



9 June 2014

Agenda Item: Urgent Item

**REPORT OF THE SERVICE DIRECTOR NORTH AND MID
NOTTINGHAMSHIRE FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC
PROTECTION**

**OLDER PEOPLE COMMUNITY CARE AND RESIDENTIAL CARE DELIVERY
GROUP REPORT**

Purpose of the Report

1. The purpose of this report is to update the Committee on progress made to date with the work and savings that fall within the scope of the Older People Community Care & Residential Care Delivery Group.

Information and Advice

2. The Delivery Group has a total target savings of £6.631 million broken down in to a number of projects and a programme as below;
 - Reducing Community Care Spend - £2.664m (including Handy Person Adaptation Service - HPAS)
 - Living at Home – £1.377m
 - Reablement - £1.510m
 - Intermediate Care - £1.080m
3. The initial meeting of the group has taken place with the Terms of Reference for the group meetings being agreed.
4. **Reducing Community Care Spend** – there are a range of services available to older adults that provide care and support in community settings. A key challenge for the Council is to provide the right level of support at the right time and in the right way. Experience shows that in some cases the Council need to ensure that budgets are not over provided, thereby creating dependency rather than enabling independence, for example where a service user has gone into hospital or taken a holiday. Homecare providers sometimes under deliver when a visit has been cancelled or the individual has gone in to hospital. Where the support is managed directly by the Council there is a mechanism to recover this money but where the individual has a Direct Payment individual audits are required. The electronic system used for this purpose revealed a 17% difference between the care delivered and the actual hours commissioned.
5. This project addresses the issues by reviewing packages with the aim of reducing the Community Care spend across all areas. This would result in;

- 1) Direct Payments – a number of approaches are being explored including reviewing initial payments, targeting reviews to ensure that people are receiving the support they require.
- 2) External Day Care – reviewing provision commissioned externally from the independent, voluntary and private sectors
- 3) Home Care – a separate Home Based Services Project will contribute in the reduction in spend on Home Care. The Council will also review cases where there has been a rise in the number of people requiring additional care staff to undertake home visits and explore ways of reducing the number of cases where there are two carers to support someone at home. Targeted staff training will facilitate this change with the use of new techniques and equipment.
- 4) Payments made under the Chronically Sick and Disabled Person's Act (CSDPA) 1970 – These include telephone line rental payments and payments for Talking Books. The Act gives local Authorities a duty to assist disabled people with a provision of a whole range of services including equipment and adaptations. Where people are no longer eligible the service provision will cease.

6. The draft Plan includes:

- An agreed programme of targeted reviews
- A list of direct payment packages where the Council pays a higher unit cost than that of a managed service
- A completed Benefits Realisation Plan
- An agreed process to track project benefits and all contributing cashable savings
- A report on the return on investment of increasing the number and frequency of bank account audits for those people on Direct Payments
- A decision on whether or not to apply a slippage rate to Direct Payments and the cost benefit of doing this.

7. **Living at Home (LAH)** – Enabling older adults to remain as independent as possible and live at home for as long as possible, rather than receiving long term services in an establishment.

8. In recent years the proportion of older adults in Nottinghamshire supported in long term residential care has been higher than both the East Midlands and the national average. Compared to other shire counties in the East Midlands Nottinghamshire still supports more older adults in permanent Residential or Nursing Care per 100,000 population, although it was one of only two local authorities in the East Midlands to see a decrease in 2010/11 and 2012/13.

9. When looking at the proportion of older adults supported in residential care it is important to examine admission trends and average age of entry. Nottinghamshire has improved and is below the average for the East Midlands in terms of people entering residential care and the average age of entry which was 83 is now 85 years which is closer to the national average of 86 years.

10. The overarching objectives of the programme are to ensure NCC saves £1.377m by March 2017 by achieving the following annual net reductions in overall number of older people in Long Term Care (LTC):
 - 162 net reduction in 2014/15
 - 181 net reduction in 2015/16
 - 166 net reduction in 2016/17
11. In order to achieve successful reductions in admissions to long term care there needs to be in place appropriate alternative options. The programme has structured the work into 3 themes which are;
 - appropriate Housing and accommodation for older adults (a joint Housing Strategy is being developed with all of the 7 District and Borough Council's across the County led by the County Council)
 - joint Working with Health
 - changing Culture, Training and Expectations re care for older adults at/close to home
12. As a result of the successful delivery of this overarching objective, the County Council should see a shift in the balance of overall funding spent on older adults. In 2011/12, approximately 55% of the Older Adults budget was spent on residential care and 45% on community care. The Department of Health (DoH) has previously recommended that the balance should ideally be 40% on residential care and 60% on community care
13. A Benefits Realisation Plan has been drafted and further work is currently being undertaken to finalise the forecasting model that will be used to track admissions to and discharges from residential care.
14. Extra Care Housing is one of the alternative services being developed and the target of 160 places that the Council will have nomination rights across the County is running on track. Five schemes are currently in progress with planning permission granted on 4 schemes to date.
 - Gedling Extra Care Scheme, St Andrews House – 15 nominated units by early 2015
 - Retford Extra Care Scheme, Former Walker Street School site – 25 nominated units by Autumn 2015
 - Eastwood Extra Care Scheme, Walker Street Site – 30 nominated units by Autumn 2015
 - Mansfield Extra Care Scheme, Brownlow Road site – 48 nominated units by summer 2015
 - Ashfield Extra Care Darlison Court – 10 nominated units by Autumn 2015.
15. The extra care strategy so far has seen the Council undertake a successful tender process which has secured a consortium who are building 2 new schemes and also partnering arrangements developed with 2 District Councils who are also building new schemes. The scheme being undertaken with Mansfield District Council will see specialise bungalows designed and built specifically for people with Dementia. The scheme secured Department of Health Grant Funding and has just been mentioned in a national Housing Publication.

16. Work is continuing to look at opportunities that could be developed to deliver further schemes.
17. **Reablement Project** - Due to the recent change in the management structure of the START service it has been necessary to review and reconsider options to achieve the 30% reduction in operating costs.
18. The project sponsor, project lead and operational team managers for the START service have met to review the current project business case. An options paper is being prepared by the START Project Lead which will define options to achieve 30% savings from 2014.
19. **Intermediate Care Project** - services are currently being reviewed and remodelled in line with the plans that are being developed with the clinical commissioning groups (CCG's) to better integrate health and social care services, whilst also taking into account the ASCH & PP business case on intermediate care and START
20. These plans are focused on the three areas of South Nottinghamshire, Mid Nottinghamshire and Bassetlaw to reflect local needs and to respond to demand for services from the main acute hospitals in these areas. The remodelled services will include greater alignment or integration between intermediate care, primary care services and START in order to reduce duplication, streamline pathways and improve responsiveness of services.

Other Options Considered

21. There are no other options to outline as this report aims to update Committee on progress to date of the newly formed delivery group.

Reason/s for Recommendation/s

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

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 only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

24. These are set out in the body of the report

Public Sector Equality Duty implications

25. An Equalities Impact Assessment has been completed for all projects

RECOMMENDATION/S

It is recommended that;

- 1) The Committee note the contents of this update report.
- 2) The Committee to receive a further progress report in 6 months

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Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All.