overall aim of increasing service efficiency and reducing the cost of care.
56. Key areas of development include:
- Ensuring people are able to live as independently as possible for as long as possible. We will commission and provide support to maintain and develop people's independence, whilst ensuring that services do not create dependency or limit potential.
 - Making sure we derive the best possible use of resources such that all services are commissioned to provide the best economic value both to the service user and to the wider population of Nottinghamshire. We will develop new and innovative

approaches to commissioning and procurement which ensure quality and cost are aligned.

- Promoting individual resilience through development of prevention and early intervention services where these can demonstrate improved outcomes and economic benefit. We will aim to ensure all interventions are undertaken in a timely manner with effective transitions between services and organisational boundaries.
- Offering support to individuals and families to make choices about how to meet eligible needs through person centred approaches and a robust but proportionate approach to risk enablement and risk management.
- Working with partners to commission services which ensure people have opportunities to participate and contribute fully in their communities. We will develop services which ensure recovery from illness and build on individual abilities to promote independence.
- Ensuring all services are commissioned to meet the specified outcomes of individuals and groups, and bringing market developments in line with evidence of individual outcomes.
- Robustly assuring the quality of services, developing proportionate approaches to safeguarding, quality assurance and quality monitoring and audit arrangements. We will take appropriate and timely action where quality of care is in need of improvement.

Reason/s for Recommendations

57. This report is for information only and there are no recommendations made.

Statutory and Policy Implications

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

RECOMMENDATION/S

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

JON WILSON

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For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments (KAS 08/07/2013)

60. There are no financial implications arising from this report.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All.

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