Adult Social Care and Health Committee

Date: Monday, 11 June 2012
Time: 10:30
Venue: County Hall
Address: County Hall, West Bridgford, Nottingham NG2 7QP

AGENDA

1 **Appointment of Chairman and Vice-Chairman**
To note the appointment by the County Council of Councillor Kevin Rostance as Chairman and Councillor Stuart Wallace as Vice-Chairman.

2 **To note the Membership of the Committee as follows:**
Councillors Reg Adair, Ged Clarke, John Doddy, Rachel Madden, Geoff Merry, Alan Rhodes, Kevin Rostance, Martin Suthers, Stuart Wallace, Chris Winterton and Jason Zadrozny

Ex-officio member (non-voting): Councillor Mrs K L Cutts

3 **Apologies for Absence**
Details

4 **Declarations of Interest**
(a) Personal
(b) Prejudicial

5 **Terms of Reference**
Details

6 **Overview of ASCH&PP**
Details

7 **Fostering Aspiration - Progress on Personalisation**
Details

8 **End of Year Report on Efficiencies Programme**
Details

9 **Partnership Homes Tender**
Details

10 **Developing a Market Position Statement**
Details
| 11 | **Members Visits to Establishments** | 69 - 80 |
|    | Details                           |        |
| 12 | **Supported Living Team for Mental Health Services** | 81 - 86 |
|    | Details                           |        |
| 13 | **Workforce Devt Plan for End of Life and Dementia Services** | 87 - 92 |
|    | Details                           |        |
| 14 | **Temporary OT Posts START Reablement Service** | 93 - 98 |
|    | Details                           |        |
| 15 | **Work Programme**               | 99 - 110 |
REPORT OF THE CHIEF EXECUTIVE

TERMS OF REFERENCE

Purpose of the Report

1. To note the Committee’s terms of reference.

Information and Advice

2. County Council on 29 March 2012 agreed the following terms of reference for the Adult Social Care and Health Committee:-

a. The exercise of the powers and functions set out below are delegated by the Full Council in relation to adult social care and health:

   i. All decisions within the control of the Council including but not limited to those listed in the Table below

   ii. Policy development in relation to adult social care and health, subject to approval by the Policy Committee or the Full Council

   iii. Review of performance in relation to the services provided on at least a quarterly basis

   iv. Review of day to day operational decisions taken by Officers

   v. Approval of relevant consultation responses

   vi. Approval of relevant staffing structures as required

b. If any report comes within the remit of more than one committee, to avoid the report being discussed at several committees, the report will be presented and determined at the most appropriate committee. If this is not clear, then the report will be discussed and determined by the Policy Committee.

c. As part of the detailed work programme the Committee will receive reports on the exercise of powers delegated to Officers.
d. The Committee will be responsible for its own projects but, where it considers it appropriate, projects will be considered by a cross-committee project steering group that will report back to the most appropriate Committee.

<table>
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<tr>
<td>Responsibility for adult social care matters (eg. people aged 18 or over with eligible social care needs and their carers)</td>
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<td>Responsibility for promoting choice and independence in the provision of all adult social care</td>
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<tr>
<td>Responsibility for promoting good health, health improvement and individual and community wellbeing and the reduction of health inequalities</td>
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Other Options Considered

3. None.

Reason/s for Recommendation/s

4. To inform the committee of its terms of reference.

Statutory and Policy Implications

5. 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/S

1) That the report be noted.

Mick Burrows  
Chief Executive

For any enquiries about this report please contact: Paul Davies ext 73299

Constitutional Comments

6. As the report is for noting only, no constitutional comments are required.

Financial Comments (PS 2/5/12)

7. There are no financial implications arising directly from this report.
Background Papers

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.


Electoral Division(s) and Member(s) Affected

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

OVERVIEW OF ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

Purpose of the Report

1. To provide an overview of the responsibilities of the Adult Social Care, Health and Public Protection department.

Information and Advice

Key strategies and service developments

2. It is the ambition of Adult Social Care, Health and Public Protection (ASCH&PP) that:

“We will commission services which embrace personalisation and promote safety and wellbeing and are accessible and affordable”.

3. This ambition is based on the following approach:

   a. Commission Services to provide quality and value for money
   b. Embracing Personalisation
   c. Promoting Safety
   d. Promoting Health & Wellbeing
   e. Ensuring Accessibility
   f. Ensuring Affordability.

4. The purpose of ASCH&PP is to maximise independence, choice and control, keep people safe and support the wellbeing of vulnerable adults. It has specific responsibility for:

   a. planning and delivery of health and social care services across Nottinghamshire
   b. delivery of housing-related support services on behalf of the Supporting People programme
   c. leading the implementation of national and local standards in our services
d. working in partnership with other care providers, service users, carers and local stakeholders to develop, plan and deliver services

e. promoting social inclusion and wellbeing

f. emergency planning to ensure that effective arrangements are in place to manage emergencies and civil contingencies in the county

g. registration of births and deaths, and conducting civil marriages, civil partnerships and citizenship ceremonies

h. ensuring a fair and safe trading environment for consumers and reputable traders.

5. The Public Protection service is overseen by the Community Safety and Planning and Licensing Committees.

6. Personalisation - The most significant change for adult social care is ‘personalisation’ and offering choice and control to people through use of Personal Budgets and Direct Payments. From 3rd October 2010, all new service users were put onto a Personal Budget and this has taken place alongside reviewing every service user eligible for a Personal Budget.

7. Good progress has also been made in offering a direct payment to service users with dementia and Nottinghamshire is one of the better performing local authorities in this respect, according to the Alzheimer's Society. During 2012/13 the department will focus on extending the offer of a personal budget to new service user groups and ensuring all service users are on a personal budget regardless of the care setting, such as residential homes. Work will also be undertaken to increase the number of people who take their personal budget as a direct payment.

8. Reablement - The department aims to provide support to people that will enable them to regain or maintain their independence wherever possible, to avoid unnecessary hospital admissions and support successful discharge from hospital care, and to avoid the need for long-term care support. To this end, the department is promoting flexible ways of working across the County to provide an effective multi-disciplinary reablement service through a range of flexible services in a variety of community settings, including intermediate care and home-based services.

9. The Short-Term Assessment and Reablement Team (START) works with people to help them regain the skills and confidence to live as independently as possible. It helps with personal care and domestic care tasks. START staff may suggest doing things differently to how they have been done in the past, offer small items of equipment to make tasks easier and inform people about other kinds of help they could receive. This support normally lasts for up to six weeks and is free of charge. During this time support needs are constantly reviewed to see if people will require any long-term personal support.

10. Joint Commissioning - There is a significant inter-relationship between services to adults with social care needs and many health services, as well as an important overlap in relation to cost. Improving outcomes for service users and providing cost effective health and social care services requires excellent joint
commissioning. The Health and Wellbeing Board is well placed to provide leadership to promote integrated commissioning and provision between health, public health and social care. From April 2013 the Health and Wellbeing Board is legally required to produce a Health and Wellbeing Strategy to advise on how to improve the health and wellbeing of the Nottinghamshire population.

11. The aim of the Health and Wellbeing Strategy (HWS) is based on evidence in the Joint Strategic Needs Assessment, to jointly agree what the greatest issues are for local communities, what can be done to address them and what outcomes are intended to be achieved. Commissioning plans across health and social care should be aligned to the HWS.

12. The HWS will not reflect the entirety of what needs to be commissioned. It will focus on the issues requiring greatest attention that also have the potential to make the biggest difference. Nottinghamshire’s first HWS is now available on Nottinghamshire County Council’s Website. The HWB agreed that in order to give a baseline and starting point, this first version would largely reflect common priority areas already included in current strategies, with the new partnership’s work continuing to implement these and new areas for the future strategy during 2012-2013.

13. The existing Joint Commissioning Strategy ‘Improving Lives in Nottinghamshire’, was published in 2009. This is currently being revised in line with the new arrangement and the Health and Wellbeing Strategy. There are established joint commissioning arrangements with Health in place for the following areas:

- Younger adults (Mental Health, Learning Disability & Autistic Spectrum Disorder, Carers)
- Older adults (Older People & Older People Mental Health, Carers, Physical Disability, Sensory Impairment)
- Substance Misuse.

14. The Health and Wellbeing Implementation Group will oversee the development and delivery of the joint commissioning agenda. This is currently being reviewed to link the work under the umbrella of the Health and Wellbeing Board.

15. Examples of successful joint working to date include:

- **Just Checking** - a lifestyle monitoring system involving the placement of sensors within the home of an older person with dementia, to ascertain their movements, routine and habits which allows assessment of the person to establish whether they are at risk living at home and whether placement into long-term care may be necessary. This is funded by NHS Nottinghamshire County and the County Council.

During the pilot stage of the scheme, 11 out of 14 individuals initially identified as requiring residential care were able to be supported at home on an ongoing basis. The net cost saving from diverting people from residential care as a result of Just Checking is an average of £5,675 per person per year. The robust community-based assessment tool can reduce the hospital length of
stay and results in better targeted community care packages, reducing the risk of hospital admission and readmission. During 2011/12, 179 assessments of people with dementia were informed by use of the Just Checking service.

Emergency Department Avoidance Support Service (EDASS) - This is a pilot scheme funded jointly by NHS Nottinghamshire County and the County Council and based at acute hospitals. The aim is to reduce avoidable hospital admissions through provision of a rapid response crisis support service. To date the scheme has succeeded in diverting around 700 people from the emergency departments each year.
Organisational Arrangements

16. Four service directors oversee key functions within the department:

- The **Promoting Independence and Public Protection** service is responsible for the management of customer access to adult social care services, the development of the personalisation agenda and personal budgets, provision of reablement services and trading standards, emergency management and registration services.

- The **Joint Commissioning, Quality and Business Change** service is responsible for the management of business change and support, safeguarding adults, joint commissioning, policy and performance, and supported employment services.

- The **Personal Care and Support Younger Adults** service is responsible for the assessment and commissioning of a range of support services to younger adults (under 65) with physical disabilities, mental health needs and learning disabilities. This includes a team for adults with asperger’s syndrome. The service also manages day and residential services.

- The **Personal Care and Support Older Adults** service is responsible for the assessment and commissioning of a range of support services to older adults (over 65). The service also continues to manage the 6 residential homes which have been retained following the project to sell Council owned homes.

Budget

17. In 2012/13, the department is responsible for a gross budget of £301m. This includes income of £97m, giving a net revenue budget of £204m. The department provides health and social care services for 20,000 people every week. A further 16,000 people each year receive housing-related support organised by the department. The department manages a care market of £225m and works in partnership with over 300 care providers from the voluntary, statutory and independent sectors.

18. In December 2010, £648m NHS Support to Social Care funding was allocated nationally to Primary Care Trusts (PCT) with the requirement that the funding was transferred to local authorities for the purpose of supporting effective and timely hospital discharges. For Nottinghamshire this was £9.624m - comprising £1.371m to Bassetlaw PCT and £8.253m to Nottinghamshire County Teaching PCT. For 2012-13, the national allocation is £622million. For Nottinghamshire this means a total of £9.262m, with £1.319m to Bassetlaw PCT and £7.942m for Nottinghamshire County Teaching PCT.

19. In January 2012, the Department of Health announced an additional one-off allocation for 2011/12. For Nottinghamshire this means additional funding to the sum of £2.233m.
20. In common with other departments and the Council as a whole, Adult Social Care, Health and Public Protection is making savings and is forecast to save £65m in the 4 year period from 2011/12 to 2014/15. This includes £61.7m of savings planned for 2011/12 to 2013/14.

21. There are currently 49 savings and efficiencies projects in progress across the 4 service areas (41 within the Adult Social Care and Health and 8 relating to Public Protection) with the aim of making these savings. Over 2011-12, 16 projects have been fully completed. A further 8 projects were added at the February 2012 Council budget meeting.

22. The 10 high governance projects (including two new projects) are listed below:

- Reablement
- Day Services modernisation
- Fair Access to Care Services (FACS)
- Sale of residential care homes (soon to be completed)
- Alternatives to Residential Care
- Review expenditure on Learning Disability and Mental Health community care
- Supporting People
- Organisational re-design
- Sherwood Industries
- Redesign of commissioning of community-based care services.

**Performance**

23. Previously all Councils were expected to report to the Care Quality Commission (CQC) on their achievements and areas for improvement. For adult social care the CQC then awarded a performance rating. In 2009-10 the CQC judged that Nottinghamshire County Council was ‘performing excellently’. This was the third year in succession that the Council was judged as excellent – the only Council in the East Midlands to be in this position.

24. In April 2010 the Government changed the way it expects local authorities to report on their performance. The Council is now required to be ‘self regulating’, meaning that it is now the Council’s responsibility to monitor and report on its own performance through:

- Self assessment of performance targets
- Reviews by other organisations
- Seeking the views of people who use Council services
- Consulting the wider community on specific issues
- Using survey information collated by the Department of Health (DH) from people receiving Council services
- Receiving people’s views and comments through the complaints and compliments process.

25. The annual performance assessment of councils with adult social care responsibilities has now ceased. Publication of the Government’s Vision for Adult Social Care, Transparency in Outcomes, Taking the Lead: Self Regulation and
Improvement in Local Government, and agreement on the Adult Social Care Outcomes Framework has put the focus on Sector Led Improvement. This is founded on the principle of self regulation; expecting councils to take responsibility for their own performance, and improvement being best achieved through engagement with citizens, with collective responsibility between councils and partners.

26. Although the authority is no longer required to report to the Government on a large number of national performance indicators, the department continues to assess itself against some of these to help improve performance.

27. The department will provide regular reporting to the Committee on 5 key performance indicators which are listed below:

- Proportion of adults who have had a safeguarding assessment which leads to a safeguarding plan
- Number of people (aged 65+) financially supported in residential and nursing care
- Proportion of people requiring no service after reablement
- Rate of delayed hospital discharges caused by a lack of social care service provision
- Proportion of service users on a personal budget.

28. The Government does require the authority to monitor and report on performance against four categories within an Outcomes Framework. The categories require us to look at how well services:

- **Enhance the quality of life for people with care and support needs**
  The department is undertaking work across all services to achieve this outcome. Examples of this include work to reduce the proportion of vulnerable adults and older people who require long-term residential or nursing care, by supporting them at home; work to increase the number of people managing their own care through personal budgets; and work to increase the number of people with learning disabilities in employment and living in their own home.

- **Delay and reduce the need for care and support**
  The department is working to reduce the number of people in residential and nursing care and this has resulted in a drop in the number of long-term placements over the last few years. The authority has focussed on intervention, reablement and independence and this year has made achievements in all these areas.

- **Ensure that people have a positive experience of care and support**
  The department is working to ensure that people have a positive experience of the support they receive and that people are treated with dignity. Work has been done to improve the quality of care home services and to improve satisfaction levels, by both service users and carers, with the information, support and services received.
• **Safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm**

Work has been done to improve the safeguarding of vulnerable people including increasing the number of cases that go to safeguarding assessment that are completed, and reducing the number of inconclusive outcomes from safeguarding assessments. The authority has also achieved positive results against two national measures, in the Adult Social Care Survey, asking ‘how safe service users feel’ and ‘if the support and services they receive help them to feel safe and secure’.

29. The key priorities for the department, along with actions and targets, are identified in the ASCH&PP Business Plan. This has recently been updated and covers the period from 2011-2014 in line with the Council’s Strategic Plan.

30. The department is also committed to producing Local Accounts. Local Account is part of the new direction on reporting improvement and performance assessment, in accordance with the government guidance (‘Taking the Lead: Self Regulation and Improvement in Local Government’). The Association of Directors of Adult Social Services (ADASS) has recommended that all councils with social care responsibilities produce a Local Account as a means of reporting back to citizens and consumers on performance in adult social care.

31. In January 2012 the department published a Local Account on performance in adult social care services for the period April 2010 to March 2011. Nottinghamshire was one of a small number of councils that produced a Local Account, and was the first Council in the East Midlands to do so. The next Local Account will be produced in the summer for the period covering March 2011 to April 2012.

**Key Responsibilities and Processes**

32. **Assessment and eligibility for services** - The department uses Government guidance to decide whether a person’s ability to live independently would put them at risk if services are not provided or arranged to help them. This is called Fair Access to Care Services guidance (FACS). If there is a risk to a person’s independence the department has to decide whether the risk is critical, substantial, moderate or low. Councils have a statutory responsibility to meet needs that are not met by other means, such as through care provided by informal carers or the health service.

33. People will be eligible for help with any problems that pose a critical or substantial risk to their independence. If the identified problems pose a moderate or low risk to their independence people may not be eligible for help from the Council.

34. The Council has a significant role in providing information and advice for people who are not eligible for Council provided social care services. The Social Care directory and the Notts 50+ website allows people to find out what services and resources are available to provide support across Nottinghamshire.
35. The Self-Directed Support Assessment (SDSA) is the core assessment used by staff to assess the needs of all service users.

36. The SDSA is used to:

- assess presenting need and agree level of support required
- establish the amount of informal care that is available
- determine eligibility for long-term social care support. Staff must provide evidence to support their decision, based on Fair Access to Care Services guidance.
- collect information to inform a referral to other agencies if required. It is the responsibility of the worker to make the necessary referrals or enquiries to other agencies based on the information provided by the service user or carer during the assessment.

37. If an assessment identifies eligible need people will be offered a personal budget. This is an amount of money identified to meet the individual’s long-term social care needs. Personal budgets can be provided in three different ways:

- **Direct payment** - this is a cash payment given to allow people to buy the support they need. A direct payment allows people the most flexibility and control over the support they need. It also means people have more responsibility for arranging their own support.

- **Managed personal budget** - the council arranges the services that meet a person’s support needs. A managed personal budget is less flexible than a direct payment but people have less responsibility to arrange their own support.

- **Mixed personal budget** - people can arrange part of their support themselves using a direct payment and ask the Council to arrange the rest using a managed personal budget.

38. **Charging for services** - Service users have a financial assessment to decide the contribution towards their Personal Budget. This is undertaken in line with the Fairer Contributions Policy which was introduced nationally in 2010. Fairer Contributions represents a fundamental shift from charging for units of service (Fairer Charging guidance) to people making a contribution to their total service package.

39. The service user’s contribution is based on the amount of personal budget allocated and what the person can afford – this is identified by the financial assessment. Some elements of service users’ income will be disregarded. This is known as the set amount. It includes the Pension Credit Minimum Income Guarantee plus 25%, a certain amount allowed for extra costs associated with a disability, some benefits, earnings and housing costs. The Pension Credit Minimum Income Guarantee is set by the Government and depends on an individual’s personal situation; currently this figure is £171.68 for a single person and £262.12 for a couple.
40. The service user's contribution will be no more than the weekly personal budget and people on low incomes will pay less or, in some circumstances, nothing at all. People with savings above £23,250 will pay the full cost of the Personal Budget/service, in line with charging for residential care.

41. **Support planning** - Once people know their indicative personal budget a support plan is devised. This must clearly show what support is needed (such as help with washing or dressing or getting out in the community); what services or activities the service user intends to spend their personal budget on to meet these needs, what plans they have for an emergency (for example carers being ill) and any risks there are in the plan.

42. Social care staff will help people complete the support plan, as well as family, friends or an advocate. The support plan has to be agreed by the Council to ensure it is affordable, legal and a proper use of social care funds. The department publishes a social care directory, which provides details of a range of organisations across Nottinghamshire that can provide support, services and activities that can be used in support planning. The Support with Confidence register provides a list of approved personal assistants who have been trained in supporting people to live independently. They have all had enhanced Criminal Records Bureau checks and references.
Key Partners/Partnerships

43. The Nottinghamshire Safeguarding Adults Board (NSAB) is the multi agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire’s strategy for safeguarding vulnerable adults. Safeguarding adults is about enabling those who are or may be in need of community care services to retain independence, wellbeing and choice and to live a life that is free from abuse and neglect.

44. The aim of the Board is to safeguard vulnerable adults from harm and abuse by effectively working together. NSAB has four standing sub-groups: Communication, Training, Quality Assurance and Serious Case Review. It is through these sub-groups that the work of the Board is delivered. In addition to the board, a Countywide safeguarding adults partnership has been established with over forty organisations who come together to advise the Board, participate in safeguarding developments, and act as a conduit for dissemination of information across the County.

45. There are 6 newly formed Clinical Commissioning Groups with a Service Director from Adult and Children’s Services linked to each group:

- Newark and Sherwood
- Bassetlaw
- Nottingham North and East
- Principia (covering Rushcliffe)
- Mansfield and Ashfield
- Nottingham West.

46. A shadow Health and Wellbeing Board was established in 2011 and there have now been 6 meetings. The Board is chaired by the Deputy Leader of the Council and includes 5 Councillors (including the Leader and Deputy Leader), 6 GPs from the Clinical Commissioning Groups, representatives from the District Councils, LINks, Director of Children’s, Families and Cultural Services, Director of Public Health and Director of Adult Social Care, Health and Public Protection. The Health and Wellbeing Board does not obtain its statutory powers until 1st April 2013, in the interim it is therefore operating with no independent decision making powers.

47. As already mentioned the Board is responsible for the production of a Joint Strategic Needs Assessment and a Health and Wellbeing Strategy for the County.

The Future of Adult Social Care

48. The Commission on Funding and Support of Social Care, headed up by Sir Andrew Dilnot, published its recommendations and report in July 2011. The Commission identified that under the current system adult social care expenditure will need to increase from £14.5 billion to £22.8 billion, the equivalent of £125 million for Nottinghamshire by 2025. Prior to that, the Law Commission had published a report proposing the need for a major review of the law relating to adult social care.
The Queen’s Speech included a draft bill to modernise adult care and support in England, setting out what support people could expect from government and what action the government would take to help people plan, prepare and make informed choices about their care. The draft Bill focuses on:

- modernising care and support law to ensure local authorities fit their service around the needs, outcomes and experience of people and consolidating the existing law with a single statute, supported by new regulations and statutory guidance
- maintaining the focus on putting people in control of their care and giving them greater choice, building on progress with personal budgets
- simplifying the system and processes to provide the freedom and flexibility needed by local authorities and social workers to allow them to innovate and achieve better results for people, and
- giving people a better understanding of what is on offer to help them plan for the future and ensure they know where to go for help when they need it.

Reason/s for Recommendations

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

Statutory and Policy Implications

51. 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/S

It is recommended that the Committee

1) notes the content of the report
2) considers whether there are any topics, covered in the report, they would like to see included in the Committee’s Programme of Work.

DAVID PEARSON
Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Jennie Kennington
Senior Executive Officer
Tel: 0115 9774141
Email: jennie.kennington@nottscc.gov.uk
Constitutional Comments

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

Financial Comments (RWK 10/5/2012)

53. The financial implications are detailed in the report.

Background Papers

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:


b. Improving Lives in Nottinghamshire (Joint Commissioning Strategy) 2009.

c. [Local Account 2010-2011](#).

Electoral Division(s) and Member(s) Affected

All.

ASCH6
Overview of Adult Social Care and Health

David Pearson,
Corporate Director,
Adult Social Care, Health and Public Protection
and Deputy Chief Executive,
Nottinghamshire County Council
Purpose of the presentation

To provide an overview of responsibilities in relation to Adult Social Care and Health
Ambition and priorities

It is the ambition of Adult Social Care, Health and Public Protection (ASCH&PP) that:

“We will commission services which embrace personalisation and promote safety and wellbeing and are accessible and affordable”.

This ambition is based on the following approach:

• Commission Services to provide quality and value for money
• Embracing Personalisation
• Promoting Safety
• Promoting Health & Wellbeing
• Ensuring Accessibility
• Ensuring Affordability
Purpose of Adult Social Care and Health

- Planning and delivery of health and social care services
- Delivering housing related support services
- Implementing national and local standards in services commissioned or provided by the Council
- Ensuring service users and carers are involved in planning and delivering services
- Promoting social inclusion and wellbeing
Key strategies and service developments

**Personalisation** - The most significant change for adult social care
- Choice and control
- Personal Budgets
- Direct Payments
- From 3 October 2010, all new service users were put onto a Personal Budget and this has taken place alongside reviewing every service user eligible for a Personal Budget.

**Reablement**
- Enabling people to regain or maintain their independence wherever possible
- Avoiding unnecessary hospital admissions and supporting successful discharge from hospital
- Avoiding the need for long term care support

**Joint Commissioning**
- Improving outcomes for service users and providing cost effective health and social care services requires excellent joint commissioning
Key responsibilities and processes

Assessment and eligibility for services

- Fair Access to Care Services guidance (FACS) – government guidance used to decide whether a person’s ability to live independently would put them at risk if services are not provided
- If there is a risk to a person’s independence the department decides whether the risk is critical, substantial, moderate or low
- People will be eligible for help with any problems that pose a critical or substantial risk to their independence

Information and advice

- Significant role in providing information and advice for people who are not eligible for Council provided social care services.
- Social Care directory and the Notts 50+ website
Key responsibilities and processes

The Self-Directed Support Assessment (SDSA) is used by staff to assess the needs of all service users. It is used to:

- identify presenting need and agree level of support required
- establish the amount of informal care that is available
- determine eligibility for long term social care support
- collect information to inform a referral to other agencies if required
- If an assessment identifies eligible need people will be offered a personal budget. This is an amount of money identified to meet the individual’s long-term social care needs.
Key responsibilities and processes

Personal budgets can be provided in three different ways:

• Direct payment - this is a cash payment given to allow people to buy the support they need.

• Managed personal budget – the council arranges the services that meet a person’s support needs.

• Mixed personal budget – people can arrange part of their support themselves using a direct payment and ask the Council to arrange the rest using a managed personal budget.

Charging for services

• Service users have a financial assessment to decide the contribution towards their Personal Budget. This is undertaken in line with the Fairer Contributions Policy which was introduced nationally in 2010.

• Fairer Contributions represents a fundamental shift from charging for units of service to people making a contribution to their total service package.
Key responsibilities and processes

Support planning

Once people know their indicative personal budget a support plan is devised. This must clearly show:

- what support is needed (such as help with washing or dressing or getting out in the community)
- what services or activities the service user intends to spend their personal budget on to meet these needs
- what plans they have for an emergency (for example carers being ill) and
- any risks there are in the plan

The support plan has to be agreed by the Council to ensure it is affordable, legal and a proper use of social care funds.
Mrs K is an 81 year old Iranian woman, who lives with her daughter and family. She has Parkinson's disease. She moved to the UK in 2007 with her husband, who was her main carer, but he died in 2010.

Mrs K speaks only Farsi and is very socially isolated. Her daughter had become her main carer whilst trying to complete her PhD so was in need of support.

The Self Directed Support Assessment and the support plan identified the need for a culturally appropriate sitting service to allow Personal Assistants (PAs) to build up a relationship whereby Mrs K would be comfortable accepting personal care from them.

A Personal Budget was provided in the form of a direct payment (£200 per week). Micro provider, ACE care, was able to provide Farsi speaking carers.

Mrs K has now begun to accept some personal care from the agency and has developed a good relationship with the carer who is from the same region of Iran.
Case example - Joe and Sam Crane

- The Council has helped the Crane family from Gedling to set up a home where Joe and Sam, 19 year old twin boys with severe autism, are supported to live independently.

- Assessment identified the level of support the brothers would need. Joe and Sam receive a Personal Budget in the form of a direct payment, managed by their parents.

- The family bought a suitable house in Burton Joyce and worked with social workers to set up the support needed. The Personal Budget allowed them to have more control and choice about who provided the support.

- The direct payment (over £1,000 per week each) is used to pay for one to one support for both of them throughout the day with dressing, preparing meals and other tasks. They have constant support during the night, and are never left unsupported due to their level of need.

- Cath Crane, Joe and Sam’s mother, said ‘they are being empowered to have their own lives’.

- They are amongst 500 people who the Council has now helped to move into ‘supported living’ across Nottinghamshire.
Budget

• In 2012/13, the department is responsible for a gross budget of £301m. This includes income of £97m, giving a net revenue budget of £204m.

• The department provides health and social care services for 20,000 people every week. A further 16,000 people each year receive housing-related support organised by the department. The department manages a care market of £225m and works in partnership with over 300 care providers from the voluntary, statutory and independent sectors.

• In common with the Council as a whole, Adult Social Care, Health and Public Protection is making savings and is forecast to save £65m in the 4 year period from 2011/12 to 2014/15

• There are currently 49 savings and efficiencies projects in progress across the 4 service areas with the aim of making these savings
In 2009-10 the Care Quality Commission (CQC) judged that Nottinghamshire County Council was ‘performing excellently’. This was the third year in succession that the Council was judged as excellent.

From April 2010 the Government changed the way it expects local authorities to report on their performance. The Council is now required to be ‘self regulating’.

Although the authority is no longer required to report to the Government on a large number of national performance indicators, we continue to assess ourselves against some of these to help improve our performance.
Performance

• The Government requires the Authority to monitor and report on performance against four categories within an Outcomes Framework. The categories require us to look at how well services:
  
  – Enhance the quality of life for people with care and support needs
  – Delay and reduce the need for care and support
  – Ensure that people have a positive experience of care and support
  – Safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm

• In January 2012 the department published a Local Account on performance in adult social care services for the period April 2010 to March 2011. Nottinghamshire was one of a small number of councils that produced a Local Account, and was the first Council in the East Midlands to do so. The next Local Account will be produced in the summer for the period covering March 2011 to April 2012.
5 key performance indicators

There will be regular reporting to the Committee on the:

- Proportion of service users on a personal budget
- Number of people (aged 65+) financially supported in residential and nursing care
- Proportion of people requiring no service after reablement
- Rate of delayed hospital discharges caused by a lack of social care service provision
- Proportion of adults who have had a safeguarding assessment which leads to a safeguarding plan
Next steps

The Queen’s Speech in May included a draft Care and Support Bill. The focus is on:

• modernising care and support law to ensure local authorities fit their service around the needs, outcomes and experience of people

• consolidating existing law with a single statute, supported by new regulations and statutory guidance

• maintaining the focus on putting people in control of their care and giving them greater choice, building on progress with personal budgets

• simplifying the system and processes to provide the freedom and flexibility needed by social workers to allow them to innovate and achieve better results for people, and

• giving people a better understanding of what is on offer to help them plan for the future and ensure they know where to go for help when they need it
Questions and comments
Purpose of the Report

1. The purpose of the report is to:

   a. provide an update on personalisation and to brief Members on the significant progress already made.

   b. recommend expenditure from the Social Care Reform grant.

2. As part of the update the Committee will hear from a service user who receives a Personal Budget and how the public has assisted the Council.

Information and Advice

3. Putting People First (December 2007) was an agreement between central and local government. It sets out how social care could be improved by extending choice and flexibility to individuals and their communities, so that they could take more responsibility and find solutions that worked better for them. Putting People First was supported by a Department of Health circular - LAC (DH) 2009 1 - Transforming Adult Social Care to support councils and their partners in the ongoing transformation.

4. In launching this circular it was recognised that, in order to deliver the outcomes of Putting People First, the system needed to undergo further significant redesign in process, practice and culture to ensure people have access to high quality information and advice, appropriate early interventions and can exercise choice and control over the services and support they need.

5. In the context of long-term demographic changes and higher expectations, the Government has recognised that the “current system of social care delivery will need to be fundamentally re-engineered and modernised to respond to the pressures on the system”.

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1
6. Helping people to remain as independent as possible is at the heart of Putting People First.

Think Local, Act Personal

7. The Coalition Government’s Vision for Adult Social Care ‘Capable Communities and Active Citizens’ and its White Paper ‘Equity and Excellence: Liberating the NHS’, maintain the drive towards the personalisation of public services in health, social care and beyond. The Department of Health publication, ‘Think Local, Act Personal’ builds upon the delivery and objectives of Putting People First.

8. The key objectives of Think Local, Act Personal are:

   (a) A personalised and community-based approach

   Personalisation and a community-based approach requires an efficient, effective and integrated service delivery alongside partnership working to support individuals and, their families, carers and the wider community - reducing the need for acute health and care support.

   (b) Prevention

   The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for crisis or acute services. Social care and health will work further to develop and deliver a range of effective and accessible preventative services such as intermediate care, Linkages (provides joined up preventative services to older adults through partnerships with health and the voluntary and community sector), re-ablement services (re-ablement helps people to regain the skills necessary for daily living, which may have been lost through deterioration in health or increased support needs) and assessment beds in the community. This is alongside supporting a range of low level services, such as access to minor adaptations.

   (c) Self Directed Support

   Self directed support is the name of the process that people go through to have a personal budget which provides choice and control over their support and care.

   If the Council believes someone is in need of social care they will complete an assessment. The assessment will look at the support the person needs in different area of their life, decide whether the person is eligible for long-term social care support, and if they are eligible, decide how much money the Council will provide through a personal budget and the persons contribution towards this.
The Council has met the target of contacting 100% of people who are asking for assistance for the first time within 48 hours. This is completed at the Customer Service Centre. The aim is to then complete the assessment within 28 days.

The Council uses Government guidance to determine is someone is entitled to support. The guidance states that the Council has to decide whether the ability of the person to live independently puts them at risk if the Council did not provide or arrange services to assist them. If there is a risk to someone’s independence, the Council decides whether the risk is ‘critical, substantial, moderate or low’. A person is entitled to assistance with problems that pose a critical or substantial risk to their independence. The Council sign-posts and advises people who have a moderate or low risk to their independence.

(d) Personal budgets

A key way the Council is delivering control and choice for those who need social care is through personal budgets. A personal budget enables people eligible for social care to know how much money they can have for their support and can spend the money in ways that achieves their outcomes. The budget can be taken as:

- A **direct payment** - a cash payment for people who would like to arrange, and pay for their own care and support services.

- A **managed personal budget** - for people who would like the Council to arrange and manage the services on their behalf. Although a managed personal budget is personalised, it offers less flexibility to the individual.

- An **individual service fund** - where the budget is managed by a provider on behalf of the service user.

- Or a combination of the three.

The key message from the Government is that the default position is a personal budget should be taken as a direct payment.

In 2012/13, the department is responsible for a gross budget of £301m. This includes income of £97m, giving a net revenue budget of £204m. The department provides health and social care services for 20,000 people every week. A further 16,000 people each year receive housing-related support organised by the department. The department manages a care market of £225m and works in partnership with over 300 care providers from the voluntary, statutory and independent sectors.

During 2011/12 a total of 9,738 people have had a personal budget at a cost of £40.9m, including one-off payments. Of this, around £19.5m is for direct payment and £21.5m for managed or individual service funds. On
average the Council spends around £4,200 per person, per year or £80 per person, per week.

The national target was for all eligible service users and carers to be on a personal budget by 2013 and the Council is on course to meet this. At the end of March 2012, provisional results show that 100% of all eligible service users helped to live at home received a personal budget. The definition of a service users who are helped to live at home are people who receive services such as home care, day support, personal assistance, respite and transport.

People are also being encouraged to take a personal budget as a direct payment. As part of this, direct payment cards have recently been introduced to 20 people. This has proved very popular and will be rolled out across the county. 30% of all eligible people who are helped to live at home receive support through a direct payment.

From 2\textsuperscript{nd} April 2012 all new and existing service users in long-term care will be offered a personal budget to meet expectations set out in Think Local, Act Personal. Plans are in place to achieve this by January 2013. This will enable the Council to achieve the national target from all service users in long-term care to be on a personal budget by April 2013.

(e) **Control, choice and efficiency**

The continued drive towards personalisation and improving outcomes is against a backdrop of significant efficiencies. This will involve a leaner structure, slimming down of processes and designing new models, providing more integrated and accessible arrangements with Health and making better use of local resources within the community or families.

**Financial Implications in delivering personalisation**

9. The government provided a ring-fenced Social Care Reform Grant, with an extra £520 million, to transform care for older and disabled people as part of "Putting People First". Nottinghamshire’s share of this was £7,497,000.

10. The transformation must be delivered in a cost effective way and Councils are expected to contain ongoing costs within existing resources and through process re-engineering. In implementing Putting People First the Adult Social Care, Health and Public Protection Department has been mindful to avoid ongoing financial commitments and realise efficiencies whilst improving outcomes for service users, carers and the public.

**How will progress be measured?**

11. Councils are judged on five key priorities:

   a. transformation has been developed in partnership with service users, carers and citizens
b. all those eligible for social care support will receive a personal budget
c. cost effective preventative interventions are in place
d. all citizens have access to information and advice
e. there is broadening of choice and improvement in quality of care and support services.

12. In line with Department of Health expectations, from October 2010, all new services users and carers have been offered a personal budget and that all service users, whose care plans are subject to review, are offered a personal budget.

Progress already made

13. The Council has continued to make significant progress to deliver Putting People First, the objectives within Think Local, Act Personal, and all national targets have been met.

14. The County Council has been visited by a number of local authorities to learn from the authority’s work on personalisation. In particular work on prevention, micro providers, reviews and support to self funders have received national recognition.

15. The following is a summary of the progress made:

   a) A redesigned customer journey is in place for service users that supports personalisation. A typical customer journey will start at the Customer Service Centre where queries are speedily resolved including sign-posting onto preventative services such as handyperson schemes or referrals filtered through for further assessment such as the reablement service. The reablement service helps people learn or re-learn the skills necessary for daily living which may have been lost through deterioration in health and/or increased support needs so that they can stay independent and recover quickly from illness. Where there are ongoing support needs, a community care assessment will identify the level of ongoing support needs and a personal budget will be arrived at which means people will know how much money there is for this. They will then get the opportunity to say how the money could best be spent to meet their needs and help them achieve their outcomes in their lives through support planning. If people choose a direct payment then there is support available through direct payment support agencies to offer help with recruitment through to managing the account. This self directed support process gives individuals increased choice and control over how best to meet their needs.

   b) making a strategic shift in the focus of care and support away from intervention at the point of crisis to a more holistic, pro-active and preventative model centred on improved wellbeing and fostering independence.
c) having a universal joined up information and advice service available to all citizens utilising the Customer Service Centre and Linkages (provides joined up preventative services to older adults through partnerships with health and the voluntary and community sector).

d) developing a proportionate contact and social care needs assessment to deliver more effective and joined processes. The department is increasing the number of queries that can be speedily resolved through better use of sign-posting to preventative services and supported assessment through the Adult Access Team based at the Customer Service Centre, enabling social care staff to spend time on people with complex needs. As a result, there has been an overall drop in community care assessments to district teams by 18% and the number of people needing an occupational therapy assessment by 33%.

e) reducing the number of people who need ongoing long-term support by increasing the number of people who receive a reablement service.

f) joint work between the Nottinghamshire Health and Social Care community. This has led to:

- Reduction in length of hospital stay
- Reduction of inappropriate delays in discharge
- Reduction in inappropriate admission into Care Homes
- Improved patient pathways
- Peoples independence being maximised
- Hospital avoidance.

The impact of joint reablement services with Health has reduced emergency admissions by one thousand (1,000). Seven hundred (700) people accessed reablement services aimed at avoiding hospital admissions during 2011 period.

g) work completed with Care Services Efficiency Delivery (CSED) within the Department of Health to meet efficiency targets. These are key areas within the Improvement Programme.

h) supported the excellent work already in place to ensure services treat people with dignity and respect.

i) Balance of services in order that more people are supported at home. Nottinghamshire has a relatively high number of people supported in residential and nursing homes compared with other authorities.

j) Since October 2011, the local authority has had responsibility for providing independent mobility assessments for blue badge applicants where they are not automatically entitled and are subject to further assessment. Two occupational therapists have been employed to do these assessments at clinics across the county. On average they have completed 70 assessments per month. Over the last 6 months, 420 people were
assessed and of those, 330 were agreed and 90 were refused. In total, 14 complaints were generated about the change to the process all of which were resolved. There were also 2 positive letters about how well the worker dealt with the anxious situation for the applicant.

k) The Benefits Training Information Advice team replaced the Welfare Rights Service and are based in the Adult Access Team at the Customer Service Centre. The team are midway through a series of benefit workshops for staff, provide updates on changes to benefits, developing a new web-page, policy and a referral process for district teams.

Expenditure Plan

16. To meet the key objectives within ‘Think Local, Act Personal’ the key work streams we have focused on are:

a) **Capacity Building and Support Services**

The Council has a key role in shaping and developing the market to support communities and voluntary organisations to develop new ways of addressing social care needs, and thereby allowing service users to take more choice and control.

A first step has been supporting micro-providers such as social enterprises to flourish and develop innovative and creative ways to meet support needs. The Micro Provider Project continues to grow with 125 enquiries from potential providers with a breakdown of activity below:

- 50 of these are actively working with the Project Co-ordinator
- 34 are currently providing services
- 17 have received a start up grant
- 13 providers have been through the quality assurance process and are currently showing on the Nottinghamshire County Council Directory of Support
- 3 of these providers are also Nottinghamshire County Council approved providers – 1 direct payment support provider and 2 day service providers
- 95 new or developing micro-providers have been given information and advice and signposted to the relevant organisations where appropriate
- It is proposed to extend the current contract with Community Catalysts to extend the Micro-provider Co-ordinator post until March 2013, at a cost of £38,944 +VAT.
The development of the ‘Support with Confidence’ accreditation scheme for personal assistants has continued. This provides a directory of approved personal assistants for individuals who would like to directly employ someone to provide their support. The scheme is growing with 48 personal assistants on the website, a further 48 who have undergone training and are awaiting a Criminal Records Bureau checks and 42 are booked on future training.

b) **Information and Advice**

The Adult Access Team at the Customer Service Centre provides a joined-up information and advice service for all individuals and carers, including those who self-assess and self-fund. From September 2011 the service was extend to offer advice, information and training on benefits.

To support access to information and advice, there was a need to provide effective provision of information to the public and staff to enable informed choices about support available at different points of the customer journey.

It is proposed to build upon the existing social care directory and develop an information hub for staff and the public to access information on support, resources and activities across a range of providers including commercial providers and community/voluntary groups.

It is recommended that up to £120,000 is authorised to develop the social care directory.

c) **Telecare**

Through the use of telecare and assistive technology, the council can help maintain or improve the independence of service users and support carers. Telecare will target service user groups where there is evidence to support the benefit and telecare will be extended to:

- Point of access at the front end for telecare to provide stand-alone support such as carer alert equipment and prompting equipment such as medication dispensers or movement activated message devices
- Reablement where telecare can be used to help people regain independence
- Assessment to maximise choice and independence
- Following review using facilities such as medication prompts to reduce the need for visits for this purpose.

d) **User Led Organisation (ULO)**

It is proposed to fund the User Led Organisation, Disability Nottinghamshire, for another year to further progress the Think Local, Act Personal agenda. The aim will be to develop peer support and peer support planning. The ULO will also be able to support co-production in particular with a view to implementing ‘Making it Real’. This will be at a cost
of £42,000, to be funded from the 2012/13 revenue budget allocation for the Adult Social Care and Health Committee.

**Meeting ongoing financial commitments**

17. Efficiencies have been achieved through a system focused on early intervention, prevention and reablement, where good information and advice, practical support, appropriate housing options, reablement and joint working between health and social care will assist people in living fulfilled and independent lives, thereby reducing the number of people entering or requiring ongoing support from the County Council.

18. A key programme for achieving savings is through reabling people to be as independent as possible and reduce the need for long-term support.

19. A second key programme for achieving savings is the reduction in community care spend through reviewing existing service users to ensure they are getting the right level of support for their support needs. Since April 2011, over 3,000 reviews have been completed. This has been achieved through applying the resource allocation system to arrive at the personal budget; providing people’s support in the most cost effective way through encouraging take up of direct payments, better use of telecare and maximising community support; applying the revised national eligibility criteria ‘Fair Access to Care’ and enabling people who are ineligible to find alternative sources of support; and better support to self funder to purchase their own support.

**Other Options Considered**

20. The changes identified in the report are as a result of national requirements. The options considered have related to the pace of change and detailed implementation.

**Reason/s for Recommendation/s**

21. The additional expenditure will enable the Council to build upon the significant progress the Council has made to develop and embed personalisation.

**Statutory and Policy Implications**

22. 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/S**

It is recommended that the Adult Social Care and Health Committee:
1) consider and comment on the information provided.

2) approve the following expenditure:
   a) £38,944 for a Co-ordinator post for Micro providers
   b) £42,000 to support User Led Organisations
   c) £120,000 Social Care Directory

PAUL MCKAY  
Service Director for Promoting Independence and Public Protection

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Constitutional Comments (SLB 16/05/2012)

23. The Adult Social Care and Health Committee is the appropriate body to consider the content of this report.

Financial Comments (RWK 16/05/2012)

24. The financial implications are set out in the report.

Background Papers

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.


Think Local Act Personal – A sector-wide commitment to moving forward with personalisation and community-based support.

Electoral Division(s) and Member(s) Affected

All.

ASCH1
Purpose of the Report

1. This report is for information purposes and updates on the progress of the ASCH&PP Department’s four year Savings and Efficiencies Programme as at the end of Year 1, 2011/12. It compares the department’s actual savings achieved for the year against its savings target, the challenges in delivering the efficiencies and the key achievements. It also outlines the targets to be met by the department in the delivery of Year 2 (2012/13) of the programme.

2. The information outlined in this report covers projects delivered under the ASC&H Committee only. A separate update will be provided to the Community Safety Committee on those projects coming under the Public Protection.

Information and Advice

3. The budget approved by the County Council on 24th February 2011 required the ASCH&PP department to make savings and efficiencies totalling £63.827 million for the period 2011/12 to 2014/15. Over £27 million of these were to be delivered in the 2011/12 financial year, through delivery of projects spanning across both the Adult Social Care and Health and the Community Safety committees.

4. There are currently 49 savings and efficiency projects being delivered by the department, 41 that fall within the ASC&H committee and 8 that fall within the Public Protection committee.

5. At the February 2012 County Council budget meeting the total savings target for the department was increased to £65 million over the four years of the programme with the delivery of a further 8 projects.

6. As at the end of March 2012, the department has achieved 93% of its Year 1 (2011/12) savings and efficiencies target, and has delivered £1.1m of its Year 2 (2012/13) savings target ahead of schedule.
7. Savings information relating to the ASC&H only, excluding savings and efficiency projects delivered under the Public Protection, is outlined below:

<table>
<thead>
<tr>
<th>Year</th>
<th>Savings Expected (£'000)</th>
<th>Savings Achieved in 2011/12 (£'000)</th>
<th>Variance (£'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>25,929</td>
<td>24,241</td>
<td>(1,688)</td>
</tr>
<tr>
<td>2012/13</td>
<td>23,164</td>
<td>1,127</td>
<td>0</td>
</tr>
<tr>
<td>2013/14</td>
<td>10,974</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2014/15</td>
<td>3,328</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>63,395</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Within a large programme there are inevitably some schemes that deliver ahead of schedule or achieve greater levels of savings and others that take longer to achieve or deliver less than anticipated. Overall much has been achieved.

9. In addition to some projects delivering 2012/13 savings ahead of schedule, a number of other factors have contributed to helping put the department in a strong position to manage the challenges for the year ahead in continuing to deliver the remaining savings and efficiencies programme:

   a. The authority has been in receipt of additional income as a result of changes to government policy and the introduction of the authority's Fairer Contributions Policy. £1.5m of this has already been built into the 2012/13 budget as an additional budget saving, but any permanent increase in excess of this will contribute further savings.

   b. The authority has received one-off funding from the NHS to support social care delivery.

   c. Activity undertaken during 2011/12 means that additional savings for 2012/13 are already being delivered. This includes the full year effect of savings where activity started to generate savings part way through 2011/12.

10. This puts the department in a strong position to manage the challenges for the year ahead and deliver the remaining three years of the savings and efficiency programme.

**Governance Arrangements for Monitoring Delivery of the Savings and Efficiency Programme**

11. In order to robustly oversee and manage delivery of the department’s 49 savings and efficiency projects during 2011/12, each were assigned a governance status appropriate to the level of risk or complexity involved and fiscal value. Different governance arrangements have been established appropriate to these statuses, as follows, in order to apply proportionality in the scrutiny and management of
projects. The updates on all the projects will be reported to this committee on a quarterly basis:

<table>
<thead>
<tr>
<th>Governance Level</th>
<th>Definition</th>
<th>Number Projects</th>
<th>Governance Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>• Total savings value of more than £1 million&lt;br&gt;• High risk and/or high complexity</td>
<td>8</td>
<td>• Scrutiny of monthly project progress reports by both the Department and the Programme Management Office (PMO - who oversee delivery of the corporate savings and efficiencies programme)&lt;br&gt;• Project Boards established chaired by the Project Sponsor (relevant Service Director), meeting monthly to oversee each project, (NB: Joint Board established to oversee delivery of 2 of these)&lt;br&gt;• Business Improvement Board established to oversee delivery of all high governance ASCH&amp;PP projects, chaired by the Corporate Director for ASCH&amp;PP and attended by all Service Directors as Project Sponsors&lt;br&gt;• Monthly reporting to the Corporate Improvement Programme Directors Board, established to oversee delivery of all Improvement Programme projects delivered by the Council. Chaired by the Director of the Improvement Programme and represented by each Department</td>
</tr>
<tr>
<td>Medium</td>
<td>• Total savings value of project of £0.5m up to £1m&lt;br&gt;• Medium risk or complexity</td>
<td>13</td>
<td>• Scrutiny of monthly progress reports by both the Department and the PMO&lt;br&gt;• Monthly reporting to the Savings &amp; Efficiency Board, established to oversee delivery of all ASCH&amp;PP low / medium governance projects, chaired by the Service Director responsible for delivery of the Department’s savings and efficiencies programme&lt;br&gt;• Any exceptions reported to the monthly Programme Directors Board</td>
</tr>
<tr>
<td>Low</td>
<td>• Total savings value of up to £499k&lt;br&gt;• Low risk or complexity</td>
<td>28</td>
<td>As for medium governance projects</td>
</tr>
</tbody>
</table>
Review of 2011/12 Achievement and Challenges

12. As indicated above, there have been a large number of savings and efficiency projects, including several complex and high impact projects. The challenges of delivering the projects have been compounded by the department undergoing a significant reduction in its staffing levels.

Key Achievements

- The department has achieved 93% of the Year 1 savings target and has already contributed £1.1 million of savings towards its Year 2 (2012/13) savings target through delivery of savings ahead of schedule.

- The majority of savings achieved so far have focused on delivery of efficiencies by changing the way in which services are delivered. As a result, the impact on front-line services has been minimised.

- 16 out of the original 49 projects are now fully completed.

- Capacity within the department in project management skills has been increased, including developing skills in project planning, analysing raw data, and mapping processes in order to identify and address inefficiencies in the way business is undertaken.

- Numerous processes have been (or are being) streamlined or changed in order to bring efficiencies, such as improvements to the department’s recording systems, assessment documents and customer access processes.

- The department has invested in new services / facilities in order to benefit customers, for example, further development of initiatives to help maintain people’s independence in their own home for longer, and a £1.9 million scheme of improvements at the Eastgate Day Services centre, as part of the Council’s £6m modernisation of day care service buildings.

- The department has worked together as ‘One-Council’ with other departments and corporate functions in order to bring mutual benefits. For example, closer working with colleagues in Corporate Procurement in the tendering or re-commissioning of various services.

- Similarly, officers have worked with external partners to achieve efficiencies and bring improvements. For example, work in partnership with local health services, using Department of Health funding, to provide 25 short-term residential care beds throughout the county in order to help with providing reablement services to support older people to return home after a stay in hospital.

Challenges

- The department continues the implementation of its staff restructure through the organisational re-design project. Restructuring of tiers 1-4 was completed
during 2010/11, with the planning and consultation in relation to tiers 5-7 being undertaken during 2011/12, with a view to implementation during the first half of 2012/13. This entails supporting staff who will have to change the way they deliver their work or work in different teams, and supporting those staff whose posts will not remain within the new structure with redeployment or voluntary redundancy options.

• Managing the capacity pressures faced by staff involved in implementing the changes, including both service staff and those working in finance, procurement, HR, pensions, legal services, IT and communications. This has included providing training and guidance, and securing additional temporary support from the Improvement Programme Office, when required.

• Managing the fast pace of change within the department, especially at the same time when the Council as a whole is implementing other large-scale changes, such as the new Business Management System, which brings together the former financial, HR, payroll and procurement systems.

• There has been slippage to various project timetables, sometimes for reasons outside of the Council’s control, for example, a six month delay in the sale of six residential care homes to Runwood Homes Ltd, due to several challenges to the process.

• Developing robust methodologies and processes for measuring, monitoring and reporting on the benefits stemming from the projects, both financial (cashable savings and cost avoidance) and non-financial, such as new and additional benefits to customers.

Savings and Efficiency Targets for 2012/13 Onwards

13. Moving forward, the plans for 2012/13 include:

• Delivery of the remaining 31 savings projects falling under ASC&H, plus a further 8 new projects that were approved as part of the 2012/13 budget.

• This equates to delivery of £23.164 million efficiency savings in 2012/13 (£23.388m across the whole department which includes the Public Protection), against an overall 4 year savings target of £63.395 million (£65.123m across the whole department).

Other Options Considered

14. Since the completion of the service reviews in 2010/11 across the Council, and during the implementation of the 2011/12 savings and efficiencies projects, the department, through its monthly Business Improvement Boards, has continued to scrutinise the way in which services are arranged and delivered with a view to identifying further opportunities for achieving efficiencies and improving services. Examples include maximising opportunities from funding received from the Department of Health to help people to regain and/or maintain their independence through the extension of reablement services, or exploring and developing
strategies to encourage micro-providers within the community to set up and provide low level community-based activities and services.
Reason/s for Recommendation/s

15. This report is for information purposes only and there are no recommendations stemming from it. A separate update on progress against those savings and efficiency projects coming under Public Protection will be provided to the Community Safety Committee.

Statutory and Policy Implications

16. 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/S

1) It is recommended that the report be noted.

DAVID PEARSON
Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:
Ellie Davies (ellie.davies@nottscc.gov.uk)

Constitutional Comments

17. Because this report is for noting only, no Constitutional Comments are required.

Financial Comments (RWK 10/05/2012)

18. The financial implications are detailed in the report.

Background Papers

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.

- 24th February 2011 County Council – Budget meeting. The budget report can be found at: 11-12 Budget Report
- 23rd February 2012 County Council – Budget meeting. The budget report can be found at: 12-13 Budget Report.

Electoral Division(s) and Member(s) Affected

All.
REPORT OF SERVICE DIRECTOR FOR PERSONAL CARE AND SUPPORT (YOUNGER ADULTS)

PARTNERSHIP HOMES TENDER

Purpose of the Report

1. The purpose of this report is to update members on the recent Partnership Homes Tender previously reported to Cabinet on the 4th May 2011.

Information and Advice

Background

2. The tender related to 8 residential care homes which were initially commissioned by the NHS as part of the hospital closure programme in the 1980s, located in Mansfield, Ashfield and Newark & Sherwood Districts.

3. The homes provide care, support and accommodation for up to 89 residents with moderate or severe learning disabilities. Many may have additional issues such as physical disability, mental health problems, age related frailties or dementia.

4. The homes were last tendered out in 2006. Support is currently delivered in 4 of the homes by Mencap and the remaining 4 by Nottinghamshire County Council’s Direct Services. The homes are managed by two Housing Associations, NCHA and Places for People with whom the support provider has a management agreement.

5. The tender was undertaken due to existing contracts coming to an end. Changes in the needs of existing residents and the direction of travel in Nottinghamshire towards Supported Living rather than residential care for adults with a learning disability where appropriate, meant the tender was also an opportunity to consider some changes to the services going forward.

6. The services were tendered as a single contract to allow maximum flexibility for any provider to remodel services going forward.
7. In 2010/11 the services cost a total of £5.79m, the contract price was capped at £5.49m per annum for 4 years in order to realise savings of a minimum of £300,000 per annum.
The Tender Process

8. The tender was advertised in June 2011 and interested providers were invited to an information event in July 2011.

9. Interested providers then submitted a Pre Qualifying Questionnaire detailing their skills and experience in delivering similar services and in managing change, including TUPE staff transfers.

10. From the 22 expressions of interest 8 providers were short listed and invited to tender in November 2011.

11. The process was delayed between the expression of interest stage and the invitations to tender to ensure relevant information regarding the NHS pensions could be included in the tender documentation.

12. The tender consisted of a number of written statements, a presentation and a submission of a pricing schedule for each year of the contract.

13. The Invitations to Tender were evaluated against quality and price criteria.

14. The preferred provider is Mencap.

15. The contract duration is 4 years with the option to extend for a further year.

16. The contract for all 8 existing homes has an expected start date of 2\textsuperscript{nd} July 2012.

17. Family carers were involved in the tender through wide consultation to inform the tender questionnaire and then specifically with five family carers being involved in the writing and evaluating of the quality method statements.

Future Service Provision

18. As part of the future contract in the first 6 months, the provider will develop a plan, in full consultation with existing service users and carers and other relevant stakeholders, including the staff working in the services to remodel some or all of the existing provision to meet the following outcomes will ensure that:

a. existing residents of the homes receive a service appropriate to their needs.

b. services are better able to meet the needs of future service users.

c. a sustainable service is achieved.

19. In the delivery of the plan the provider will offer a range of housing and support options for up to 89 new and existing service users, which may include keeping some of the current residential provision, delivered either by the organisation itself or by alternative providers.

20. Contract monitoring processes have been built into the service specification to ensure that the contract is delivered to a high quality.
Other Options Considered

21. This report is for information purposes only. However, the contract was awarded to the best value provider.

Reason/s for Recommendation/s

22. A preferred provider has been awarded the contract who met quality standards required within the tender and has bid within the contract price specified. The preferred provider evidenced the most economically advantageous tender bid.

Statutory and Policy Implications

23. 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.

Implications for Service Users

24. The provision of high quality support and care, personalised to the needs of the individual will ensure that the residents will have their social and health care needs met. This project will provide the opportunity for service users to choose where they live and who they live with. The service specification requires successful tenderers to have an equal opportunities policy and adhere to national minimum standards from the Care Quality Commission.

Financial Implications

25. Over £300,000 per annum savings will be achieved as the contract price came in below the capped level.

Equalities Implications & Human Resources Implications

26. In the first instance the re-commissioning will replace an existing service on a ‘like-for-like’ basis so should have no implications. Any changes to the services will be done in full consultation with service users and carers using Mental Capacity Assessments and Best Interest Assessments, where appropriate. It is envisaged that the majority of service users will require a Best Interest Assessment.

27. An Equality Impact Assessment will be undertaken on the detailed plans put forward by the new provider.

RECOMMENDATION/S

1) It is recommended that the Adult Social Care and Health Committee note the award of the contract to Mencap.
JON WILSON
Service Director for Personal Care and Support (Younger Adults)

For any enquiries about this report please contact:
Cath Cameron Jones
Tel: 0115 977 3135
Email: cath.cameron-jones@nottscc.gov.uk

Constitutional Comments (CH 03/05/2012)
28. The report is for noting purposes only.

Financial Comments (RWK 10/05/2012)
29. The financial implications are set in the report.

Background Papers

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.

   Disability Clients (previously published).

Electoral Division(s) and Member(s) Affected

Ashfield
Kirkby-in-Ashfield North – Councillor John Knight.

Newark and Sherwood
Collingham – Councillor Vincent Dobson.
Blidworth – Councillor Geoff Merry.
Ollerton – Councillor Stella Smedley.
Newark East – Councillor Stuart Wallace.

Mansfield
East Mansfield – Councillors Bob Cross and Martin Wright.
North Mansfield – Councillors Joyce Bosnjak and Parry Tsimbirdis.
South Mansfield – Councillors Chris Winterton and Stephen Garner.
Purpose of the Report

1. To provide an overview of what a Market Position Statement (MPS) is, why it is useful and plans for developing one for adult social care in Nottinghamshire.

Information and Advice

What is a Market Position Statement?

2. A MPS is a brief (8-12 pages), analytical document aimed at both existing providers who want to plan their future business role and function, as well as new providers who may want to enter the local market.

3. It includes the local authority view of current provision in the social care market, what the gaps are and the type and quality of services needed for the future.

Policy Context

4. Both ‘A Vision for Social Care’¹ and ‘Think Local, Act Personal’² envisage local authorities significantly reducing their role as direct providers of care, except in specific circumstances and also taking considerably less of a direct purchasing role.

5. The reason for the introduction of Personal Budgets and more so Direct Payments is that they provide service users and carers with greater choice, providing there is a range of provision. Whilst individual service users and carers use these to purchase services without reference to the local authority, it is the responsibility of the local authority to provide an adequate range of provision based on quality and price.

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¹ ‘A Vision for Social Care: capable Communities and Active Citizens’ DH 16th November 2012
² ‘Think Local, Act Personal’ Sector Led Partnership January 2011
6. In its place, local authorities should seek to facilitate, encourage and stimulate the local care market to ensure there is sufficient, good quality provision available, regardless of whether the user buys it with their own resources, through the local authority providing funding via a Direct Payment (DP), or through a direct contract with the local authority.

7. Having a local strategic overview through the Health and Wellbeing Board and its associated integrated commissioning groups and partnerships, puts local authorities in a good position to take on the leadership for facilitating their local market.

8. To achieve this, calls for greater shared intelligence about the market, understanding of trends and patterns in the provision of care and support, clarity on fair pricing and a greater focus on outcomes and what works.

**Why will a Market Position Statement be useful?**

9. The MPS will provide a way to initially communicate some of these key messages and information to a wide range of providers, as well as deal with the many queries received from providers in a consistent way. It is not an end in itself, but rather the starting point for further dialogue and a range of development work with the wider social care market.

**Plans to develop Nottinghamshire's MPS**

10. Adult Social Care, Health and Public Protection Senior Leadership Team agreed to be part of an East Midlands Joint Improvement Partnership project to develop draft Market Position Statements by June 2012. The document will be then ready to go through the Committee process to seek agreement to publish. Eight East Midlands local authorities are taking part and sharing learning. This work is supported by the Institute of Public Care (IPC), Oxford Brookes University who developed the original MPS toolkit [http://ipc.brookes.ac.uk/publications](http://ipc.brookes.ac.uk/publications)

11. Links will be made to ensure consistency with the refreshed Joint Strategic Needs Analysis (JSNA), Health and Wellbeing Strategy (HWS) and emerging joint commissioning priorities for 2012/13.

12. This first MPS is aimed primarily at the social care market, whilst taking into account the role of the wider local government and partners, (for example, housing, education, leisure services and health), from the perspective of the impact that it has on that market. In order to keep the work achievable within project time-scales this initial document will not be produced jointly with Health. Once completed, however, the MPS can be shared with Health colleagues to start discussion about producing a joint document in the future.

**Governance and Resources**

13. The project reports to the Senior Leadership Team and is being undertaken within existing resources in the Joint Commissioning Unit, who are collating and analysing information from across the local authority.
14. During the process of compiling the first MPS, actions may be identified that are required to improve the quality of local market intelligence data available in the future. Nottinghamshire’s first draft MPS will be completed, however, on the basis of what is known now and will be presented with a report identifying any improvement work and associated resources.

Other Options Considered

15. The report is for information only.

Reason/s for Recommendation/s

16. To support the delivery of the market position statement.

Statutory and Policy Implications

17. 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/S

It is recommended that the Adult Social Care and Health Committee:

1) approve the proposed plan and time-scales for developing Nottinghamshire’s Market Position Statement

2) receives the draft Market Position Statement for approval in July/September.

DAVID PEARSON
Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:
Sue Batty
Group Manager, Joint Commissioning.
Sue.batty@nottscc.gov.uk

Constitutional Comments

18. The report is for noting only.

Financial Comments (RWK 10/05/2012)

19. There are no additional financial implications arising from the report.

Background Papers
None.

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

All.

ASCH5
MEMBERS’ VISITS TO ADULT SOCIAL CARE ESTABLISHMENTS

Purpose of the Report

1. To provide a response and further proposals to the report from the Social Care and Health Standing Select Committee meeting of the 16th April 2012 regarding Members Visits to Social Care establishments which is attached as Appendix one.

Information and Advice

2. The report and recommendations of the Select Committee are welcomed. Clearly, the success of this new approach would hinge on the ability to recruit a panel of 20 Members which would need the assistance of the political parties’ Business Managers.

3. The 12 month trial of the new format is supported in order that any teething problems can be ironed out and evaluated pre-Election 2013. Once the review has taken place then visits to the Independent Sector/ Social Care Providers should commence post-Election 2013.

4. It seems appropriate and important that the Review supported the idea of extending visits to Independent Sector run Care Home since they provide the majority of residential and nursing home care in the County. It is also important that Members’ visits take place alongside the Quality Audit process, so that there is no duplication and there are clear governance arrangements with Members being sent a copy of the associated recommendations / actions.

5. I concur that there should be a new name for this task as the title ‘Rota Visits’ is now very outdated. I proposed that the visit should be known as ‘Members Social Care Visits’.

6. It is further proposed that visits should be extended to other Independent Sector facilities which goes slightly further than was recommended by the Review Group to include all Social Care providers. Given the volume and that this would target
providers/groups with more than one establishment; it is proposed that just one facility be visited per calendar year per provider.
Other Options Considered

7. One option was not to continue with rota visits. Members of the Review Group made it known from the outset that Members have a responsibility to ensure that services being provided are appropriate for the needs of the service users in a safe and friendly environment and their involvement in the process would assist this.

Reason/s for Recommendation/s

8. To provide a more even and transparent method of involving Members in the Quality Audit process.

Statutory and Policy Implications

9. 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.

Implications for Service Users

10. Members of the County Council will have a more visible presence in Adult Social Care, Independent Sector and Social Care Providers establishments. This will, therefore, give residents, service users and carers the opportunity to talk to Members about key issues affecting their lives.

Financial Implications

11. There are no financial implications only Member and officer time.

Human Rights Implications

12. Under article 8 of the Human Rights Act, residents, service user and carers have a Right to Respect for Private and Family Life and this should be consider during every visit.

RECOMMENDATION/S

It is recommended that:

1) visits to Adult Social Care establishments should continue

2) a Panel of 20 Members be set up with the support of each political party’s Business Managers

3) a review be undertaken prior to the 2013 Elections to evaluate the process and a report submitted to this committee
4) the new form be approved (Appendix Two).

5) the Independent Sector Home Care and Social Care providers be included in this process once it has been evaluated and reviewed with an aim that this should commence after the 2013 Elections.

6) The visits to renamed ‘Members Social Care Visits’.

COUNCILLOR KEVIN ROSTANCE
Chairman of the Adult Social Care and Health Committee

For any enquiries about this report please contact:

Jon Wilson
Service Director for Personal Care and Support (Younger Adults)
Tel: (0115) 97 73985
Email: jon.wilson@nottscc.gov.uk

Lisa Swift
Information and Development Officer
Tel: (0115) 97 73928
Email: lisa.swift@nottscc.gov.uk

Constitutional Comments (SG 15/05/2012)

13. The Committee is the appropriate body to decide the issues set out in this Report.

Financial Comments

14. There are no financial implications as direct result of this report.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All.

ASCH2
REPORT OF COUNTY COUNCILLOR GED CLARKE

MEMBERS VISITS TO ADULT SOCIAL CARE ESTABLISHMENTS

Purpose of the Report

1. To present the final report of the Rota Visit Review Group.

Information and Advice

Background

2. On the 17th October 2011, Members of this committee agreed to a review group being set up to examine issues associated with rota visits. It was further agreed that Adult Social Care should be reviewed in the first instance with Children, Families and Cultural Services following in light of the findings and learning from the Adult Social Care review.

3. The Rota Visit Review group met three times on the 4th January, 27th February and 20th March 2012.

Scoping

4. The initial scoping session on the 4th January identified that:
   - Visits should continue with the inclusion of independent sector run homes
   - The current form was inflexible
   - There was an absence of clear governance arrangements
   - The current practice was not aligned to the existing quality assurance and inspection procedures.

5. The meeting on the 27th February Members considered information on:
   - Rota visit proforma
     It was agreed that the form should be reviewed and designed differently with a focus on the wellbeing of residents.
Also the name ‘Rota Visit’ should be changed to more accurately reflect the function being carried out.

- **Comparative information about rota visits in other local authorities**

  The information presented showed that it was unusual for Members to visit establishments. However, in discussion Members of the review group saw the value of visits, which complements rather the duplicates statutory functions.

- **List of County Council run homes and day care establishments and Independent Sector run homes**

  Members were advised that all homes met the basic Care Quality Commission Standards. All the independent sector homes are categorised into five bands (with Band 5 being the highest) according to their quality and environment. Fees paid to the independent sector were based on the banding systems.

- **Inspections by other agencies**

  Members considered information on what other inspections are carried out to both independent sector and local authority homes.

6. It was further agreed at this meeting that the 26 (approximately) Adult Social Care establishments should be visited annually and as there are approximately 200 Independent Sector homes they should be visited within a four year administration cycle which would be approximately 50 independent sector homes per year.

7. On the 20th March it was agreed that:

   **Visits to Adult Social Care Establishments**

8. Visits to Adult Social Care establishments should continue on an annual basis. It was felt without question that Members have a responsibility to ensure that the services being provided by homes and day services are appropriate for the needs of the person in a safe and friendly environment.

9. To ensure that all the establishments are visited on an annual basis, it was agreed that a Panel of 20 Members be set up. The Business Managers for each political party would need to appointment members as appropriate.

10. Members agreed that a new name be given to this task. Lots of ideas were mooted i.e. Members Visits/ Members Care Visits/ Members Adult Social Care Visits, but no name agreed. It was proposed that this matter should be given further consideration by the Cabinet Member for Adult Social Care and Health.
11. The two forms considered at the meeting were discussed and suggestions made. Members agreed that elements of both forms should be merged with the final form attached as an appendix to this report. It was further agreed that this new form be trialled for a period of 12 months. The trial will enable any problems to be resolved, review Members involvement in the Audit process and determine the necessity or not for the pool of 20 members. The outcome of the audit should then be presented to the appropriate service committee.

12. With regard to governance arrangements, it was agreed that the forms be fed into the quality audit process which is undertaken separately by the ASCH&PP Market Development and Care Standards Team. Members would then be sent a copy of the associated Recommendation/Action sheet.

Visits to Independent Sector Homes

13. Quality Development Officers currently undertake an annual review/quality audit of all care services. The process gathers the views of a variety of stakeholders and an associated audit visit can take up to one day. For older persons care homes, the outcome of the audit currently results in the setting of a fee related ‘Quality Band’.

14. As part of the current ‘Local Care Price for Care Framework’ the resultant audit report, with any associated recommendations, is shared directly with the care home and is not available in the public domain.

15. On the 14th March 2012, Cabinet considered and agreed a report on the Fees and Charges for Independent Sector Care Homes, Home Care and other Community-based Support Services.

16. The Cabinet report explains that this will be the final year of the implementation of the Local Fair Price for Care Framework and that it has always been the Council’s intention to conduct a review before setting the fee rates for 2013/14 and beyond. The process of that review has now commenced. Cabinet agreed to a further report to the appropriate committee outlining the outcome of that review.

17. As a result of this it was agreed, by the Review Group, that visits to Independent Sector Homes should be delayed until after the outcome of the review is known and that the four year cycle should commence post Election 2013.

18. It was felt that once this process was up and running Members should link into the existing quality audit process by way of a lay person. Up to two members (depending on the size of home) would visit the home with a Quality Development Officer and feed into the audit process. Members would then be provided with feedback.

Summary

19. The Review Group recommends:
• Adult Social Care establishments are visited annually
• A Panel of 20 Members is set up to undertake the visits
• The Cabinet Member for Adult Social Care and Health considers a new name for the task
• A revised Form (appendix)
• The form is fed into the Quality Audit Process
• A 12 month trial to Adult Social Care establishments
• The trial is evaluated and reported to the appropriate service committee
• Visits to Independent Sector Homes commence post Election 2013 over a 4 year political cycle.
• Up to 2 lay Members visit Independent Sector homes with a Quality Development Officer
• Members’ comments are fed into the Quality Audit process.

RECOMMENDATION/S

It is recommended that:

1) the Social Care and Health Standing Committee consider the findings of the Rota Visit Review Group and comment on the information provided.

2) Subject to approval the report should be referred to the appropriate committee.

COUNCILLOR GED CLARKE
Chair of the Rota Visit Review Group

For any enquiries about this report please contact:

Lisa Swift, Information and Development Officer
Tel: (0115) 977 3928
Email: lisa.swift@nottscc.gov.uk

Elaine Bond, Service Manager
Tel: (01623) 423125
Email: Elaine.bond@nottscc.gov.uk

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All.
Completion of the Form:
please type or print clearly in black ink
Members should complete the comments/summary box at the end of each section, where appropriate, and list recommendations at the end of the report.

Name of Establishment: ___________________________________________________

Received by (Manager’s name):

Visit by (name of Member(s)):

Date of Visit: _________________________________ Time of Visit: __________am/pm

1. ENVIRONMENT

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<td>Bedrooms</td>
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<td>Laundry room</td>
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<td>Notice Board (up-to-date)</td>
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<td>Garden</td>
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<td>Car park</td>
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TOTAL SCORE

✓ Is the external condition of the building satisfactory?
✓ Is the establishment clean, pleasant and hygienic?
✓ Is there a mixture of communal areas so that residents have the choice of places to sit quietly or actively engage with others?
✓ Are the routines in the home flexible around personal care?
SUMMARY

2. KITCHEN

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<td>Menu displayed</td>
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<td>Storage</td>
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<td>Drinks available</td>
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<td>Choice of Menu</td>
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<td>Special diets catered for</td>
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TOTAL SCORE

- Are service users happy with the quality of the food on offer?
- Are meal times flexible to suit individual preferences?
- Is there sufficient variety on offer?
- Are the service users involved in menu planning which includes special dietary/cultural needs?

SUMMARY

3. STAFF ENGAGEMENT

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<th>Poor</th>
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<tr>
<td>Activities</td>
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<td>Interactive with residents</td>
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<td>Community involvement</td>
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<td>Residents participation</td>
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</table>

TOTAL SCORE

- Do staff talk to residents appropriately?
- Do staff promptly respond to residents’ needs and requests?
- Do staff promote a friendly and sociable atmosphere?
- Do service users have a clear understanding of how to make a complaint and to whom they should make the complaint?
- Are service users satisfied with the care they receive and do they feel safe and well supported and cared for?
Are there opportunities for leisure and social activities for all service users and are these designed for those with particular needs e.g. dementia, limited mobility or movement?

**SUMMARY**

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4. **STAFFING**

- Staff wearing name badges
- Customer care and Communication
- Work Rotas available
- Staffing levels
- Agency Staff
- Occupancy
- Partnership Working

**TOTAL SCORE**

- Are name badges for all staff visible?
- Are there recorded staff rota which show which staff are on duty at any time?
- Are there any vacancies?
- What is the occupancy rate?
- Is there any partnership working with the community?

**SUMMARY**

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5. **RECOMMENDATIONS (please number)**
ELECTED MEMBER(S) UNDERTAKING THE VISIT

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Please return completed form to:

*Lisa Swift, Business Support, Adult Social Care, Health and Public Protection, County Hall -
A copy will be sent to you as proof of receipt.*
REPORT OF THE SERVICE DIRECTOR, PERSONAL CARE AND SUPPORT (YOUNGER ADULTS)

ESTABLISHMENT OF A SUPPORTED LIVING TEAM FOR MENTAL HEALTH SERVICES

Purpose of the Report

1. The purpose of this report is to seek approval for the establishment of temporary posts to form a Supported Living Team for Mental Health services. This team will comprise of a 0.5 fte team manager, 2 fte supported living coordinators, a 1 fte occupational therapist, a 0.5 fte senior practitioner, and a 0.5 fte business support officer. The project will run for a period of two years from June 2012.

2. This team will work to implement the recommendations of a service review of mental health rehabilitation services undertaken by NHS Nottinghamshire County, NHS Nottingham City, Nottinghamshire County Council and Nottingham City Council. The purpose of the project will be to move people out of the Residential Rehabilitation units currently operated by Nottinghamshire Healthcare NHS Trust. This work will also establish new and more flexible pathways for people experiencing mental health difficulties and who need different types of support to live in the community.

Information and Advice

3. Across Nottinghamshire the NHS spends £155 million on Adult Mental Health services. Of this, £10 million is spent on Residential Rehabilitation services. It was decided that a review of these establishments be undertaken to improve the quality and productivity of these services.

4. The review took place in September 2011 and covered six Residential Rehabilitation units in the City and County. In addition, another unit in Bassetlaw and a unit run in partnership between health, the local authority and the third sector were reviewed. Each site was visited by a multi-agency and multi-disciplinary team, including a GP, mental health nursing staff, a local authority commissioner, a Mental Health NHS Clinical Advisor and senior manager from Public Health, who acted as the project lead. The aim was to find out if the right people were in the right place at the right time in terms of their care needs.
5. As part of the methodology the review team interviewed a number of carers and staff. Service users took part in a comprehensive qualitative survey and all their views are captured in the report.

6. The sites reviewed are as follows:

   - Heather Close, Mansfield
   - Macmillan Close, Nottingham City
   - Enright Close, Newark
   - 106 and 145 Thorneym Wood Mount, Nottingham City
   - Broomhill House, Gedling
   - Hughenden Lodge (partnership with NHS, local authority and housing), Nottingham City
   - 35 Dovecote Lane, Broxtowe
   - Stepping Stones, Worksop.

7. In November 2011, the review report was published. Of the 95 residents reviewed it was found that 50% were in the wrong care setting, 30 were deemed to not need such a high level of care and were waiting for alternative accommodation and support packages, costing the NHS £2,737,500 per year if they did not move on. A further 25 needed 24 hour care. If they remained in these units it would cost £2,281,250 a year.

8. The conclusions to the review were:

   - The pathway in and out of these units needs to be redesigned
   - The service model of the units needs to be revisited
   - Any alternatives must be of high enough quality to prevent re-admission into hospital
   - Alternative accommodation is a major difficulty in moving people on
   - There need to be changes to the workforce to support these changes.

9. The recommendations noted above will have a direct impact on the County Councils community care budgets and on the council’s care management capacity.

10. The authority will become responsible for finding, funding and care managing suitable alternative accommodation and support for the identified people who are currently in receipt of in-patient services but who do not require such provision. The review will also need to take account of future placements as a consequence of the revised care pathway.

11. As a result of this review, the NHS has transferred £900,000 to the Nottinghamshire County Council to fund the operational work in moving people out of the units and developing alternatives.

12. The future responsibility for meeting the costs of people discharged from NHS care will fall on the local authority as people will become eligible for community care services. In some respects the NHS has provided care for longer than was
necessarily required and, therefore, the Council has benefited from not needing to make community care arrangements for these people. Partly as a consequence of this, Nottinghamshire has a lower number of adults with mental illness placed in residential care than do other similar authorities. However, should the cost of these services be estimated to be over and above that which the Council should expect to meet, further discussions will take place with NHS colleagues to determine whether the NHS should make a contribution to the recurrent resource requirements of the Council in the longer term.

Other Options Considered

13. Undertaking the project with existing staff was considered. However, there is a need for specialist expertise in developing supported living as an alternative and there is insufficient capacity in the assessment teams for picking up this project work.

Reason/s for Recommendation/s

14. The recommendations will provide more choice and opportunities for people to move through hospital services and out into independent tenancies in a timely fashion.

15. This project should develop more Supported Living resources that will be able to be accessed by new service users following the completion of this project.

16. This project will also develop new pathways for people moving out of hospital. The improvement of discharge arrangements from hospital settings will mean fewer delayed discharges and more capacity in these settings for those who most need this level of support.

Statutory and Policy Implications

17. 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.

Implications for Service Users

18. Service users will have the opportunity to experience a greater choice of housing options when they move out of residential rehabilitation or hospital, or to prevent hospital admission. They will be supported to live as independently as possible, have their own tenancy and be less reliant on residential care.

Financial Implications

19. The full cost to the authority cannot be fully established until further work has been completed on individual needs assessments for all identified patients and
support plans fully developed. Alongside the provision of care to individuals, the authority will require additional care management capacity both in the short-term for transitional arrangements and, potentially, in the longer term to reflect the complex nature of the individuals being discharged.

20. The yearly financial implications for department arising out of the proposal are as follows:

- 0.5 fte (18.5 hours) Team Manager, Band D, scp 42-47 (£35,430-£39,855) plus authorised vehicle user status
- 2 fte (74 hours) Supported Living Coordinators, Band B, scp 34-39 (£28,636-£32,800) plus authorised vehicle user status
- 1 fte (37 hours) Occupational Therapist, Band B, scp 34-39, (£28,636-£32,800) plus authorised vehicle user status
- 0.5 fte (18.5 hours) Senior Practitioner, Band C, scp 39-44, (£32,800 - £37,206) plus authorised vehicle user status
- 0.5 fte (18.5 hours) Business Support Administrator, Grade 3, scp 14-18 (£15,725-£17,161).

21. Over two years the costs for staff would be £429,330. These costs will be met from the money (£900,000) that has transferred from the NHS specifically for this purpose.

22. This money also provides for setting up of the services for the group of people who are currently in the units and need moving out (£900,000 - £429,330 = £470,670). In the future, once the alternatives are established and working culture amongst staff has changed, it is envisaged that care costs will be lower as costly long-term residential care placements can be avoided.

**Equalities Implications**

23. In accordance with County Council policy, all service developments will reflect the needs of people from diverse communities and people with disabilities.

**24. Human Resources Implications**

25. It is proposed that the posts will initially be based at Meadow House and should work flexibly in line with the Ways of Working model.

**RECOMMENDATION/S**

It is recommended that the following posts are established on a temporary basis for a period of two years to work specifically on the outcomes of the Mental Health Utilisation Review:

1) 0.5 fte (18.5 hours) Team Manager, Band D, scp 42-47 (£35,430-£39,855 pro rata per annum) with authorised vehicle user status

2) 2 fte (74 hours) Supported Living Coordinators, Band B, scp 34-39 (£28,636-£32,800) with authorised vehicle user status
3) 1 fte (37 hours) Occupational Therapist Band B, scp 34-39, (£28,636-£32,800) with authorised vehicle user status

4) 0.5 fte (18.5 hours) Business Support Administrator, Grade 3, scp 14-18 (£15,725-£17,161 pro rata per annum)

5) 0.5 fte (18.5 hours) Senior Practitioner, Band C, scp 39-44, (£32,800 - £37,206 pro rata per annum) plus authorised vehicle user status.

JON WILSON
SERVICE DIRECTOR, PERSONAL CARE AND SUPPORT (YOUNGER ADULTS)

For any enquiries about this report please contact:
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Constitutional Comments (KK 21/05/2012)

26. The proposals in this report are within the remit of the Adult Social Care and Health Committee.

Financial Comments (SLM 17/04/2012)

27. The financial implications of this decision are contained within the main body of this report.

Background Papers

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.


Electoral Division(s) and Member(s) Affected

All.

ASCH9 / DD3533
Purpose of the Report

1. The purpose of this report is to:
   
   (a) seek approval for the extension of the 2011/12 Dementia and End of Life workforce development project.

   (b) to extend the temporary part-time workforce development officer post for a further six months pending the outcome of a further funding bid to the Strategic Health Authority, with an intention to extend the post until 31st March 2013 if the funding bid is successful.

Information and Advice

2. The project is to develop and implement the workforce development plan and training resource package specifically for services working with people with dementia and for end of life care. The project is able to continue due to an underspend of the grant allocation from the regional Strategic Health Authority (SHA) which can be carried forward to 2012/13.

3. This project will continue to deliver some of the commissioning intentions defined in the Joint Commissioning Strategies for Older People and Older People with Mental Health Problems, objectives twelve and thirteen of the ‘National Dementia Strategy’ and objectives one, six and seven of the “Supporting People to live and die well: a framework for social care at the end of life”.

4. This project has been funded by the SHA with yearly allocation of grants since April 2010 and has achieved substantial benefits by raising the profile of end of life care and dementia care within care services and the workforce. An example of this is that 30 care homes in Nottinghamshire have been supported by this project to undertake the Gold Standards Framework (GSF) for end of life care.
training programme. On completion of this, care homes will receive a nationally recognised award. Before the project only one care home in Nottinghamshire had registered with (GSF) so the project has had a clear impact in this area.

5. The post holder will continue to work with independent sector providers to improve the quality of care delivered to people at the end of life and people with dementia. The post holder also works very closely with health partners to provide training across agencies.

Other Options Considered

6. There is no capacity within the existing workforce development team or commissioning team to undertake this essential work nor is there any possibility of the team reprioritising their existing work to enable capacity as all the work is high priority.

Reason/s for Recommendation/s

7. Without the co-ordination provided through the workforce development officer this project could not continue. This would jeopardise the good work that has already been done and any future plans to roll-out training and develop the workforce could not be delivered as there is no capacity within the mainstream workforce development team or the joint commissioning unit to absorb this work.

8. The funding for this project which has been secured from the SHA would have to be returned if not used for this purpose of extending this project.

9. A further funding bid has been submitted to the SHA for 2012/13 for £53,000 which if successful would cover the funding of this post and training events until 31st March 2013.

Statutory and Policy Implications

10. 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.

Implications for Service Users

11. The project is anticipated to improve the health and well-being of service users and their carers by improving the quality of end of life care and dementia services, particularly in care homes and home care services.

Financial Implications

12. The project will be funded through the under spend of £22,000 from the funding secured from the Strategic Health Authority which was awarded to the council for 2011/12. The £22,000 will fund the workforce development officer for a
period of six months (April 2012 – October 2012) at 26 hours per week plus any costs incurred in the development and delivery of the training plan.

1 part-time workforce development officer, Pay Band A, scp 29-34 (£24,646-£28,636 per annum pro rata at 26 hours).

| April 2012 – October 2012 with on-costs | £12,623 |
| Authorised car user allowance         | £ 473  |
| TOTAL                                 | £13,096 |

A further £53,000 has been applied for to extend up to the 31st March 2013.

Equalities Implications

13. This project will enhance the services to people at the end of life and older people with dementia who are currently disadvantaged by not having access to the same quality of services as those older people who do not have a dementia. It will also meet outcomes 12 and 13 of the National Dementia Strategy; Improved end of life care for people with dementia and an informed and effective workforce for people with dementia.

Crime and Disorder Implications

14. This project will promote and enhance adult safeguarding through improving the quality of services provided to people with dementia and at the end of life.

Human Rights Implications

15. These proposals are in line with Article 8 of the Human Rights Act 1998; this project will promote the life chances of older people with dementia or the end of life and maximise their potential to remain at home and hence extend their opportunities to enjoy family life.

Human Resources Implications

16. This report seeks to extend one temporary (26 hours) workforce planning officer post, Band A, scp 29-34 (£24,646-£28,636 per annum pro rata); extended from 1st April 2012 until 31st October 2012. The officer will join the Joint Commissioning Unit and be managed by the Commissioning Officer Older People based at County Hall.

RECOMMENDATION/S

1) It is recommended that;

a) 0.7 fte (26 hours) temporary Workforce Development Officer, Band A, scp 29-34 (£24,646-£28,636 per annum pro rata) be extended until 31st October 2012 and the post be allocated an approved car user status at a cost of £13,096 (6 months including on-costs and travel).
b) The £20,000 under spend from the funding from the Strategic Health Authority, which was allocated for this project in 2011/12, be used to fund the above post and any training for a period of 6 months pending the outcome of the 2012/13 funding bid.

c) The project budget be continued to receive any additional funding from the Strategic Health Authority and to administer the costs of any training courses, the production of training materials and resource packs.
DAVID HAMILTON
Service Director for Personal Care and Support (Older Adults)

For any enquiries about this report please contact:
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Commissioning Manager Older People
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Constitutional Comments (KK 21/05/2012)

17. The proposals in this report are within the remit of the Adult Social Care and Health Committee.

Financial Comments (PB 23/04/2012)

18. The financial implications have been fully costed and are included in the body of the report. Funding of £13,096 has been identified within the 2012/13 Workforce Development budget.

Background Papers

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.


Electoral Division(s) and Member(s) Affected

All.

ASCH8 / DD3540
REPORT OF GROUP MANAGER - REABLEMENT

APPOINTMENT OF TEMPORARY OCCUPATIONAL THERAPY POSTS WITHIN THE START REABLEMENT SERVICE

Purpose of the Report

1. The purpose of the report is to seek approval for the appointment of 3 fte temporary Occupational Therapist (OT) posts working within the START reablement service.

Information and Advice

Background

2. The department has reconfigured its in-house home care service into START (Short Term Assessment and Reablement Team). This is in line with recommendations from Care Services Efficiency Delivery (CSED)\(^1\) which has provided evidence to show that reablement offers ways to reduce the ongoing cost of a care package.

3. The START team works with people to help them regain the skills and confidence to live as independently as possible following, for example, discharge from Hospital. The team can help with personal care tasks, such as, getting dressed, using the bathroom and getting around the home and cooking skills.

4. The team discuss with the service user the support that they will need and how they can get help and that can be offered in a support plan. They will work with the service user to achieve what has been agreed in the support plan to help them regain their independence.

5. This service will be provided to people who need support in their own homes for between 4 to 6 weeks. During this time:

   • support plans are checked by therapists and reablement staff daily

\(^1\) CSED was commissioned by the Department of Health to help local authorities to make efficiencies under the comprehensive spending review 2007.
• Individuals will be helped to regain as much independence as possible by identifying difficulties that prevent independence and seek solutions

• Where longer term support has been identified a social worker will arrange a Personal Budget using a Direct Payment where possible.

The Role of the Occupational Therapist

6. The work of CSED showed that using occupational therapists to deliver reablement support plans and train the reablement support staff produced the best outcomes for people.

7. Therefore, placing occupational therapists into the START teams will help support and to deliver the best possible outcomes for service users and help the department to use their skills more fully in preventing admission and re-admission to hospital.

8. Additional temporary occupational therapists will help the department to train the additional OT community care officers moving into the service under organisational redesign. These additional occupational therapists will prevent delayed discharges by increasing the department’s ability to provide more people with support plans.

9. Three temporary occupational therapists are required until 31st March 2013 to complete the training programmes.

Feedback from the public

10. Last year START provided approximately 3000 people with a reablement plan. Nearly 60% left reablement requiring less support or no ongoing support.

11. The Care Quality Commission requires local authorities to obtain feedback from service users. In addition, to which, the service carries out regular surveys to see how the service can be improved. The public have been overwhelmingly positive about the huge difference this service has made to their lives.

Other Options Considered

12. Three options were considered:

   a. Do nothing – discounted as an option because the current staff numbers have been shown to be insufficient to meet demand
   
   b. Transfer existing Occupational Therapists from the locality teams – discounted because there are insufficient resources within the locality teams to manage the pressure in the area.
   
   c. Use alternative staff to carry out the reablement support plans – discounted because the business need is for professional trained therapists.

Reason/s for Recommendation/s
13. The additional temporary resources are required to enable the service to:

a. Meet existing demand
b. Develop to enable more people to access the service
c. Manage the organisational redesign process of the community care officer role.

Statutory and Policy Implications

14. 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.

Implications for Service Users

15. Service users will have timely access to available resources at first point of contact and service provision.

Financial Implications

16. The total expenditure will be funded through the Section 256 monies transferred to Adult Social Care, Health and Public Protection from the Primary Care Trust for 2012-13.

Equalities Implications

17. These posts will enhance the front-end of services providing quality and equity for all service users and carers regardless of where the service user lives. Information and signposting to other services will be identified and undertaken at the first interaction between service user and service provision.

Human Resources Implications

18. Human Resources implications are contained in the body of the report.

19. Staff will be accommodated in the existing START Reablement teams and district OT teams.

RECOMMENDATION/S

It is recommended that the following temporary posts be established until 31st March 2013:

1) 3 fte (111 hours) temporary Occupational Therapists, Pay Band B, scp 34-39 (£28,636-£32,800), based in the START reablement teams in the localities as follows and the posts be allocated approved car user status:
• 1 fte - Broxtowe, Gedling and Rushcliffe
• 1 fte - Ashfield and Mansfield
• 1 fte - Newark and Bassetlaw.

NICOLA PEACE
Group Manager – Reablement Services
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Constitutional Comments (KK 21/05/2012)

20. The proposals in this report are within the remit of the Adult Social Care and Health Committee.

Financial Comments (CLK 19/04/2012)

21. The financial implications are contained in the body of the report.

Background Papers

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.

a. 27th July 2011 – NHS Support for Social Care (including Appendix 1) - Cabinet (previously published).

b. Social Care Professionals within the START service - AC/2011/00014 (previously published).

Electoral Division(s) and Member(s) Affected

All.

ASCH7/DD3542
REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee’s work programme for 2012/13.

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 Chairman and Vice-Chairman, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

4. There is clearly a connection between the work of this committee and the Health and Wellbeing Board, meaning that some items will be presented to both, or that some items are primarily dealt with by the board or the committee.

5. As part of the transparency introduced by the new committee arrangements, 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.

6. A further element of transparency is reports from officers on the activity of working groups which relate to this committee’s terms of reference. It is recommended that the Nottinghamshire Safeguarding Adults Board report to the committee twice per year.

It is also recommended that information from these officer groups be covered in reports to committee on related matters:-
Joint Commissioning Group - Older Adults (Older People and Older People Mental Health, Carers, Physical Disability, Sensory Impairment)
Joint Commissioning Group - Younger adults (Mental Health, Learning Disability and Autistic Spectrum Disorder, Carers)
Learning Disability Partnership Board
Reablement Strategy Group
Health and Wellbeing Implementation Group

7. It is also expected that the committee will wish to receive regular reports on outside bodies. Administration Committee, which has overall responsibility for outside bodies, will decide which outside bodies should report to which committees. There will be a report to a future meeting about this.

8. The Council has also asked committees to consider whether there are any items identified through the previous scrutiny committees which it would like to include in the work programme. The one potential item which is relevant to this committee is:-

   Safeguarding adults at risk

9. There are also a number of scrutiny reviews which have recently been completed and a response from the Cabinet member is awaited. The only such review within the remit of this committee is the review of members’ rota visits. A report on this is elsewhere on the agenda.

Other Options Considered

10. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

12. 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/S

1) That the committee’s work programme be noted, and consideration be given to any changes which the committee wishes to make;

2) That the committee indicate which operational activities it wishes to receive regular reports on;
3) That the Nottinghamshire Safeguarding Adults Board report to the committee twice per year, and that information from the remaining officer groups be covered in reports to committee on related matters;

4) That the committee decide whether to include the item identified by scrutiny in the work programme.

Jayne Francis-Ward  
Corporate Director, Policy, Planning and Corporate Services

For any enquiries about this report please contact: Paul Davies ext 73299

Constitutional Comments (SLB 30/04/2012)
1. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (PS 2/5/12)
2. There are no financial implications arising directly from this report.

Background Papers

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.


Electoral Division(s) and Member(s) Affected

All
### ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

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<td>Fair Price for Care Framework – Outcome of Consultation</td>
<td>To provide information on the outcome of the Fair Price for Care Framework consultation.</td>
<td>Service Director – Joint Commissioning, Quality and Business Change</td>
<td>Caroline Baria</td>
<td></td>
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<tr>
<td>Organisational Redesign update report</td>
<td>Update on progress of Organisational Redesign within tiers 5-7 of department.</td>
<td>Service Director – Joint Commissioning, Quality and Business Change</td>
<td>Mandy Sheil</td>
<td></td>
</tr>
<tr>
<td>Change to the Short Breaks Service – outcome of</td>
<td>To provide information on the outcome of the Short Breaks service consultation.</td>
<td>Service Director – Personal Care and Support – Younger Adults</td>
<td>Ian Masson</td>
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<tr>
<td>Report Title</td>
<td>Brief summary of agenda item</td>
<td>Lead Officer</td>
<td>Report Author</td>
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<td>consultation</td>
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<tr>
<td>Extra Care Strategy - Procurement update</td>
<td>Progress and outcome of extra care procurement process.</td>
<td>Service Director – Personal Care and Support – Older Adults</td>
<td>Cherry Dunk</td>
<td></td>
</tr>
<tr>
<td>Transition work from Children’s to Adults – update</td>
<td>Update on the work taking place on the transition from Children’s to Adult Services.</td>
<td>Service Director for Personal Care and Support – Younger Adults</td>
<td>Jon Wilson</td>
<td></td>
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<tr>
<td>Staffing update</td>
<td>To include overview of staffing decisions/issues in dept and to include update on impact of new organisational structures.</td>
<td>All Service Directors</td>
<td>All Service Directors / Lisa Swift</td>
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<tr>
<td>1 October 2012</td>
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<tr>
<td>Service overview – Joint Commissioning, Quality and Business Change</td>
<td>Information overview of service area responsibilities and key issues and current service developments.</td>
<td>Service Director – Joint Commissioning, Quality and Business Change</td>
<td>Caroline Baria</td>
<td></td>
</tr>
<tr>
<td>ASCH Budget update</td>
<td>To provide a regular update on the ASCH budget.</td>
<td>Corporate Director</td>
<td>Robert Knott</td>
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<tr>
<td>Update on ASCH performance</td>
<td>Overview of current performance in ASC including key performance indicators and production of Local Account report to the public.</td>
<td>Service Director – Joint Commissioning, Quality and Business Change</td>
<td>Jordan Pitcher/ Ann Morgan</td>
<td></td>
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<tr>
<td>Overview of Adult Social Care and Health savings and Efficiencies Programme</td>
<td>Update on progress of projects in dept and savings made to date.</td>
<td>Service Director – Joint Commissioning, Quality and Business Change</td>
<td>Kate Revell</td>
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</tr>
<tr>
<td>Adult Visual and Sensory Impairment Service</td>
<td>To propose amendments to the model of service delivery for people with visual and sensory impairments</td>
<td>Service Director for Personal Care and Support – Younger Adults</td>
<td>Denise Scott</td>
<td></td>
</tr>
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<td>29 October 2012</td>
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<tr>
<td>Service overview – Personal Information overview of service area responsibilities and</td>
<td>Relevant Service Director</td>
<td></td>
<td>David</td>
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<td>Care and Support, Older Adults</td>
<td>key issues and current service developments.</td>
<td></td>
<td>Hamilton</td>
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<tr>
<td>Mental Health Utilisation Review</td>
<td>To inform members of the Utilisation review undertaken in NHS adult mental health rehabilitation services and the consequent requirement for adult social care services.</td>
<td>Service Director – Personal Care and Support – Younger Adults</td>
<td>Tessa Diment</td>
<td></td>
</tr>
<tr>
<td>Progress update on 2 of ASCH high governance projects</td>
<td>Update on biggest projects currently in progress within ASCH (Learning Disability Community Care/Fair Access to Care)</td>
<td>Relevant Service Director</td>
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**26 November 2012**

| Update on outcome of Supported Employment restructure | Progress in relation to support provided to staff affected by closure of Sherwood Industries and CHWT sites. | Service Director – Joint Commissioning, Quality and Business Change | Jennifer Allen |
| Overview of Adult Social Care and Health savings and Efficiencies Programme | Update on progress of projects in dept and savings made to date. | Service Director – Joint Commissioning, Quality and Business Change | Kate Revell    |
| Guardianship Panel arrangements        | To update members on the Guardianship policy of the County Council. | Service Director – Personal Care and Support – Younger Adults | Jon Wilson     |
| Shared Lives Services – update        | Update on the development of the Shared Lives Services | Service Director – Personal Care and Support – Younger Adults | Ian Masson     |
| Staffing update                       | To include overview of staffing decisions/issues in dept and to include update on impact of new organisational structures. | All Service Directors                                                      |               |
| Safeguarding adults at risk – update report | Update from Chair of Nottinghamshire Safeguarding Adults Board (6 monthly). | Corporate Director                                                      | Alan Breeton  |

**7 January 2013**

<p>| Progress update on 2 of Update on biggest projects currently in progress within Relevant Service Directors | | | |</p>
<table>
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<td>ASCH high governance projects</td>
<td>ASCH (Reablement/Day Services modernisation)</td>
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<td>Re-tender for Community based services – progress report</td>
<td>Update on re-tender process of community based care services.</td>
<td>Service Director – Joint Commissioning, Quality and Business Change</td>
<td>Kate Revell</td>
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<td>Jordan Pitcher / Ann Morgan</td>
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<td>Think Local, Act Personal – Expenditure Plan for 2013/14</td>
<td>To seek approval for of the Think Local, Act Personal expenditure plan for 2013/14</td>
<td>Service Director for Promoting Independence and Public Protection</td>
<td>Jane North</td>
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<td><strong>4 February 2013</strong></td>
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<tr>
<td>New rates for independent sector care homes, homecare and other community based support services and new charges for services</td>
<td>Review of contract prices and charges to service users – for decision</td>
<td>Service Director – Joint Commissioning, Quality and Business Change</td>
<td>Caroline Baria</td>
</tr>
<tr>
<td>Reablement for Younger Adults</td>
<td>Update on the Reablement services being provided to younger adults.</td>
<td>Service Director for Personal Care and Support – Younger Adults</td>
<td>Jon Wilson</td>
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**Updated 22nd May 2012**
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### 4 March 2013

**Progress update on 2 of ASCH high governance projects**

Update on biggest projects currently in progress within ASCH (Alternatives to residential care – including extra care developments)  
**Service Director for Promoting Independence and Public Protection**  
Jane North/ Nicola Peace

**Personalisation and Promoting Independence – progress report**

To provide an update on progress on personalisation and promoting independence.  
**All Service Directors**

**Staffing update**

To include overview of staffing decisions/issues in dept and to include update on impact of new organisational structures.  
**All Service Directors**

### 22 April 2013

**ASCH Budget update**

To provide a regular update on the ASCH budget.  
**Corporate Director**  
Robert Knott

**Update on ASCH performance**

Overview of current performance in ASC including key performance indicators.  
**Service Director – Joint Commissioning, Quality and Business Change**  
Jordan Pitcher / Ann Morgan

**Staffing update**

To include overview of staffing decisions/issues in dept and to include update on impact of new organisational structures.  
**All Service Directors**