

## Adult Social Care and Health Committee

**Monday, 12 September 2016 at 10:30**

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

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### AGENDA

|    |  |         |
|----|--|---------|
| 1  | Minutes of the last meeting held on 11 July 2016   | 3 - 6   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Adult Social Care Strategy and Next Steps  | 7 - 14  |
| 5  | Better Care Fund - Proposed Allocation of Care Act Funding   | 15 - 24 |
| 6  | Care Act 2014 - Implementation Update  | 25 - 34 |
| 7  | Adult Social Care and Health - Overview of Developments  | 35 - 46 |
| 8  | Integrated Carers Strategy Update  | 47 - 58 |
| 9  | Performance Update for Adult Social Care and Health  | 59 - 66 |
| 10 | Deprivation of Liberty Safeguards  | 67 - 76 |
| 11 | Work Programme   | 77 - 82 |

## 12 Exclusion of the Public

The Committee will be invited to resolve:-

“That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

Note

If this is agreed, the public will have to leave the meeting during consideration of the following item.

## 13 Exempt Appendix to Item 10 - Deprivation of Liberty Safeguards

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

### **Notes**

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 11 July 2016 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Mike Pringle (in the Chair)

Steve Carroll  
John Cottee  
Jim Creamer  
Sybil Fielding  
Kate Foale

A

Richard Jackson  
Bruce Laughton  
David Martin  
Liz Plant  
Jacky Williams

**OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, ASCH&PP  
Sue Batty, Service Director, ASCH&PP  
Sue Bearman, Senior Solicitor, Resources  
Paul Boyd, Project Manager, Resources  
Angie Burrows, Programme Officer, Resources  
Jane Cashmore, Commissioning Manager, ASCH&PP  
Diane Clayton, Team Manager, Quality and Market Management, ASCH&PP  
Paul Davies, Advanced Democratic Services Officer, Resources  
Cherry Dunk, Group Manager, Quality and Market Management, ASCH&PP  
Michael Fowler, Category Manager, Resources  
Ainsley MacDonnell, Service Director, ASCH&PP  
Paul McKay, Service Director, ASCH&PP  
Jane North, Transformation Programme Director, ASCH&PP  
David Pearson, Corporate Director, ASCH&PP

**CHAIR**

In the absence of the Chair and Vice-Chair, Councillor Mike Pringle was elected to chair the meeting.

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 13 June 2016 were confirmed and signed by the Chair.

**MEMBERSHIP**

It was noted that Councillors Carroll, Creamer, Foale, Jackson, Laughton and Plant had been appointed for this meeting only in place of Councillors Bell, Skelding, Weisz, Yates, Wallace and Woodhead.

## **APOLOGY FOR ABSENCE**

An apology for absence was received from Councillor Bruce Laughton (other reason).

## **DECLARATION OF INTERESTS BY MEMBERS AND OFFICERS**

None

## **PATHWAYS END OF LIFE SERVICE FOR CARERS**

### **RESOLVED 2016/057**

- (1) That the changes and interim arrangements for the Pathways Service be noted.
- (2) That officers progress stakeholder consultation and re-tender of the existing Pathways Service, assuming no significant changes to the existing model are required, in which case a further report will be brought to committee.

## **SELECTION PROCESS FOR SOCIAL CARE PROVIDERS TO JOIN THE MID-NOTTINGHAMSHIRE “BETTER TOGETHER” ALLIANCE**

### **RESOLVED 2016/058**

That the application process referred to in paragraphs 15 to 17 (inclusive) of the report be undertaken for the purposes of selecting the most capable and suitable social care provider/s to join the Mid-Nottinghamshire “Better Together” Alliance.

## **TRANSFORMATION PROGRAMME – INTEGRATION IN SOUTH AND NORTH NOTTINGHAMSHIRE**

### **RESOLVED 2016/059**

- (1) That the update on progress on integration with health partners in both the South Nottinghamshire and Bassetlaw planning units be noted.
- (2) That the Better Care Funding, which was agreed at the Better Care Fund Board in May 2016, be allocated to fund the three Transformation posts identified in paragraph 18 of the report.
- (3) That a temporary post of Bassetlaw Transformation Manager, Band E, be established for two years.
- (4) That funding for the South Nottinghamshire posts be transferred to Rushcliffe Clinical Commissioning Group as employer for these positions.

## **TENDER FOR OLDER PEOPLE’S HOME BASED CARE AND SUPPORT SERVICES**

Officers gave a presentation to explain the scope, aims and timescales for the procurement of older people’s home based care and support services.

## **RESOLVED 2016/060**

- (1) That the commencement of the re-tender of home based care and support services be approved.
- (2) That the mechanism of establishing a list of accredited providers for home based care and support services through the use of a Dynamic Purchasing System be approved.
- (3) That approval be given to the proposal to build in a process for determining and allocating an annual inflationary increase to the home care and support contracts to take into account cost pressures arising from the increases in the National Living Wage over the contract period.

## **NOTTINGHAMSHIRE FIRST CONTACT SCHEME – REVISED PROPOSAL TO CEASE THE SCHEME**

### **RESOLVED: 2016/061**

That approval be given to cease the First Contact Scheme when the current Service Level Agreement ends on 30 September 2016.

### **WORK PROGRAMME**

### **RESOLVED: 2016/062**

That the work programme be noted.

The meeting closed at 11.50 am.

**CHAIR**





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.

### Jane North

**Transformation Director, Adult Social Care, Health and Public Protection**

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

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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](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



**12 September 2016****Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, MID-NOTTINGHAMSHIRE****BETTER CARE FUND – PROPOSED ALLOCATION OF CARE ACT FUNDING****Purpose of the Report**

1. To inform Committee of the use of the Care Act funding allocation contained within the Better Care Fund during 2015/16 and to advise on the amount that has remained as an underspend and has subsequently been carried over to 2016/17.
2. To inform Committee of the allocation of the recurrent Care Act funding within the BCF of £1.983m and to advise of the projects and schemes to be funded.
3. To seek approval for the establishment of the posts required in order to enable the delivery of the projects and schemes.

**Information and Advice**

4. The Better Care Fund (BCF) is a means by which NHS organisations and local authorities work together and invest in a range of health and social care services which support people to remain living independently. The focus of the BCF is to reduce avoidable hospital admissions, provide responsive services which enable people to return home from hospital in a timely way and which support people to remain at home with the right care and support. The BCF aims to respond to service user and carer feedback, thereby improving the quality and effectiveness of services.

**Care Act 2014 Funding Allocation in the BCF**

5. At the start of 2015/16, central government allocated, via the BCF, an element of funding specifically for the implementation of the Care Act, 2014. Nottinghamshire's allocation of the BCF Care Act funding was £1.983m. At this time, the funding was only secured for a one year period.
6. Throughout 2015/16 whilst monitoring the Care Act spend it was clear that there would be an underspend of the allocated funding. This was, in the main, due to the government's postponement of Part 2 of the Care Act which meant that some of the services and staffing resources previously expected were no longer required. At the time, it was not known whether the Department of Health would require this element of the funding to be returned to central government. In addition to this, there have been a number of other factors including a period of very high number of staff vacancies which are now being recruited into.

7. As such, the underspend from the Care Act allocation was £1.6m and having ascertained that the funding allocated in relation to implementation of Part 2 of the Care Act would not have to be returned, it was agreed at the BCF Programme Board that this underspend would be carried forward.
8. As part of the spending review in December 2015, it emerged that the Care Act funding allocated in 2014/15 would continue to be funded via local authorities' base budgets and the amount allocated within the BCF for Care Act responsibilities would also continue to be funded – for Nottinghamshire, this amounts to £1.9m which will be recurrent whilst the BCF remains in place.
9. Detailed consideration has been given to the best use of this recurrent funding to ensure it is targeted at services which meet both Care Act responsibilities and BCF objectives, with a particular focus on statutory duties relating to the development of prevention and early intervention services. The process has involved the development of detailed business cases, some of which are proposing increasing the investment in existing services where there is evidence of a return on investment by preventing needs from escalating or the development of new preventative services and schemes.
10. The proposed schemes and services include the provision of support to carers, independent advocacy and a range of new services that promote and enable independence thereby preventing the need for more costly health and social care interventions. Each of the schemes is expected to contribute to the savings and efficiencies required within the Council but also more widely meeting the priority of the local Sustainability and Transformation Plan through the development of innovative new service delivery models. The business cases have been robustly scrutinised by the Senior Leadership Team and were subsequently agreed at the BCF Board in July 2016.

#### **Allocation of £1.983m recurrent annual funding – overview of schemes and services**

11. The table below provides an overview of the schemes and services to be funded from the recurrent £1.983m. These schemes will be subject to continuous evaluation and review. The Better Care Fund is reported to the Health and Wellbeing Board, and this Committee will continue to receive reports on the evaluation of social care spend.
12. The schemes and services to be funded by the recurrent funding are focused on supporting more independent living in communities, improved advocacy services and increased capacity for supporting carers. This is supporting the Council to meet its statutory duties and embed the spirit of the Care Act, as detailed in the separate report on progress with the Care Act, which is also on the agenda of today's Committee meeting. Some of the funding will support the continuation of existing support and services. Table one below indicates the funding allocations and whether the services are an extension or continuation of an existing service or scheme, or a new service. A summary table of all the posts requested for approval within the recommendations of the report is included at paragraph 16. All the new posts identified have been given indicative grades and are subject to job evaluation.

**Table 1**

| <b>Service or scheme (recurrent funding)</b>   | <b>New or existing</b> | <b>Funding to be allocated</b> |
|--|------------------------|--------------------------------|
| Independent Advocacy Services – to meet increased demand including Deprivation of Liberty Safeguards                           | Existing               | £550,000                       |
| Carers’ Services – increased assessment capacity and support   | Existing               | £500,000                       |
| Mental Health Crisis Link Workers – to support hospital discharge and community living   | Existing               | £200,000                       |
| Community Independence Workers – see below   | New                    | £298,000                       |
| Enable Notts Promoting Independence Workers – see below  | New                    | £224,000                       |
| Younger Adults’ Project Team – further support to transition from long stay hospitals and residential care to community living | Existing               | £173,000                       |
| <b>TOTAL</b>   |                        | <b>£1,945,000</b>              |

13. A separate report on the Adult Social Care Strategy, which is also on the agenda of today’s Committee meeting, describes how the Council intends to further refine and embed phase two of the Strategy over the next two years. Phase two is based on maximising opportunities for independence and looks to avoid the use of long term paid support where it is safe and help can be offered in different ways. In this model, the Council has further developed its approach to promoting independence. It ranges from support to local communities for preventative actions through to new specialist services to help people maximise opportunities to gain skills and independence.
14. For people who have long-term social care needs, the Council needs to support them to achieve outcomes that help people to live more independent lives. Wherever possible the Council needs to look to where help can be offered in different ways, outside of formal and paid for social care. To support this approach, it is intended to test out a new social care role called Community Independence Workers. The focus of this role is to find and arrange suitable alternatives to paid for support. Where this is not possible, the Community Independence Worker will work alongside the person to develop an enablement plan to maximise opportunities for independence through setting short term goals in the support plan.
15. For some people, specialist services are needed to help gain skills and opportunities for independent living. It is proposed that the re-ablement approach that has been successfully used with older people and the recovery model in mental health are developed to apply to people with learning disabilities to become more independent.

This project would develop a specialist service for people with learning disabilities (Enable Notts) using Promoting Independence Workers to improve outcomes for independent living, whether people are living in residential care or in the community. This project will also seek to support managers and staff to promote targeted reablement, in order to promote independence and safely enable reductions in the size of care and support packages.

### Allocation of non-recurrent £1.6m 2015/16 underspend – overview of schemes and services

16. The table below provides an overview of the support and services to be funded from the non-recurrent £1.6m underspend carried forward from 2015/16. These can be categorised by support to transform health and social care services, increasing community safety and support for a significant council-wide initiative on developing community empowerment and resilience. The schemes are listed below in table two, with more detail provided on the Age-Friendly Nottinghamshire project that sits under the corporate programme. As stated previously, all the new posts identified have been given indicative grades and are subject to job evaluation.

**Table 2**

| <b>Schemes and services</b>   | <b>New or existing</b> | <b>Non-recurrent funding</b> |
|---|------------------------|------------------------------|
| Temporary project management posts to develop the Sustainability and Transformation Plan (funding being contributed from all partner organisations) | New                    | £200,000                     |
| Integration posts – Bassetlaw and South – 2 years up to September 2018 as approved by ASCH Committee in July 2016                                   | New                    | £223,311                     |
| Extension of existing temporary integration / workforce posts for Mid Notts and South of County to end of March 2018                                | Existing               | £176,441                     |
| Community Empowerment and resilience programme – Age Friendly Nottinghamshire project – see below   | New                    | £244,411                     |
| Mass marketing scams prevention work – additional Trading Standards Officer capacity (posts to be approved by Community Safety Committee)           | Existing               | £76,786                      |
| Falls Prevention – education and communication support  | New                    | £74,000                      |

|   |          |                   |
|---|----------|-------------------|
| Integrated Technology Programme Manager to support systems across health and social care  | New      | £120,000          |
| Health and Social Care referral / access points education – capacity to provide social care expertise within health access points | New      | £28,000           |
| Care Homes Discharge Facilitation – support for care home providers to enable safe and early hospital discharge                   | New      | £48,000           |
| Optimum Workforce Leadership team – training and support to social care providers   | Existing | £230,000          |
| BCF Co-ordinator – to monitor and report on projects and their progress   | New      | £51,018           |
| Extra Care Commissioning Officer – to support review and monitoring of all existing schemes                                       | New      | £105,516          |
| <b>TOTAL</b>  |          | <b>£1,577,463</b> |

17. In the approach to promoting independence highlighted in **paragraph 13**, 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.
20. The Council's programme is supported by recruitment to Neighbourhood Co-ordinator posts across the County. Approval to establish these posts is being sought from the Community Safety Committee on 27<sup>th</sup> September.

## **Financial Overview**

21. There is expected to be a small underspend on the £1.9m allocation for 2016/17 due to getting projects and schemes set up and people into posts, but it is expected that this will be fully committed in future years.
22. Any underspend from 2016/17 will be carried for use in future years. Business cases are being developed and further recommendations will be brought to future committee meetings for approval on use of any funding carried forward.

## **Other Options Considered**

23. The Council has given detailed consideration on the best use of the Care Act funding allocated within the BCF. This funding has been made available to councils by central government to support the implementation of the Care Act whilst also ensuring they meet local proprieties and the objectives of the health and social care system, including consideration of the housing needs of local citizens.
24. All of the above proposals have been ratified and agreed by robust business cases and scrutiny by the Adult Social Care and Health Senior Leadership Team, prior to submission to the BCF Board. Plans are in place to ensure that robust monitoring and review of the schemes is in place, in order to monitor that the key deliverables, savings and efficiencies are being achieved. All options have been confirmed as delivering the national conditions for the Care Act responsibilities as well as delivering on savings and efficiencies in the short to longer term.

## **Statutory and Policy Implications**

25. 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**

26. The financial implications are contained within the body of the report.

## **Human Resources Implications**

27. All the new posts identified have been given indicative grades and are subject to job evaluation. All staff costings outlined are costed at the top of the salary scale point and include on-costs.

## RECOMMENDATION/S

That the Committee:

- 1) notes the use of the Care Act funding allocation contained within the Better Care Fund during 2015/16 and the amount that has remained as an underspend and subsequently been carried over to 2016/17.
- 2) notes the allocation of the recurrent Care Act funding within the Better Care Fund of £1.983m and the projects and schemes to be funded.
- 3) approves the establishment of the following posts on a permanent basis required in order to enable the delivery of the projects and schemes as set out in the table below:

| Service                            | Post                              | FTE | Grade | Length of establishment from date of appointment | Cost p.a |
|------------------------------------|-----------------------------------|-----|-------|--|----------|
| <b>Younger Adults Project Team</b> | Advanced Social Work Practitioner | 1   | C     | Permanent  | £51,018  |
|                                    | Social Worker                     | 1   | B     | Permanent  | £44,882  |
|                                    | Occupational Therapist            | 1   | B     | Permanent  | £44,882  |
|                                    | Community Care Officer            | 1   | 5     | Permanent  | £44,882  |

- 4) approves the establishment of the following posts on a temporary basis required in order to enable the delivery of the projects and schemes as set out in the table below:

| Service                               | Post                           | FTE | Grade | Length of establishment from date of appointment | Cost p.a |
|---------------------------------------|--------------------------------|-----|-------|--|----------|
| <b>Community Independence Workers</b> | Team Manager                   | 1   | D     | 18 months  | £54,709  |
|                                       | Co-Production Worker           | 2   | A     | 18 months  | £78,162  |
|                                       | Community Independence Workers | 5.5 | 3/4   | 18 months  | £126,000 |
| <b>Enable Notts</b>                   | Team Leader                    | 1   | A     | 18 months  | £39,081  |
|                                       | Promoting Independence Workers | 8   | 3     | 18 months  | £184,792 |
| <b>ICT Integration</b>                | Project Manager                | 1   | D     | 2 years  | £54,709  |
| <b>Access point</b>                   | Community Care Officer         | 1   | 5     | 1 year   | £32,218  |

|                          |  |   |   |         |         |
|--------------------------|--|---|---|---------|---------|
| <b>education</b>         |  |   |   |         |         |
| <b>Falls Prevention</b>  | Commissioning Officer                          | 1 | C | 1 year  | £52,758 |
| <b>BCF Co-Ordinator</b>  | Project Co-Ordinator                           | 1 | C | 1 year  | £51,018 |
| <b>Extra Care</b>        | Commissioning Officer                          | 1 | C | 2 years | £52,758 |
| <b>Integration Posts</b> | Transformation Manager – Integration Bassetlaw | 1 | E | 2 years | £60,866 |

- 5) approves the extension of the existing temporary posts required in order to enable the delivery of the projects and schemes as set out in the table below:

| <b>Service</b>           | <b>Post</b>                            | <b>FTE</b> | <b>Grade</b> | <b>Length of establishment from date of appointment</b> | <b>Cost p.a</b> |
|--------------------------|--|------------|--------------|---|-----------------|
| <b>Integration Posts</b> | Transformation Manager – Mid and South | 2          | E            | 12 months to end of March 2018                          | £121,732        |
|                          | HR Manager – Transformation Team       | 1          | D            | 12 months to end of March 2018                          | £54,709         |
| <b>Optimum Workforce</b> | Team Manager                           | 1          | D            | 2 years   | £54,709         |
|                          | Workforce Planning Officer             | 1          | A            | 2 years   | £39,081         |
|                          | Administration Officer                 | 1          | 3            | 2 years   | £23,099         |

**Sue Batty**  
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### **Constitutional Comments (SLB 16/08/16)**

28. 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 comments and for the recognised trade unions to be consulted.

### **Financial Comments (MM 16/08/16)**

29. The financial implications are contained within the body of the report. They are summarised in tables one and two in 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.

Transformation Programme – integration in South and North Nottinghamshire – report to Adult Social Care and Health Committee on 11 July 2016

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

All.

ASCH416





## **REPORT OF THE TRANSFORMATION PROGRAMME DIRECTOR**

### **CARE ACT 2014 – IMPLEMENTATION UPDATE**

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

1. To update the Committee on ongoing progress in relation to the implementation of changes as a result of the Care Act 2014, which became law on 1 April 2015. Committee is asked to note:
  - the updates made to the Care Act guidance
  - the proposal to consult the public on the proposal to increase the brokerage fee payable by people using the Council's contracted social care providers where they are liable for the full cost of their care.
  - the progress that has been made in Nottinghamshire to implement both the new statutory responsibilities of the Care Act and the spirit of the Care Act through the initiatives described.

#### **Information and Advice**

##### **Department of Health changes to statutory guidance to the Care Act 2014**

2. On 24<sup>th</sup> March 2016, the Department of Health released the latest version of the Care Act 2014 statutory guidance. This is the document used to enable local authorities and other interested parties to better interpret the intentions of the government in relation to the Care Act. This guidance contained a number of changes to the existing guidance, and work has been undertaken to both assess the impact of these changes and to identify any actions associated with these changes.
3. The guidance removed the requirement for Councils to have a Designated Adults Safeguarding Manager (DASM). The Department has already disestablished its temporary DASM post. However, the new Department of Health guidance has refocused some aspects of the Principal Social Worker's (PSW) role. In particular this has been around the quality and consistency of social work practice in relation to safeguarding, requiring the PSW to have extensive knowledge of the legal and social work response to specific cases, as well as understanding the general position.
4. There are several other clarifications in relation to safeguarding. These broadly reflect the approach and guidance already in place locally, but have provided an opportunity to review these to be assured that the Council's processes reflect this.

5. There are a number of minor changes in relation to assessment, advocacy, charging and ordinary residence. These are not felt to be of major significance to the Council, and in many cases reinforce existing practice. An action plan has been created to ensure that all of Departmental policies, processes, guidance and training are updated to reflect changes. This work will be completed by the end of September 2016.

### **Proposed Changes to the Scheme Charging Self-Funders for Brokerage Services**

6. The Care Act expects local councils to have more involvement in arranging support for people who are able to pay the full costs of their own support whilst living in the community. Individuals who have savings or investments over £23,250 have to pay the full cost of services to meet their social care needs and they are called self-funders. The Care Act allows councils to charge an administration fee to arrange support for self-funders. The service to arrange support is called brokerage.
7. Following a public consultation exercise, Adult Social Care and Health (ASCH) Committee agreed on 27 April 2015 that the Council could charge a fee of £100 for this brokerage service. Subsequently, the Council has sought to understand what the charge would be if it sought to fully recover its costs. It is proposed to go out for a further consultation exercise, proposing an increased charge to self-funders who choose to have a managed package of care with the Council. This may include access to the Council's contracts and rates with service providers. The cost is an ongoing fee of £10.26 every four weeks. This equates to an annual fee of £133.
8. It is often advantageous for self-funders to access Council contracts, as they are set at a rate lower than that available from some providers through the open market. They also have the added protection of the Council contract management process.
9. The consultation process will start in September 2016 with a report back to ASCH Committee in December 2016 on the outcomes of the consultation, any changes would come into force from April 2017. As well as the proposed increased charge, it is proposed to consult on whether this charge should be extended to self-funders who are already benefitting from use of Council contracts. The consultation will also ask citizens to consider whether there is a level of care package cost below which people should be exempted from the brokerage charge.

### **Care Act Stocktake**

10. The sixth and final national stocktake on the implementation of the Care Act has just been submitted. The purpose of the stocktake is to show where councils are one year after the commencement of the Act, showing the impact of the Care Act 2014 on demand, finances and the impact on social care outcomes for the local population.

11. The Council's submission confirmed that locally there is confidence that the Council has embedded the statutory responsibilities of the Care Act but an acknowledgement that embedding the "spirit" of the Act is more difficult in the context of an ongoing reduction in social care funding in the light of increased demand and the need to make savings. Despite these challenges, Nottinghamshire's stocktake submission confirmed investment in the implementation of the spirit and practice of the Care Act via a number of developments; some examples of this are contained in **paragraphs 12-17** and **paragraph 20**.

### **Advice and information**

12. Good progress has been made in providing advice and information that help people to get the right information at the right time. This will help to prevent or reduce the need for more costly services. In Nottinghamshire, the Council has developed its webpages to help people understand what options are available to them and make better informed decisions. This information is also available through the published Care Directory. A number of innovative information videos hosted on the Council's website also inform and engage people in finding solutions to their social care needs. A further suite of videos aimed at people who may be supported with simple aids and adaptations are in development. These videos are being co-produced with Nottingham Trent University and will be available later in the year.
13. The need for advice and information starts before people actually need care and support to help people plan ahead. This includes housing arrangements and financial information. High quality information on housing arrangements and financial advice are found through the webpages and further financial information has been commissioned with Age UK.
14. The Council has also invested in an electronic directory for information and advice which has recently been relaunched. This is called Notts. Help Yourself. The number of pages visited each month is rising; there were 260,639 page hits over the last three months compared to 226,218 over the preceding three months. Further work is planned in providing electronic information, which is more tailored to meet people's individual needs. Where people cannot access the website or need some further help with accessing advice and information, the trained advisors at the Customer Service Centre can signpost to sources of information and advice.

### **Prevention services**

15. For some people, they need help with connecting to information and preventative services to enable them to remain independent. Early intervention and promoting independence services have been commissioned to help people at risk of loss of independence and to help prevent social isolation and loneliness. There were 399 referrals to this scheme in the last quarter of 2015/16 and examples of the positive work they are doing with people are contained in **Appendix 1**.

### **Carers' services**

16. Nottinghamshire has continued to develop a wide range of services to support carers. The Carers Hub is run by Carers Trust (East Midlands). It is jointly commissioned by Nottinghamshire County Council and local Clinical Commissioning Groups (CCG) and funded through the Better Care Fund. The Hub offers a personalised, responsive and reliable support service to make things easier for carers. 975 carers have registered for Carers Hub support between August 2015 and January 2016 and the following are examples of the types of support offered: information and advice was offered to 469 carers; 249 carers were offered one to one support and 234 carers participated in group sessions run by the Carers Hub.
17. The Carers Support Service consists of six Community Care Officers who carry out carers' assessments by phone, assess eligibility for a personal budget, provide advice/information to carers and signpost to other voluntary and statutory agencies. The Carers Support Service refer to the Hub when carers require extra support.
18. The stocktake focussed on whether there had been any changes to demand for Adult Social Care assessments and services since the implementation of the Care Act. The submission confirmed that demand has increased across all areas as follows:
- **Care and support assessments** – there has been approximately a 4% increase in activity and a slightly bigger proportion were assessed as eligible compared to 2014/15.
  - **Carers' assessments** – there has been approximately 2.26% increase in activity, but carer activity was already high and has risen steadily over the last year.
  - **Safeguarding enquiries** – there has been approximately 23% increase in activity since the implementation of the Care Act. This may be as a result of the broadening of the definition for Safeguarding in the Act alongside increased understanding of what to do if there are safeguarding concerns.
19. In addition the numbers of people receiving an independent advocacy service is increasing as are the numbers of prisoners who receive social care to meet their eligible needs.
20. In answer to a question on how the Council is managing the rising demand locally, Nottinghamshire's submission included the following actions put in place to manage increased demand now and for the future:
- To manage increasing demand arising from the Care Act, Deprivation of Liberty Safeguards and other pressures, the Council has recently approved the extension of 69.5 fte existing temporary posts in Adult Social Care, 53 of which were made permanent.
  - Introduced a scheduling pilot which uses software to schedule social care and occupational therapy appointments centrally rather than each team doing their own. Data from the pilot suggests that it is supporting teams to see people more quickly. For example, in terms of social work assessments, prior to the commencement of the pilot, 61% of people were assessed within 28 days: since the commencement of the pilot, this has risen to 74% of people.

- A number of clinic settings have been established across the County where assessments and reviews are being completed which reduces staff travel time and costs and increases the number of people that can be seen in a day. For example, recently the Community Learning Disability team in Gedling saw 21 individuals for review of their care package over two days. Two workers ran the clinics which improved productivity from completing two to three reviews per worker, per day, to completing approximately five reviews per worker, per day.
  - Using telephone appointments for simple assessments, reviews and the provision of simple equipment. Between March and July 2016, approximately 22% of new carer assessments were completed over the phone. It is likely that this proportion could be increased further and encourage more carers to complete their assessments online.
  - In March 2016, an online carer's assessment and review was launched which is contributing to the overall reduction in time it takes to complete carers' assessments and reviews. Since March 2016, approximately 100 carers have opted for an online assessment. On average, the completion of an online carer's assessment, saves 1.5 hours when compared with a face to face assessment in the carer's home. Where telephone or online assessments are not appropriate, the individual is offered a face to face appointment.
  - Investment in tablet devices for all assessment staff to enable them to complete assessment/review documents whilst with the person rather than needing to return to their base to complete them.
  - Introduction of a brokerage charge for eligible self-funders who want the Council to arrange and set up services for them in the community.
21. Finally the Stocktake asked a series of questions about the additional costs experienced as a result of the Care Act and whether these were more than expected, as expected or less than expected. Nottinghamshire's submission highlighted the following:
- The as expected costs include the costs associated with the national eligibility scheme, cost of prevention services, the cost of additional carers services, the cost of developing and training staff, investment in IT and the costs of transformation staff required to lead and implement changes.
  - The only costs which have been less than expected are associated with meeting additional carer needs. This is likely to be because in Nottinghamshire there was already a comprehensive offer to carers which has changed little since the implementation of the Care Act.
  - Higher than expected costs have been associated with assessing and meeting the needs of eligible prisoners, the cost to the Council of deferred payments, the cost of providing comprehensive information and advice, advocacy services, transitions services and the cost associated with rising safeguarding enquiries.
22. The six Local Government Stocktakes that Nottinghamshire has taken part in have helped to provide feedback on preparation for the implementation of the Care Act and

subsequently on the impact of the Care Act legislation on councils and their citizens. Although Nottinghamshire is no longer required to submit further data, it is important that locally the Council continues to monitor the impact of the Care Act both on available resources and the ability to provide good quality and proportionate responses to people's social care needs, making use of the most efficient and cost effective responses available.

### **Other Options Considered**

23. The report is for noting only.

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

24. To continue to provide a service for people who fund their own care to support them to access good quality and affordable community social care services to maintain their independence for as long as possible. To sustain this service, the Council will consult on its proposal for the cost of brokerage to be increased to the full cost of delivering it.

### **Statutory and Policy Implications**

25. 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.

### **Public Sector Equality Duty implications**

26. An Equality Impact Assessment has been completed for the proposed changes to the Brokerage charge.

### **Safeguarding of Children and Adults at Risk Implications**

27. The implications in relation to safeguarding of adults are contained within the body of the report.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the updates made to the Care Act guidance
- 2) notes the proposal to consult the public on the proposal to increase the brokerage fee payable by people using the Council's contracted social care providers where they are liable for the full cost of their care.
- 3) notes the progress that has been made in Nottinghamshire to implement both the new statutory responsibilities of the Care Act and the spirit of the Care Act through the initiatives described.

**Jane North**  
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### **Constitutional Comments (LM 16/08/16)**

28. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee so may be approved by Committee.

### **Financial Comments (MM 26/07/16)**

29. The financial implications are contained within paragraph 7 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.

Charges for deferred payment agreements and brokerage of community based support for self funders – outcome of consultation and response to consultation on the Care Act 2014 – report to Adult Social Care and Health Committee on 27 April 2015

Equality Impact Assessment

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

All.

ASCH421



### Examples of prevention work completed by the Connect Providers

#### Example 1

A couple were referred by the Stroke Association to the scheme because the carer was very anxious that her husband would fall in the bathroom and that she wouldn't be able to open the door to help. The service offered support to maximise the couple's income, to get external grab rails and a half step so that Mr B could continue to enjoy his garden. Support was also provided to the couple to have the bathroom door rehanged so that it opened outwards.

This service has addressed the carer's anxiety, improved Mr B's wellbeing and ensured they are accessing the right welfare benefits to enable them to plan for the future.

#### Example Two

A 52 year old woman who lived alone was referred to the service by a housing officer, following a suicide attempt. The service worked with her to look at opportunities to increase her contact with other people and to reduce her feelings of loneliness.

The service helped her to identify local groups and to explore opportunities to develop her interest in crafts. She has recently held a stall at a service launch event and now is exploring volunteering/leading craft session options.

#### Example Three

A 67 year old woman with a learning disability and dementia was referred to the service by a social care team to support her move out of a care home where she had lived for five months back to her own home.

The service supported her to re-gain confidence in getting out and about and using resources in the community, this helped to re-establish her independence and confidence to go for a soft drink in the pub. The service was also providing support to manage money better, prevent debt and access benefits, as well as ensuring that the property was a happy place to be by helping to tackle the jungle of a garden.



**12<sup>th</sup> September 2016**

**Agenda Item: 7**

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

### **ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF DEVELOPMENTS**

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

1. The report updates the Committee on a number of developments and activities that have been, and are, taking place in relation to adult social care and health, and asks the Committee to agree to a further update on all the areas covered as indicated in the relevant sections of the report.

#### **Information and Advice**

2. This overview report provides information and progress updates in relation to a number of areas of service as follows:
  - information about the proposed transfer of Attendance Allowance to local authorities
  - an update on the transfer of the Independent Living Fund to the Council
  - plans relating to the Integrated Community Equipment Loans Service (ICELES)
  - progress on the development of personal health budgets
  - an update on the Transforming Care programme in Nottinghamshire
  - progress with two schemes to avoid and support discharge from hospital

#### **Proposed transfer of Attendance Allowance to local authorities**

3. Attendance Allowance is a tax free non-means tested benefit claimed by people aged over 65 years to meet the extra costs of having a disability. The current rates of the benefit are £55.10 per week (low rate) or £82.30 per week (high rate). The claimant does not have to receive any help to be eligible for the benefit - it is that help is required which is relevant. A claimant can also live alone and receive Attendance Allowance. There are currently 1.24 million claimants in England of which 59% receive the high rate, 66% are women and 50% live alone. Of all the claimants only 14.7% receive local authority funded social care services.
4. In the local government budget settlement of December 2015 it was proposed that Attendance Allowance funding would be transferred to local authorities. The government has stated that existing claimants will be protected and new responsibilities will be matched by the transfer of equivalent spending power. The Department for Communities and Local Government has opened consultation on the transfer of all business rates to local authorities. The consultation closes on 26<sup>th</sup> September 2016. One of the proposals included in this consultation is the transfer of Attendance Allowance funding into social

care budgets. It does not appear to propose that local councils should establish their own Attendance Allowance scheme or manage the existing scheme.

5. There are a number of important issues which the Council would need to consider, not least how the funding could be utilised. The total amount of funding that would be transferred is nearly £5 billion; Nottinghamshire represents approximately 1.5% of national expenditure so could expect to receive in the region of £75 million.
6. From a peak in 2010 the number of claimants across the UK has fallen; in May 2014 there was a fall of 46,000 on the previous year and in November 2015 a fall of 9,000 on the same period in the previous year.
7. The Council is producing a response to the consultation mentioned above, which includes reference to the transfer of Attendance Allowance. The response is being led by finance colleagues and will be reported to the Finance and Property Committee. The department intends to contribute to this and would welcome contributions from members of this Committee.
8. It is recommended that an update on the transfer of Attendance Allowance is brought back to the Adult Social Care and Health Committee as soon as there is a decision from the government about the plans for this benefit.

#### **Update on transfer of the Independent Living Fund (ILF) to Nottinghamshire County Council**

9. The Committee was last provided with an update on the ILF on 29<sup>th</sup> June 2015. The total value of ILF funding that was transferred to Nottinghamshire County Council in 2015/16 was £2.305m which equates to £3.073m pro rata, as the fund closed on 30<sup>th</sup> June 2015. The Council had previously been informed that the transfer amount would be £2.95m pro rata. Prior to closing, the ILF advised councils that the terms of the transfer assume that 4% of people will leave the scheme each year.
10. For the current financial year (2016/17) the Council has been provided with a transfer amount of £2.918m. The £155,000 reduction represents a 5% decrease as opposed to the anticipated 4%, albeit on a higher than anticipated initial transfer.
11. The government has issued the transfer values for the next three financial years:

2017/18 - £2.822m  
2018/19 - £2.733m  
2019/20 - £2.650m

These figures represent a 3% reduction year on year.

12. Every person who received an increased Direct Payment from 1 July 2015 had their budget authorised and the payments have been set up. Every person transferring from the ILF had a financial contribution assessment from the Council and their contributions have been confirmed in writing.

13. As previously reported to Committee, the transfer created a budget pressure for the Council. The differences in the way that ILF required a personal contribution and the regulations contained in the Council's Care Act Contributions Policy amounted to a shortfall of approximately £0.436m for 2015/16.
14. It was necessary therefore to reassess each ILF recipient using the Care Act Assessment and Support Plan. The reassessments and reviews commenced in the autumn to allow the transfer to 'bed-in' and for the Council to be assured that payments had been delivered accurately.
15. The Committee gave approval for an additional two temporary Scale 5 Community Care Officers to undertake the social care assessments. It was not possible to recruit to these posts so it was necessary to schedule the reviews to each individual fieldwork team and/or the Central Reviewing Teams. All the reviews have been concluded and the scheduling of further reviews will be dealt with as business as usual.
16. These reviews and reduced demand on the budget, due for example to deaths and transfers to health funding, have reduced the 2016/17 shortfall to a total of £0.220m.
17. It is recommended that the Committee receives a further update on this area in September 2017.

### **Integrated Community Equipment Loans Service (ICELS)**

18. The Integrated Community Equipment Loans Service is a jointly commissioned and funded service which covers Nottingham City and Nottinghamshire County and is funded by both councils and the seven Clinical Commissioning Groups (CCGs). Equipment is loaned to individual service users after being assessed by health or social care professionals (e.g. occupational therapists, nurses, physiotherapists) who are 'prescribers'. In recent years, the Council has been successful in reducing its prescribing activities and the loaning of community equipment, and it is proposed that the Council will negotiate a reduction in its contribution to the ICELS pooled budget as a result of this sustained reduction. With regard to the review of equipment at the end of the loans period, over 30% of equipment has been returned with a value of £600,000. An audit of equipment in care homes has seen over £800,000 of equipment returned for future use.
19. The service is funded through a pooled budget which is split between City partners and the County partners. In the County, the Council and CCGs agree their proportion of the funding according to their prescribing activity. The Council's contribution to the ICELS pooled budget (from the County partners' share) has been 35%, with the five County CCGs and Bassetlaw CCG's contributions equating to 65%. However, the Council has effectively negotiated a reduction in its contribution to 25% for 2016/17 in-line with the reduced activity of the social care prescribers.
20. It is anticipated that there will continue to be a sustained reduction in social care prescribing activity and therefore the Council will be working with CCG partners to further reduce the Council's contribution to 21.5% in 2017/18, delivering a saving of £350,000 on the Council's current contribution of £1.71m.

## **Progress with Personal Health Budgets**

21. A personal health budget (PHB) is an amount of money which can be used to meet a person's identified health and wellbeing needs. The way in which the money is used is based on preferences of the individual, usually in conjunction with their families or carers and agreed with their clinician. The key is personalised support planning, which enables care to be more flexible and bespoke than would be the case if standard NHS services were used.
22. The national target for 2016/17 includes a goal of 50-100,000 people to have a personal health budget or integrated personal budget by 2020 (up from the current estimate of 4,000). For Nottinghamshire County CCGs this would equate to between 680 and 1,300 PHBs by 2020. Figures in the previous report to this Committee (March 2016) showed a total of 30 people across Nottinghamshire CCGs with a personal health budget.
23. Integrated Personal Commissioning (IPC) is one of the key steps towards delivering the NHS Five Year Forward View. It supports the improvement, integration and personalisation of services, building on learning from personal budgets in social care and progress with personal health budgets.

## **Current Activity**

24. All local CCGs now have a Local Offer published on their websites which states what their current activity and future intentions are with regard to PHBs. This includes the patient cohorts to which they intend to target their offer. As a minimum this will be patients that currently have packages that are fully funded through NHS Continuing Healthcare, but the five County CCGs (excluding NHS Bassetlaw CCG) are also developing a process for integrated PHBs for jointly funded health and social care packages.
25. The five County CCGs (NHS Nottingham North and East; NHS Nottingham West; NHS Rushcliffe; NHS Mansfield and Ashfield and NHS Newark and Sherwood CCGs) have recently appointed a joint Personal Health Budget Manager to lead on the development of PHBs. The PHB Manager is working closely with the Commissioning Officer lead for PHBs in the County Council to develop integrated processes for PHBs, where both NHS and social care funding is integrated into a single package.
26. Recent activity has included a joint workshop with attendance from front-line staff from County Council and CCG teams to map out a process by which existing jointly funded budgets could become integrated PHBs.
27. Table 1 overleaf details the latest Markers of Progress data, showing the breakdown of PHBs across the County CCGs excluding Bassetlaw. It has not been possible to obtain figures from Bassetlaw in relation to their PHB activity. The current figures represent a 53% increase from the update in March.

**Table 1: Markers of Progress Quarter 1 2016/17**

| <b>Nottinghamshire County CCGs (excluding NHS Bassetlaw &amp; NHS Nottingham City)</b> | <b>NHS Funded Continuing Health Care PHBs</b> | <b>Joint funded (health &amp; social care) PHBs</b> | <b>Long Term Care including Mental Health PHBs</b> | <b>Children's PHBs</b> | <b>Total PHBs</b> |
|--|---|---|--|------------------------|-------------------|
| Rushcliffe   | 7   | 2   | 0  | 1                      | 10                |
| Nottingham North & East  | 11  | 1   | 0  | 0                      | 12                |
| Newark & Sherwood  | 11  | 0   | 0  | 0                      | 11                |
| Mansfield & Ashfield   | 8   | 0   | 0  | 0                      | 8                 |
| Nottingham West  | 5   | 0   | 0  | 0                      | 5                 |
| <b>Totals</b>  | <b>42</b>                                     | <b>3</b>  | <b>0</b>   | <b>1</b>               | <b>46</b>         |

28. In mid-July, the County CCG PHB lead and the County Council Commissioning Officer lead for PHBs undertook a joint visit to the Lincolnshire Integrated Personal Commissioning (IPC) demonstrator site. This is a collaboration between Lincolnshire County Council, its four local CCGs and voluntary sector partners. Some useful advice was gained from the visit on laying the groundwork for the implementation of IPC. In Lincolnshire they address the issues inherent in a sparsely populated and largely rural area by using Neighbourhood Teams linked to GP surgeries to identify and stratify the population.

### **Next Steps**

29. The County CCGs' PHB Manager and the County Council Commissioning Officer lead for PHBs will continue to work closely together. Further work is planned to follow up the recent workshop on integrating PHBs and a number of task and finish groups are being formed with membership drawn from health and social care staff. Links are being maintained with the PHB lead in Bassetlaw.
30. The Commissioning Officer lead for PHBs is also liaising with other internal work streams which are closely linked with PHBs, such as Direct Payments, Continuing Health Care, review and refresh of support planning, and the Transforming Care Programme.

### **Transforming Care Programme update**

31. The Committee received an update on the Transforming Care Programme (TCP) in March 2016. Members were informed that Nottinghamshire County Council, Nottingham City Council and the seven CCGs had been a 'fast track area'. The idea of the fast track is to be a forerunner in transforming services for people with learning disabilities. The objectives are to support people to move out of long stay hospital provision into community settings and to reduce the number of people being admitted as in-patients to mental health hospitals by ensuring there are sufficient good quality services within the community to support people with complex needs and challenging behaviours.

32. To date Nottinghamshire has supported 38 people to move from secure hospitals, where they might have been living for months or in many cases years, back into the community. Out of these, 26 people have moved to supported living and 12 to residential care.
33. As at 30th June 2016 there were 70 people across Nottinghamshire County and Nottingham City TCP who were still in inpatient hospital beds. This includes those in locked or secure hospitals and those in Assessment and Treatment wards. The latter may only be in for a matter of days or a few months before either returning to the community or going into more secure hospital settings depending on their needs. 36 of these 70 people are from Nottinghamshire County with the remaining 34 are from the City.

### **Current activity**

34. The TCP is currently preparing a tender for emergency beds, respite provision and step-down accommodation to address prevention of admission as well as to support discharge. This is due to be issued in August 2016. This provision will initially be funded out of the £1.2m Transformation Fund that the TCP was successful in bidding for in September 2015. The TCP continues to work on the development of a pooled budget, with attention on clarifying current funding streams to enable investment in additional community support, rather than hospital provision. There is also joint work around increasing the number of people on personal health budgets.
35. The TCP has completed a public consultation regarding the reduction of hospital beds for people with learning disabilities and/or autism and people's thoughts on what should be considered when developing new services in the community. 187 questionnaires were returned and 376 face to face meetings were conducted with partners, providers, carers, service users and members of the public. A reference group for on-going engagement with service users and carers will be developed following this to allow on-going input into the Transforming Care agenda. The results of the consultation will also feed into future commissioning plans.
36. A workforce development consultation has also taken place with service providers to identify skills gaps. As a result of this a training plan is being developed as well as information feeding into service specifications. A professional reference group has been set up to ensure health and social care operational staff are feeding into the programme.

### **Challenges and risks**

37. There are difficulties presented by the current national policy to cap housing benefit which is having an impact on the development of supported living accommodation. The impact on supported housing is being raised at a national level by housing providers as well as local authorities. There are also recruitment difficulties faced by care providers, and the residential care market is finding it difficult to plug the gap in supported living provision.
38. There are on-going financial concerns from all partners, partly due to difficulties in releasing funding from block funded hospital provision, which means that the money does not easily follow the person into the community. Discussions are being held by the

local TCP partners with NHS England to identify the means by which funding will be identified and released from hospital provision to support the development of sufficient community based provision.

39. The £1.2m allocation from NHS England to the fast track programme is being used for emergency beds and respite provision, expansion of community support to support the step-down and emergency bed provision, workforce training and development programme team costs including consultation. This has helped with the immediate pressures but since it was one-off funding it will not be available in the longer term.
40. It is recommended that a further update on the Transforming Care Programme is presented to Committee in February 2017.

### **Progress update on integrated health and social care schemes to reduce length of hospital stay - SCOPES and EOSS**

41. The Committee last received a report on the Systematic Care of Older People's Elective Surgery (SCOPES) scheme and the Elective Orthopaedic Surgery Scheme (EOSS) in June 2015, and also heard from a user of the service about his experience. The objectives of the SCOPES scheme are to identify people over 70 years of age with a diagnosis of gastrointestinal cancer who have social care needs pre-operatively, post-operatively or both, and to arrange appropriate support for their discharge. The scheme also identifies carers that may need an assessment in their own right. The scheme has successfully promoted partnership and integrated working between health and social care.
42. The SCOPES multi-disciplinary team consists of a Consultant Geriatrician, Registrar, Project Manager, Specialist Nurse Practitioner, Physiotherapist, Occupational Therapist, Dietician and Community Care Officer from the County Council.
43. To date, SCOPES has supported 283 patients from February 2014 to July 2016 at the clinic, which runs one day a week. This includes City, County and out of County patients.

### **Progress to date**

44. The Chief Social Worker, Lyn Romeo, is due to visit the SCOPES Clinic during her visit to Nottinghamshire County and Nottingham City Councils in September. At a recent health professional engagement event in London the model used by SCOPES to support carers has been acknowledged as 'gold standard' by the Chief Social Worker.
45. Funding has been secured from Macmillan to continue the scheme until 30<sup>th</sup> June 2017. Currently the clinic is run one day per week at the City Hospital campus and it has been agreed that a further clinic will be set up at the Queen's Medical Centre to commence on 5<sup>th</sup> September 2016. There will then be a clinic based at the City Hospital and at the Queen's Medical Centre.
46. Macmillan has confirmed that it will provide funding for a Community Care Officer (CCO) post for a total of 18.5 hours per week to be involved in the clinics at the City Hospital and the Queen's Medical Centre. The Council has already been releasing CCO capacity one day per week to support the work of the clinic and has now been asked to release

CCO capacity for a further day each week in order to support the new clinic. This will enable multi-agency input in both of the clinics, enabling SCOPES to extend the work of the project and improve the current service to people with cancer. The Adult Access Team is able to release this CCO additional capacity given that funding will be made available to provide backfill within the team.

47. Users of the SCOPES scheme can be assessed at the clinic, on the ward, or at home following discharge as appropriate. The CCO will complete full assessments and support plans, and will be able to commission a range of services, as appropriate. This will support resolution at the front end, as at this point patients at clinic will not have been admitted to hospital. Referrals will be identified at clinic but dealt with by the CCO from the Adult Access Service instead of being forwarded to hospital and district teams. This will benefit the patient as they will have the same worker from diagnosis to treatment to discharge home.
48. An Abstract has been submitted to the Society of International Geriatric Oncology in Milan for an international conference in November 2016 which has been accepted. Co-authors include Yasmin Raza (Advanced Social Work Practitioner), Paul McKay (Service Director, Nottinghamshire County Council), Helen Jones (Director of Adult Social Care, Nottingham City Council) and Rob Morris (Consultant Geriatrician). This will raise the profile of SCOPES on an international level.
49. The Elective Orthopaedic Surgery Scheme (EOSS) based at the City Hospital, Nottingham, was developed as an integrated health and social care pilot to streamline the ward to home hospital discharge process and also to reduce the person's length of stay in hospital. Pre-EOSS all people post operation, who had been identified as requiring support on discharge, would be referred to the hospital Integrated Discharge Team which would in turn refer on to the hospital based social workers for assessment. This process could take between 24 to 48 hours to be completed, thus adding an increased stay in the hospital bed.
50. The EOSS focusses mainly on people over 70 years of age who attend the pre-elective orthopaedic surgery clinic in readiness for their respective hip or knee replacement surgery. This integrated pilot was focussed on the hospital elective surgery teams and the Council's Short-term Assessment and Reablement (START) teams, the main outcome from START's intervention being to increase the person's independence, confidence and well-being and reduce the need for longer term support.
51. The Elective Orthopaedic Surgery Scheme (EOSS) is now part of business as usual with a direct referral strategy between hospital-based staff and the council's Reablement teams. The teams work with a small but significant group of patients that are appropriate for the scheme based on feedback from practitioners. The scheme is having a positive impact on reducing the length of stay in hospital for around 150 patients per year across the County.
52. On average the length of stay in hospital is reduced by four days, enabling people to return to their home environment much sooner with a reablement package of support to assist them to regain their independence as soon as possible within a six week period. As well as being beneficial to the individual, the reduced length of stay in hospital represents significant savings in hospital bed costs of around £180,000 annually.

53. The outcomes for the EOSS scheme remains as follows:

- reduced length of stay in hospital
- increased hospital bed availability and savings
- reduced work load to hospital social work team
- reduction in multiple assessment interventions for the individual
- direct hospital referral process is timely and qualitative
- health and social care teams working closely together with a greater understanding of each other's roles and a joint aim
- the health clinic assessor role is cost neutral to social care with a more efficient qualitative outcome.

54. The Committee is asked to note the work undertaken by the scheme. It is proposed that the Committee receives a further update on both schemes in May 2017.

### **Other Options Considered**

55. The report provides an update in relation to ongoing work, all of which is required as a result of national policy directives, and in the case of ICELS, SCOPES and EOSS is part of the work around the integration of health and social care.

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

56. The report is an update on a range of work taking place across the department.

### **Statutory and Policy Implications**

57. 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**

58. The financial implications relating to the ICELS scheme are identified in **paragraph 11**. The financial implications relating to the possible transfer of Attendance Allowance to local authorities are not yet known. Regarding the transfer of the ILF, the financial implications are identified in **paragraph 16**.

### **Human Resources Implications**

59. The human resources implications in relation to the SCOPES scheme are identified in **paragraph 46**.

### **Safeguarding of Children and Adults at Risk Implications**

60. The Transforming Care Programme aims to ensure that adults at risk are provided with the most appropriate living environment.

### **Implications for Service Users**

61. The integrated social care and health schemes highlighted in the report are focused on providing a seamless and more effective response to people who are in need of specific hospital treatment. In relation to the transfer of the ILF, service users will continue to be reviewed by the Council to ensure their eligible needs are met.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the developments and activity presented in the report.
- 2) agrees to a further update on all the areas covered as indicated in the relevant sections of the report.

**David Pearson CBE**

**Corporate Director, Adult Social Care, Health and Public Protection**

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### **Constitutional Comments (LM 18/08/16)**

62. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee'

### **Financial Comments (AGW 16/08/2016)**

63. The financial implications are contained in paragraph 58.

### **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.

Integrating Health and Social Care to Reduce the Length of Stay in Hospital – report to Adult Social Care and Health Committee on 29 June 2015

Adult Social Care and Health – overview of current developments, report to Adult Social Care and Health Committee on 7 March 2016

Update on the Transfer of Independent Living Fund – report to Adult Social Care and Health Committee on 29 June 2015

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

All.

ASCH415





**12 September 2016**

**Agenda Item: 8**

## **REPORT OF SERVICE DIRECTOR, MID NOTTINGHAMSHIRE**

### **INTEGRATED CARERS STRATEGY UPDATE**

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

1. To update the Committee on progress with the implementation of Nottinghamshire's Integrated Commissioning Carers Strategy, which aims to improve the life of carers and to sustain them in their caring role for as long as possible.
2. To seek approval for six-monthly update reports to be brought to the Committee on the Integrated Carers Strategy.

#### **Information and Advice**

##### **Background**

3. Over the past 18 months separate reports have been brought to Committee on different elements of carers services, including: the Carers Information and Advice Hub, Carers Support Workers, and the end of life Pathways Service. Members requested that the next planned progress report incorporate an overview of progress with the whole Carers Strategy.
4. The Integrated Commissioning Carers Strategy 2015-2018 is the over-arching strategy agreed by Nottinghamshire County Council and Nottinghamshire's six Clinical Commissioning Groups (CCGs). It has been developed in partnership with carers, health commissioners and providers, as well as the voluntary and community sector. An associated implementation plan is refreshed as required.
5. The Integrated Commissioning Carers Strategy 2015-2018 and action plan are developed, implemented and monitored by the Nottinghamshire Carers' Implementation Group, which includes carer representatives and officers from the Clinical Commissioning Groups and other stakeholders. Commissioning recommendations are made through the Health and Social Care Carers Commissioning Forum, with representatives taking these through their own governance structures for decisions. Regular reports and updates are also taken to the Better Care Fund Board and the Health and Wellbeing Board.
6. Relevant national and local drivers and documents policies and strategies have been taken into account in developing the strategy, including, 'Carers at the Heart of 21<sup>st</sup> Century Families and Communities', (Department of Health, 2008), the 2011 Census, the

NHS Five Year Forward View 2014, the Carers Survey 2014/15 and the plans developed by Clinical Commissioning Groups.

7. The three priority aims of the strategy are:
- Identify carers
  - Improve information for carers
  - Improve support to carers
8. Nottinghamshire has a good history of collaboration and joint commissioning for carers, which are elaborated on in the rest of the report. In addition, the Council are funding the following activities:
- Carers Personal Budgets, Personal Health Budgets and Direct Payments
  - Carers Crisis Prevention Service
  - Carers Commissioning staff
  - ‘Pathways’ End of Life service for carers; a dedicated service offering emotional support and respite for carers who are looking after someone at the end of their life (jointly with NHS)
  - Carer engagement and involvement, including Carers Roadshows (jointly with NHS)
  - Carers Information Pack (jointly with NHS)
  - Training for carers; including Money Matters and Moving and Handling (jointly with NHS).

## Carer Engagement

9. Carers’ views are sought in order to shape local services in a number of ways, including through representatives on the planning groups, surveys and road shows. The following table summarises some of the key actions the Council has taken following engagement with carers.

| Carers said...  | We did...   |
|---|---|
| <p><b>INFORMATION</b></p> <p>The bi-annual Carers Survey in 2014/15 asked carers about finding information. The results showed that the ease of finding information and advice locally is becoming more polarised with an increase in those finding it very easy as well as an increase in those finding it very difficult.</p> | <ul style="list-style-type: none"> <li>• Establishment of a dedicated Carers Support Service who advise, inform, signpost and assess carers over the telephone (see <b>paragraph 13</b>)</li> <li>• Joint commissioning of a new Nottinghamshire Carers Hub which provides information and advice to all carers (see <b>paragraph 10</b>)</li> <li>• Production of Carers Information Pack which has been distributed to Adult Social Care teams and key partners including CCGs, local NHS providers, Carer Champions within General Practice homecare providers, and community organisations</li> </ul> |

|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>• Posting of carers information on Notts Help Yourself</li> <li>• Refresh of carers information on NCC website</li> <li>• Inclusion of carer dimension within Grant Aid agreements</li> <li>• All providers of carers' services are contracted to provide information and advice</li> </ul>  |
| <p><b>DEMENTIA</b></p> <p>Members of local carers' groups of people with dementia have commented that they need information and support. In addition, whilst the Compass Service has been very well received and used, members of local dementia carers' groups identified a gap for carers who cannot access Compass – these are carers of someone at the early stage of their dementia.</p>                             | <ul style="list-style-type: none"> <li>• Joint commissioning of a Compass Service for carers of people with dementia (see <b>paragraph 21</b>)</li> <li>• Commitment of £30,000 in the 2016/17 Better Care Fund to fund a service for carers looking after someone in the early stages of dementia</li> </ul>   |
| <p><b>YOUNG CARERS</b></p> <p>Social Care staff working with young carers fed back that young carers were asking for somewhere to go and meet other young carers, and also to participate in activities which were not carer related.</p>   | <ul style="list-style-type: none"> <li>• £30,000 is currently being used from the Better Care Fund to fund 3 pilot projects for young carers: Carers Federation (South), who are linking in to schools to identify young carers; Carers Trust (Mid Notts), who are running leisure activities; and NCC's Youth Service which involves a residential event for young carers</li> <li>• Commitment of £50,000 in the 2016/17 Better Care Fund to fund a service for young carers</li> </ul> |
| <p><b>MENTAL HEALTH OF CARERS</b></p> <p>National research shows that caring can impact on mental well-being. According to Pinquart and Sorensen (2003), 40% of carers experience psychological distress or depression.</p> <p>In a report by Hirst, (2005), carers providing more than 20 hours of care per week over extended periods are at twice the risk of experiencing psychological distress than non-carers.</p> | <ul style="list-style-type: none"> <li>• Commitment of £50,000 in the 2016/17 Better Care Fund to fund a service/s for carers to maintain / improve their mental health – various approaches are being explored, e.g. enhancing existing contracts covering Improving Access to Psychological Therapies to focus on carers; funding mindfulness and resilience training</li> </ul>  |

|  |  |
|--|--|
| <p>The Carers Trust and Alcohol Concern produced a report in 2012 which stated that up to 20% of adult carers increase their alcohol consumption as a coping strategy.</p> <p>Many local carers report that the act of caring often takes a toll on their own mental health; there may be worry and concern over the well-being of the person they are looking after; neglecting their own health and missing health appointments etc.</p> |  |
|--|--|

## Update on current services for carers

### Nottinghamshire Carers Information and Advice Hub

10. The Nottinghamshire Carers Hub is run by Carers Trust (East Midlands). It is jointly commissioned and funded by Nottinghamshire County Council and Clinical Commissioning Groups (CCGs) via the Better Care Fund. Since its establishment in 2015, 1,780 new carers have been identified between August 2015 and June 2016, with 2,443 hours being delivered to carers. Case studies are attached as **Appendix 1**.
11. The Hub offers a free, personalised, timely, responsive and reliable support service to make things easier for carers; the following are within the scope of their contract with the Council:
  - information support for carers, signposting to services and referral
  - helping carers to complete online carers' assessments
  - training group/community development
  - engagement and involvement opportunities for carers with the CCGs and Nottinghamshire County Council.
12. In addition, the Carers Hub can offer carers services which are funded through other means, which represents excellent added value and includes:
  - Short break accommodation
  - Access to carer's support groups
  - Free access to local leisure, health and wellbeing facilities
  - Access to carer's breaks
  - Free training and caring support
  - CarerSmart benefits and discounts
  - Carer's Grants
  - Peer support.

### Carers Support Service

13. The Carers Support Service is a dedicated team within the Adult Access Service, who carry out carer's assessments and reviews over the phone. The team was expanded in order to meet some of the increased duties and demand arising from the Care Act and has proved a cost effective solution, which is highly regarded by carers. The Service consists of six Community Care Officers who give advice/information to carers, signpost to other voluntary and statutory agencies as well as undertake carer's assessments that it is appropriate to do by telephone. Carers Emergency Cards and bespoke information packs can be arranged. The Carers Support Service refer carers to the Nottinghamshire Carers Hub when carers require a little extra support, and to the District Teams for more complex assessments which would benefit from a visit. The Carers Support Service now completes approximately 34% of all requests for carer's assessments and reviews. If eligible, carers can be provided with an NHS Carers Short Break and/or a Carer Specific Personal Budget depending on their needs.
14. The service was evaluated by Public Health with very positive outcomes reported. Carers who used the service commented that it was: good, very thorough, gave them ample time, that they were able to ask the questions they wanted to and that staff were patient and explained everything available. They also appreciated the accessibility of having a central contact point from which to gain information.

### **Carer's Assessments**

15. Carers are now able to undertake assessments in a number of ways: by telephone, online or face-to-face. Carers are also able to attend Clinics in the community to access advice, information and a carer's assessment. The number of carer's assessments and reviews is increasing over time, with a significant rise in April 2016.
16. As anticipated following the Care Act, there has been a steady increase in the number of carer's assessments and reviews which is continuing into this financial year. 4,630 carer's assessments and carer's reviews were undertaken in 2014/15, rising to 4,735 in 2015/16. In 2016/2017, 1,533 have already been undertaken up to the end of May and of these 56% of carers received a Carers Personal Budget. The proportion of assessments leading to a Carer's Personal Budget has decreased this year, which reflects the fact that more carers have their needs met through the provision of advice and information, and through the broader range of commissioned services that are now available to carers. The Nottinghamshire Carers Information and Advice Hub is proving particularly successful at identifying and supporting carers, and they work closely with the Carers Support Workers based in the Adult Access Service, which is now running at full capacity. Many GP practices now also have a Carers' Champion, who actively identifies and signposts carers.

### **Online carer's assessment**

17. An online carer's assessment and review has been available to the public since April 2016. The completed assessment is sent to the Carers Support Service who then make a decision and complete the work as usual. To date 151 carers have completed their assessment online.

18. Between April and June 2016, the Carers Support Service dealt with 596 contacts from carers. Of these, 51 were resolved through providing information, advice and guidance with the others moving onto a carer's assessment. The Adult Access Team has set a target which aims to complete 5% of assessments online and to date carer's assessments have achieved an impressive 27% of online use.
19. The Carers Support Workers feedback that this is a good process and enables telephone assessments to be completed much more quickly. Gathering the information required for the assessment can usually take between 20 – 80 minutes, but when an online assessment is completed it can reduce the call to as little as 5 minutes to follow up on the information already provided.

### **Clinics in the community**

20. Carer's assessments and reviews also take place in community clinics, alongside professionals from other agencies, for example, the Nottinghamshire Carers Hub and prevention services. A case study is included in **Appendix 1**.

### **Compass Workers**

21. The aim of the Compass service is to ensure the carer can continue to support the cared for person with dementia in the home environment safely for as long as possible. The Compass team provides personalised support service for carers of people with dementia in Nottinghamshire, supporting carers to remain mentally and physically well.
22. The expected outcomes are:
  - improved sense of wellbeing for carer
  - avoidance of unplanned admissions to hospital
  - successful timely discharge from hospital
  - delay patient from entering residential care.
23. The Compass service was evaluated in 2014 by Public Health. The service evaluated well with significant improvements in carers' quality of life evidenced. One carer said "Managed to sort things we didn't even know about which has been a great help, for example equipment, services and council tax reduction." Another commented, "Fantastic service. Dire need for someone who can spend time devoted to carers to listen and find out carers needs, because other staff have to spend most time on needs of the patient".

### **Seldom heard carers**

24. The Better Care Fund has been used to fund a 12 month 'Seldom Heard' Carers project, which includes the funding of a temporary Commissioning Officer post. The Commissioning Officer is co-ordinating commissioned research, stakeholder engagement and a literature review (see below) and is also working with potential providers, the voluntary sector and communities to share the findings and stimulate services to develop in a way that fills the identified gaps.

### **Commissioned Research**

25. The Council has recently commissioned Nottingham Trent University (NTU) to undertake research into 'seldom heard' carers in Nottinghamshire. The research is being undertaken by experienced researchers from NTU with carers from 'seldom heard' groups, and the final report with findings will be available by 31 October 2016. The report will detail and analyse what the issues and barriers are for the identified 'seldom heard' carer groups, which prevents those carers accessing information, advice and support from the Council and local NHS.

### **Stakeholder Engagement**

26. Key stakeholder involvement, using 'co-production' methodology, will be applied during the project to enable involvement, consultation and feedback from all key stakeholders. An event in June 2016 brought together carers and stakeholders to discuss key issues. Analysis and feedback from this event will be shared and used to inform the project. A further stakeholder event will take place in November 2016.

### **Literature Review**

27. The Council commissioned a literature review into 'seldom heard' carers to identify and appraise existing national and local data and research relating to carers. The work was undertaken by a Foundation Year 2 graduate doctor in Public Health and completed in July 2016.

### **Carers' Champions**

28. A Carer Champion is usually a member of staff within a medical practice who supports with the identification of carers; they will act as a voice for carers within the practice and be a key point of contact for carer information within the general practice which they work.
29. Two workshops have been held by NCC, local CCGs and the local voluntary sector in the County to promote carer support by equipping and supporting existing and potential Carer Champions within General Practice.

### **NHS Carers' Breaks**

30. The six local Clinical Commissioning Groups provide a combined total of £800,000 per year to support carers in taking a short break from their caring role by funding either a placement in a care home or an agency to provide home care for the 'cared for'. Carers have to be assessed by Nottinghamshire County Council staff in order to target the breaks at carers who will most benefit from them.
31. A further £200,000 Better Care Funding is allocated for carer breaks to be taken as a Carer's Personal Health Budget (PHB). This PHB may be used to commission a carer's break via a direct payment from providers of the carer's choice.
32. This funding allocation is managed by the Council and is also available to carers in Bassetlaw. It is very popular with carers and since the establishment of the scheme in 2011 there has been a gradual increase in uptake. It is thought to be a unique scheme in

the region, which demonstrates the effective integrated working approach by the CCGs and the Council.

## Performance

33. The Adult Social Care Outcomes Framework 2014/15 (ASCOF) describes a number of measures which are directly related to carers:
- Carer-reported quality of life
  - Proportion of people who use services and their carers who reported that they had as much social contact as they would like
  - Overall satisfaction of carers with social services
  - The proportion of carers who report that they have been included or consulted in discussions about the person they care for
  - The proportion of people who use services and carers who find it easy to find information about services.
34. Most of these measures are investigated through the bi-annual Carer Survey, the results of which then inform the focus of carer activity. For example, the main aims of the carer assessments and reviews are to determine how much the impact of caring is having on the carer's life, and what steps may be taken to improve the quality of life and to enable the carer to continue in their role (see **paragraph 16** for performance information). The use of the Carers Personal Budgets and commissioned services, etc. are also designed to achieve these aims.
35. There is a commitment of £30,000 within the Better Care Fund for evaluation; it is proposed that a simple evaluation tool is developed for carers to gauge the effectiveness of using a Carer's Personal Budget and / or other carers' services. This will help to understand if carers think that they are experiencing an improvement in the quality of their lives, as a result of receiving support from the Council – either directly or indirectly through commissioned services.

## Next steps

36. In 2016/17, in addition to on-going commitments, it has been agreed by the Carers Commissioning Forum, that Better Care Funding will be allocated to developing a number of new initiatives:
- Dementia Service for carers (not eligible for Compass service)
  - Carers with mental health issues
  - Young carers
37. Work will continue on projects that are already underway to: improve the information offer for carers, support seldom heard carers and extend recruitment of Carer Champions in General Practice to all parts of the County.

38. The October 2016 Health and Wellbeing stakeholder event will focus on young carers and promoting carer friendly communities. This will build on the success of the 'dementia friendly communities' model.

## **Finance**

39. The total 2016/17 annual budget across Health and Social Care in Nottinghamshire which provides for a wide range of support options for carers is £6.3 million. This covers a wide range of flexible support options and breaks down as:

- £4.3 million Nottinghamshire County Council
- £0.8 million across all six Clinical Commissioning Groups
- £1.2 million Better Care Fund (historically NHS Carers Breaks funding).

## **Other Options Considered**

40. Alternative options and their evidence base are considered as part of on-going joint commissioning arrangements.

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

41. The report is for noting and for the Committee to agree future reporting requirements.

## **Statutory and Policy Implications**

42. 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**

43. There are no financial implications.

## **Implications for Service Users**

44. Carers who are well supported are likely to more able and willing to carry on looking after service users.

## **RECOMMENDATION/S**

That:

- 1) the work undertaken to implement Nottinghamshire's Integrated Carers Strategy be noted

- 2) the Committee agrees to receive six-monthly update reports on the Integrated Carers Strategy.

**Sue Batty**  
**Service Director, Mid Nottinghamshire**

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

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#### **Constitutional Comments (LM 09/08/16)**

45. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee

#### **Financial Comments (KAS 09/08/16)**

46. The financial information is contained within paragraph 43 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.

Integrated Commissioning Carers Strategy 2015-2018

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

All.

ASCH419

### **Community Clinics: Case Study**

This is a case study from a Community Care Officer from an Older Adults Team. She met with a carer who had attended a clinic appointment at a Volunteer Bureau in June requesting an assessment.

The carer cares for her husband who is visually impaired and has dementia. The carer also has dementia, so a face-to-face assessment was necessary, but she could get to a clinic for her appointment. In fact, this suited the carer as the clinic was near to her home.

The Community Care Officer had a conversation with the carer and her husband. It transpired that she did not need to have a carer's assessment, but instead was interested in getting some information about social groups and other activities and services provided by the Volunteer Bureau, which the Officer provided. The Officer and the carer also discussed the possibility of day care provided by the Carers' Trust service based at the Volunteer Bureau. The carer and her husband said they may consider this as an option in the future as the Volunteer Bureau is so close to their home.

The carer and her husband left the clinic very satisfied with a timely and convenient service that met their needs.

### **Nottinghamshire Carers Hub: Case Study**

A carer was very upset during an Alzheimer's Society's Dementia Information Session and she seemed at crisis point. The carer's husband suffers from early dementia but is also a recovering alcoholic, with violent tendencies; the carer has had to call police on several occasions.

The carer was referred to a Carers Hub Support Worker, who has a background in Drugs and Alcohol support. The Support Worker visited the carer at home as she was at crisis point. Issues were:

- Husband verbally abusive due to alcohol abuse in past and dementia
- Violent outbursts
- Carer feels she no longer has a life due to caring role
- Controlling nature of husband
- Very stressed and at crisis point
- Lost all friends
- Lost confidence
- Does not know where to turn for help and support, feels isolated
- After 14 years of marriage, no longer wants to care for her husband.

Support Worker provided the following information, advice, signposting and support to the carer:

- Emotional support in time of crisis

- Contact numbers for local police
- Encouraged carer to talk with neighbours, who provided a safe haven if husband got violent again
- Referred to Hetty's service (drug and alcohol support)
- Referred to Let's Talk Wellbeing Service
- Referred to Insight Healthcare
- Referred to CAB – for Power of Attorney advice
- Provided information on other support groups
- Encouraged to book an eye test (not had one for 5 years)
- Military background so referred to British Legion
- Information on a Local Support Centre and service they provide.

Outcomes since Nottinghamshire Carers Hub support:

- Carer now had an eye test after 5 years
- Visiting local Support Centre for a weekly massage and a manicure (time for herself outside of caring role)
- More confident to do things alone
- Now has a counsellor whom carer sees regularly (through Insight Healthcare)
- Reconnected with friends, so less socially isolated
- Set up Power of Attorney
- Changed her Will
- Volunteer from British Legion takes husband out every Saturday for lunch, which he really enjoys
- Carer feels empowered and able to take control of her life
- Husband now listens to carer and is not completely reliant on her anymore
- Reconnected with husband and they are now getting on much better
- Support Worker still in contact with the carer by having telephone support, for updates on progress
- Carer also continues to attend the local carer support group.

## Key points

These case studies demonstrate the different approaches to assessing and supporting carers.

- It is no longer the case that all carers are automatically offered a home visit; carers may wish to be seen at a local clinic
- Not all carers need an assessment; some may just need information and advice
- Good support includes signposting and facilitating access to existing activities in the locality.

12 September 2016

Agenda Item: 9

## **REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND PUBLIC PROTECTION**

### **PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH**

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

1. To provide the Committee with a summary of performance for Adult Social Care and Health for Quarter 1 2016-17 (1 April to 30 June 2016).

#### **Information and Advice**

2. This report provides the Committee with an overview of performance results for Quarter 1 of 2016-17 against the key performance and operational priorities within Adult Social Care and Health (ASCH). The areas discussed within this report have been agreed as key areas for the department this year and are reported to the department's Senior Leadership Team on a monthly basis. These performance measures reflect statutory returns to the Department of Health and the achievement against the Council's priorities outlined in the Strategic Plan 2014-18.
3. A summary of these performance measures is set out below and a performance dashboard, including target and performance data up to and including 30 June 2016 (Quarter 1), is attached as **Appendix A**.

#### **Contacts, Assessments and Reviews**

##### **Early resolution of adult contacts dealt with and resolved at early stage/first contact**

4. The Council has a Customer Service Centre and a specialist Adult Access Service. An "early resolution project" has commenced to increase the number of callers who can be assisted with early intervention and signposting.
5. The percentage of contacts resolved at contact stage is currently 36%, which is 4% off compared with the 2015-16 outturn.
6. So far this year (April – June), there have been 5,700 new contacts recorded and 1,900 of these having been resolved at first contact with information, advice or signposting and required no further action.

7. Of those remaining which required further action:
- 900 contacts were referred to short term services (such as reablement or intermediate care)
  - 200 contacts were referred for a specialist assessment (for example by the adult deaf and visual impairment service)
  - 2,200 contacts were referred for a care and support or an Occupational Therapy (OT) assessment
  - for 400 contacts the outcome is currently unknown and these contacts may be ongoing.

#### **Percentage of assessments and reviews carried out by alternative methods**

8. A key part of the Adult Social Care Strategy is to undertake more assessments and reviews by methods other than the traditional approach which is in a person's own home. For example, alternatives can include a carer's review being carried out over the telephone or an assessment being carried out at an OT clinic. This has the benefit of increasing the numbers of people assessed per day and reducing travel time between appointments.
9. The percentage of assessments and reviews completed by alternative methods has increased steadily since April and is currently 22%.

#### **Percentage of new assessments completed within 28 days**

10. There is no national timescale to complete new assessments within 28 days of initial contact, but the department has a local target to achieve this in 80% of cases. In some cases there is a legitimate reason why an assessment may take longer than 28 days, such as rapidly changing circumstances or case complexities.
11. The percentage of assessments completed within 28 days has shown gradual improvement and is currently at 71%. This is an improvement on the year-end figure of 64%, although improvement is still required if the Council is to achieve the target of 80%.

#### **Percentage of reviews of Long Term Services completed in year**

12. It is important that people who receive support receive an appropriate and timely review of their care package. People who receive an ongoing (long term) service such as residential care, home care or day care should receive an annual review.
13. For the first quarter of 2016-17, 6% of people who are supported in residential or nursing care have received an annual review and 11% of people who receive a long term service in the community have received an annual review. These percentages will increase as the year progresses. At year end 2015-16, 46% of people with a long term service had received a review, so the figures to date show a slight improvement.
14. Different ways to undertake reviews are being considered within the department, including the piloting of a short form for providers to complete alongside their usual care plan for service users in residential care.

## Delayed Transfers of Care

15. A Delayed Transfer of Care (DToC) from an acute or non-acute hospital setting occurs when, “a patient is ready to depart from such care and is still occupying a bed”. Any patients falling within this definition are classified as a reportable delay and the information collected includes patients in all NHS settings irrespective of who is responsible.
16. DToC attributed to social care and jointly to social care and the NHS has increased slightly from 1.73 to 1.80, although is within target for the year.

## Long Term residential and nursing care

17. Reducing or delaying the need for long-term residential or nursing care for older adults (65 years and above) and younger adults (from 18 to 64 years) is a local and national priority. Performance is managed in this area through the careful consideration of admission requests by admission panels and through the provision of appropriate alternatives to long-term care, such as specialised homecare, equipment or supported living.

### Younger Adults

#### Admissions (on target)

- Admissions into long-term care are being actively managed through the use of accommodation panels which look at availability of alternative placement types such as supported living where appropriate.
- There have been 15 new admissions in the first quarter of the year and the target for the year to date is 12

#### People Supported

- Admissions are managed in order to reduce the overall number of people being supported by the Council in long term residential or nursing care placements
- The number of younger adults supported is on target (652 against 650)
- The majority are in residential care and are people with Learning Disabilities

### Older Adults

#### Admissions (on target)

- Admissions into long-term care are being actively managed through scrutiny of all cases at accommodation panels and the provision of more alternatives within the community such as Extra Care and short-term assessment beds for those older people leaving hospital.
- Admissions for older adults is within target for the first quarter of the year
- 53% of new admissions are to residential care

#### Admissions direct from hospital (on target)

- Admissions into long-term care direct from hospital have reduced since the introduction of services such as short-term assessment beds for people being discharged from the Queen’s Medical Centre hospital.
- Admissions direct from hospital are at 30%, so the Council is performing better than its 34% target
- 80% of admissions that were direct from hospital were nursing admissions, this is an improvement on Quarter 1 last year when the split was almost 50/50.

### **People Supported**

- Admissions are managed in order to reduce the overall number of people being supported by the Council in long term residential or nursing care placements
- The number of people supported is currently over the annual target, however this is to be expected at this time of year and reductions are targeted as the year progresses
- The oldest person in long term care is 108 and the most common age for people currently within long term residential or nursing care is 86.

### **Safeguarding and Deprivation of Liberty Safeguards (DoLS)**

#### **Safeguarding service user outcomes**

18. When an adult is the subject of a safeguarding assessment they are asked what outcomes they want as a result of the assessment. This is part of 'Making Safeguarding Personal', a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice. An example of an outcome may be 'I want to be able to safely collect my pension'.
19. The percentage of service users who were asked what outcomes they wanted has increased since year-end 2015-16 and is currently 69%. The percentage that achieved their outcomes has also increased slightly since year-end from 92% to 94%.

#### **Percentage of completed DoLS assessments**

20. The waiting list for Deprivation of Liberty assessments is closely monitored within the department and additional resources are focussed in this area.
21. The percentage of assessments completed is currently 67%, against the year-end figure of 60%.

### **Summary**

22. This report identifies the performance for adult social care and the steps that have been taken to maintain or address performance and to ensure that the Council carries out these responsibilities in a timely way. This involves ensuring there is the right level of staffing in the establishment, employing some temporary additional resources and taking advantage of new and innovative ways of working.
23. In line with the Adult Social Care Strategy, the department will continue to prevent or delay the development of need for care and support by providing advice, information and services that support independence.
24. Where someone is eligible for support, workers will undertake timely assessments according to the level of complexity service users present, whilst ensuring that the person receives a reablement service as appropriate.
25. If someone has eligible needs the Council will maximise their choice and control through a personal budget and will further reduce the number of permanent admissions to residential or nursing care.

## **Other Options Considered**

26. The report is for noting only.

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

27. The report is for noting only.

## **Statutory and Policy Implications**

28. 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.

## **RECOMMENDATION**

1) That the Committee notes the performance update for Adult Social Care and Health for the period 1 April to 30 June 2016.

**Paul Mckay**

**Service Director for South Nottinghamshire and Public Protection**

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## **Constitutional Comments**

29. As this report is for noting only, no Constitutional Comments are required.

## **Financial Comments (CT 16/08/16)**

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

## **Background Papers and Published Documents**

None.

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

All.

ASCH422



| ASCH 2016-17 Indicators and Activity<br>June update |   | Target<br>15/16 | Year End<br>15/16 | Quarter<br>One | Quarter<br>Two | Quarter<br>Three | Quarter<br>Four | Good is | Target<br>16/17 |
|---|---|-----------------|-------------------|----------------|----------------|------------------|-----------------|---------|-----------------|
| <b>Contacts, Assessments and Reviews</b>            |   |                 |                   |                |                |                  |                 |         |                 |
| 1   | % new contacts (in Framework) dealt with at contact stage                       | 35%             | 37%               | 36%            |                |                  |                 | High    | 40%             |
| 2   | % of assessments and reviews carried out face to face                           | -               | 67%               | 70%            |                |                  |                 |         |                 |
| 3   | % of assessments and reviews carried out by other methods                       | -               | 22%               | 22%            |                |                  |                 |         |                 |
| 4   | % assessments completed within 28 days  | 80%             | 68%               | 71%            |                |                  |                 | High    | 80%             |
| 5   | % of reviews of LTS completed in year   | -               | 46%               | 9%             |                |                  |                 | High    | 80%             |
| <b>Delayed Transfers of Care</b>                    |   |                 |                   |                |                |                  |                 |         |                 |
| 8   | Delayed transfers of care attributable to adult social care (and both)          | 2.3             | 1.85              | 1.8            |                |                  |                 | Low     | 2               |
| <b>Long Term Care</b>                               |   |                 |                   |                |                |                  |                 |         |                 |
| 9a  | Number of Younger Adults supported in residential placements                    | 675             | 563               | 555            |                |                  |                 | Low     | 650             |
| 9b  | Number of Younger Adults supported in nursing placements                        |                 | 100               | 97             |                |                  |                 |         |                 |
| 10  | Number of admissions of Younger Adults  | 75              | 62                | 15             |                |                  |                 | Low     | 50              |
| 11a   | Number of Older Adults supported in residential placements                      | 2,441           | 1,754             | 1,682          |                |                  |                 | Low     | 2,275           |
| 11b   | Number of Older Adults supported in nursing placements                          |                 | 743               | 724            |                |                  |                 |         |                 |
| 12  | Number of admissions of Older Adults  | 948             | 967               | 216            |                |                  |                 | Low     | 954             |
| 13  | % Older Adults admissions direct from hospital                                  | 34.0%           | 33.0%             | 31%            |                |                  |                 | Low     | 27%             |
| <b>Safeguarding and DoLS</b>                        |   |                 |                   |                |                |                  |                 |         |                 |
| 14a   | % service users who were asked what outcomes they wanted                        | -               | 61%               | 69%            |                |                  |                 | High    | 70%             |
| 14b   | % service users (of above) who were satisfied that their outcomes were achieved | -               | 92%               | 94%            |                |                  |                 | High    | 95%             |
| 15  | % of completed DoLS assessments   |                 | 60%               | 67%            |                |                  |                 | High    | tbc             |





**REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE  
DEPRIVATION OF LIBERTY SAFEGUARDS**

**Purpose of the Report**

1. To provide Members, as requested, with a quarterly progress report on implementation of the Corporate Deprivation of Liberty Safeguards (DoLS) Strategy.
2. To approve the establishment of 4 FTE temporary Community Care Officer (Grade 5) posts for 12 months.

**Information and Advice**

3. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972, this covers information relating to the financial or business affairs of any particular person (including the Council). Having regard to all the circumstances, on balance, the public interest in disclosing the information does not outweigh the reason for exemption because of the risk to the Council's commercial position disclosure is likely to pose. The exempt information is set out in the **Exempt Appendix**.
4. The Deprivation of Liberty Safeguards (DoLS) were originally introduced to provide a legal framework for the deprivation of liberty for people who lack mental capacity to make decisions about their care arrangements themselves. They apply to people who are in hospital or residential/nursing care and who are subject to restrictions and restraints in their lives, for example, not being free to leave or requiring continual supervision. The Local Authority is required to arrange an assessment of their circumstances to determine whether the care provided is in their best interests to protect them from harm, whether it is proportionate and to determine if there is a less restrictive alternative.
5. The DoLS process requires assessments to be undertaken by a member of staff who has successfully completed competency based training in DoLS work in order to become a 'Best Interests Assessor' (BIA), and a doctor. The Local Authority has a statutory duty to make sure the DoLS process is followed and that these assessments are undertaken within the legal timescales. Once a DoL is authorised there is a requirement to review it, annually at minimum.
6. Alternative arrangements are currently in place for people who live in the community, which require a social worker to make an application to the Court of Protection to authorise the deprivation of liberty and the care arrangements.

7. On the 19 March 2014, the Supreme Court published its judgment in the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council, which further defined the meaning of Deprivation of Liberty. The effect of this is that a much greater number of people in residential care homes, nursing homes and hospitals now come under the DoLS than previously and by law they must be assessed under the DoLS procedure.
8. In 2013/14, the Council received only 300 DoLS referrals. Following the Cheshire West judgement, in 2014/15 the total number of DoLS referrals received increased to 1,748. Since then, the predicted significant upward trend in DoLS referrals in Nottinghamshire over the previous 18 months have proved to be accurate in line with the Council's higher predictions. The number of DoLS referrals received in 2015/16 was 2,800, against a predicted 3,000. It has previously been projected that the number could rise up to 5,000 a year before it reaches a plateau, with the estimated cost of managing this level of activity being £5.2M.
9. A number of reports have been presented to Adult Social Care and Health (ASCH) Committee regarding DoLS since the publication of the Supreme Court judgement.
  - Reports in December 2014 and June 2015 highlighted the impact of this judgement including a predicted rise in demand for assessments locally and nationally. It set out the proposed Corporate Strategy and plan to address this rise in demand and included the business case for additional resources needed to meet these pressures.
  - A progress report was presented to ASCH Committee on 11<sup>th</sup> January 2016 which provided an update on the implementation of agreed resources, the first phase of process reviews and prevention work.
  - The most recent progress report was presented to ASCH Committee on 18<sup>th</sup> April 2016. This provided a further update, initial feedback on the Peer Review and requested approval to permanently establish 25 FTE posts and extend 3 FTE temporary posts for 12 months.

## **Demand for Assessments**

10. Assessment data indicates that the number of referrals received each week continues to be on an upward trend over the longer term. As at the end of Quarter 1 2016/17, the service received an average of 56 referrals per week. The number of referrals the service receives each week fluctuates considerably. Since March 2014, the lowest number of referrals received has been 18 and the highest has been 106. The pace in the rise in demand will be monitored regularly and projections revised as necessary. The ability to complete more assessments will mean that a greater number of renewal assessments will be required. Furthermore, more assessments completed within care homes will likely prompt more referrals from care homes regarding other residents who require DoLS.
11. The service has made progress in reducing the number of people waiting to be assessed. The waiting list (as of 24/07/16) is down 12% on when it was at its highest level in mid-February 2016. The average number of assessments completed each week has increased from 34 in 2015/16 to an average of 66 assessments currently. In addition, the service has now completed assessments on 68% of all referrals received since the

landmark Cheshire West judgement in March 2014. This is a significant improvement from when the total reached 50% in January 2016 and is double the amount of assessments that were completed in the previous year. The impact of this, however, is offset by more referrals being made.

## **Recruitment**

12. From the additional £2 million resources agreed as part of the budget setting process for 2016/17, all management and business support posts are now filled.
13. Best Interests Assessors (BIAs) continue to be in high demand and short supply locally, regionally and nationally. 8.3 full time equivalent permanent BIA posts in the central team are filled out of a total establishment of 29. A recruitment drive is underway offering non BIA staff the opportunity to join the central DoLS team and be fast track trained as BIAs 'on the job'. There has been good interest shown in this and whilst the recruitment is completed, agency BIAs are completing assessments. A rolling advert remains on the Nottinghamshire County Council website.

## **Agency Staff**

14. The DoLS service continues to work with the Council's staffing agency, Reed. In addition to any suitably qualified full time staff that are available to work substantively within the team, Reed identify an average of two new agency BIAs per week who can complete assessments on a part-time basis. The Council is currently allocating assessments to 31 agency BIAs who are able to offer ad hoc hours and be paid on a per assessment basis. The current average number of assessments completed in this way by Reed BIAs is 23 per week, an increase on the average of 21 agency assessments completed per week reported to Committee in April 2016.

## **BIA Training**

15. A further five social workers successfully completed their BIA training in May 2016. The service remains on track to train a minimum of 15 candidates per annum, staggering training across two different courses throughout the year.
16. Work is ongoing with the operational teams to enable the release of newly trained BIA staff to work in the central DoLS service. Colleagues within the central and district teams have developed ideas for more flexible working options for locality staff, such as working for fixed periods or part-time in the central team whilst retaining their substantive posts. This is linked into career progression policy. In order to support the districts to do this, until all 29 permanent BIA posts in the central team are recruited to, the district posts will be backfilled by unqualified staff funded from the DoLS budget.

## **Peer Review**

17. The outcome of the Council's recent Peer Review, led by the Director of People and Deputy Chief Executive of Rutland County Council was reported to Committee on 16<sup>th</sup> May 2016. The key line of enquiry with regards to the DoLS service was:

*'In June 2015, the Council developed a corporate strategy and project plan to address the increasing demand for DoLS assessments. Do we have the strategy, approach and capacity in place to do this efficiently and effectively, and to ensure that arrangements are in line with meeting legal requirements?'*

18. The Peer Review identified that overall Nottinghamshire's approach was the right one, that it has a strong ethical basis, is at the forefront of Councils in its use of data analysis and is well regarded for its involvement in and contribution to both regional and national fora. Key recommendations made were to develop a communications strategy and review how cases are risk assessed and prioritised, in order to use the additional resources to best focus on people who will benefit most, as well as best manage risks to the Council. Work is underway on both these areas.

### **Risk assessment and prioritisation of work**

19. The Corporate DoLS Strategy is now being refreshed to include implementation of the recent Association of Directors of Social Services (ADASS) advice note on additional interim emergency measures and safeguards. ADASS continues to advise local authorities (LAs) that they have a duty to meet their statutory responsibilities and develop plans to resource this as quickly as possible. Whilst advising LAs to continue to make every effort to meet these requirements as soon as practically possible, the shortage of financial resources and of suitably qualified BIAs means that in the interim ADASS has provided advice on how to best prioritise in the current circumstances based on principles of meeting legal requirements as far as possible, protecting those facing the greatest risk and proportionality.
20. The advice focuses on renewals for people settled in long term accommodation and those people who are a low priority on the waiting list and who otherwise may never be assessed. It incorporates a risk based approach to utilising methods such as increased use of desk top assessment, phone contacts and non-qualified staff supporting the gathering of information to progress the assessment to a point where the BIA can make a decision. Discretion will always rest with the BIA to revert to a fuller assessment that includes a visit if required.
21. By way of example, if someone is in a long term, stable placement in a care home, where their circumstances are unlikely to have changed, a desktop renewal assessment could take place. Non-social work qualified staff will undertake the preparatory work to gather information for the assessment and to support the BIA to identify how the assessment could best be undertaken. It will consider whether the person can communicate in a face-to-face interaction as part of the assessment. If the BIA has enough information to be confident that no further insight would be gained from meeting the person face-to-face, they can use the information they have gathered as well as speaking to family, care home managers and key workers over the telephone to undertake a desktop assessment. In Nottinghamshire, early estimates suggest a significant number of renewals which will be required in Nottinghamshire over the next 12 months could be completed as a desktop assessment.
22. The ADASS advice note recommends a similar approach to complete low priority cases from the waiting list. In these circumstances, cases which may be suitable for a desktop assessment could include: people in hospices/hospitals at the end of life; high

dependency, advanced dementia or similar in a nursing placement; settled placements, where the person has a severe learning disability or dementia / no communication, and as such that a face to face interview is unlikely to add any additional detail to that which can be obtained from others. In some of these scenarios, undertaking multiple detailed assessments can become distressing for both individuals and their families and a more proportionate approach would be welcomed. ADASS intend to develop a matrix to help identify cases which may fit this criteria.

23. An initial meeting has taken place between senior managers to discuss how this could be implemented. The proposals have also been shared and discussed with BIAs. It is important to note that the BIA retains full control of the process, prioritisation, risk assessment and the decision. If during the course of the assessments the situation for the person changes, the BIA is under no obligation to rely solely on a desktop assessment for a first time assessment, or a renewal if they believe the person being assessed is at risk.

### **Regional collaboration**

24. Nottinghamshire continues to play a leading role in the East Midlands regional work on DoLS. The Regional Forum and lead Assistant Directors have been assessing areas of potential benefit from collaboration. In addition to continued shared learning, a collaborative approach to training more BIAs and Mental Health Assessors is being progressed. There is no appetite to combine services at a sub/regional level as this would not reduce the number of assessments, nor provide additional capacity to complete them. Also, each authority is required to authorise its own assessments and uses different client record systems to do this, which would be extremely difficult to link.

### **Further ongoing work**

25. In addition to effectively managing the capacity of the DoLS service, the Strategic Development Manager will refresh and implement the Council's corporate strategy for DoLS. This will include the following:
  - DoLS preventative work will continue to identify opportunities to educate managing authorities in order to avoid inappropriate referrals (currently approx. 8% of total referrals).
  - Working with Mental Health Assessors (MHAs) to improve the quality and efficiency of assessments. This includes working towards enabling MHAs in some circumstances to carry out Mental Capacity assessments, as well as diagnosis. This will free up the Council's BIA capacity.
  - Implementation of a phase 2 Lean Plus review to continue to streamline all DoLS processes is progressing to ensure duplication is minimised and that a 'digital first' approach is adopted wherever possible.
  - Increasing the pool of managers who are required to authorise the recommendation made by the BIA as to whether the person should or should not be deprived of their liberty.

- The Self Service Portal which allows wider partners to submit DoLS forms electronically through the Council's website is now live. Colleagues are currently evaluating the success of the initial launch which will increase awareness and use of the portal.
- Monitoring updates from the Law Commission regarding any proposed changes to legislation for DoLS.

### **Establishment of additional temporary DoLS posts**

26. In order to gather the necessary information to do more desktop assessments, the central team needs to utilise non BIA staff to complete these and free up BIA time for tasks where their expertise is mandatory. In order to trial this, approval is sought to fund 4 FTE temporary Community Care Officer (Grade 5) posts to be based in the central team for 12 months.

### **Other Options Considered**

27. Various staffing complements have been considered to make best use of available advice to increase capacity to undertake more assessments and renewals. The selected approach represents best use of resources to achieve maximum outputs and is a good fit with the existing structure of the service. Officers will continue to make local, regional and national links to identify future cost effective options.

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

28. Demand for assessments and renewals will continue to increase. As a result, the Council needs to balance best practice with pragmatic, proportionate decision making and risk management. The recommendations made within this report represent the best way to achieve this balance in light of the continuing challenges that the DoLS service in Nottinghamshire faces.

### **Statutory and Policy Implications**

29. 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**

30. The cost of establishing 4 FTE temporary Community Care Officer (Grade 5) posts for 12 months is set out in the table below. This calculation assumes that all 4 FTE posts will be recruited to and will be in post by November 2016.

| Temporary Staffing Resource            | 2016/17 cost          | 2017/2018 cost |
|--|-----------------------|----------------|
| 4 FTE Community Care Officer (Grade 5) | £53,659               | £75,121        |
| <b>Total</b>                           | £128,780 <sup>1</sup> |                |

31. These costs can be met by current underspend from the budget for agency staff during 2016/17 and from reserves during 2017/18.
32. The Council's modelling shows that the number of referrals for DoLS is projected to rise as high as 5,000 a year before it plateaus. This increase is partly due to the fact that each DoL that is authorised requires a new assessment within a maximum period of a year; so as more assessments are completed, more are generated. In order to meet this projected ongoing demand from 2017/2018 onwards, a further increase in resources will be required with a total yearly recurrent cost of the DoLS service of £5.05m.
33. On 25<sup>th</sup> February 2016, Full Council approved the budget which included an additional recurrent £2M to partially meet the pressures on the DoLS service. This brings the total DoLS budget from 2016/2017 to £2.865M. This is sufficient to employ 29 FTE BIAs as well as the appropriate associated levels of management, administrative, mental health assessment and advocacy resources. A further one-off of £1M is held in reserves to reduce the waiting list. The remaining funding was held at risk. This report sets out the good progress made to date with implementing the agreed additional resources and the impact that this has had on improving the amount of assessments completed. The evidence is that despite the increase in resources, the full implementation of the interim ADASS guidance and the use of temporary reserves, a further review of resources will be required to ensure the Council has sufficient capacity to meet the incoming demand for DoLSs assessments within the required timescales.

### Human Resources Implications

34. The temporary CCO posts will be recruited to on fixed term contracts. The recognised trade unions have been consulted and are in agreement with the recommendation.

### RECOMMENDATIONS

That the Committee:

- 1) notes the progress with actions being taken to implement the Corporate Deprivation of Liberty Safeguards Strategy.
- 2) approves the establishment of the following temporary posts to the DoLS service for a period of 12 months.

<sup>1</sup> Salary calculated at top of Band 5 (SCP 29). Calculation includes salary, NI contributions, Superannuation (+20%) and Vacancy Level Turnover (-12%). Also includes cost estimate for mileage allowance and technology requirements (£11,200 for 4 FTE posts for 12 months). These posts will attract authorised car user status. These costs have been factored into costs detailed in the report

- 4 FTE Community Care Officers (Grade 5)

**Sue Batty**  
**Service Director, Mid Nottinghamshire**

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

Daniel Prisk  
Strategic Development Manager (DoLS)  
T: 01159774896  
E: [daniel.prisk@nottscc.gov.uk](mailto:daniel.prisk@nottscc.gov.uk)

### **Constitutional Comments (LM 09/08/16)**

35. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee

### **Financial Comments (KAS 05/08/16)**

36. The financial implications are contained within paragraphs 30 to 33 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.

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 1 December 2014

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 1 June 2015

Adult Social Care and Health – Overview of Current Developments - report to Adult Social Care & Health Committee on 11<sup>th</sup> January 2016

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 18 April 2016

Outcome of Sector Led Improvement Peer Review – report to Adult Social Care & Health Committee 16 May 2016

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

All.

ASCH418





**12 September 2016**

**Agenda Item: 11**

## **REPORT OF CORPORATE DIRECTOR, RESOURCES**

### **WORK PROGRAMME**

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

1. To consider the Committee's work programme for 2016/17.

#### **Information and Advice**

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

#### **Other Options Considered**

5. None.

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

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

#### **Statutory and Policy Implications**

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

## **RECOMMENDATION**

- 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, Resources**

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 (NS)**

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

### **Background Papers**

None.

### **Electoral Divisions and Members Affected**

All.

## ADULT SOCIAL CARE AND HEALTH COMMITTEE – WORK PROGRAMME

| <u>Report Title</u>   | <u>Brief Summary of Agenda Item</u>  | <u>Lead Officer</u>   | <u>Report Author</u>       |
|---|--|---|----------------------------|
| <b>10<sup>th</sup> October 2016</b>   |  |   |                            |
| Development of the Mid Nottinghamshire Better Together Programme – commissioner provider alliance agreement | Progress report  | Service Director, Mid Nottinghamshire                               | Wendy Lippmann             |
| Extra Care Scheme   |  | Service Director, Mid Nottinghamshire                               | Rebecca Croxson            |
| Care Home Provider Contract Suspensions   | Overview of live suspensions of care home provider contracts in Nottinghamshire.                           | Service Director, Strategic Commissioning, Access and Safeguarding  | Diane Clayton/ Cherry Dunk |
| Update on the work of the Health and Wellbeing Board  | Update on work of Health and Wellbeing Board over the last 6 months  | Corporate Director, Adult Social Care, Health and Public Protection | Jennie Kennington          |
| Savings and efficiencies delivery group – update report   | Progress report on the work of the delivery group.   | Programme Director, Transformation                                  | Ellie Davies               |
| KeyRing services  | Approval to progress work to develop a new community-based model of support for people in their own homes. | Service Director, North Nottinghamshire and Direct Services         | Ian Haines                 |
| Strategic Plan for Commissioning Short Term Independence Services for Older Adults 2016-18                  |  | Service Director, Mid Nottinghamshire                               | Karen Peters               |
| Care Delivery Group expansion – Nottingham North and East and Rushcliffe Clinical Commissioning Groups      |  | Corporate Director, Adult Social Care, Health and Public Protection | Sue Turner                 |

| <u>Report Title</u>   | <u>Brief Summary of Agenda Item</u>   | <u>Lead Officer</u>   | <u>Report Author</u>              |
|---|---|---|-----------------------------------|
| populations   |   |   |                                   |
| <b>14<sup>th</sup> November 2016</b>  |   |   |                                   |
| Changes to day service meal production  | To present proposals for meals production at the Council's day services.  | Service Director, North Nottinghamshire and Direct Services         | Ian Haines/ Jennifer Allen        |
| Outcome of the Sector Led Improvement Peer Review 2016 update                   | Six-month update on actions arising from the sector led improvement peer review of ASCH&PP in March 2016.   | Corporate Director, Adult Social Care, Health and Public Protection | Jennie Kennington                 |
| Providing Adult Social Care Assessments and Reviews                             | Update on work to address assessments and reviews that are awaiting allocation and completion by social care teams.   | Service Director, South Nottinghamshire and Public Protection       | Nick Parker/ Steve Jennings-Hough |
| Commissioning for Better Outcomes Peer Review 2015 – progress report on actions | Six-month update on work relating to the key line of enquiry 'Are people's individual outcomes enhanced through stakeholder involvement in the commissioning and delivery of services?' | Service Director, Strategic Commissioning, Access and Safeguarding  | Laura Chambers                    |
| <b>12<sup>th</sup> December 2016</b>  |   |   |                                   |
| Performance Update for Adult Social Care and Health                             | Quarterly update report on the performance of Adult Social Care   | Corporate Director, Adult Social Care, Health and Public Protection | Celia Morris/ Matthew Garrard     |
| Care Home Provider Contract Suspensions   | Overview of live suspensions of care home provider contracts in Nottinghamshire.  | Service Director, Strategic Commissioning, Access and Safeguarding  | Diane Clayton/ Cherry Dunk        |
| Outcome of consultation on changes to brokerage arrangements for self-funders   |   | Programme Director, Transformation                                  | Nick Parker                       |
| <b>9<sup>th</sup> January 2017</b>  |   |   |                                   |
| Transformation update   |   | Programme Director, Transformation                                  | Stacey Roe                        |
| National Children and Adult Services  | Report back on outcomes.  | Corporate Director, Adult Social Care, Health and Public            | David Pearson                     |

| <u>Report Title</u>                                     | <u>Brief Summary of Agenda Item</u>  | <u>Lead Officer</u>   | <u>Report Author</u>          |
|---|--|---|-------------------------------|
| Conference: 2 - 4 November 2016                         |  | Protection  |                               |
| Adult Social Care and Health – Overview of developments |  | Corporate Director, Adult Social Care, Health and Public Protection | Jennie Kennington             |
| Savings and efficiencies delivery group – update report | Progress report on the work of the delivery group.                               | Programme Director, Transformation                                  | Ellie Davies                  |
| <b>6<sup>th</sup> February 2017</b>                     |  |   |                               |
| Care Act and Adult Social Care Strategy update          | Update on progress in relation to embedding the Care Act and the ASC Strategy.   | Programme Director, Transformation                                  | Stacey Roe/ Bronwen Grieves   |
| Savings Review Delivery Group – update report           | Progress report on the work of the Board.  | Service Director, South Nottinghamshire and Public Protection       | Mark McCall/ Paul McKay       |
| <b>13<sup>th</sup> March 2017</b>                       |  |   |                               |
| Performance Update for Adult Social Care and Health     | Quarterly update report on the performance of Adult Social Care                  | Corporate Director, Adult Social Care, Health and Public Protection | Celia Morris/ Matthew Garrard |
| <b>18<sup>th</sup> April 2017</b>                       |  |   |                               |
| Update on the work of the Health and Wellbeing Board    | Update on work of Health and Wellbeing Board over the last 6 months              | Corporate Director, Adult Social Care, Health and Public Protection | Jennie Kennington             |
| Care Home Provider Contract Suspensions                 | Overview of live suspensions of care home provider contracts in Nottinghamshire. | Service Director, Strategic Commissioning, Access and Safeguarding  | Diane Clayton/ Cherry Dunk    |
| Deprivation of Liberty Safeguards update report         | Six monthly progress report on work to manage DoLS assessments and reviews.      | Service Director, Mid Nottinghamshire                               | Daniel Prisk                  |
| <b>12<sup>th</sup> June 2017</b>                        |  |   |                               |
| Care Act and Adult Social Care Strategy update          | Update on progress in relation to embedding the Care Act and the ASC Strategy.   | Programme Director, Transformation                                  | Stacey Roe/ Bronwen Grieves   |
| Savings and efficiencies delivery group – update        | Progress report on the work of the delivery group.                               | Programme Director, Transformation                                  | Ellie Davies                  |

| <u>Report Title</u>   | <u>Brief Summary of Agenda Item</u>   | <u>Lead Officer</u>   | <u>Report Author</u>       |
|---|---|---|----------------------------|
| report  |   |   |                            |
| Personal Outcomes Evaluation Tool (POET) survey – implementation of outcomes update   | Report on implementation of outcomes  | Service Director, Strategic Commissioning, Access and Safeguarding  | Penny Spice                |
| <b>10<sup>th</sup> July 2017</b>  |   |   |                            |
| Adult Social Care and Health – Overview of developments   |   | Corporate Director, Adult Social Care, Health and Public Protection | Jennie Kennington          |
| <b>To be placed</b>   |   |   |                            |
| Appropriate Adults Service  |   | Service Director, Strategic Commissioning, Access and Safeguarding  | Gill Vasilevskis           |
| New Extra Care schemes in Newark and Worksop  | Report to present detailed plans and seek approval of capital funding   | Service Director, Mid Nottinghamshire                               | Rebecca Croxson            |
| Stakeholder engagement – proposed re-design   | To outline future proposals for better engagement with all stakeholders, particularly service users and carers through co-production                            | Service Director, Strategic Commissioning, Access and Safeguarding  | Felicity Britton           |
| Deprivation of Liberty Safeguards update report   | Six monthly progress report on work to manage DoLS assessments and reviews.   | Service Director, Mid Nottinghamshire                               | Daniel Prisk               |
| Business case for the proposal to transfer a range of adult social care directly provided services into an alternative service delivery model | Report to present detailed description of options available to the Council and outline plans for implementation, with recommendations for Committee to consider | Service Director, North Nottinghamshire & Direct Services           | Ian Haines/ Jennifer Allen |
| Savings Review Delivery Group – update report   | Progress report on the work of the Board.   | Service Director, South Nottinghamshire and Public Protection       | Mark McCall/ Paul McKay    |