

13th March 2017

Agenda Item:10

REPORT OF THE 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. The report also seeks approval for the following:
 - the change from an Advanced Practitioner (0.5 FTE Band C) to a Commissioning Officer post (1 FTE Band C) for a period of 12 months from date of appointment to support the work on improving the collection of Continuing Health Care funding
 - the proposed structure of the Adult Care Financial Service.

Information and Advice

2. The report provides updates on: progress with Deprivation of Liberty Safeguards work; approval of the proposed structure of the Adult Care Financial Service (ACFS) structure; change of post to support project to improve collection of Continuing Health Care funding; progress with the implementation of the Accessible Information Standard and the consultation on funding for Supported Housing.
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 Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972, this covers information relating to the financial or business affairs of any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**.

Deprivation of Liberty Safeguards (DoLS) progress update

4. The Committee last received an update on this work in December 2016. Progress made during Quarter 3 of 2016/17 (October – December 2016) can now be reported.
5. The number of referrals received each week remain on an upward trend over the longer term. At the end of December 2016 the service received an average of 63 referrals per

week, compared with an average of 61 per week during the previous quarter. Actual numbers of referrals received each week during Quarter 3 ranged from 46 to 84 referrals.

6. Steadily increasing capacity has positively enabled more assessments to be completed. This in itself however, has resulted in a greater number of renewal assessments being required. This is because each authorised DoLS requires review at a minimum of one year, more frequently if the person's health and care and treatment plan is changeable. As anticipated, demand for renewal assessments has been maintained during Quarter 3 at 17% of overall demand on average. This is expected to increase during Quarter 4.
7. The service has continued to make progress in reducing the number of people waiting to be assessed. The waiting list at the end of Quarter 3 is down 28% on the total at the end of Quarter 2. On average, the Council is currently completing 76 assessments per week, which represents an 8% improvement on the average during the previous quarter (70 per week). 82.4% of all referrals received since the landmark Cheshire West judgement in March 2014 are now complete. This is an improvement of 9.7% on the total that was reported to Committee in December 2016.
8. Recruitment activity to fill vacant Best Interest Assessor (BIA) posts is ongoing. Although the recruitment market continues to be challenging, there are some applicants each time the rolling advert goes out. Recruitment activity will continue throughout 2017/18 as long as it continues to result in suitable candidates being appointed. In the meantime, the resources associated with the vacant posts are used to backfill with agency staff.

Agency Staff

9. 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, the Council is continuing to allocate assessments to 34 agency BIAs who are able to offer ad hoc hours and be paid on a per assessment basis. This will continue for as long as is necessary to meet demand and clear the backlog. The average number of assessments completed in this way by Reed BIAs at the end of Quarter 3 was 37 per week, which represents a 43% increase on agency capacity reported to Committee just under 12 months ago. This has had a positive impact on reducing the number of cases on the waiting list.

Risk assessment and prioritisation of work

10. The Corporate DoLS Strategy has been refreshed to include implementation of the recent Association of Directors of Social Services (ADASS) advice note on additional interim emergency measures and safeguards. The Committee received an overview of this advice in September 2016 and a further update in December 2016. ADASS continues to advise local authorities that they have a duty to meet their statutory responsibilities and develop plans to resource this as quickly as possible. ADASS has provided interim advice on how to best prioritise resources in the current circumstances based on principles of meeting legal requirements as far as possible, protecting those facing the greatest risk, and proportionality.
11. Following the successful piloting of using a revised renewal assessment form in the appropriate circumstances, managers have been working closely with BIAs to develop a

safe approach that takes into account the Council's own legal advice to manage low priority cases in the backlog. Colleagues are currently trying new approaches within the framework provided by ADASS and are using lessons learned from this process to inform practice.

Law Commission Review of DoLS

12. On 1st December 2016, the Law Commission announced that they were delaying publication of their report and draft legislation until March 2017. The Commission cited the complexity of drafting the legislation on such an important issue. The Committee will be updated on the Law Commission findings and the implications for the Council at the earliest available opportunity following publication.

Process Review

13. DoLS business processes are under constant scrutiny and review to ensure they are streamlined, fit for purpose and take into account changing technology and resources. Work on 'Phase 2' of the process review is underway. This will be revised against any changes which could result from the Law Commission findings. Further developments to use IT solutions to streamline the current process will be progressed following implementation of the upgrade from Frameworki to the Mosaic system. This is an upgrade to the Department's electronic record system that holds details about people using services, work undertaken and packages of support.

Tender exercise for DoLS assessments and services

14. In December 2016, Committee approved a request to undertake a tender exercise to commission additional agency assessments, as well as Mental Health Assessments and Mental Capacity Assessments through a multi-provider framework. Further engagement with the current pool of doctors regarding the plans to tender for services has since taken place. Additional feedback indicated that longer time was required to run the process, to enable the existing supply of Mental Health and Mental Capacity Assessors to have time to complete the documentation required for approval on the framework. This has been built in and the tender is planned to be launched in the first quarter of 2017/18.

Financial Update

15. £1million is held in reserves for the purpose of reducing the waiting list and this will be available during 2017/18 to commission assessments both from Reed and from the framework following the tender. The total DoLS budget during 2017/18 will remain at £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.
16. The Council's modelling shows that the numbers of referrals for DoLS could rise as high as 5,000 a year before it plateaus. In 2017/18, the total number of referrals expected at year end is approx. 4,000. The incremental 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. The available budget is sufficient for 2017/18 as implementing the ADASS guidance is enabling more assessments to be completed and use of reserves will enable additional temporary capacity to reduce the numbers of people waiting.

17. The aim is to be in a position by the end of 2017/18 whereby all DoLS referrals are completed within time-scale. With the current DoLS legislation, funding for additional staff would be required from 2018/19 onwards in order to maintain this position. This needs re-assessment, however, following the outcome of the forthcoming Law Commission review of DoLS and subsequent guidance which is referenced at **paragraph 11** of this report.

Confirmation of the Adult Care Financial Service (ACFS) Team Structure

18. The Adult Care Financial Service (ACFS) Team is responsible for the financial assessment of service users, provides a deputyship and appointeeship service for service users where required and supports the audit and oversight of Direct Payments. It was required to make savings of £121,000 for the financial year 2015-16. A proposed restructure was shared with staff in February 2015 but due to implementation of the Care Act, an interim structure was put in place as additional funding was provided to deal with the implications of this.
19. The team has been able to substantially reduce the number of visits to service users to collect financial information carried out by the Financial Assessment Officers. This has been achieved by contacting the Department for Work and Pensions directly to get information on benefit entitlements and supporting service users and relatives to complete the financial assessment form by phone.
20. The Direct Payments Finance Officer supported the implementation of Personal Health Budgets. This work has now been absorbed into the Direct Payments Team. A new computer system has been introduced to support the work of the Client Finance Team in managing service users' finances through appointeeship and deputyship. Responsibility for Free Nursing Care payments has reverted to the Clinical Commissioning Groups and maximising use of Business Support colleagues has reduced the number of administrative tasks carried out by the Finance Assistants allowing the reduction by 1 FTE across the whole of ACFS.
21. The team has recently consulted staff on a permanent structure. The Committee is asked to approve the disestablishment of 2 fte Financial Assessment Officer posts (Grade 5), 0.8 fte Direct Payments Finance Officer (Grade 4) and 1 fte Finance Assistant (Grade 4). This will achieve a saving of £112,000. There will be no redundancy costs as all posts are currently vacant. The proposed structure of the team is attached as **Appendix 1**.

Improving collection of Continuing Healthcare Funding – change of post

22. Approval is sought from the Committee to change a temporary post previously agreed by Committee in March 2016 to support the delivery of one of the savings projects within the department over the period 2016/17 to 2018/19.
23. The post previously established was an Advanced Social Work Practitioner (0.5 FTE Band C) for two years to work on the project to improve collection of Continuing Healthcare funding. Due to well-documented demand for social workers on a national basis, recruitment to this post has not been successful. Therefore Committee is requested to approve a change to this post to a Commissioning Officer (1 FTE Band C) for a period of 12 months from date of appointment. This reflects the good progress already made on improving the Council's collection processes and the shift towards the increasing need to

work strategically with Clinical Commissioning Group (CCG) partners to work together to reduce the overall costs of complex care through improved support planning, review and joint commissioning. Reducing spend on Continuing Healthcare is now a priority for all CCGs as part of their financial savings and efficiency initiatives. It is anticipated that the revised role will attract people with relevant experience but from different professional backgrounds. Funding for this post is still available from the original allocation of £51,000 from departmental reserves.

24. This post is still required to help maximise efficiencies and achieve the project's key priorities, which are:
- improving processes, policies and systems with Health partners
 - ensuring equitable access in line with legislation
 - ceasing case management of fully funded cases.

Implementation of the Accessible Information Standard

25. The [Accessible Information Standard](#) was published by NHS England and came into force on 31 July 2016. It directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs, where those needs relate to a disability, impairment or sensory loss.
26. The legislation sets out that all organisations that provide NHS care or publicly-funded adult social care must follow the Standard in full. This has also meant that organisations that provide adult social care on the Council's behalf are covered by the new legislation. In April 2016 Committee approved a temporary Project Manager post (12 months from appointment) to support the implementation of the Standard. The post-holder started at the beginning of July 2016.

Development of Easy Read documents

27. The Project Manager has undertaken considerable work on the Council's easy read documents to ensure they meet the Standard and are fit for purpose. Consultation took place with service users and staff from the Council's day services. Further to this a new approach to easy read documents has been developed following the '5 W's + 1 H' model (who, what, where, when, why and how). This has made the documents easier to follow with clear messages. As a result of this work an easy read template has been introduced for use across Children's services (Local Offer information) as well as Adult Social Care.
28. Positive feedback has been received from carers' events, providers' forum, speak up groups and partnership board about the new easy read documents, and the symbols used in these. Current work involves creating easy read documents for other Council services and support where no such information exists.
29. As a result of creating these documents the Project Manager has developed a glossary of symbols for easy read documents, including some new ones (attached as **Appendix 2**). For example there were very few symbols available in relation to domestic abuse, cyber bullying, sexual exploitation, honour based violence and modern slavery. The Project Manager will be working with Somerset Symbols so they can integrate these into their symbol package.

30. Across adults and children's services 25 easy read documents covering the services offered by the Council have been completed so far, with another 40 to complete.

British Sign Language films

31. The Project Manager is working with the Nottinghamshire Deaf Society and their service users to produce British Sign Language (BSL) films about the service and support that the Council offers. By hiring an interpreter from the Deaf Society the Council has been able to film YouTube clips about the support available, with the support of the Corporate Communications team. Four films have been completed so far, and there are two nearing completion with a total of 18 films planned by June 2017.

Staff Training and Awareness

32. Between July and October 2016, the Project Manager spent a lot of time visiting teams to raise their awareness of the Standard, and worked closely with frontline teams at the Customer Service Centre and the Adult Access Service to ensure they were prepared for the Standard. The Project Manager provided resources and guidance to the staff in these teams. For most teams it was a case of formalising the approach and the questions they were already using to capture information about communication needs.
33. The Project Manager has created two Accessible Information e-Learning modules alongside the Council's Workforce Development Team; these went live last year and were made available for all staff. It is now also included as part of the staff induction training package.

Provider Awareness

34. In July information on the Standard was sent to care providers across all service user groups to inform them of their responsibilities. Following on from this the Project Manager created an information pack for providers which included training slides, templates for recording communication needs and lists of various resources available for them to use. Feedback from providers has been positive. Many were already recording communication needs and providing information in a range of formats to meet the communication needs of their service users. However a few smaller providers were very appreciative of the resources. A national organisation, Age UK, has chosen to adopt these resources as the standard not only locally but in all of their services across the country.
35. At the Supported Living Provider Forum in January 2017, accessible communication was one of the main topics for discussion which presented the opportunity to find out what areas of the Standard providers are struggling with. On balance the larger provider organisations were finding it harder to adapt things as there were more centralised processes to follow, whereas smaller providers were finding it easier to adapt and make things a bit more bespoke to a specific need.

Implementation survey

36. As part of the review of the Accessible Information Standard, NHS England has sent out a self-assessment survey which is currently being completed by the Project Manager. Based

on current progress, the Council is confident that most areas are in hand. The main area of concern, as it is for most large councils, is ensuring that communication needs are flagged on service users' electronic records. This is challenging as there are various different recording systems in use, not all of which interface with each other so there is a reliance on manual input from staff on each platform if there are communication needs.

Ongoing work

37. Work continues to ensure that all existing service users have their communication needs recorded on Frameworki. A good proportion of this work has been done through the input of Council day services staff who have now recorded the communication needs of all service users who access their service, amongst others.
38. The Project Manager continues to work with teams to ensure that there is an up to date and accessible factsheet about the services and support on offer. This has meant that in some areas these are under development. Eventually this will mean that up to date and fully accessible information on the full range of adult social care support will be available for staff to use with service users.

Consultation on funding for Supported Housing

39. At the Adult Social Care and Health Committee in January 2017, members were advised that on 21 November 2016, the Department of Communities and Local Government (DCLG) and the Department of Work and Pensions (DWP) had launched the consultation on the future funding arrangements for supported housing.
40. The consultation was about the government's proposals for implementing a new funding model from 2019/20 with the introduction of a cap on Local Housing Allowance (LHA).
41. The proposed model of funding would mean that the LHA would be devolved to local authorities in England to enable them to provide additional 'top-up' funding to local supported housing providers. In the consultation document, the government set out its intentions in relation to the funding and sought views from stakeholders about how the funding should be administered and how future commissioning arrangements for supported housing should be determined and governed.
42. The consultation was open for a period of 12 weeks, until 13 February 2017, and raised 12 questions for consideration. One of the questions related specifically to two tier authorities, to gain a view about whether the LHA should be devolved to the local authorities with social care responsibilities or to those local authorities with housing responsibilities.
43. At the January Committee, members approved the recommendation that the County Council should submit a response to the consultation and that a short, cross-party, task and finish group should be set up, consisting of one or two meetings, to provide members with the opportunity to consider and agree the Council's response.
44. Two meetings were held during late January and early February and they were attended by six members. Prior to the two meetings, some initial work had been undertaken by the Group Manager, Strategic Commissioning, who had met with colleagues from District and

Borough Councils and with local supported housing providers to gain their perspectives so that full consideration could be given to each of the questions. At the meetings with members, the draft responses were discussed and considered further to inform the response to be submitted. The discussion notes arising from these meetings were incorporated into the proposed responses and the six members were provided with a further opportunity to add any additional comments before the response was submitted on 13 February.

Other Options Considered

45. With regard to the change in the post to support collection of continuing health care funding, the option of trying again to recruit an Advanced Social Work Practitioner has been considered. The current national difficulties and shortage of qualified social work staff, and the opportunity to recruit someone from a different professional background, with the requisite knowledge, have informed this request.

Reason/s for Recommendation/s

46. With the exception of the approval requested for the current staffing structure of the ACFS team and the change of post to support the collection of Continuing Health Care funding, the report is for noting.

Statutory and Policy Implications

47. 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

48. There are no significant financial implications. The post referred to in **paragraph 23** can be covered by existing staff budgets and funding already approved by Committee. The savings related to the ACFS structure are noted in **paragraph 21**. The funding of the Deprivation of Liberty Safeguards Team is referred to in **paragraph 15**.

Human Resources Implications (SJJ 22/02/17)

49. These are contained in the report.

RECOMMENDATION/S

That Committee:

- 1) notes the progress update on the Deprivation of Liberty Safeguards work

- 2) approves the change from an Advanced Practitioner (0.5 FTE Band C) to a Commissioning Officer post (1 FTE Band C) for a period of 12 months from date of appointment to support the work on improving the collection of Continuing Health Care funding
- 3) approves the proposed structure of the Adult Care Financial Service
- 4) notes the progress made with the implementation of the Accessible Information Standard
- 5) notes the update on the consultation on funding for Supported Housing.

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Constitutional Comments (LM 01/03/17)

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

Financial Comments (NDR 28/02/17)

51. There are no financial implications arising directly from 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.

Temporary Post to Support Implementation of the Accessible Information Standard - report to Adult Social Care and Health Committee on 18 April 2016

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 12 September 2016

Deprivation of Liberty Safeguards progress report – report to Adult Social Care & Health Committee on 12 December 2016

Adult Social Care and Health – overview of developments – report to Adult Social Care & Health Committee on 9 January 2017

Electoral Division(s) and Member(s) Affected

All.
ASCH459