



12 September 2016

Agenda Item: 4

**REPORT OF TRANSFORMATION DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION**

ADULT SOCIAL CARE STRATEGY UPDATE AND NEXT STEPS

Purpose of the Report

1. To update Committee on the progress being delivered by the Adult Social Care, Health and Public Protection Department in implementing the Adult Social Care Strategy.
2. To seek Committee approval for developing a new phase of the Adult Social Care Strategy to deliver further savings by developing opportunities to promote independence and manage demand to reduce the cost of support packages.
3. To seek approval for the establishment and funding of an additional temporary 1 FTE Team Manager (Band D subject to job evaluation) post to support this new phase for a six month period.

Information and Advice

4. Updates on the achievements of the Adult Social Care Strategy to date have been published quarterly to Policy Committee and are listed as background papers to this report. More detail of the work the department has been doing to implement the strategy including strengthening the Council's offer to carers and providing information, advice and guidance to support prevention and promote independence can be found in the Care Act report, also on the agenda of today's Committee meeting.
5. In the last six years Nottinghamshire, in common with other local authorities, has seen a reduction in budgets alongside demographic changes which mean, without preventative action, a large increase in demand for the Council's social care services. In Nottinghamshire there has been an overall 20% decrease in the Adult Social Care budget since 2010. 'Cost pressures relating to the increased numbers of older and disabled people needing care and support continue to run at 3% per year. Nationally this equates to £350m additional costs in 2015/16, of which 76% was funded by councils (£270m).' (Association of Directors of Adult Social Services (ADASS) annual Budget Survey 2015 Report). The equivalent effect in Nottinghamshire is £6-7 million every year based on the net social care budget.
6. Adult Social Care, Health and Public Protection (ASCH&PP) Department has a well embedded Adult Social Care Strategy based on preventative and targeted intervention to promote greater independence. In this first phase of implementing the strategy good results have been delivered by the Council in managing demand through promoting

greater independence for service users in ways that save the Council money and also continue to deliver safe and good quality outcomes for the people of Nottinghamshire. For example, the Council is providing more information and advice as well as signposting people to existing community resources as early as possible after they are first in contact. The Council has relaunched Notts Help Yourself, an online directory of services, and invested in a new Connect service that can help people who are starting to struggle with things or are feeling lonely. The Council is responding to people in quicker ways such as by telephone, online or in clinics where it is appropriate to do so. Carers' Support Workers have done assessments of carers by telephone and the Council has received very positive feedback about this approach.

7. Where the Council does provide services, it is looking at short-term solutions before considering long-term support that may increase a person's dependency. For example, short-term reablement support which is focused on supporting people to regain their ability to live more independently. Nottinghamshire has one of the highest figures for keeping people at home after reablement.
8. Since 2011 there are savings plans, either achieved or planned, totalling £96 million. £67 million of the savings have been achieved to date and plans are in place to achieve a further £29 million. On top of this, there are further savings required in 2017/18 and beyond. The Strategy and phase one of its implementation has helped to underpin these savings by creating a framework under which savings projects can be developed and delivered. In addition to these savings, implementing phase one of the Strategy has also meant that the department has not made any budget pressures requests for the older adults' budget in the past few years and reduced the level of pressure money required for the younger adults budget, despite the national trend referenced above.
9. ASCH has benchmarked its services against data presented within the CIPFA reports based on latest available local authority returns data. The overall conclusion would suggest that in the areas focused upon for major care groups, Nottinghamshire County Council cannot be considered as a high spending authority and in a number of areas can be seen as a low spending authority. The average spend per head of the adult population for both long term and short term care for all adults major client groups in Nottinghamshire is £243.68 against the comparator group average which is £255.30. There is also evidence to suggest that Nottinghamshire County Council spends money efficiently when compared with its statistical neighbours. For the key care group of learning disability the evidence suggests that demand and the cost of services nationally is rising due to demographic changes, although Nottinghamshire spends £8 less per head of the adult population than other comparator local authorities. Although encouraging in itself, this evidence suggests that further scope to reduce costs and save money is highly challenging.
10. It is proposed that a second phase of the Adult Social Care Strategy is developed with a greater focus on preventative actions, targeted interventions, accessing a wider range of support and an emphasis on good support planning to further embed the principles of promoting independence. This approach is evidence based and is informed by research into good practice, analysis of data and national research including from Professor John Bolton's recently published work (IPC: What are the opportunities and threats for further savings in adult social care? February 2016). This work was a study of the savings made in six councils, including Nottinghamshire. The study found that the councils had little

further room to deliver savings. However the study did find that there were some opportunities to further develop their approach to managing demand which may lead to further cost reductions. These opportunities included: a continued emphasis on preventative interventions; a focussed effort on support planning with outcomes that help people live independent lives; and finding solutions that enable people to remain out of the formal care system.

11. A business case has been developed that builds on work delivered to date during phase one of the Strategy, refining the approach and embedding the strategy further and in new ways. This is predicted to deliver savings of £1.1m over the next three years. Resources for phase 2 of the strategy have been submitted for consideration as part of the Better Care Fund Report also on the agenda of today's Committee meeting. This report provides more detail about these projects.
12. The business cases focuses on four key areas:

Support planning

13. The support plan is one of the most important parts of social care; it is a plan of how the Council will help people to achieve their outcomes and, done well, it can improve people's opportunities to maximise their independence and quality of life, enabling them to lead their lives as they want and as best they can.

Recent evidence indicates that Adult Social Care have been very successful at managing demand. However, the overall average cost of packages are increasing in the community. This might be explained by the complexity of needs of people receiving paid for support or the higher prices paid for social care. The reasons for this require further investigation, but evidence from other sources, such as audits, suggests that there is the potential of further savings in support planning.

14. This work will aim to reduce the cost of new personal budgets through a focused approach to support planning. This can be achieved by ensuring all alternatives to formal social care have been considered, establishing a framework for positive risk taking, a focus on short term goals and reducing personal budgets once these goals have been met.

Community independence work

15. This is a focussed approach to finding existing community solutions that support individuals to live more independent lives and enable them to remain outside of the formal and paid for social care system.

Further changes in learning disabilities

16. One area of significant spend for the department is learning disability services. It is proposed to develop a targeted strand to address the particular challenges in learning disabilities to reduce costs in personal budgets. There are already a number of projects to reduce costs and help people live more independently. Over recent years, Nottinghamshire has been successful in managing costs in learning disabilities and this is evidenced by lower than average costs in comparison to other local authorities in its

comparator group. However, this is against a backdrop of all local authorities finding learning disability services have continued to increase in cost over the last five years, due to increased demand and expectations around the opportunities and choices of service users with a learning disability. Yet there is emerging evidence of some local authorities being able to maintain costs through a focused programme of activity. This includes the development of a targeted reablement service for people with learning disabilities to improve outcomes for independent living.

Building Community Resources

17. The Council alongside its partners, needs to support local communities to reach out to people who could be at risk of entering social care and health services. This project is called Age Friendly Nottinghamshire and it will pro-actively reach out to people to access community support at an early stage.
18. There is a particular focus on building local relationships to help people experiencing loneliness and social isolation to make connections in their community. Unlike other preventative interventions, this project does not rely on a referral pathway, which means that people do not have to be in touch with services or present with a problem. This project will be located in communities taking proactive action to find people who would benefit from community support.
19. The project will also build on local resources in communities and will facilitate activity that is resident led. This project complements the Connect service, which provides a more targeted preventative intervention, for people who present with a need for short term help to avoid the need for long term health or social care support.

Resource to deliver Phase 2 of the Strategy

20. The proposal to establish posts funded by the Better Care Fund to implement Phase 2 of the Strategy is also included in a separate report on the agenda of today's Committee meeting. This report seeks funding and approval to establish an additional one FTE Team Manager post (Band D, subject to job evaluation) to support the delivery of the work on cultural change in the Learning Disability Service for a period of six months. This would be at a cost of £27,354 funded from existing reserves.

Other Options Considered

21. To continue to use the Adult Social Care Strategy to continue to promote independence. However, without the additional resources to invest in preventative actions, it is not felt that this approach will yield any further significant savings or increase the quality of the service offer for the people supported.

Reason/s for Recommendation/s

22. For ASCH Committee to support Phase 2 projects to further develop the Adult Social Care Strategy, which will contribute to enabling ASCH to reduce demand and costs for formal social care services through promoting independence and targeted interventions.

Statutory and Policy Implications

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

Financial Implications

24. The additional 1 FTE Team Manager (Band D, subject to job evaluation) post proposed would be at a cost of £27,354 for six months from date of appointment funded from existing reserves.

Human Resources Implications

25. The post will be recruited to on a fixed term contract.

Public Sector Equality Duty implications

26. An Equality Impact Assessment has been undertaken and is available as a background paper. Whilst there is the potential that some service users will see a reduction in their personal budgets as a negative impact, reductions will only occur in some cases where there are alternative ways to meet outcomes by using different more cost effective solutions. The service user groups affected will be older adults or people with learning disabilities.

Safeguarding of Children and Adults at Risk Implications

27. It is proposed that greater use of risk assessment tools will help to ensure that work with people with learning disabilities to promote independence is based on sound assessment practice, ensures positive risk taking is safe and that this work does not create unwarranted increases in safeguarding concerns.

Implications for Service Users

28. Reviewing activity in learning disability will focus on progressing service users' skills and abilities in order to continually promote their independence. This should be a positive process for service users as it helps them to live healthier and more independent lives. However it may mean that some service users have access to less formal support and for some people this will take some getting used to. However each service user will be individually reviewed and work will be undertaken with them and their circle of support over time to assess and promote their ability to be independent and this process should be a partnership between the Council, service users and families

Ways of Working Implications

29. There are no significant ways of working implications for the additional post contained within this report. The work it proposes to undertake as part of Phase 2 of the ASC Strategy would complement the corporate programmes around ways of working such as Smarter Working.

RECOMMENDATION/S

That the Committee:

- 1) notes the progress being made by the Adult Social Care, Health and Public Protection department in implementing the Adult Social Care Strategy
- 2) approves the development of Phase 2 of the Adult Social Care Strategy to deliver further savings by developing opportunities to promote independence and manage demand to reduce the cost of support packages
- 3) approves the establishment and funding of 1 FTE Team Manager (Band D, subject to job evaluation) for six months from date of appointment, funded through use of reserves to enable delivery of Phase 2 of the Adult Social Care Strategy.

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Constitutional Comments (SLB 15/08/16)

30. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require reports regarding changes to staffing structures to include HR advice, and for consultation to take place with the recognised trade unions.

Financial Comments (KAS 12/08/16)

31. The financial implications are contained within paragraph 24 of the report.

Background Papers and Published Documents

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

ADASS annual Budget Survey 2015 Report - <https://www.adass.org.uk/media/4340/adass-budget-survey-2015-report-final-v2.pdf>

IPC: What are the opportunities and threats for further savings in adult social care February 2016-

https://ipc.brookes.ac.uk/publications/John_Bolton_What_are_the_opportunities_for_further_savings_in_adult_social_care_Feb_2016.pdf

Quarterly Update on ASCH Progress against Redefining Your Council – report to Policy Committee on 15 June 2016

Equality Impact Assessment - EQIA Strategy Phase 2

Electoral Division(s) and Member(s) Affected

All.

ASCH420