



**Norfolk County Council**

# **Adult Social Care Committee**

**Date: Monday, 14 January 2019**

**Time: 10:00**

**Venue: Edwards Room, County Hall,  
Martineau Lane, Norwich, Norfolk, NR1 2DH**

**Persons attending the meeting are requested to turn off mobile phones.**

## **Membership**

Mr B Borrett (Chairman)

Miss K Clipsham

Mr E Connolly

Mr D Harrison

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr J Mooney

Mr G Peck

Mr M Sands

Mr T Smith

Mr H Thirtle

Mr B Watkins

Mrs S Young

**For further details and general enquiries about this Agenda  
please contact the Committee Officer:**

Hollie Adams on 01603 223029  
or email [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

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# A g e n d a

## 1. To receive apologies and details of any substitute members attending

## 2. Minutes

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To confirm the minutes of the meeting held on 5 November 2018

## 3. Declarations of Interest

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
  - Exercising functions of a public nature.
  - Directed to charitable purposes; or
  - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

## 4. Any items of business the Chairman decides should be considered as a matter of urgency

## 5. Public QuestionTime

Fifteen minutes for questions from members of the public of which due notice has been given.

Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Wednesday 9 January 2019**.

For guidance on submitting a public question, please view guidance

at [www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee](http://www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee)

**6. Local Member Issues/ Member Questions**

Fifteen minutes for local member to raise issues of concern of which due notice has been given.

Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Wednesday 9 January 2019.**

**7. Executive Director's Update**

Verbal Update by the Executive Director of Adult Social Services

**8. Chairman's Update**

Verbal update by Cllr B Borrett

**9. Update from Members of the Committee regarding any internal and external bodies that they sit on.**

**10. Peer Review**

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A report by the Executive Director of Adult Social Services

**11. Autism Strategic Update**

**Page 57**

A report by the Executive Director of Adult Social Services

**12. Performance Management**

**Page 66**

A report by the Executive Director of Adult Social Services

**13. Adult Social Care Finance monitoring report Period 8 (November) 2018-19**

**Page 83**

A report by the Executive Director of Adult Social Services

**14. Fee levels for adult social care providers 2019/20**

**Page 107**

A report by the Executive Director of Adult Social Services

**15. Strategic and Financial Planning 2019-20 to 2021-22 and Revenue Budget 2019-20**

**Page 115**

A report by the Executive Director of Adult Social Services

**Group Meetings**

Conservative 9:15am Conservative Group Room, Ground Floor

Labour 9:00am Labour Group Room, Ground Floor

Liberal Democrats 9:00am Liberal Democrats Group Room, Ground Floor

**Chris Walton**  
**Head of Democratic Services**

County Hall  
Martineau Lane  
Norwich  
NR1 2DH

Date Agenda Published: 04 January 2019



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## Adult Social Care Committee

Minutes of the Meeting Held on Monday, 05 November 2018  
at 10:00am in the Edwards Room, County Hall, Norwich

### Present:

Mr B Borrett (Chairman)

Mrs P Carpenter

Miss K Clipsham

Mr E Connolly

Mr D Harrison

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr G Peck

Mr M Sands

Mr J Fisher

Mr H Thirtle

Mr B Watkins

### 1. Apologies

1.1 Apologies were received from Mr T Smith (Mr J fisher substituting), and Mrs S Young

### 2. To confirm the minutes of the meeting held on 08 October 2018

2.1 The minutes were **agreed** as an accurate record and signed by the Chairman subject to an amendment to add Councillor E Connolly to the attendance.

### 3. Declarations of Interest

3.1 There were no declarations of interest.

### 4. Urgent Business

4.1 No urgent business was discussed.

### 5. Public Question Time

5.1 No public questions were received.

### 6. Local Member Questions / Issues

6.1 A Member question was received from Mrs B Jones and the answer circulated; see appendix A.

6.2 The Chairman gave an update on the Director of Public Health's report presented at Policy and Resources Committee

- Most people in Norfolk died over 80 from frailty or old age rather than a specific acute illness
- The Chairman had asked the Chairman of Policy and Resources Committee for a piece of work to be carried out on palliative care which had been agreed in principle by the Director of Public Health
- This would be led by the Director of Public Health, directed through the Health and Wellbeing Board and NHS

6.3 Mrs B Jones was concerned about strain on provision impacting on social care

services; she had been told there were 62-82 too few end-of-life care beds in Norfolk, no provision in Great Yarmouth & Waveney and the hospice-at-home service here had closed. Mrs Jones felt evidence suggested people were not having as good a death or choice around their death as they could or should in Norfolk.

- 6.4 The work on palliative care was welcomed and noted that it was important for people concerned about this to be able input into the work via the Health and Wellbeing Board or a task and finish group. It was noted that there were few options in Great Yarmouth for end of life care.

## **7. Executive Director's Update**

- 7.1 The Executive Director of Adult Social Services reported that:
- The recruitment picture had improved with social work vacancies at 27 this month compared with 43 previously reported. A new cohort from the Norfolk Institute for Practice Excellence (NIPE), had contributed to this
  - Staff from social care teams had been named as finalists in a national awards scheme
  - Waiting lists at the Social Care Centre of Excellence (SCCE) had reduced to 0; there was a marked reduction in sickness leave among staff which had been affecting the waiting list; the holding list was now down to 1100
  - £4.1m of Government one-off funding for winter had been announced; a further £10m funding for 2019-20 was to be shared between Adults and Children's Social Care; statutory guidance on use of the £10m funding had not yet been received
  - The Executive Director updated about national pressures in the care market, and highlighted the risks of instability of key providers in the market
  - A workshop held with primary care had begun to develop a vision for the next stage in primary care and social care integration
  - Living Well – Homes for Norfolk programme scheme was due to be launched, backed by up to £29m capital funding to expand housing following agreement by Policy and Resources Committee
- 7.2 In response to questions from Members, the Executive Director clarified that
- Results from the peer review for services for older people, held in September 2018, would be reported at the Committee meeting in January 2019
  - There would be opportunity for Repton Property Developments to have a role to play when moving forward with developing care housing
  - The Norse Care Contract would be reviewed in line with the decision taken by Committee in July.
  - The Government Green Paper would be linked to the NHS long term plan and therefore may be published around the same time, in December 2018
  - There was a structured process in place for newly qualified Social Work practitioners to become fully trained and certified to practice

## **8. Chairman's Update**

- 8.1 The Chairman updated Members on discussions held at the Health and Wellbeing Board meeting on 31 October 2018
- The Health and Wellbeing Board Strategy had been well-received and sign-up by all partners was almost completed.
  - The STP (Sustainability and Transformation Partnership) had discussed the ambition of the integrated care strategy and a Joint Strategic Clinical Commissioning Committee had been established

- Policy & Resources Committee had supported the Living Well proposal at its meeting
- 8.2 The link between the Health and Wellbeing Board and ex-forces veterans' gateway was queried; the Chairman noted that the Military Covenant supported by Norfolk County Council was a good source of signposting.
- 8.3 The Chairman confirmed the STP was proceeding well; there was a prevention workstream headed by the Director of Public Health, a primary care workstream headed by the Executive Director of Adult Social Services, and an acute workstream with the hospitals; all STP reports were taken to the Health and Wellbeing Board and were available on the Health and Wellbeing Board website. Members of the public or Councillors could submit a question to the Health and Wellbeing Board.
- 9. Update from Members of the Committee about any internal and external bodies that they sit on**
- 9.1 Mrs B Jones had attended
- a trustee away-day and board meetings of the Norfolk & Norwich Association for the Blind
  - a visit to the SCCE team and customer service team; she thanked the professionalism and work of these teams who needed to deal with sometimes distressed people in a sensitive way. The Committee concurred with her comments.
- 9.2 Mrs P Carpenter had attended
- The Great Yarmouth young people's network
  - A Primary Care Great Yarmouth and Waveney Committee meeting
- 9.3 Mr G Peck, as representative on the Norfolk Safeguarding Adults Board reported that
- Members were invited to attend a relaunch of the Herbert Protocol on Tuesday 13 November at the Willows Centre, 2:30-4pm
    - this was a scheme to encourage organisations to gather information which would help in the event of a vulnerable person going missing.
  - A Norfolk Scams Partnership meeting was due to be held on Thursday 15 November in Edwards Room, 9.30am-1pm to raise awareness of scams; Committee Members were asked to attend if possible.
- 9.4 Mr H Thirtle wished to step down from his role of the Governor of Ipswich University Hospital as the future meeting dates clashed with other meetings. The Chairman **nominated** Mrs P Carpenter, seconded by Cllr Gurney; Mrs Carpenter was duly appointed to the role of Governor of Ipswich Hospital. *\*After the meeting it was clarified that this appointment was made by Policy and Resources Committee and would be confirmed at their next meeting on 26 November 2018. See the minutes of this meeting for the appointment to this body\**
- 9.5 The Vice-Chair gave an update from the Board of Governors meeting at the Norfolk and Norwich University Hospital
- Discussion had been held on their winter plan:
    - Capacity of beds would be increased by 57, some of which would be virtual
    - The hospital would reopen the discharge facility to support over winter, and increase the capacity of ambulance drop off at Accident and Emergency
    - A 24hr helpline would be introduced to support the virtual ward
    - The older persons emergency department would open 7 days a week until 8pm to support over winter
  - The backlog of outstanding consultant letters had been raised; mitigations were

being put in place, such as voice recognition software

## **10. Norfolk Safeguarding Adults Board Annual Report 2017-18**

- 10.1 The Committee received the annual report of the Norfolk Safeguarding Adults Board, summarising its work during 2017-18. The recent transfer of case recording systems meant data collection needed to be redesigned to allow comparative data to be drawn.
- 10.2 During discussion & in response to Member questions the following points were noted
- A definition was given for “Section 42”; terminology would be explained in future reports
  - It was important to work with people to find out what was important for them and how they could be supported
  - If Councillors or the public had concerns about an older person or adult they could call the safeguarding referral number; the Safeguarding Adults Board Manager/Business Lead would circulate details to Members
  - Work was being carried out with groups whose voices were less heard, such as street workers or homeless people and those who worked with them, and harder to reach groups such as the deaf community
  - Safeguarding practice issues identified at Norfolk and Suffolk Foundation Trust and the Queen Elizabeth Hospital were being addressed
  - If referrals did not meet criteria set out in the Care Act 2014 they would be referred to a service who could provide support
  - Door knocking was recognised as a good way to identify safeguarding issues, contact hard to reach groups and raise awareness about safeguarding; staff capacity could limit the department’s ability to do this
  - Safeguarding Friends was a targeted service to recruit people with a history in safeguarding
  - Early stage dementia and its impact on residents was recognised and that it was not always possible to intervene at the early stages
  - Benchmarking of referrals could be difficult as each member of the 11-authority group counted slightly different data
  - The Council had been approached by Prof. Keith Brown of Bournemouth University to develop work on the financial impact of financial scamming
- 10.3 The Committee unanimously:
- a) **AGREED** the content of the report
  - b) **AGREED** to proactively share this report with partner organisations with whom they had contact and actively encourage their involvement with NSAB’s work

## **11. Point of Order**

- 11.1 The Committee agreed to take item 12, Winter Resilience Planning, next and then return to the running order of the agenda

## **12. Winter Resilience Planning**

- 12.1 The Committee considered the report setting out the department’s arrangements for the winter period 2018-19. The Winter Room Director for Norfolk and Waveney NHS system Mark Burgess discussed Home First, promoting independence and the “help us to help you stay well” approach being planned for the winter period.
- 12.2 During discussion & in response to Member questions the following points were noted

- The peer review and Multi Agency Discharge Event had identified the importance of a home first approach which aimed to help people to return home. The Winter Services Director supported and recognised the importance of bringing about a “home first” culture.
- Reablement and home based reablement was a key part of the service plan.
- Seven-day services was a key strand of work; active recruitment was underway with acute trusts
- Workforce could be a challenge during the winter and staff wellbeing was therefore important. Staff capacity would be supported by working with care providers to maximise the number of carers working with them, provide enhancements and increase capacity of existing initiatives
- A national campaign by Government to encourage care as a career was expected
- The Executive Director of Adult Social Services would send information to Members on retention and vacancy rates of staff working in the Norfolk care sector from outside the UK; it was difficult to be certain of any impact Brexit would have on the market
- There was some concern that the plan did not have enough priority on Dementia; it would be helpful to have an update from the Member Dementia Champion
- A meeting was due to be held with CCGs on dementia, where debate could be held on the Admiral Nurse model and other early support and identification models
- Ambulance wait times at hospitals were a top priority of the winter plan and there would be a further 8 ambulance drop off bays
- Process improvements would be put in place to improve flow through the hospitals
- There was a 24hr on-call system within Norfolk Community Health and Care, with 3 people on call at all times. Adult Social Care also had an on-call director
- Changes were being made to the way the homecare list was managed to make sure capacity was not lost through its management

12.3 The Committee unanimously

- a) **AGREED** the Adult Social Services Winter Plan (at Appendix A of the report)
- b) **AGREED** the priorities for allocating additional one-off monies as set out in section 4 of the report and **DELEGATED** final sign-off to the Executive Director in consultation with the Chair of the Committee

(Mr B Watkins left the meeting at 11.24)

### 13. **Adult Social Care Finance Monitoring Report Period 6 (September) 2018-19**

13.1 The Committee discussed the report containing financial monitoring information based on information to the end of September 2018. The Finance Business Partner, Adult Social Services added that £42m financial funding for winter pressures would now allow a balanced budget position to be presented to Policy & Resources Committee.

13.2 During discussion & in response to Member questions the following points were noted

- The £94m income on p33 was a mix of service user income, £54m from residential care, £23.7m from the NHS and the rest from non-residential care
- Bad debt provision encompassed a range of debts; the level of insecure debt had reduced by £1.5m from 2017-18. Health Service debt had reduced by £1.9m
- Some savings may take longer than the 2018-19 financial year to achieve;

mitigations for this included work with service users to support welfare rights, higher than budgeted for shared care with health, and internal savings such as through vacancy management

- There had been a reduction in people going into care over the past years, but a 1.3% increase was seen in 2017-18. More people staying at home and a slight increase in older people in care had led to a stable position & slight increase in contributions to care

- 13.3 With 7 votes for, 1 against and 3 abstentions, the Committee **RESOLVED** to **AGREE**
- a) The forecast outturn position at Period 6 for the 2018-19 Revenue Budget of a £1.108m overspend
  - b) The planned use of reserves totalling £6.184m, which was below the original level agreed

#### 14. Market Position Statement 2018/19

14.1 The Committee discussed the report outlining the Market Position Statement 2018-19

14.2 During discussion & in response to Member questions the following points were noted

- Officers were engaging with representatives from the care community sector and Independence Matters
- The Head of Quality Assurance & Market Development clarified there was a strategy in place to tackle quality of care this which was showing improvements in nursing and home care
- Norfolk had the second largest care market in the East of England; many care homes were not purpose built; newly built homes were coming into the market
- Most newly built homes were near or in centres of population and transport routes
- A value for unpaid carers was quantified; it was discussed that the work of unpaid carers was essential to the health and care system
- The number of unpaid carers in the report was from the census and so related to declared carers; this meant there were more carers who did not declare their caring duties, or did not consider themselves carers

14.3.1 Mr D Harrison, seconded by Mr M Sands, **proposed** that a report was brought back to Committee with urgent responses to the issues outlined in the report with some measure of immediacy. The Chairman commented that this was not necessary as this would be looked at in January

14.3.2 With 4 votes for and 7 against the proposal was **lost**.

14.4 The Committee considered and unanimously **APPROVED** the Market Position Statement 2018/19 for publication

The meeting finished at 12.03

**Mr Bill Borrett, Chairman,  
Adult Social Care Committee**

 <p><b>IN TRAN</b> communication for all</p>	<p>If you need this document in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.</p>
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## **MEMBER QUESTION TO ADULT SOCIAL CARE COMMITTEE: 5 NOVEMBER 2018**

### **5.1 Question from Cllr Brenda Jones**

Following the HOSC meeting where we looked at end of life care it was disturbing to find out the inequity of provision across Norfolk and Waveney, compounded by the NHS removing services before alternatives are in place. What additional strains is this lack of NHS provision placing on our already overstretched social care services and what is being done to address this?

### **Response by Chairman of Adult Social Care Committee**

The demands of an ageing population are placing significant demands on end of life services, both within NHS services and on social care services. In Norfolk, with its distribution of population across significant rural areas, the provision of adequate end of life care has been a challenge.

The requirements to ensure both NHS and Social Care Services work together in the provision of end of life care, is a vital part of the STP approach to integrated planning of care. NHS commissioners remain responsible for commissioning end of life care, with Adult Social Services as a key partner.

The STP End of Life Care Plan aims to improve the delivery of care services and education and support of care and health practitioners.

There has been additional strain on social care services as a result of a lack of provision, but this is not able to be easily quantified. Following discussion at the recent Policy and Resources Committee of the County Council the Chairman of Adult Social Care and the Health and Well-Being Board indicated that a further report would be requested by the HWBB on the issues.

# Adult Social Care Committee

Item No:

<b>Report title:</b>	<b>Peer Review</b>
<b>Date of meeting:</b>	<b>14 January 2019</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>
<b>Strategic impact</b> The Peer Review of Adult Social Services has helped shape our programme of activity for Promoting Independence. There was strong engagement throughout the Review from key partners, including CCGs, which has also led to influence over Sustainability and Transformation Partnership and emerging Integrated Care System for Norfolk and Waveney. The recommendations and actions identified in this report reflect this.	
<b>Executive summary</b> A Peer Review of Adult Social Care was undertaken 18-21 September. This focused on how well health and social care work together to support older people, with particular reference to supporting people to live independently in their own homes, assisting them in crisis and to step down from crisis. As much of the Peer Review considered the interface between health and care, partners from across the system were heavily involved in the review. A final report of the key findings and recommendations has recently been received and in response an Action Plan has been developed. The final report is attached at Appendix One. <b>Recommendations:</b> <b>Committee is asked to review the key findings and recommendations from the Peer Review and agree the Action Plan to be taken forward in response.</b>	

**Appendix One** - Peer Challenge Report - Older People (page 19)

**Appendix Two** - High level narrative for Norfolk (page 38)

## 1. Background to the Review

- 1.1 A Local Government Association Peer Review took place 18-21 September. This focused on how well health and social care work together to provide support for older people. Norfolk-wide strategies were considered but there was a focus on impact and evidence from the Central Norfolk System.
- 1.2 The benchmark for this Peer Review was the Care Quality Commission's local systems review framework, considering how our system functions at the interface across:
  - a) Keeping people's wellbeing in their usual place of residence
  - b) Crisis management
  - c) Step down after crisis, including return to usual place of residence
- 1.3 It followed ten key lines of enquiry that related to the system being well-led; safe; effective; responsive; and person-centred.
- 1.4 A Self-Assessment and portfolio of evidence were compiled in advance for the Review Team.

- 1.5 The Peer Review Team comprised:
- a) Director of Adult Social Services and Housing from Southend-on-Sea
  - b) Leader of Warwickshire County Council
  - c) Head of Mental Health and Principal Social Worker from Southend-on-Sea
  - d) Director of Nursing, Quality and Patient Safety from Northumberland Clinical Commissioning Group
  - e) Independent Health and Care Improvement Consultant and Coach
  - f) Advisor, Health and Care Improvement from the Local Government Association
  - g) Peer Review Manager from the Local Government Association
- 1.6 Whilst on site the team reviewed over 80 documents, held 40 meetings and met and spoke with over 100 people, collectively spending more than 360 hours to determine their findings. Activities included:
- a) Interviews and discussions with councillors, officers, partners and service providers
  - b) Focus groups with front line staff, managers, service users and carers
  - c) Collecting information from those who use services in Norfolk
  - d) Site visits to experience a number of services in practice
  - e) Reading a range of documents provided by the Council

## **2 Input from Partners**

- 2.1 Being a strong partner to health colleagues is a key principle for Adult Social Services. For the Peer Review partner input was also crucial given the focus on delivery at the interface between health and social care.
- 2.2 Key partners including Clinical Commissioning Groups, Norfolk Community Health and Care, Norfolk and Suffolk Foundation Trust, GPs, care providers and the voluntary sector, actively played a role in the Peer Review. This includes input into our self-assessment, the initial presentation to the Peer Review Team, active participation in interviews and engagement in the final presentation of findings.
- 2.3 The Final Report identifies:
- a) It was clearly demonstrated to the team that there is a partnership in place to deliver health and social care in Norfolk. At all levels across the Sustainability and Transformation Partnership the team found examples of strong, collaborative leadership that was able to make brave decisions to ensure that appropriate services were delivered
  - b) There were examples of good outcomes and improvements that had been achieved through partnership working. This included well established, integrated working in the west, where there were examples of good practice in admission avoidance and early supported discharge. The team was impressed with the work of the Norfolk Escalation Avoidance Team (NEAT) where specialists from a variety of organisations and disciplines 'huddle' together to keep people safe in their own homes
  - c) It was also clear that effective partnership working is inconsistent across the Sustainability and Transformation Partnership footprint, with some partners playing a more active and engaged role than others. More work would be required to demonstrate the level of engagement in acute trusts and the ambulance service

## **3. Key Findings, Recommendations and Actions**

- 3.1 Findings from the Peer Review have helped shape our programme of activity being delivered as part of Promoting Independence as well as influencing the direction of

travel for some Sustainability and Transformation Partnership Boards, including Communications and Engagement and the Primary and Community Group.

3.2

Key Findings and recommendations from the review	How this is being taken forward	Who's responsible
<p><b><u>Integrated Models of Care:</u></b>  <b>Finding:</b> There is a strong practice of piloting new ways of working but pilots need robust evaluation, improvement measures and opportunities to share learning. One example is Norwich Escalation Avoidance Team (NEAT) model for unplanned care, which was identified as particularly innovative and positive practice.  <b>Recommendation:</b> Roll out the NEAT Model countywide and test out the degree to which new models of practice are embedded.</p>	<ul style="list-style-type: none"> <li>• NEAT model being rolled out in all localities, jointly overseen by CCGs, Social Care and Norfolk Community Health &amp; Care</li> <li>• Work closely with Local Delivery Groups to develop new models of care, fully evaluating delivery of pilots and sharing learning</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Integrated Care</li> <li>• Reported through SMIT and Integration Board</li> </ul>
<p><b><u>Working with Primary Care:</u></b>  <b>Finding:</b> There is strong evidence that the ambition to shift focus from acute to primary care and promoting independence is happening. Integrated Care Coordinators work closely with GPs helping enable effective Multi-Disciplinary Team working and tracking of individuals at risk. There is some inconsistency in approach across Norfolk.  <b>Recommendation:</b> Create greater consistency in the coordination and approach to risk stratification at Primary Care level.</p>	<ul style="list-style-type: none"> <li>• Engagement with Primary Care Networks, supporting them to develop effective models of care for local populations</li> <li>• Director of Adult Social Services chairs the Primary and Community Group for the STP</li> <li>• Delivery of the Healthy Ageing Project to enable older people and their carers/family to enjoy the best possible quality of life and remain safe and well at home</li> <li>• Further develop the role of Integrated Care Coordinators in Norfolk to effectively support risk stratification and Multi-Disciplinary Team working</li> </ul>	<ul style="list-style-type: none"> <li>• Executive Director of Adult Social Care</li> <li>• Reported to Promoting Independence Board</li> <li>• Overseen by Local Delivery Groups</li> </ul>
<p><b><u>Engagement:</u></b>  <b>Finding:</b> The vision for older people is generally understood, but there are inconsistent levels of engagement with service users and carers.</p>	<ul style="list-style-type: none"> <li>• Develop and implement a communication and engagement plan for Adult Social Services which aligns with the STP vision In Good Health, and the Health</li> </ul>	<ul style="list-style-type: none"> <li>• Assistant Director Strategy and Transformation</li> <li>• Director of Social Work</li> </ul>

<p><b>Recommendation:</b> Develop a clear narrative around the STP that can be customised dependent on audience, ensure that the ambition and plans to achieve this are understood by all those involved and affected by delivery.</p>	<p>and Wellbeing Board strategy</p> <ul style="list-style-type: none"> <li>Review and strengthen engagement mechanisms with service users and representative groups</li> </ul>	<ul style="list-style-type: none"> <li>Reports to Promoting Independence Board</li> </ul>
<p><b>Culture</b>  <b>Finding:</b> A culture shift across the health and social care workforce is needed. Under pressure staff rely on familiar ways of working rather than new models of care. Staff need to be supported so they are more resilient and fully conversant with preferred models of practice.  <b>Recommendation:</b> Develop an organisational development plan that enables a culture of doing and learning together. Make strengths-based practice a reality.</p>	<ul style="list-style-type: none"> <li>Work with partners as part of the STP to develop a Home First Campaign for Norfolk and Waveney to engage with patients, families and staff</li> <li>Delivering Living Well, Norfolk's new social work model of strengths-based practice. This includes a comprehensive programme of staff support and training. The roll out across Locality teams commences in February 2019</li> </ul>	<ul style="list-style-type: none"> <li>Director of Social work.</li> <li>Reports into the Promoting Independence Living Well Board</li> <li>Assistant Director Strategy and Transformation</li> </ul>
<p><b>Technology:</b>  <b>Finding:</b> There was evidence of NCC's ambition to drive forward with the use of technology to deliver health and social care preventatively – for example through Assistive Technology. However, the digital maturity of the STP footprint overall is low.  <b>Recommendation:</b> Work is required to improve the interface and sharing of information between health and social care.</p>	<ul style="list-style-type: none"> <li>Create a digitally enabled workforce by rolling out mobile working to all teams during 2019</li> <li>Work across the system as part of the STP to create a shared care record that brings together patient level data from different recording systems</li> </ul>	<ul style="list-style-type: none"> <li>Head of Business &amp; Technology</li> <li>Adult Social Technology Enabled Care (ASTECC) Board</li> </ul>
<p><b>Market Development:</b>  <b>Finding:</b> There is evidence that market development is underway and willingness from the wider health and social care partnership to become more involved.  <b>Recommendation:</b> Utilise Council resource in shaping the market in the best way and</p>	<ul style="list-style-type: none"> <li>Use the Joint Strategic Commissioning Committee to agree joint market shaping strategies</li> </ul>	<ul style="list-style-type: none"> <li>Director of Integrated Commissioning</li> </ul>

engage the wider partnership in development activities.		
<p><b><u>Mental Health:</u></b>  <b>Finding:</b> The pathway to support older people with mental health needs, including dementia, is an area that needs further development. There is inconsistency of pathways across Norfolk.  <b>Recommendation:</b> New pathways being piloted need to be fully evaluated and communicated with opportunities for learning and roll out across Norfolk.</p>	<ul style="list-style-type: none"> <li>• Continue to play an influential role in the N&amp;W STP Dementia Review Group</li> <li>• Undertake a stocktake of existing dementia provision</li> <li>• Develop an action plan for Adult Social Services which is based on integrated pathways, and the findings of our own stocktake.</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Integrated Care</li> <li>• Reported through to the Community Alliance</li> </ul>
<p><b><u>Delayed Transfers of Care (DTC)</u></b>  <b>Finding:</b> There is a lack of single understanding how DTC are recorded, managed and challenged.  <b>Recommendation:</b> Develop a clear and agreed approach to DTC that is understood by all partners, and one where robust challenge is both sought and welcomed.</p>	<ul style="list-style-type: none"> <li>• Appointed an integrated lead officer for patient flow and hospital systems</li> <li>• Revising the social work model of delivery that supports the acute trusts, starting with the James Paget which went live in November 2018, moving on to Norfolk and Norwich University Hospital and the Queen Elizabeth during 2019</li> <li>• Creating a stronger multi-disciplinary team approach to discharge, with decisions taken jointly by a range of professionals in Discharge Hubs</li> <li>• Established one Winter Room for Norfolk to oversee DTC during the winter period</li> <li>• Shift focus to early discharge planning for both elective and emergency admissions</li> <li>• Revise NCC's Direction of Choice policy</li> <li>• Work with the acute trusts to ensure the correct method of recording DTC is implemented</li> <li>• Implement a bed tracker system to provide more</li> </ul>	<ul style="list-style-type: none"> <li>• A&amp;E Delivery Boards</li> <li>• NCC weekly DTC meeting</li> <li>• Senior Integrated Management Team</li> </ul>

	accurate data on bed availability	
<p><b>Over-provision of Care:</b>  <b>Finding:</b> There can be an over prescription of care packages, particularly at the point of discharge, and there is not always capacity for robust and timely review. There is a culture of risk averseness across the system.  <b>Recommendation:</b> The partnership should consider how the system can more easily recognise and select alternative options to residential care. Raise the system-wide understanding and approach to managing risk.</p>	<ul style="list-style-type: none"> <li>• Implement Living Well, NCC’s new model of strengths based social work, which includes taking no decisions about permanent care in a hospital</li> <li>• Implement as a system Discharge to Assess</li> <li>• Develop a Home First communications and culture change campaign</li> <li>• Deliver more Accommodation Based Reablement for people who are medically fit but need extra help to build their skills and confidence to return home from hospital</li> <li>• Improve the provision of short term bed placements – including how they are booked and the speed at which people in them are reviewed to increase the number of people able to return home after a hospital stay</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Social Work</li> <li>• Promoting Independence Board</li> </ul>

#### 4. Financial Implications

4.1 The Peer Review has been a useful tool to ensure we effectively target our existing resources and the work of our transformation programme Promoting Independence. The Action Plan in 3.2 reflects a refocusing on key priorities, with delivery reporting into existing governance structures. There are no implications for the agreed Annual Budget.

#### 5. Issues, risks and innovation

5.1 Further collaboration and joint working with partners is an essential element of responding to both the Peer Review findings and direction of travel with the Sustainability and Transformation Partnership as we move towards an Integrated Care System for Norfolk and Waveney. In developing new models of care all proposals will be considered thoroughly in terms of financial risk and liability on part of the Council. This includes consideration of implications for estates management and provision of ICT services.

- 5.2 It is also recognised that several health partners are in challenging positions currently. To be an effective partner we will ensure that NCC's position is fully represented and that there is clarity on our Social Care Offer.
- 5.3 Although this primarily affects Adult Social Services there are implications for other parts of the Council including Public Health and Children's Services from a contracts and commissioning perspective.

## 6. Background Papers

- 6.1 High level narrative for Norfolk (attached as Appendix Two)

### Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

Officer Name:	Tel No:	Email address:
Debbie Bartlett	01603 223034	<a href="mailto:Debbie.Bartlett@norfolk.gov.uk">Debbie.Bartlett@norfolk.gov.uk</a>
Louise Cornell	01603 223266	<a href="mailto:Louise.Cornell@norfolk.gov.uk">Louise.Cornell@norfolk.gov.uk</a>



If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.



# Norfolk County Council **Peer Challenge Report** **Older People**

September 2018

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## Executive Summary

Norfolk County Council (NCC) asked the Local Government Association (LGA) to conduct an Adults' Peer Challenge focussing on the provision of services for older people as part of the East of England ADASS Peer Challenge Programme. The work was commissioned by James Bullion, Executive Director of Adult Social Services. He was seeking an external view to consider how effectively health and social care work together to provide care and support for older people. The Council intends to use the findings of this peer review to strengthen the approach to prevention and strengthen a comprehensive short-term 'offer' to support winter planning. The focus for the Challenge was:

How the health and social care system is functioning across:

- Supporting people's wellbeing in their usual place of residence
- Crisis management
- Step down after crisis, including return to usual place or admission to a new place of residence

The team spoke with representatives from a wide range of organisations and the findings in this report are based on the evidence that was obtained from meetings and documents presented. However, the team did not meet with representatives from two out of the three acute health trusts and the ambulance service. It was clearly demonstrated to the team from those people who participated in the review that there is a strong partnership in place to deliver health and social care in Norfolk. Organisations from across the whole health and social care system have had the opportunity to come together and agree the ambition for an integrated care system. This provides the framework to support those individuals in need. It was also clear that effective partnership working may be inconsistent across all the members of the Partnership, with some playing a more active and engaged role than others. It was recognised that organisations faced different levels of challenge, particularly in acute hospital trusts (both nationally and at a local level) and that the requirement to focus on internal imperatives impacted on the capacity to engage with others and work collaboratively at the same scale and pace to meet the stated ambition.

There was a clearly expressed understanding of the concept and subscription to the idea of systems leadership and there was a recognition that this was necessary to deliver services into the future. At all levels across the Partnership the team found examples of strong, collaborative leadership that was able to take brave decisions to ensure that appropriate services were delivered. However, these are not consistently replicated across the county/ Sustainability and Transformation Partnership (STP) with organisations responding to a range of diverse pressures. There was evidence from staff, partners and service users that they received communication from and had opportunities for engagement with NCC. However, there did not appear to be a consistent level of engagement and understanding across all the elements of the Partnership with some participants stating that they were not always aware of the information they are being given and that it is not in a format and style that they can understand. There did not appear to be a mechanism for checking that information is consistently heard across the whole system. There is also a real opportunity to use the wealth of data collected by organisations across

the partnership, as well as within NCC to inform future planning and underpin commissioning.

The team saw evidence that market development was underway and heard from participants about their experiences of being involved in market development activities. However, participants expressed the view that they did not want the market shaping process to be seen as being determined by NCC and there was an awareness of the potential for the wider Partnership to become more involved in developing the market.

The team noted that there were strong examples of integrated working, which included the piloting of the Norwich Escalation Avoidance Team (NEAT) approach. The team noted that there was strong sign-up to the STP and that this was the vehicle that was leading the move towards further integration. However, there appeared to be an inconsistent approach to integration including; the advice, guidance and information offered to people when they make contact through the 'front door', the understanding of the new model of social work practice being adopted in Norfolk, care pathways and how these were being managed, the parity of esteem between physical and mental health.

There was evidently a 'can do' attitude and approach to addressing issues; both raised at an organisational level and at an individual level. The team heard numerous examples of staff going "above and beyond" what was expected of them to ensure that people were cared for and safe. However, when under pressure staff reported that they defaulted to "tried and tested" practices, relying on what they were familiar with rather than following new models of care.

From the people that the team met it was clear that there is a significant willingness and desire, from across all the sectors, to put mechanisms in place that enable people to come down from crisis. However, given the range of step-down services on offer the team questioned the rate of hospital discharge directly into residential care. Suggestions of options that might provide alternative solutions included; providing adequate and appropriate provision of extra-care housing, the early and consistent use of the universal offer as the "first port of call" and the development of a system wide approach to managing risk so as to move away from the "over prescription" of care packages.

# Report

## Background

1. Norfolk County Council (NCC) asked the Local Government Association (LGA) to conduct an Adults' Peer Challenge focussing on the provision of services for older people as part of the East of England ADASS Peer Challenge Programme. The work was commissioned by James Bullion, Executive Director of Adult Social Services. He was seeking an external view to consider how effectively health and social care work together to provide care and support for older people. The Council intends to use the findings of this peer review to strengthen the approach to prevention and strengthen a comprehensive short-term 'offer' to support winter planning. The focus for the Challenge was:

How the health and social care system is functioning across:

- Supporting people's wellbeing in their usual place of residence
  - Crisis management
  - Step down after crisis, including return to usual place or admission to a new place of residence
2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends; albeit 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.
  3. The benchmark for this peer challenge was the Care Quality Commission's (CQC) (Local Systems Review) framework and this report is based on the following four headings linked to the five CQC framework key questions:
    - Partnership – is the system safe?
    - System Leadership – is the system well-led?
    - Engagement and Communication – is the system person-centred?
    - Market Development – is the system effective and responsive?

The report also responds to the three review focus questions set out above.

4. Although this report can be considered in the context of Norfolk-wide strategies and approaches the team is conscious that given the geography of the county a significant proportion of the evidence gathered was from the Central Norfolk System.

5. The members of the peer challenge team were:
- **Sharon Houlden** – Director of Adult Services and Housing, Southend-on-Sea Borough Council
  - **Cllr Isobel Seccombe** – Leader, Warwickshire County Council
  - **Sarah Range** – Head of Adult Mental Health, Principal Social Worker, Southend-on-Sea Borough Council
  - **Annie Topping** – Director of Nursing, Quality and Patient Safety, Northumberland Clinical Commissioning Group
  - **Nicki McNaney** – Independent Health and Care Improvement Consultant and Coach
  - **Abby Vella** – Advisor, Care and Health Improvement, LGA
  - **Jonathan Trubshaw** – Peer Review Manager, LGA
6. The team was on-site from Tuesday 18<sup>th</sup> – Friday 21<sup>st</sup> September 2018. To identify the strengths and areas for consideration in this report, the peer review team reviewed over 80 documents, held 40 meetings and met and spoke with over 100 people during the four on-site days and collectively spent more than 360 hours to determine their findings. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
- interviews and discussions with councillors, officers, partners and providers
  - focus groups with managers, practitioners, service users, carers and frontline staff
  - collecting information from those who access services
  - reading a range of documents provided by the Council, including a self-assessment against key questions.
7. The LGA would like to thank James Bullion, Executive Director of Adult Social Services, Debbie Bartlett, Assistant Director Strategy and Transformation and the coordinating team of Louise Cornell, Wendy Simmonds and Tricia Balding for the excellent job they did to make the detailed arrangements for a complex piece of work across key partners with a wide range of members, staff and those who access services. The peer team would like to thank all those involved for their authentic, open and constructive responses during the review process and their obvious desire to improve outcomes; the team members were all made very welcome.
8. Our feedback to the Council on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a more detailed account of the review.

## Key messages

### Partnership – is the system safe?

9. It was clearly demonstrated to the team that there is a partnership in place to deliver health and social care in Norfolk. Through the documents that were made available to the team and in conversations with those participating in the review process there was evidence that organisations come together and provide the framework to support those individuals in need.
10. It was also clear to the team that effective partnership working is inconsistent across all the members of the Partnership (for the provision of health and social care and covering the Sustainability and Transformation Partnership (STP) footprint), with some playing a more active and engaged role than others. More work would be required to evidence the level of engagement in those acute trusts and the ambulance service, that the team did not meet. The team acknowledged that organisations faced different levels of challenge, particularly in the three acute hospital trusts, the ambulance trust and the mental health trust, and that the requirement to focus on internal imperatives impacted on the capacity to engage with others and work collaboratively.
11. The team noted that there were some examples of good outcomes and improvements that had been achieved through partnership working. This included examples of what appeared to be well established, integrated working in the west, where there were examples of good practice in admission avoidance and early supported discharge, with further improvement work to focus on the frail elderly population.
12. Although the people that the team met with stated that they had good relationships with colleagues in other organisations, both at the frontline and at a strategic leadership level, not all those interviewed could readily provide examples of how these improving relationships had contributed to improvements in outcomes for individuals.
13. From the people whom the team met there was a high degree of awareness of the issues facing the Partnership and the “blockages” that prevent increased benefits, both organisationally and for service users. However, there was also a recognition that as the Partnership they did not always make the hard decisions swiftly enough and act jointly in a robust manner. It was recognised that there may be opportunities to approach this differently through the infrastructure being developed for the STP.
14. The team noted that those participating in the review took the opportunity to reflect on how as partners they came together to consider the issues brought up by the STP in Norfolk and Waveney and how this fitted with the national approach to STPs. Some participants expressed concern that there did not appear to be a parity of esteem between the Health and Social Care partners. There was a perception that this is a Health driven initiative and that Social Care was expected to adopt a health-based ethos. However, a significant number of the people whom the team met described the STP as the vehicle for delivery and it was clearly articulated that there will be an asset-based approach.

### **System Leadership – is the system well-led?**

15. All the partners spoken to by the team clearly expressed an understanding of the concept of systems leadership. The people participating in the review stated that they subscribed to the idea of systems leadership and that they recognised that this was necessary to deliver services into the future.
16. The team recognised the investment of senior leaders, both in NCC and across the Partnership, in the management and leadership of the whole health and social care system. The team noted the open and vocal commitment of partners to the Partnership and how they expressed their belief that developing and deepening the level of partnership working was the best way of delivering the vision for the residents of Norfolk.
17. At all levels across the Partnership the team found examples of strong, collaborative leadership that was able to take brave decisions to ensure that appropriate services were delivered. The team was impressed with the work of the Norfolk Escalation Avoidance Team (NEAT) where specialist from a variety of organisations and disciplines “huddle” together to keep people safe in their own homes for as long as appropriately possible. Other evidence of collaborative leadership was seen in the Executive Director of Adult Social Care leading the STP primary care work stream.
18. The team noted strong exemplars of leadership systems and approaches (see above). However, these are not readily replicated across the county/STP. The Partnership needs to challenge itself to understand the cultural barriers that organisations erect, which prevents the ready take up of effective approaches that are being used elsewhere. The team recognises the diverse pressures that individual partners face; as a whole the Partnership needs to tackle resistance to change and utilising system-wide beneficial practices.
19. The team received a lot of varied feedback about the piloting of initiatives. Many commented on the council’s openness and willingness to trial innovation and explore new ways of working. However, it was also perceived that there was a ‘culture of piloting’ to test out new ideas and approaches to working, which was without robust improvement measures and opportunities to share learning. Funding is gained for short-term periods. However, feedback from staff suggested that the resources came from within the existing staff pool which left others having to back-fill those staff engaged in pilot activities. Other evidence was that pilots went on for long periods of time, that they were stopped to allow for evaluation and conversely that some were not evaluated at all. Lessons learnt from pilots needs to be shared to allow for consistent and system wide adoption of initiatives that are proven to be successful so that the culture moves from one of perpetual piloting to a culture of doing and continuous improvement.

## Engagement and Communication – is the system person-centred?

20. The team heard evidence from staff, partners and some service users that they were communicated with and had opportunities for engagement with NCC. Representatives from community groups said that they engaged with the council and that they understood the vision for older people. They also said that they understood the direction of travel for the STP.
21. However, there did not appear to be a consistent level of engagement and understanding across all the elements of the Partnership. The team received evidence from some participants, including service users and family carers, that they did not know about or understand the implications of the STP and there was an inconsistent level of understanding within the staff that the team met. They stated that they did not believe that they had heard the messages about the direction of travel. Some service users and family carers told the team that their perception was of poor communication with NCC, with limited opportunities for engagement and that when they put their views forward that these were not listened to. More needs to be done to ensure that residents and service users are aware of the information they are being given and that it is in a format and style that they can understand whilst ensuring the overall message is consistently delivered.
22. There did not appear to be a mechanism for checking that information is consistently heard across the whole system. Senior managers expressed a desire to know how well new models of practice are embedded across the system. It was also unclear how the public is re-engaged with after consultation has taken place. The perception from carers and services users was that they feel like they spend time trying to influence and feedback to the council on proposals but that they rarely get a response on how the council is acting on their in-put. The team recognised that this is an area that NCC wants to become more self-aware about and there is a clear ambition, strategy and engagement programme for both staff and local people. Systems need to be further developed that enable questions to be asked on a regular basis. An overt and transparent approach is likely to encourage further engagement in the process. The team was made aware that a staff survey is soon to be conducted and opportunities such as this could be used to monitor the internal communication of key messages.
23. The team saw evidence of NCC's ambition to drive forward with the use of technology to deliver health and social care preventatively, supporting people in their usual place of residence. One example of how the council is helping to mainstream technology in health and care is through the new Innovation Centre displaying assistive technology within the council to create awareness with staff. It was however, too early at this stage to determine the extent to which this was influencing staff perceptions of technology enabled care. The use of technology to support people's reablement periods was also evident at Benjamin Court. Overall the digital maturity of the STP footprint appeared to be low with work required to improve the interface (and sharing of information) between health and social care.

24. Some staff the team met stated that their perception was that there is currently an under-exploited opportunity to use technology to engage more fully with residents and service users, although there is a clear ambition, strategy and engagement programme for both staff and local people. Staff have considered what may assist for the people they support but need a vehicle to share their ideas with someone who can affect change.
25. The council could do more to provide information through the systems that residents are saying that they want to use, such as the use of social media in a more consistent way and the use of web-based applications.

### **Market Development – is the system effective and responsive?**

26. The team considered that market development was a key theme for the whole Partnership to consider and not just be addressed within the statutory responsibility of the local authority. It was not clear whether the statutory responsibility was being fully exploited. However, participants expressed the view that they did not want the market shaping process to be seen as being determined by NCC with others following on behind. Participants spoke of their awareness for the potential for the wider Partnership to become more involved in developing the market. There was also an awareness that more work needs to be done to ensure that the current willingness is translated into positive engagement and activity. More could be done at an earlier stage to ensure that partners are involved in the shaping process and that their voice is seen to be heard.
27. The team saw evidence that market development was underway and heard from participants about their experiences of being involved in market development activities. This includes workforce development for carers commissioned through Norfolk and Suffolk Care Support. The team heard differing views of how the Local Authority Trading Company (LATC) is involved in shaping the market. Greater clarity could be offered to ensure other providers are not misinformed and to ensure that all work together to supply the care offer that will be required into the future.
28. Participants also spoke of their concern that there may be “blind spots” in the Partnership’s understanding of the market and what is needed to facilitate its development.
29. It was clear to the team that NCC produces and holds a significant amount of data and intelligence on the market. There was evidence that data is used to inform and guide decision making. However, it was less clear how the information resource was used to inform the commissioning process and more could be done to demonstrate how what is known about the market is used in shaping outcomes. The commissioning strategy and intentions could be more clearly expressed so that it is understood by all partners, so that the Partnership can more effectively work together and help ensure that these intentions are achieved.

## Supporting people's wellbeing in their usual place of residence

30. The team noted that there were strong examples of integrated working. As well as the NEAT the team saw an initiative bringing together Occupational Therapists from health and social so that they have one list of people they are working with and recording information on one system (System One). The work at Benjamin Court is bringing together social work, occupational therapy, GP visits and soon to be physiotherapy to support people being reabled into the community. The Wymondham Hub was seen as an example of effective integration where people receive multi-disciplinary support from a range of specialist therapies, nursing and social work intervention. It was expressed to the team that staff are becoming more relaxed about the definition of integration and are moving to solve the individual's problem jointly. However, some middle managers said that there was no clear vision or definition of what was meant by integration and therefore no clear approach of how to work together across the Partnership.
31. There was clear evidence of good relationships between organisations and their leaders including between NCC and the district local authorities that the team was made aware of during this review and between NCC and the Clinical Commissioning Groups (CCG).
32. The team noted that there was strong sign-up to the STP and that this was the vehicle that was leading the move towards further integration.
33. There were powerful examples of where integration was working well where GPs were leading and becoming directly involved in partnership working. There has been a perceived shift in enhancing primary care provision and promoting independence. There was also evidence that the ambition to shift the focus from acute to primary care was happening.
34. There was also evidence that in other localities primary care risk stratification and admission avoidance was not well coordinated. There appeared to be a lack of consistency in approach across the STP area.
35. NCC's Integrated Care Coordinators (ICC) act as a single point of contact between health and social care professionals, tracking service users/patients through the system. They work closely with GPs and help enable effective Multi-disciplinary Team (MDT) working.
36. There has been an investment in developing the professional workforce in all organisations through training and development programmes and opportunities to work differently. There has also been an investment in developing the community with a recognition that this approach helps access community assets and as a way of raising awareness of how future demands on the system might best be met.
37. There was evidence of the use of Public Health as an enabler, gathering information and promoting healthy lifestyle messages. The concept of "every contact matters", is being embedded across the workforce.

38. There is a reputable voluntary sector that is well developed and established. The team heard evidence that it is willing to continue delivering services and perhaps more usefully it is willing to engage in designing and creating new ways of doing things. This creates the opportunity to work in an increasingly person-centred way which keeps people in their own homes longer.
39. There is a clear ambition to use technology as a way of supporting people being cared for in the community and in their own homes.
40. The team heard evidence that there needed to be a strengthening in the advice, guidance and information offered to people when they make contact through the 'front door'. A more consistent approach would help manage demand with those responding to people enquiring about services being able to be clearer about what is on offer; informed by a mapping of services, associations and assets in the area where the adult lives.
41. The team did see that some staff had a significant understanding of the new model of social work practice being adopted in Norfolk. However, there were also staff who were confused as to whether models of practice were being piloted or in the process of being rolled out. Managers will need to assure themselves as to how embedded the model of social work practice is and whether this is being applied consistently across the social care workforce.
42. The team noted that there were some inconsistencies in care pathways and how these were being managed. The pathway to support older people with mental health needs was highlighted by different groups of staff from across the partnership as an area that needed further development. This may be due to new ways of working being piloted in some localities and not in others. Progress in pilot areas needs to be clearly and regularly communicated, with opportunities for staff to learn from each other, so that staff know which pathways are to be followed and can make sure that colleagues in other organisations are kept up to date. There also needs to be greater clarity and communication as to when piloting stops, and the way of working becomes business as usual.
43. The team received comments from some participants that they had concerns over the parity of esteem between physical and mental health. References were made to people not having mental health issues post 65 and that they would receive services no matter what the presenting issue. There was concern that beyond a certain age the significance of mental health issues is dissipated, with the individual only being seen as an older person.
44. It was clear to the team that recruitment and retention, across the social care workforce, was recognised as a complex and challenging issue. Some steps have been taken to address specific workforce needs, including the recruitment of an additional 50 social workers and managers. However, there are far reaching workforce needs, including the provision of paid carers for those service users living in remote areas with significant travel-to times, that can only be successfully tackled by a system wide response.

## Crisis management

45. From all the interviews with frontline staff it was clear to the team that there was evidently a 'can do' attitude and approach to addressing issues; both raised at an organisational level and at an individual level. This was seen as a significant strength across the whole scope of the review and not just within the approach taken to crisis management. The team heard numerous examples of staff going "above and beyond" what was expected of them to ensure that people were cared for and safe. The team heard of staff who walked through snow when roads were impassable to visit people in their homes. There were also examples of staff 'thinking outside the box' of their roles to come up with solutions to the problems they encountered.
46. There were clear examples of multi-agency working, including the creation of multi-disciplinary teams. This was seen as evidence of a willingness, from across the whole system, to work together to find proactive solutions for people when they were in crisis.
47. The Team also received positive reports of the Swifts service that provides 24/7 support to people who need support after an unplanned event, such as a minor fall.
48. The team considered that the NEAT pilot was a particularly strong example of can-do, collaborative, brave practice and leadership that provides a multi-agency response to supporting people in crisis. The Virtual Ward was seen to be working effectively with NEAT and offered a real alternative to keeping people safe and given the appropriate care whilst remaining in their own homes. The NEAT approach is likely to provide a solution to the challenges facing other areas of the STP wide system.
49. Although there were examples of new practices being implemented the team heard that when under pressure staff defaulted to "tried and tested" practices. When crisis occurred, staff relied on what they were familiar with rather than following new models of care. Staff need to be supported so that they are more resilient and fully conversant with the preferred model of practice so that there is a consistency in approach across the system. Leaders and managers need to reinforce the models of practice to ensure that staff are familiar and comfortable with what is required when in crisis care situations.
50. It was not clear to the team that there was a single understanding across the whole system of how Delayed Transfers of Care (DTC) was recorded, managed and challenged. This was the case for both the acute sector, as far as the team was able to establish this, and non-acute (Mental Health and Learning Disability) systems. There is an opportunity to develop a clear and agreed approach that is understood by all partners and one where robust challenge is both sort and welcomed.

## Step-down after crisis

51. From the people that the team met it was clear that there is a significant willingness and desire, from across all the sectors, to put mechanisms in place that enable people to come down from crisis. Organisations can put forward ideas to create appropriate treatments that are in place to support recovery and help people live as full a life as possible once an individual's episode has ended. There is an aim to ensure that people are encouraged to move into a form of care or supported well-being in the community that is sustainable.
52. The team noted that there was a commitment within mental health services to collaborative working. This was stated publicly, and the team saw evidence (again, within the NEAT) where mental health practitioners worked effectively alongside colleagues from other organisations and disciplines. This provides a strong platform to develop further opportunities to work together to understand and address the mental health needs of older people.
53. The team heard from numerous sources, including service users, partners and staff that the reablement service was well regarded. They were considered to provide a wide range of support and this, together with the way in which they were delivered was highly valued. The team spoke to a soon-to-be-discharged service user at Benjamin Court who was positive about their experience and praised the service and staff.
54. Given the range of step-down services on offer the team questioned the rate of hospital discharge directly into residential care. The Partnership should consider how the system as a whole can more easily recognise and select alternative options to residential care. The team heard that practitioners did not always fully understand the full range of services on offer. Standardising and simplifying the offer, together with improved communications to raise awareness will help. Also, a system wide understanding and approach to managing risk might encourage a greater up-take of alternative destinations. The team noted that NCC was aware of the role that extra-care housing could play in contributing to the long-term planning of step-down provision and encourages the council to consider how this could be achieved. Partners should consider what role they have in ensuring that there is adequate and appropriate provision of extra-care housing.
55. The team saw evidence from frontline staff that the universal offer was often used to provide services in the step-down process. There is an opportunity to embed the understanding of the universal offer across the system, so that it is seen as the "first port of call" when considering how best to meet an individual's needs and thereby potentially lessening the likelihood of escalation to crisis and the subsequent need for step-down support.
56. The team recognised that there was a desire and real effort being made by frontline professionals to facilitate safe discharge from hospital to the right place at the right time. However, the team heard that at times this led to an "over prescription" of care packages, particularly at point of discharge and that there was not always the capacity within the system for robust and

timely review of these packages; losing the opportunity to intervene and appropriately reduce the package of care and take a more rehabilitative approach.

57. The team heard from some service users and staff that there was a perception that where people lived had an impact on the services that were made available to them. There was also acknowledgement that the geographical landscape impacted on the logistical challenges of providing health and social care across the whole county. These need to be clearly and consistently explained so that any perception of 'postcode-bias' is successfully challenged.

## Recommendations

The following are the team's recommendations for NCC, together with partners, to consider further and determine what action is required to:

58. Explore what other LATC models are employed elsewhere, in order to consider how these can be best used to deliver maximum value for the whole system and support market development. Existing arrangements in Norfolk can then be tested against other models to ensure the maximum benefit is being extracted from having an LATC. The responsibility for any further development could be shared across the system so that the onus is not solely carried by the local authority.
59. Develop an Organisational Development plan for the system that enables a culture of doing and learning together. Although this would be wider than any one organisation a programme approach for developing the Partnership and leadership across it would be more effective than one-off events delivered by individual partners to consider specific issues or concerns. A more structured and directed approach to developing the Partnership would focus all partners on what was required to deliver the ambition for an integrated care system at scale and pace, agreeing principles to drive consistency whilst working to be responsive to the needs of different localities.
60. Build on the clearly demonstrable passion and enthusiasm of your communities for making a strengths-based practice a reality. The team received strong messages that there is a desire to maximise the community-based assets and there is an opportunity for the local system to harness the energy and engage further in collaboratively developing the offer. There was a recognition that activity is already taking place with community organisations and that the recommendation is to build on this keenness to participate more to further build the ambition and narrative for the whole health and care system.
61. Maintain the current and future role that strong political leadership has in achieving the vision for the whole system. The team acknowledged the interest, knowledge and understanding that elected members had around the impact that an increasing number of older people will have on the system. The implications that this will have on the local authority requires that the issue is maintained as a corporate responsibility and that corporate partners continue to be integral in delivering the Partnership's ambition.
62. Develop a clear narrative around the STP that can be customised dependent on audience i.e. citizens/staff/partners. The team received feedback that it is not yet clear enough to the various elements of the diverse range of organisations and individuals what the STP is and how they can contribute. More work is required to contextualise the information that is available so that a consistent level of understanding is developed.
63. Ensure that the ambition and plans to achieve this are understood by all those involved and affected by the delivery. This will require regular and contextualized information dissemination; even when there may not be new developments. A variety of methods will need to be used and matched to

suit specific sections of the audience; this may include further development of social media, web-based content as well as more traditional methods.

64. Test the level of engagement and buy-in across the system in relation to vision and direction of travel. Feedback mechanisms may need to be enhanced to broaden the impact of people's understanding, gather information and encourage greater engagement. This should be done on a regular basis with information obtained used to stimulate further improvements that are then communicated back to those participating in the information exchange.
65. Test out the degree to which new models of practice are embedded across the staff groups. Feedback systems should also be used to test out that frontline practice is being conducted in line with the direction set by system leaders. This may include tailoring staff surveys, enhancing the approach taken to file audit and encouraging a robust two-way staff briefing system.

## Contact details

For more information about this Adults Peer Challenge on Older People at Norfolk County Council please contact:

**Jonathan Trubshaw**

Review Manager

**Local Government Association**

Email: [jonathan.trubshaw@btinternet.com](mailto:jonathan.trubshaw@btinternet.com)

Tel: 07736509794

**Marcus Coulson**

Programme Manager – Adults Peer Challenges

**Local Government Association**

Email: [marcus.coulson@local.gov.uk](mailto:marcus.coulson@local.gov.uk)

Tel: 07766 252 853

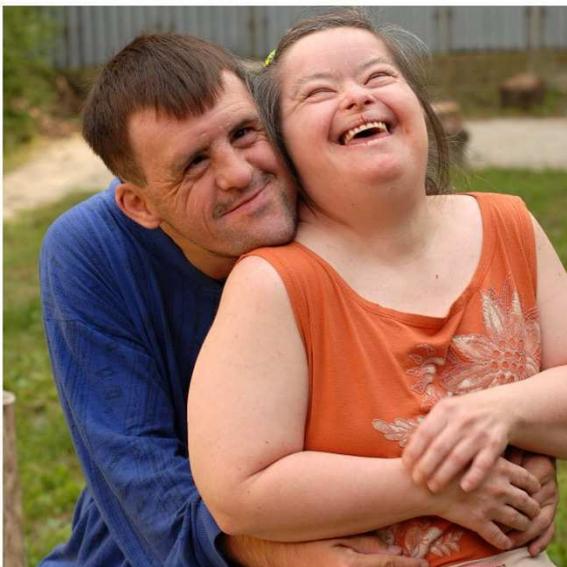
For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see our website <http://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care>

Read the Adults Peer Challenge Reports here <http://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care-0>





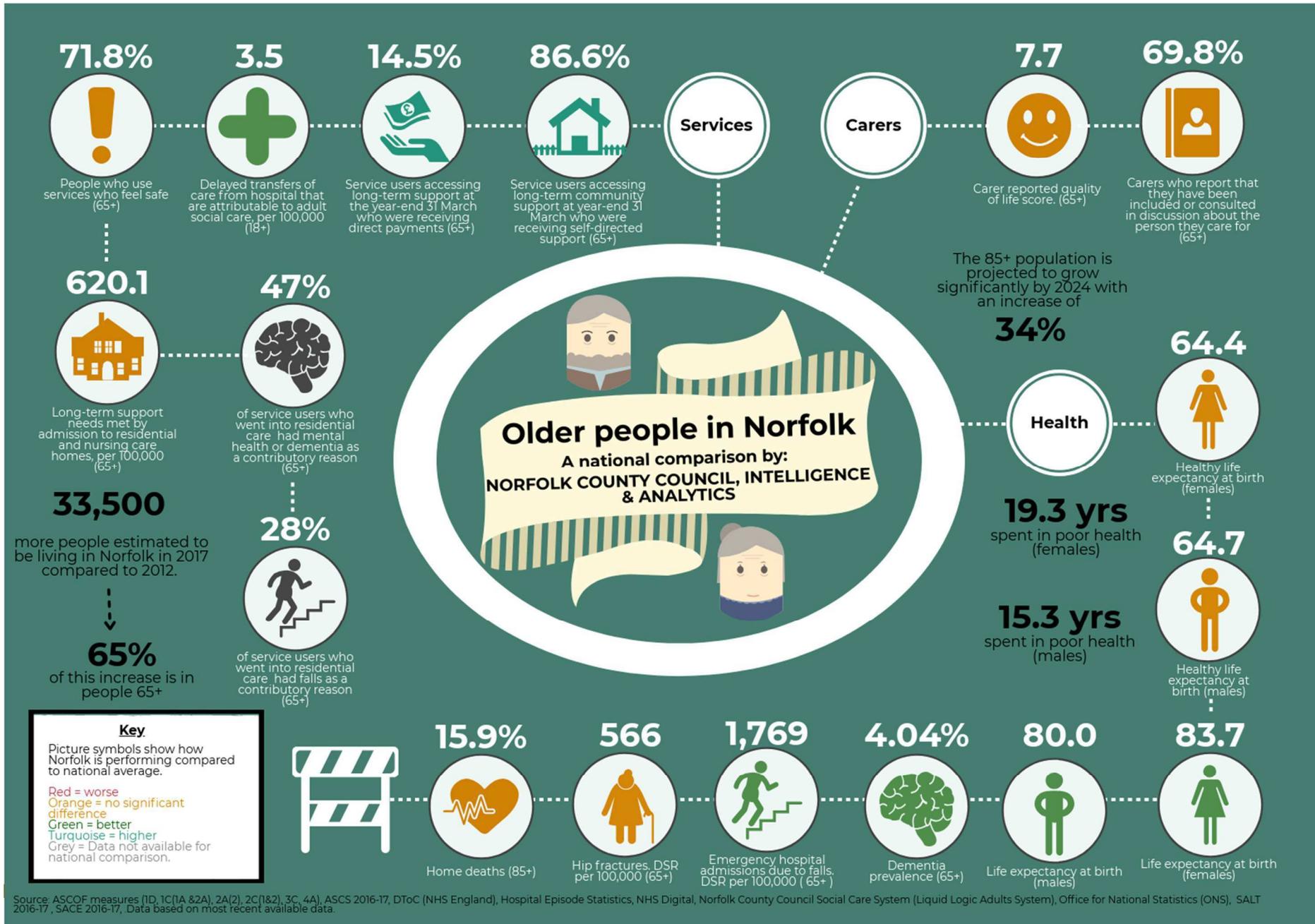
**Norfolk Health and Social Care System: high level summary and context for the LGA Peer Review  
September 18<sup>th</sup> to September 21<sup>st</sup> 2018**





## Norfolk context

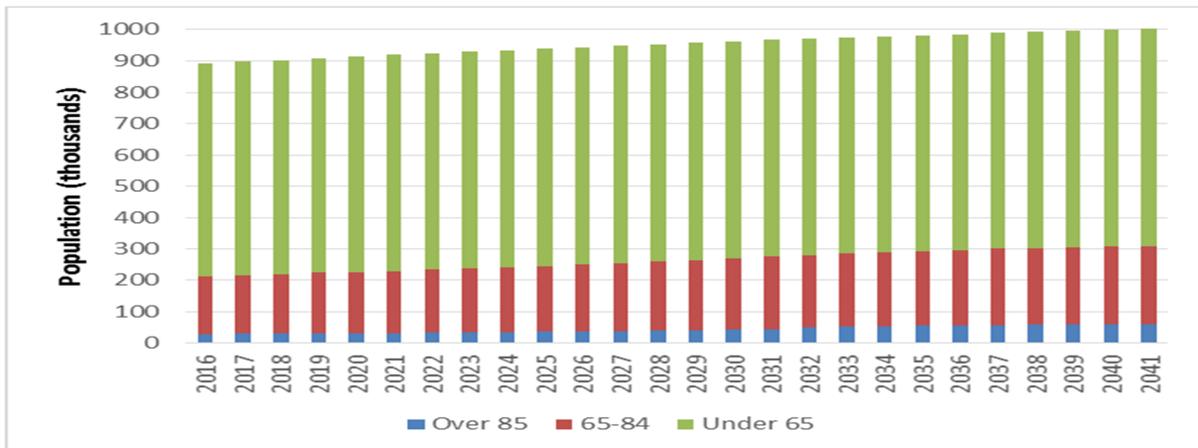
<p><b><u>Demographics</u></b></p> <p><b>Norfolk’s population is around 892,900 and is expected to rise to over a million by 2036.</b></p> <p>In the main, <b>Norfolk has an ageing population</b>, it is expected that around 26% of the population will be aged 65 and over by 2024.</p> <p><b>The 85+ population is projected to grow significantly</b> with a 34% increase by 2024.</p> <p><b><u>Adult Social Care</u></b></p> <p><b>341 active residential and nursing care homes</b></p> <ul style="list-style-type: none"> <li>• 4 rated outstanding</li> <li>• 257 rated good</li> <li>• 68 rated requires improvement</li> <li>• 12 rated inadequate</li> </ul> <p><b>118 active domiciliary care agencies</b></p> <ul style="list-style-type: none"> <li>• 1 rated outstanding</li> <li>• 95 rated good</li> <li>• 20 rated requires improvement</li> <li>• 2 rated inadequate</li> </ul> <p><b><u>GP practices</u></b></p> <p><b>88 active locations</b></p> <ul style="list-style-type: none"> <li>• 10 rated outstanding</li> <li>• 75 rated good</li> <li>• 3 rated requires improvement</li> </ul> <p>All rating taken during 2015-18</p>	<p><b><u>Acute and Community Healthcare</u></b></p> <p><b>Hospital admissions (elective and non-elective) of people of all ages living in Norfolk were to:</b></p> <p>Norfolk and Norwich University Hospital NHS Foundation Trust</p> <ul style="list-style-type: none"> <li>• Received 51% of admissions of people living in Norfolk &amp; Waveney Wellbeing service area</li> <li>• Admissions from Norfolk H&amp;W service area made up 94% of the trust’s total admission activity</li> <li>• Rated inadequate overall (06/2018)</li> </ul> <p>James Paget Hospital NHS Trust</p> <ul style="list-style-type: none"> <li>• Received 18% of admissions of people living in Norfolk &amp; Waveney Wellbeing service area</li> <li>• Admissions from Norfolk H&amp;W service area made up 98% of the trust’s total admission activity</li> <li>• Rated good overall (12/2016)</li> </ul> <p>The Queen Elizabeth Hospital NHS Foundation Trust</p> <ul style="list-style-type: none"> <li>• Received 24% of admissions of people living in Norfolk &amp; Waveney Wellbeing service area</li> <li>• Admissions from Norfolk H&amp;W service area made up 71% of the trust’s total admission activity</li> <li>• Rated requires improvement overall (07/2015)</li> </ul> <p><b><u>Community services were provided by:</u></b></p> <ul style="list-style-type: none"> <li>• Norfolk and Suffolk NHS Foundation Trust, rated inadequate overall (10/2017)</li> <li>• Norfolk Community Health and Care NHS Trust, rated as outstanding overall (06/2018)</li> <li>• East Coast Community Care, rated as good overall (03/2017)</li> </ul>
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## Demographic Trends for Norfolk

By 2021 the population of people aged over 65 years old will increase by 16,000 in Norfolk and the population of those aged over 85 years old will increase by 2,900. This is a strength because older people are often an asset to our communities, however, older age is often associated with multiple long term health conditions that can adversely impact people’s wellbeing, as well as increasing health and social care cost.



## Demand

Critically, **the 85+ age group is Norfolk’s fastest growing, and it is this age group which has most impact on demand:** between 2015 and 2030 this age group will increase by 77%. People aged 85 and over currently make up about 4% of the population, but account for 16% of all emergency admissions to hospital and over 54% of the admissions to long-term residential and nursing care in Norfolk.

Older people are also more likely to have **dementia**. Over the past five years, Norfolk has experienced increasing levels of people with dementia. Rates of deaths ascribed to dementia have notably increased, accounting for 20% of deaths in women and about 10% of deaths in men in 2016, making this the leading cause of death in women and the second leading cause of death in men, following heart disease.

Falls are the largest cause of emergency hospital admissions for older people and there were almost 1,300 in Norfolk as a result of hip fractures in 2015/16. Common reasons that people are admitted into long term residential care includes falls (28%), and dementia and mental health issues (47%).

People with **learning disabilities** are living to a much older age. Whereas once relatively few people with a learning disability would live beyond the age of 65, around 12% of people being supported by a learning disability team are now over 65.

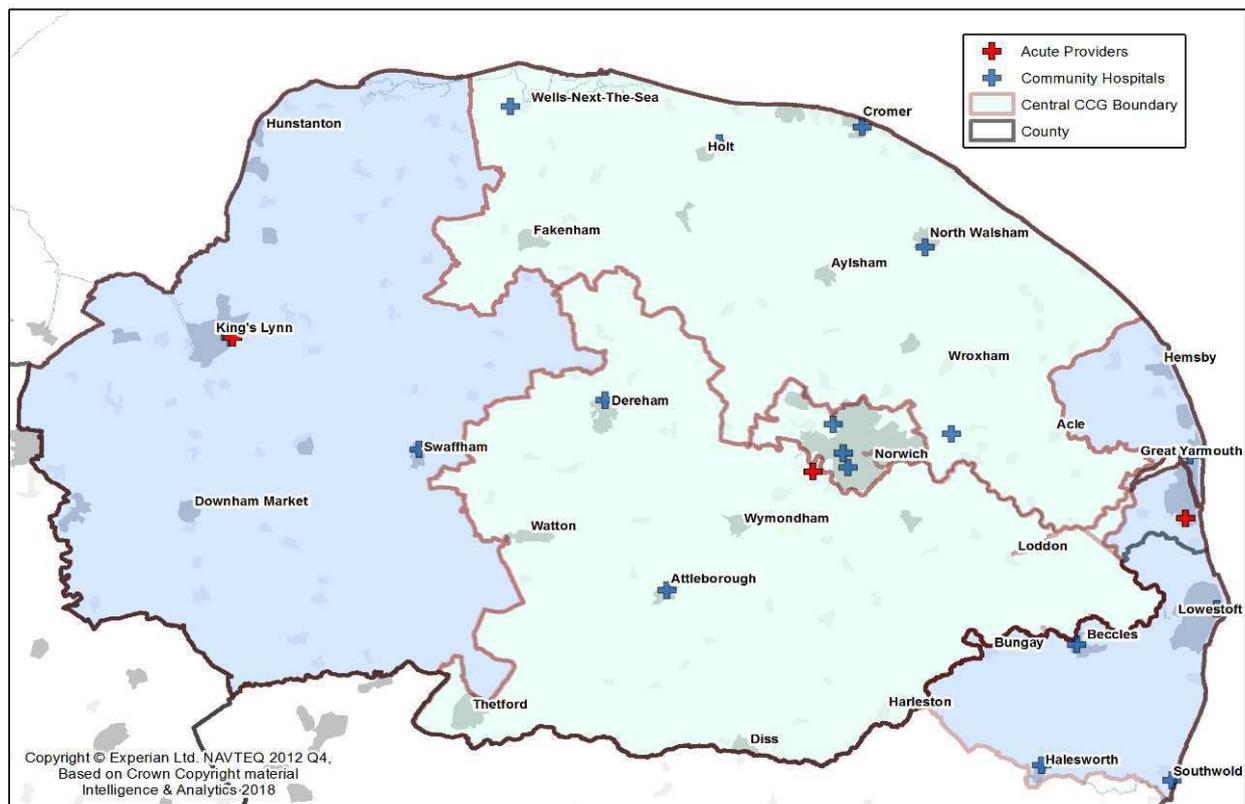
**Wider social factors are also significant in influencing demand.** These include people’s general health and wellbeing, their income, particularly given that social care is subject to financial eligibility; and loneliness and isolation – evidence



suggests that people that are at risk of loneliness may be more likely to seek care. Recent analysis suggests that overall there is very low social mobility in five of the seven district areas, which also has a bearing on the future demand for care. People have told us they want to be able to find affordable support easily and in their own communities.

- We spend about **£1 million** a day on adult social care in Norfolk
- On any given day, we will be securing services to around **14,000 people**
- We begin intensive reablement to help **14 people** a day get back on their feet after a crisis
- Every day we receive new calls, new enquiries: equivalent to almost **200 a day**
- Last year **20,205 people** received short term or long term adult social care packages

Health care in Norfolk is provided through five CCGs, three acute hospitals and numerous community hospitals. The map below shows Eastern and Western CCGs in blue and the 'central belt' of Norwich, Southern, and North Norfolk CCGs in green. The acute hospitals are: Queen Elizabeth Hospital in King's Lynn, Norfolk and Norwich University Hospital in Norwich, and James Paget University Hospital in Great Yarmouth.

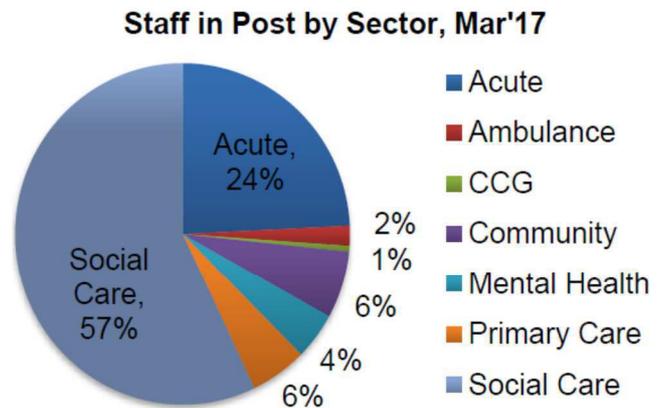




## Workforce

The charts below provide an overview of Norfolk's health and social care workforce, over half of the workforce is in social care.

Sector	Staff in Post FTE Mar'17	% Vacancy Mar'17
Acute	11,882	7%
Ambulance	932	under review
CCG	267	n/a
Community	3,154	8%
Mental Health	2,180	13%
Primary Care	2,674	n/a
Social Care	28,000	6% (Sep'15)
<b>Total</b>	<b>49,090</b>	<b>8% (NHS)</b>



Source: Staff in Post: ESR (Mar'17), General Practice Tool (Mar'16), Skills for Care NMDS (Sep'15); Establishment forecast for Mar'17: NHS Trust Operating Plans (Dec'16), Workforce Plans (Jun'16) (Vacancies = Establishment – Staff in Post)

### Norfolk County Council Workforce

Like many authorities, we face a continual challenging in recruiting social care staff. Unlike more central urban areas, people working in Norfolk generally need to commit to living in the county; within the county there are also pockets where it is hard to recruit – for example, North Norfolk and West Norfolk.

The Council agreed to increase social work capacity by 50 fte and in the last year we have developed and enhanced our recruitment and marketing approach to rise to this challenge.

We now have a rolling recruitment campaign, with dedicated support, which has embraced new approaches: These include:

- Promoting Independence Norfolk microsite as a central location for all posts to be advertised.
- Use of search marketing to drive internet traffic to the above site.
- Offer of relocation package for anyone relocating to Norfolk.
- Production of 4 videos promoting life as a particular professional in Norfolk (Exec Director, Social Work TM, Occupational Therapist TM, ASYE Social Worker (NIPE)).
- Use of Google analytics to measure the effectiveness of the approaches used and tailor approach accordingly e.g. what method of advertising has been most effective.
- Norfolk Institute Practice Excellence (NIPE) – dedicated team to support newly qualified Social Workers with their ASYE year. Community Care Live – stand at the event, manned by frontline practitioners.



- Targeted local rolling recruitment for Norfolk First Support.

As a result we have recruited 14 (out of 15) team managers and 47 social workers and occupational therapists. Whilst we still have vacancies, these are caused by the usual turn-over.

In the wider care market, there are significant recruitment challenges. In response to this, we are cautiously optimistic of success in an £8m joint bid with Suffolk County Council for European Funding through the ESF to deliver a joint training programme focused on person-centred care and promoting independence within the wider care sector workforce.

There will be a three-year programme which will;

- improve access to higher qualifications among the health and social care workforce.
- map career pathways and qualification routes to enable workers to move into leadership and specialist roles (e.g. dementia, mental health, learning disabilities and autism, end of life).
- deliver direct intervention to support progression, through personalised mentoring
- directly support retention of staff in a vital sector of the economy. Indirectly we expect that the project will improve the attractiveness of the sector, supporting recruitment too in the longer term.

Commissioning strategies have been developed to address the short-fall in workforce and have hinged on the need to increase the status and pay rates for care workers. An example of this is the home care strategy which aims to support and incentivise providers to collaborate on rounds and staffing, in return for a payment premium.



## Care market in Norfolk

The care market in Norfolk is wide-ranging and diverse. In total there are around 700 individual providers, ranging from small family run residential homes, to national specialist providers for a range of needs.

There are challenges around the quality of care; across the sector. CQC inspections indicate that 75% of providers have been rated as good, 21% as requires improvement and 3% rated as inadequate. Whilst improvements have been made, we have recognised the need to accelerate improvements and will implement a proactive inspection regime that focuses on the 100 or so providers who are struggling to maintain good quality. The proactive inspections will need to reach the whole market in a three yearly cycle.

We have in place a robust and transparent cost of care annual review to set fee levels across the market; with above inflation rises in recent years to fund the national living wage and a more significant readjustment for older people residential care which has seen an increase by 21% in usual prices over the last three years - a policy decision by Adult Social Care Committee in recognition of the challenging operating context for providers. The Council committed £11.7m from the improved better care fund to support market stability, focused on cost of care and national living wage pressures, as well as specific improvements to the home support price framework and helping providers facing un-planned sleep-in payments.

The current cost of care exercise is considering the outcomes of a number of CQC inspections and is building on the need to increase effective administration – reflecting the importance of accurate record keeping – but also the increased hours of care and support that an increasingly frail population requires.

We have seen a small, but significant increase in the number of homes closing, largely as a result of adverse CQC inspections. We have a highly effective response when providers withdraw from the market, but we recognise the need to do more to prevent unexpected and unforeseen closures. We are confident that changes in our Quality Assurance and markets team will increase capacity and strengthen the market assurance function.

Our main challenge in provision is the need for more enhanced residential and nursing care, to respond to the increasing prevalence of dementia. Providers tell us that recruitment for this field is challenging, particularly nurses. We are currently embarking on an ambitious reset of our residential and dementia care strategy. The approach will be to focus on the need for incentivising increasing capacity of nursing and dementia.

Co-productive cost modelling with providers will ensure that the prices we pay are enough to secure quality services, including a possible workforce premium payment linked to reducing stubbornly high turnover rates in care home and home markets.



We are currently poised to refresh and re-launch meaningful engagement at a strategic level with providers, establishing a formal Care Association which will provide oversight and support to providers and the care workforce. This work goes hand in hand with the European Social Fund bid (see above) and work with the Local Enterprise Partnership, which seeks to combine workforce improvements and built environment improvement into once coherent growth strategy.

## NorseCare

In 2011 Norfolk County Council created NorseCare, a company wholly owned by the County Council, operating within the Norse Group. The company was created to operate all NCC care homes and provide care into previously NCC run housing with care schemes. NorseCare operates under a contractual relationship with NCC

Much has been achieved through NorseCare. The company is the largest single provider of residential and housing with care services in Norfolk. Norfolk County Council (NCC) spends nearly £290 million a year in the care market, of which just over £34 million is with NorseCare; this represents 13% of NCC's total investment in residential care and 98% of NCC's investment in Housing with care.

As a strategic partner, we are able to work with NorseCare to shape and plan for the strategic direction of care. An early improvement was the re-organisation of homes in Norwich and Great Yarmouth and the development of flagship care for people with dementia and housing with care. Quality is high throughout the company, and we are able to benefit from the scale and capacity of the company to support market failure. Recently this saw the short-term placement of a NorseCare manager into a home to avoid crisis and ensure the smooth transfer of people to new placements.

NorseCare plays an important role in delivering Adult Social Services' strategy for change, Promoting Independence. Since the contract was started, the operating context for the Council, and the wider care market has significantly changed. As a result, we have refreshed the original contract to ensure NorseCare provision is fit for the future and closely aligned to support the strategy.

## Financial context

Like all local authorities, Norfolk Adult Social Services faces significant financial challenges.

The County Council has prioritised protection of adult social care, taking the full social care precept since 2017/18. In that year, Members effectively re-based the adults budget to ensure a sustainable position from which to accelerate substantial transformation. This saw the re-profiling of previously agreed savings, and additional monies into the base budget to address increasing costs.



The Council's investment in adult social care in 2017/18 meant that the improved Better Care Fund grant announced in Spring 2017 could be used proactively to support the health and social care system. Plans agreed with health partners recognised the need for funds to protect social care and help the market for future years, but were also able to support new invest to save initiatives. The Council has set up an IBCF reserve to enable schemes to be implemented and evaluated over two to three years. Examples include accommodation based reablement, enhanced home support service, trusted assessors, targeted support for mental health discharge, social prescribing and increasing capacity of social work teams to implement a new approach to social work.

There is political backing for the approach to transformation, and robust financial management and oversight. Our strategy for achieving balance is driven by demand management, supported by maximising income, relentless focus on efficiency and judicious use of invest to save.

The Council has taken every opportunity to make the case for more investment specifically for Adult Social Services, as well as the broader case for fair funding for Norfolk as a whole. There was unanimous agreement from Full Council to lobby the Government on funding for Adult Social Care, and a clear, detailed response from Adult Committee on the Call for Evidence from Health and Communities and Local Government committees for their joint inquiry into long term sustainable funding of social care. Local MPs have been kept briefed about Council's position.

Most recently the chairman of Adult Social Services Committee has welcomed the reports from the LGA and County Councils Network and urged the Government to come forward with a long-term sustainable financial solution.

At the same time, Adults has needed to achieve the lion's share of a whole-council savings programme. Since 2011, we have made £96m net savings. We have firm plans for a further £54m, and we are currently working up plans for an additional £39m.

In 2017/18 we had an underspend of £3.696m, which equates to a 1.37% variance on the budget. As part of the outturn, we were able to set aside £4.5m into a business risk reserve in order to support invest to save, or smooth the profiling of other challenging savings.

In 2018/19, we have savings of £27m which is highly challenging. £22m of those savings are on track, but we have identified £5m (mainly around Learning Disability) as high risk of non-delivery. Our current budget forecast is for an overspend of £1.99m.

The strong business case for prevention has seen the Council not only protect existing prevention spend, but increase spending where there is a clear benefit in line with Promoting Independence. Our unique non-statutory Swifts services has been sustained; we are continuing to expand home based and accommodation based reablement, some of which is now funded by CCGs. We are increasing



investment in assistive technology to extend the reach and offer; wider council services (beyond adult social services) are targeting their information, guidance, prevention so that it supports our prevention agenda.

## Overall vision and strategy

In response to the challenges we face in Norfolk, we have clear vision for adult social services:

### To support people to be independent, resilient and well

To achieve our vision, we have a strategy – **Promoting Independence** – which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. It is also a positive response towards managing what is a difficult financial climate for public services. It does not see a retreat to a statutory minimum but ensures that we manage demand and have a sustainable model for the future, at the core of which is quality social work which builds on the strengths of individuals. There are three main elements:

**Prevention and early help** – empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For our younger adults with disabilities, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.

**Staying independent for longer** – for people who are most likely to develop particular needs, we will try and intervene earlier. Certain events, such as bereavement or the early stages of an illness like dementia can be a trigger for a rapid decline in someone’s wellbeing, but with some early support we can stop things getting worse and avoid people losing their independence and becoming reliant on formal services

**Living with complex needs** – for some people, there will be a need for longer term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability so people can retain independence and control after say a stroke or period of mental illness. For some people, moving into residential care or to housing where there are staff close by will be the right choice at the right time, but such decisions should be made with good information and not in a crisis.



Our priorities for change and transformation are

- **Building capacity and living well**, the Living Well - 3 conversations approach and the recruitment and project activity that will provide the capacity to delivery this model and remove the backlogs
- **Learning disabilities** the range of projects focused on promoting independence and delivering savings for individuals with learning disabilities
- **Integrated short-term support**, the establishment of schemes to deliver against the Better Care Fund and High Impact Change Model alongside other projects that are targeting reductions in Delayed Transfers of Care and improvements to the interface between Health and Social Care
- **Technology enabled services**, the development of the Technology Enabled Care Strategy including the future role of assistive technology will ensure that decisions to commit future savings targets to these areas are based on robust evidence
- **Housing** – 10 year Programme to stimulate the development of 2800 Extra Care units, investing NCC land and capital where appropriate, to meet future forecast need and support older people to stay independent in their local communities. This is in partnership with district councils, social landlords, developers and providers

We are committed to a **new model of social work** which will require radical changes to teams and processes. Living Well; Three Conversations has been developed by Partners for Change who have helped us the model to a series of innovations sites. We have tested it, refined it and developed our own workable model which stays true to the philosophy and delivers the right outcomes in our context.

The model is backed up by **investment in 50 additional social work and occupation therapy staff**, to both address the unacceptably high volume of backlogs and to recognise the need for more face to face time for the Living Well model. We analysed patterns of social work and associated activity across the county to understand better current workloads, practices, challenges and barriers, and set a target for bringing down the backlog over two years. This is having an impact – backlogs are down from a peak of around 3000 to around 1800.

## Key performance and benchmarking

For over 65s, our data shows that in comparison with our statistical family, we have:

- Lower than average contacts
- Higher than average number of people using short-term support
- High than average reablement from hospital
- Lower than average numbers in long-term support
- High than average permanent admissions – although this has significantly reduced.



1	Key Performance Indicators (adapted from ASCOF with additional local and integration KPIs)				
2					
3	Indicator	Current Result	2017/18 Result	2016/17 Result	Latest Family Group Average
4	<b>Enhancing quality of life for people with care and support needs</b>				
5	% of people who use services who have control over their daily life	-	76.3%	79.30%	79.40%
6	Adults (18+) receiving self-directed support	-	82.9%	90.9%	86.9%
7	Carers receiving self-direct support	-	89.5%	85.9%	82.9%
8	Adults (18+) receiving direct payments	-	28.8%	30.5%	33.0%
9	Carers receiving direct payments	-	88.6%	85.2%	73.6%
10	% of people who use services who reported that they had as much social contact as they would	-	41.0%	49.3%	46.4%
11	% of carers who reported that they had as much social contact as they would like	-	-	32.0%	34.6%
12	<b>Delaying and reducing the need for care and support</b>				
13	% of adult social care cases that go on to assessment	34.1%	36.3%	-	-
14	% of those in settled accommodation 91 days after completing reablement	95.9%	90.5%	93.5%	83.8%
15	% of people who require no ongoing formal service after completing reablement	70.5%	74.4%	-	-
16	% of short term services within an outcome of "no ongoing support" or "low-level support"	-	81.5%	84.3%	79.8%
17	65+ Admissions to permanent residential/nursing care per 100,000 population	607.9	644.6	633.4	598.5
18	Number of days delay in transfers of care per 100,000 population (attributable to social care)	3.9	3.7	3.2	8.3
19	Emergency admissions to hospital (65+) per 100,000 population (65+)	-	22,336	-	23,403
20	<b>Ensuring that people have a positive experience of care and support</b>				
21	No. unallocated cases awaiting assessment (holding list)	1,836	2,565	2,710	-
22	% of people who use services who are satisfied with their care and support	-	63.8%	64.8%	67.1%
23	% of people who use services who find it easy to find information about services	-	72.2%	73.2%	74.3%
24	% of people who use services who stated that people involved in their care and support worked well together (additional question to statutory survey)	-	86.0%	-	-
25	<b>Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm</b>				
26	The proportion of people who use services who feel safe	-	66.8%	70.3%	70.6%
27	The proportion of people who use services who say that those services have made them feel safe and secure	-	79.0%	83.3%	87.5%



To monitor the effectiveness and impact of our Promoting Independence strategy, we track 7 high level indicators which align with the key intervention points of the strategy. Stretching targets have been set against these:

**Cases that lead to assessments** - Leading practice in social care suggests that a quarter of contacts to social care should translate into a formal care act assessment, and more people are supported with advice, information and prevention. Our target is 25% and currently performance is 34.75%.

**Assessments which go onto services** - Our new model of social work which looks at the strengths of an individual, should lead to fewer full Care Act assessments taking place, as we work to support people earlier. However, where assessments do take place, good practice suggests that a greater proportion are likely to require formal services, since other sources of support will have been already sought. Our target is 85.32% and current performance is 51.91%.

**Effectiveness of reablement** - Reablement continues to be a major factor in promoting people's independence and preventing people from needing intensive ongoing formal care. Recent analysis suggests that approximately only 20% of people who have received reablement services from Norfolk First Support need ongoing local authority funded long term services. Furthermore, for those that do require services, we typically see a 24% reduction in the service requirement. Our target is 69% and current performance is 67.28%.

**Reviews that lead to reduced services** - We are currently carrying a backlog of work, much of which is made up of reviews. We have two targets associated with this measure reflecting two key groups of people – people aged 18-64, and older people (65+). For people aged 18-64 our target is 43.21% and our current performance is 11.81%, for older people our target is 20.98% and our current performance is 15.07%.

**Rate of permanent admissions** - Our target for this represents a significant improvement from being around the median to being one of the lowest 'placing' Councils in Norfolk's family group. For people aged 18-64 our target is 15.6 per 100,000 of the population and our current performance is 22.92. For older people our target is 594.3 per 100,000 of the population and our current performance is 607.93.

**Holding lists** - We have modelled a reduction in this which sees the most significant reduction in 2018/19 and 2019/20 through a combination of change. Current performance is 1,836 against a target of 618 by the end of 2018/19.

**Delayed discharges of care** - New targets have been allocated by the Department of Health and Local Government Association with an expectation of achievement by the end of September and beyond. For Adult Social care this is equivalent to about 729 total delays attributable to adult social care in a month. In June the figure was 930 delayed days.



## How well do health and social care services work together to support older people in Norfolk

Our detailed self assessment addresses the specific Key Lines of Enquiry and includes links to evidence. What follows here is a high level summary against the three main questions which form the scope of this Peer Review:

- Keeping people's wellbeing in their usual place of residence
- Crisis management
- Step down after crises, including reablement
- Return to usual place of residence or admission to a new place of residence

### **Keeping people's wellbeing in their usual place of residence**

Norfolk has increased investment in prevention at the interface between health and social care at a time of significant budget pressures. Over the period 2016-19 our gross spend on prevention has increased by 33% from £15m to £20m during a challenging financial climate in which the department has had to make recurrent savings of £49.4m.

Many initiatives are jointly commissioned and funded and there is a strong practice of joint working across primary and community care.

There is a deliberate shift underway at the health and social care interface to proactively engage with people to support their wellbeing, prevent isolation, loneliness and connect people to support. The range of resources and services includes:

- The **Norfolk Directory** is a live and dynamic resource of all services across health and care for individuals, support workers and organisations.
- **Specialist advice and advocacy** - supports individuals to make decisions about their care. Harnessing the capacity and skills of other community-based advice services, such as Age UK, Mind and Carers Matters, using the **Norfolk Community Advice Network Referral System** which links to around 35 local agencies.
- **A growing network of development workers and local connectors** who have great knowledge of local resources support people to stay connected and involved in their community. This network encompasses our own social care development workers, community based staff funded through joint health and social care social prescribing funding, and local connectors who will support individuals to combat isolation and access community based services.
- We work proactively with Norfolk's seven District Councils to deliver an **Integrated Housing Adaptations Service** for residents. This shared service brings together skilled professionals to design and deliver housing adaptations



that support people to live independently in their own homes. This complements other district led initiatives including handy persons schemes.

Our integrated working and collaboration supports prevention and helps maintain independence for people we work with.

**Joint management arrangements** between NCC and Norfolk's main community provider, Norfolk Community Health and Care, enables resources to flex quickly across organisational boundaries. District nursing, therapists and social care workers are structured around GP clusters with link workers for most practices. Multi-Disciplinary Team Meetings are effective at reviewing support for the top 2% most at risk patients and occur monthly in many GP surgeries. These are overseen by **Integrated Care Coordinators** who undertake risk stratification, facilitate information sharing and links with community based resources.

There is a **joint assessment culture in the community**, with professionals at the interface undertaking joint visits or sharing judgements via a joint preventative assessment. In Norwich Locality a **single Therapy Service** has developed which brings together OTs and Physios from community health and social care. This enables a quick response and removes duplication. A single recording system pilot is currently underway for the service which allows joint triage and allocation of work across the team.

These efforts are reinforced by changes in social work practice. NCC is moving towards a **three conversations model of social work**, with conversation one focusing on connecting people with the things that help them get on with their lives independently, based on their community assets and strengths. We are exploiting the strong alignment between this and **health coaching** to create a model of early intervention for community based services.

Norfolk's health and social care partners are ambitious about tailoring care needs to the individuals in their local areas. **Local Delivery Groups** are focusing on the development of new models of care which will further integrate primary, community, social care, voluntary sector and district council provision.

We play a strong **leadership role** in the STP so that we are able to influence a whole-system approach to early intervention and shift to spending on primary and community services. The Executive Director leads the primary and community workstream, and the Director of Public Health leads the primary sub group

## Challenges

- Embedding a common countywide approach to risk profiling patients, tightening up on MDT practice to reinforce relationships with link nurses and social workers and include wider representation from the voluntary sector and housing.
- Continuing to address and bring down the backlog of work across Norfolk. Living Well innovation sites have demonstrated that this way of working can



drastically reduce holding lists. We need to implement Three Conversations in a way which achieves this at scale across the county

## Crisis management

Norfolk has a good approach to crisis management, through a combination of universal county-wide services, and locally tailored responses developed with CCGs.

**Norfolk Swift Response** is a 24-hour service which provides help, support and reassurance if a person has an urgent, unplanned need at home but doesn't need the emergency services. It operates countywide and supports 14,000 people a year with referrals made by professionals and individuals. Whilst it is funded by Adult Social Services, its impact is across the health and social care system, saving money for the health service, complementing the work of the ambulance trust.

**Multi-agency escalation avoidance teams** – each CCG area has in place a dedicated service designed to avoid admission to hospital and address crisis. This is most advanced in Norwich where the Norwich Escalation Avoidance Team (NEAT) acts as a multi-agency coordination centre that responds to all urgent and unplanned health, social care and wellbeing events. Analysis demonstrates a **saving of £335 per referral** based on time savings, admission avoidance and prevention benefits. NEAT optimises system efficiency by streamlining pathways and eliminating duplication.

The main elements of this approach have been picked up across all CCGs; in north and south there is a supported care model; in the West there is a virtual ward approach, and in the East there is out of hospital. This model is now being delivered across other locality areas.

A range of innovative services are commissioned at the interface to support people in crisis and keep them at home. The **Central Norfolk Early Intervention Vehicle** is a combination of ambulance practitioners, OTs and Physios. It supports falls patients to remain at home and ensures onward referral to appropriate care pathways. Analysis indicates that 20% reduction in transfer rates for those individuals treated by CNEIV when compared to normally staffed ambulances, translating to a saving of £232 per patient.

Health and social care organisations **work effectively together at the interface to manage provider failure** and help safeguard patients. In such situations joint visits and reviews as well as oversight from senior professionals through regular meetings ensures that concerns are managed effectively and adequate plans are executed to deal with issues.

The Norfolk System is engaged with the **Enhanced Health in Care Homes** framework as a basis for reducing admissions from care homes to hospital and is collaborating to support improvement in the quality of care offered. A care homes dashboard has been developed to show admissions to hospital, which has subsequently been adopted by NHS England. It highlights a reduction in avoidable



hospital admissions from care homes for 2017/18 compared to 2016/17 - 8.3% in North Norfolk, 35.3% in Norwich, 14.6% in South Norfolk and 15.8% in West.

## Challenges

- Striking the right balance between locally tailored schemes and ways of working, and ensuring a consistent set of standards for Adult Social Care users across the county, regardless of where they live

## Step down after crisis and return to usual place of residence

Over the last 18 months we have invested significantly in services which support people after a crisis.

The cornerstone of this is reablement. Alongside our CCG partners, we invest £7.4m a year on an effective Norfolk wide reablement service. **Norfolk First Support** provides free intensive assessment and reablement in a person's own home for up to six weeks. The service works with people to regain as much independence as possible following a crisis, and assists those affected by carer breakdown. Each additional £1 invested in home-based reablement saves £4.06, and outcomes for people going through the service are consistently good.

**Homeward and virtual wards** in Norwich and West Norfolk provide step-up and step-down care for people following crisis. Virtual ward in the west supports patients with early discharge from hospital and admission avoidance for those who could stay at home with the right support. The team of community-based nurses, social worker and therapists provide up to six days of support at a person's home.

Norfolk's **Enhanced Home Support Service** helps individuals to regain their independence, confidence and resilience following a crisis. The service is available for up to 7 days to support with over-night confidence, meal preparation, accessing community resources, assistive technology, medication monitoring and shopping.

For those who are unable to go home following a hospital stay, **Accommodation based reablement** – primary focus of the service is to reduce admission into long term residential care homes. The service works with people to ensure they regain their independence in a safe environment. People return to their usual place of residence or appropriate placement having completed a reablement programme. Includes GP input, OTs and physios. Every £1 invested in accommodation based reablement at Benjamin Court saves £3.12. Again, outcomes for people are good.

**District Direct** – a partnership between district councils, CCGs and the Norfolk and Norwich University Foundation Trust, works to fast-track adaptations to people's homes so they are return home safely and swiftly.

Despite this, Norfolk's DTOC figures remain high in comparison to other areas. A recent **Multi-Agency Discharge Event** created urgency around creating:



- A joint operations centre to monitor performance and activity, coordinate and manage escalation and liaise across system providers
- Improved communication at all levels around discharge, including with care home providers
- Greater awareness of services available to support individuals at home
- A stronger home first ethos among all staff

To tackle this, system change is underway through the implementation of **Discharge to Assess (D2A) pathways**. Cross organisational integrated pathways have been developed, with a focus on delivering culture change. Key principles agreed include no duplication of assessment, open sharing of data and sharing of care plans. D2A is being fully implemented at NNUH and all NCHC inpatient units.

## Challenges

- Our Delayed Discharges of Care numbers are too high and despite short periods of relatively lower numbers, the underlying trend has remained high
- Admissions to permanent residential and nursing care for older people have plateaued, where we expected and modelled further reductions. We need to understand more about why this is.

# Adult Social Care Committee

Item No

<b>Report title:</b>	<b>Autism Strategic Update</b>
<b>Date of meeting:</b>	<b>14 January 2019</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director Adult Social Services</b>

## Executive summary

This report provides an update on progress to support the implementation of the Autism Act (2009) National Autism Statutory Guidance (2016) and Strategy 'Think Autism'.

It provides information on activity underway to support the statutory bodies' responsibilities in undertaking their duties under the Autism Act 2009, Statutory Guidance 'Think Autism' 2014, Care Act 2014 and the Equality Act 2010.

The paper details the establishment of an All Age Autism Partnership Board and the wider engagement of people with autism to inform an All Age Autism Partnership Strategy for Norfolk.

### Recommendations:

**Adult Social Care Committee is asked to:**

- a) Acknowledge the work undertaken in the continued development of Norfolk All-Age Autism Partnership Board, Norfolk All-Age Autism Group and the working groups in place to undertake priority work identified**
- b) To consider the contribution from services across Norfolk County Council (the Council) to the strategy**
- c) Agree to receive the local all-age autism strategy that will be informed by the completion of the National Autism Self-Assessment (completed 14 December 2018) with a co-produced all age strategy available March 2018**

## 1. Purpose of the report

- 1.1 This report is to provide an update on the continued development of the All-Age Autism Partnership Board and the workstreams in place to support the development of a local All-Age Autism Strategy.

## 2. Background

- 2.1 The introduction of the Adult Autism Act 2009, and associated guidance, requires local area partnerships (with a leadership role for local authorities and health and well-being boards) to assure itself of the delivery of the Autism Act 2009, the Autism Strategy and the Autism Statutory Guidance.
- 2.2 To support this undertaking, local areas have been encouraged to facilitate a local Autism Partnership Board (or appropriate alternative) and undertake the completion of a National Autism Self-assessment that enables the local partnership to demonstrate progress and identify priorities to form a local autism plan.

- 2.3 The National Self-Assessment provides the Department of Health with the local area evidence required to undertake the assurance function placed upon them by the Autism Act 2009.
- 2.4 The current prevalence of people with autism in the population is approximately 1%.
- a) There were an estimated 5080 adults (aged 16-64) with Autism Spectrum Disorder (ASD) in Norfolk in 2017, projected to rise slightly up to 5211 by 2035 (PANSI 2016)
  - b) There were an estimated 2039 older adults (aged 65+) with ASD in Norfolk in 2017, projected to rise considerably to 2826 by 2035 (POPPI 2016)
  - c) There were an estimated 2491 children and young people (aged 0-19) with ASD in Norfolk in 2016 (ONS 2017; Baird et al. 2006)
  - d) There are approximately 500 people known to adult social care system identified as having autism with a learning disability
  - e) In 2016 there were an estimated 2491 children and young people with Autism in Norfolk in 2016. In 2017, 7.15% of the Special Educational Needs (SEN) cohort identified with ASD was a pupil number of 1329. The figures for pupils in Norfolk special schools is 22.7% (26.4% nationally) and this is within a cohort of approximately 295 pupils
- (Estimated figures from draft JSNA 2018)*
- 2.5 A focused period of engagement with the autism community and their families over the last five months has resulted in significant progress against the Autism agenda. This work has resulted in the co-produced development of the All Age Autism Partnership Board's first meeting, which took place, in April 2018. Key work priorities for the Board have been identified as: workforce development and training, engagement with people, diagnostic pathways, data collection and education. Other priority work identified includes housing, criminal justice, health and wellbeing.
- 2.6 These priorities have been identified using the statutory organisations responsibilities and an inclusive approach that supports the continuous engagement of autistic residents and their families across Norfolk. There is a growing membership of the Autism network and expressions of interest to join the All Age Autism Partnership board.
- 2.7 The Health and Wellbeing Board is named within the national Autism Strategy as the local strategic partnership to oversee progress locally. The Health and Wellbeing board was provided with an update on 17 July 2018, with the Board:
- a) acknowledging the development of the Norfolk All Age Partnership Board
  - b) acknowledging and supporting the development of working groups to undertake priority work
  - c) agreeing to receive the Norfolk All-Age Autism Strategy that will be informed by the completion of the National Autism Self-Assessment (2018)
  - d) supporting the undertaking of a community engagement exercise that will seek to identify life experience of people with autism and their families living in Norfolk
- 2.8 The autism statutory guidance reminds local authorities of the requirements of the Children and Families Act and the Special Education Needs reforms by including young people's needs associated with their autism in their Educational Health and Care plans and Preparing Young People for Adulthood (transition planning).

- 2.9 Presentations to both the Children’s Services Committee and the Clinical Commissioning Group’s (CCG) Joint Strategic Committee will ensure full engagement with, and integrated focus of, the strategy.
- 2.10 Officers and the Board will continue to work to promote a wider perspective of autism and people’s equal participation in their communities as part of the wider responsibilities of the Council beyond health and social care.

### 3. Norfolk Autism Strategy

3.1 Over the past six months; significant steps have been taken to continue to realise the ambition of an inclusive and comprehensive autism strategy. Increasing the engagement with the autism community, including people who are not currently engaged in social care services and do not have a Learning Disability, have been a key part of that process. We have proactively engaged in challenging conversations with people, including those who have been dissatisfied with access to services and the progress that has been made across the system, to achieve a robust outcome.

3.2 This increase in engagement is evidenced through a number of new members of the autistic community welcomed onto the Norfolk All-Age Autism Partnership Board (NAPB).

#### 3.3 A Five Year Strategy

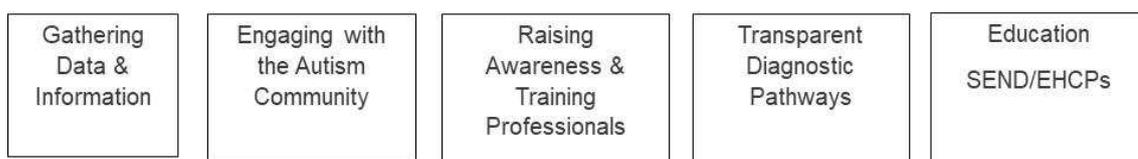
3.3.1 A series of community engagement ‘conversations’ have taken place which resulted in the co-production of the draft autism strategy. The ambition is to progress and finalise the draft strategy through further co-production and the development of an action plan. Progress will be driven by and through the NAPB.

3.3.2 The strategy will set out the vision for all individuals and families affected by autism across their lifetime, to ensure all have the same opportunities to live fulfilling and rewarding lives, whether they are a child, a young person, an adult or an older person.

3.3.3 Norfolk aims to be an Autism Friendly County and to raise public and professional awareness of autism to ensure that people are accepted, understood and treated fairly within their communities.

- 3.3.4 The Autism Strategy will include the outcomes and recommendations from:
- a) The undertaking of the National Autism Self-Assessment that was submitted on 14 December
  - b) The Healthwatch Norfolk autism report
  - c) All Age Autism Joint Strategic Needs Assessment

3.3.5 Our consultations with people affected by autism in Norfolk tell us that there are five fundamental areas we need to work on first. These are our building blocks for action, which are underpinned by our eight strategic objectives.



8 Strategic Objectives

- 3.3.6 We will translate our building blocks into an Autism Action Plan which will have measurable objectives. This Action Plan will be considered by the Council and the local NHS plan services.
- 3.3.7 As a first step we have set up five priority Working Groups. They are:
- a) **Data Gathering**
    - To improve recording of autism across local authority systems
    - To provide information to support requests for new and improved services
    - To develop a single data-base of Autism statistics
  - b) **Engaging with the Autism Community**
    - To ensure the voices of people affected by autism are heard
    - To enable the autism community to contribute to the development of services including through an Autism Communication and Engagement Plan
  - c) **Local Authority Workforce Development and Training**
    - To provide bespoke autism awareness training to all local authority and NHS staff in Norfolk
    - To provide in-person training to 'key' local authority and NHS staff in Norfolk
    - By training staff, to ensure they make reasonable adjustments to remove or reduce barriers for autistic people who need to access services
  - d) **Diagnostic Pathways**
    - To develop county-wide autism-specific diagnostic pathways for adults, children and young people in transition to adulthood which are transparent and easily understood by all
    - To ensure these pathways include effective pre- and post-diagnostic support for individuals, families and carers
  - e) **Education**
    - To support the development of SEND and education health and care plans (EHCP) to meet the needs of autistic children across Norfolk
- 3.3.8 We will bring on-stream other working groups, including – but not limited to - education, housing, employment, advocacy and support for older autistic people. This is so that by 2023 we will have achieved our overall vision of timely access to health, care and wellbeing services, and specific support for autistic people using public transport and within the education, employment, housing and criminal justice systems, among others.
- 3.3.9 The National Autism Programme will undertake a refresh of the National strategy in 2019. Department of Health and Social Care (DHSC) have indicated that this will be an all age strategy which is positive and aligned with Norfolk's all age strategy. Norfolk's strategy will be public facing and flexible with the ability to evolve considering the forthcoming refresh.

## **4. Engagement, Co-production and Progress**

- 4.1 To genuinely co-produce a meaningful strategy and, importantly, increase and improve communication and dialogue with, and between, the autistic community and public bodies, a number of strategies and dialogues have been initiated.
- 4.2 **Norfolk All-Age Autism Partnership Board (NAPB) (the Board)**

- 4.2.1 NAPB membership includes ten autistic members with older people, working age adults young people and parents/carers representatives along with the public sector, voluntary and third sector representatives. Links have been made with the criminal justice board and the older peoples board to ensure good communication and involvement of the NAPB work.
- 4.2.2 The Board acknowledge that there has been some miscommunication and subsequent poor relationships between autistic communities and the Council however, the Board now believe that there was the opportunity and will to work constructively in partnership.
- 4.2.3 A review meeting of the Board took place in September 2018 and identified a programme plan of activities to be achieved. This plan continues to be reviewed and updated by the autism commissioner and working group leads.
- 4.2.4 Reviewed documentation of the board including terms of reference and code of conduct will be made available on the Council's website at <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/all-age-norfolk-autism-partnership-board> as will a Venue Standards document which will be shared with venues across Norfolk.
- 4.2.5 A separate communication plan is also being developed which includes an Autism Standard for communication, it takes into account good practice from the National Autistic Society and will include access through a single point for communication and query for the autism community via the email address [autism@norfolk.gov.uk](mailto:autism@norfolk.gov.uk) and will provide consistent clear and transparent communication for the NAPB members.
- 4.3 **Co-production Session**
- 4.3.1 The National Autistic Society have been approached to run a workshop for Board members. The outcome of the workshop is to have a shared understanding of co-production, the roles and contributions of all the members of the partnership and agreement on how to best size and scope the Board to provide meaningful engagement and outcomes.
- 4.4 **Autism Training**
- 4.4.1 Autism Training for Board members was delivered by Norfolk and Suffolk Foundation Trust on 5 December 2018, 13 members of the Board attended. Conversations are taking place with Norfolk & Suffolk Foundation Trust to offer another date in early spring 2019 for those members who couldn't make this event.
- 4.4.2 Autism training will also be delivered to the Council's staff and a national expert on autism was engaged in 2018 to inform and improve the Council's approach to commissioning and delivery of services.
- 4.5 **Community Engagement Events**
- 4.5.1 Several community engagement events have taken place. A consistent theme from these forums were concerns regarding SEND, education health and care plans (EHCPs). The October 2018 NAPB agreed to form an Education SEND/EHCP working group to work through and propose solutions to the issues raised.
- 4.5.2 Further community engagement conversations are planned in February, May, August & October 2019 and February 2020.

#### **4.6 Joint Strategic Autism Needs Assessment**

4.6.1 NAPB members have worked with Public Health to deliver a joint strategic autism needs assessment. A second community conversation will take place in January 2019 to consider if the recommendations from this report are right; these recommendations will feed into the draft strategy.

#### **4.7 National Autism Self-Assessment (SAF)**

4.7.1 The National Autism Self-Assessment is how the Secretary of State evaluates how successfully local authorities have implemented the Autism Act.

4.7.2 The SAF consists of 129 questions and the outcomes from the SAF will be incorporated into the Autism Strategy. The SAF was submitted in December 2018.

#### **4.8 Health Watch Norfolk**

4.8.1 A report was issued in October by Healthwatch that focused on the accessibility of parents' access to a diagnosis for children and appropriate support. It identified the need for better communication with the families, particularly in helping them to understand the assessment process as well as highlighting the need for greater autism awareness across all health and care services.

4.8.2 Further suggestions include improvements to current patient waiting areas, greater family involvement in the redesign of future facilities and better wraparound support for the whole family.

4.8.3 The NAPB welcomes Healthwatch Norfolk's recommendation with all the report's findings acknowledged and to be included in the work programme of the NAPB led by Norfolk County Council and will also inform the strategy going forward.

#### **4.9 NHS forward Plan**

4.9.1 NHS England has identified the health needs of autistic people in addition to Learning Disabilities in the Five Year Forward View for Mental Health (2016). This is a vital step in supporting the developments that will enable autistic people to access mainstream services and promote their health and wellbeing outcomes. The NAPB looks forward to working with its health partners on making real improvements to the support autistic people receive for their physical and mental health wellbeing. Working together to be able to offer all autistic people to live, longer, happier and healthier lives.

4.9.2 The NAPB meetings held in July and October 2018 reviewed the current activity in the delivery of the National Autism Statutory Guidance and the National Autism Strategy and confirmed that the review refresh of the diagnosis and support pathways for children and adults is a priority, in addition to the development of a fifth Working Group focusing on Education.

#### **4.10 Communication**

4.10.1 The first of three engagement exercises is complete. The adults with autism questionnaire will help inform the priorities of the strategy including accessing a diagnosis and pre and post diagnostic support, as well as accessing and retaining employment opportunities, housing and their local community resources. The

engagement exercise will be adapted to enable as many people as possible to participate.

- 4.10.2 The exercise includes a survey, paper versions, discussions within existing peer support groups and services and schools for example.
- 4.10.3 In addition, autism community partnership groups take place four times per year and seek to widen the voices contributing to the agenda, enabling people to share their experiences on an ongoing basis and identify opportunities for people with autism to proactively support and participate.
- 4.10.4 A communication and engagement plan has been co-produced that supports the communication of the strategy and work underway. In addition to the opportunity to express an interest to participate in supporting Norfolk to be an Autism Friendly County.
- 4.10.5 As part of this plan the web page is currently being reviewed on the Norfolk County Council website and an Autism Newsletter was distributed in October 2018.
- 4.10.6 The website is updated, and a newsletter produced after each NAPB meeting, with development of news updates, with the ambition of an Autism Friendly Norfolk. The webpage and newsletters aim to:
  - a) Share where in Norfolk, a range of reasonable adjustments are considered and in place to support the needs of autistic people and their families/carers
  - b) Share involvement opportunities
  - c) Share good news stories and case studies

#### 4.11 **Data**

- 4.11.1 The data group has been focused on the SAF, but with a future intention to hold a virtual dataset that will better inform the completion of the National Autism Self-Assessment and the planning and delivery of services in the future to be accessible and applicable for people with autism.
- 4.11.2 To improve the consistent collation of data for Norfolk guidance on how to correctly and consistently record autism has been provided with evidence of improved recording through the SAF reporting from 2016 to 2018.

#### 4.12 **Diagnostic and Support pathways**

- 4.12.1 It is recognised that the current diagnostic pathways for both children and adults have had challenges with regards to capacity and waiting times for assessment. As a result, neither meet the recommendations set out in NICE guidelines for children and adult diagnosis. Commissioners across health and social care in Children's and Adult services are engaged within the working groups to develop a transparent diagnostic pathway inclusive of multi-agency support in pre and post diagnosis, and to realise the best use of resources.
- 4.12.2 **Children** - The children's diagnosis service has undergone a review and has received extra resources to support the reduction of the waiting list. They are currently working towards a 12 week waiting list as opposed to 12 months.
- 4.12.3 Re-think have been approached to support the NAPB to provide clear and transparent pathways that are understood by people with autism, their parents/carers and professionals alike. It is the intention to hold:

- a) A workshop for professionals to obtain a clear understanding of the young people ASD pathways throughout Norfolk
- b) A workshop for people who have used those diagnosis pathways and pre and post support to share what has worked well and what has not worked so well

4.12.4 **Adults** – Asperger’s Service Norfolk, delivered in partnership by Norfolk Community Health and Care and Asperger East Anglia is funded by the five CCGs and the Council. Currently there is a four-year waiting list, additional resources are being sourced to reduce it.

4.12.5 The Adult diagnostic service currently diagnose Asperger syndrome only. The Joint Strategic Commissioning Committee (JSCC) and the Council agreed to fund the service for an additional year, while commissioners develop a new model to meet the future needs of diagnosis in addition to modelling what a pre and post diagnostic support pathway looks like for implementation April 2020.

4.12.6 This will be informed through engagement with people accessing those services and professionals such as GP’s seeking to access the current pathway.

## **5 Financial Implications**

5.1 Funding will be required for the continued activity and support of the All Age Autism Partnership Board and co-production workshops and has been incorporated into the overarching service budget.

5.2 The review of existing autism commissioning arrangements, including diagnostic pathways that include pre and post diagnosis support such as social care delivered by the Council, may result in proposed additional spend

5.3 Workforce development training for Council staff is required and will be delivered in 2019.

## **6 Issues and risks**

6.1 **Risk:** The autism diagnosis service is due to finish in March 2019. An offer to extend the existing contract has been proposed to the existing provider, Asperger Service Norfolk (ASN) delivered in partnership by NCHC and Asperger’s East Anglia. Contingency plans are being implemented to ensure that the service remains available including spot purchasing of services.

## **7. Recommendations:**

**Adult Social Care Committee is asked to:**

- a) **Acknowledge the work undertaken in the continued development of Norfolk All-Age Autism Partnership Board, Norfolk All-Age Autism Group and the working groups in place to undertake priority work identified**
- b) **To consider the contribution from services across the Council to the strategy**
- c) **Agree to receive the local all-age autism strategy that will be informed by the completion of the National Autism Self-Assessment (completed 14 December 2018) with a co-produced all age strategy available March 2018**

## Officer Contact

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

If you have any questions about matters contained in this paper please get in touch with:

**Officer Name:**

Sera Hall  
Tracey Walton

**Tel No:**

01603 222996  
01603 223420

**Email address:**

sera.hall@norfolk.gov.uk  
tracey.walton@norfolk.gov.uk



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# Adult Social Care Committee

Item No.....

<b>Report title:</b>	<b>Performance Management</b>
<b>Date of meeting:</b>	<b>14 January 2019</b>
<b>Responsible Director</b>	<b>James Bullion, Executive Director of Adult Social Services</b>
<b>Strategic impact</b> Robust performance management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.	

## Executive summary

This report sets out the latest available performance position for Adult Social Services. The data has been drawn from the new LiquidLogic system. All front line teams continue to support a high number of people across all ages and with a range of needs, and point to sustained high volumes of activity, continued complexity of needs, and pressures on the wider care market, particularly for home care and nursing care.

## Recommendations

The Committee is asked to:

- a) **Discuss and agree the overall performance position for adult social care as described in section 2 of this report**

## Appendix 1 – Performance management report cards (page 71)

### 1. Introduction

- 1.1 This report sets out the latest available performance position for Adult Social Services. The data which is in this report has been drawn from the LiquidLogic system and reflects performance up until the end of October 2018, although it should be noted that it can take some months to complete all care and support recording.
- 1.2 Members should note that because the report draws on more up to date data, final positions may change as work is completed and as social workers complete the reporting on the system.

### 2. Performance overview

- 2.1 Promoting Independence is the department's strategy for accelerating the delivery of improved outcomes for people who require adult social care within the ongoing challenging financial context. The Committee has previously (October 2017) agreed six key measures that align with the intervention points of Promoting Independence. The measures are:
  - a) Reducing the 'conversion' of requests for support to formal assessment by connecting people effectively with good quality information and support
  - b) Ensuring an appropriate proportion of assessments go on to require ongoing social care involvement

- c) Reablement cases where the person does not require additional social care
- d) Increasing the rate at which review backlogs are handled, and increasing the rate of reviews that lead to a reduction or cease in service
- e) Reducing permanent admissions into residential care for people aged 18-64
- f) Reducing permanent admissions into residential and nursing care for people aged 65 and over

Our strategy continues to be to:

- a) Strengthen and expand prevention – including through good advice, connecting people with help in their communities, strengths based social work – our Living Well approach
- b) Intervene to keep people independent – through short-term support, often in partnership with the NHS; through reablement to help people regain skills and confidence so they can continue living independently in the community
- c) Support people who need ongoing help – providing as much choice and control as possible, including for carers; developing more housing options for people to live independently but with additional support if needed; enabling a vibrant care market with a skilled workforce

The following section gives an update against each of the measures, and by extension an update on the key changes under Promoting Independence.

Please see **Appendix 1** for detailed information on Report Cards.

## 2.2 **Cases that lead to assessments, and assessment leading to formal services**

2.2.1 The overall trend is a reducing number of contacts going onto assessment, in line with the strategy of supporting more people earlier, connecting them with informal community support. Since the beginning of the year, there has been considerable expansion of prevention and early help work for adults in the community – a strength noted in the recent Peer Review. However, this will take time to embed, and time to deliver results for people.

2.2.2 The ‘sister’ measure (assessments which go onto formal services) is reducing, when best practice suggests that a higher proportion of assessments would be expected to result in formal services. We are exploring the drivers behind this; it could be that practice still favours capturing and recording people’s needs in an assessment, even if the outcome involves supporting people through informal support. The full implementation of Living Well may require us to review the balance between these two related indicators to ensure that the targets reflect the practice we want to achieve.

## 2.4 **Effectiveness of reablement**

2.4.1 Norfolk First Support (NFS) continues to support increasing numbers of people through reablement – at home and in Benjamin Court. The expansion of the service – agreed in April 2018 – has enabled more people to live at home by meeting the increase in referrals. NFS has responded to the widespread challenge of recruiting and retaining staff, and at the end of October there has been a significant improvement in the number of vacancies, only 8 fte reablement support worker vacancies (out of 225 ftes) across the county.

2.4.2 There are now 33 accommodation based reablement beds in five locations across Norfolk. Accommodation based reablement is for people who are well enough to leave hospital but need extra support before they can go home safely and for people who live

at home but need extra support to prevent them going into residential care. Overall, data shows that around 70% of people are reabled to return home.

2.4.3 The first nine beds in Benjamin Court were opened in February 2018, and a further nine have followed. Benjamin Court is the accommodation based reablement unit in Cromer run by NFS. The service aims to help people stay as independent as possible in their own homes and not need permanent residential care prematurely, giving better outcomes for people and saving Adult Social Services money. At the end of October, 137 people had been taken into Benjamin Court: 53% then returned to their home with home based reablement; 13% needed no further services; 18% needed to go back to hospital; 1.5% went into Housing With Care; 5% moved to permanent residential care; 5% went home with their existing home care provider.

## 2.5 **Holding lists**

2.5.1 Continued focus by the community care resilience team, and by locality teams has seen the drop in the number of unallocated cases on the holding list reduce again over this period. The reduction is due to a combination of targeted work by the resilience team – recognised through the Council’s outstanding staff contribution awards (OSCA) for their work – and different approaches across locality teams. This includes the west locality which, through allocating a dedicated team, was able to eradicate its holding list for social work and occupational therapy. This was achieved within existing resources by re-shaping the mix of teams, creating a dedicated fixed-term team to pick up cases on the holding list. It is critical that teams move into the winter period with the minimum number of cases on their holding lists so they are able to respond effectively to people who need support either coming out of hospital, or to enable them to stay supported in their own homes. It is also critical to reduce holding lists to as low a level as possible as we move into the full implementation of Living Well.

## 2.6 **Delayed transfers of Care**

2.6.1 Staying unnecessarily long in acute hospital can have a detrimental effect on people’s health and their experience of care. If they are not able to leave hospital to continue their recovery, older people particularly risk losing their mobility and ability to manage daily living tasks, increasing their level of care needs and impacting on their independence and quality of life. The joint focus of health and social care is to avoid unnecessary admissions to hospital and ensure a timely discharge when it is safe and in the best interests of the person needing care.

2.6.2 The October publication of figures shows Norfolk Adult Social services as still above its stretching DToC target. (6.63% against the target of 3.4%). As reported to Committee last month, winter resilience has been strengthened through a range of measures including strengthened operational leadership for the three acute hospital discharges; brokering and care arranging to ensure swift processes and decision making; strengthened communication with care providers; expansion of reablement; a suite of prevention and early intervention services in communities.

2.6.3 Our tracking of November and December figures, whilst yet to be confirmed, suggests a slight improvement, principally through earlier engagement in decision making on the wards. At the time of writing, we are finalising actions with the NNUH to agree a shared approach to sign-off of delays, ensuring we are capturing the right reason and the right attribution, so that we can use the information to target improvements for people.

## 2.7 **Reviews that lead to reduced services**

2.7.1 We have re-calculated this measure as we realised we were not taking into account a tranche of reviews which were being recorded differently in the new LiquidLogic

System. For adults of working age this has demonstrated that we have been working at a more realistic higher rate of around 22% of reviews leading to a reduction in service. There is now a dedicated team in the learning disability service focusing on reviews, and since they began in May, they have completed 262 reviews. There are good examples of a reablement approach being successful; a recent example was of a 24 year old woman who had been in a specialist residential home since the age of 19. Her review showed increased level of independence and a drive to live more independently. Over a period of around nine months, she was able – with support from social workers and staff in her residential home – to gain skills and confidence to move into her own tenancy in supported living. Follow up shows her to be settled, enjoying new independence, accessing the community and having more family contact.

## **2.8 Rate of permanent admissions**

2.8.1 The rate of permanent admissions for younger adults continues to remain largely steady, with small fluctuations month by month. The Learning Disability Strategy is moving forward on a number of fronts designed to increase the independence of people with learning disabilities by developing more choices for housing, and more opportunities to build independent living skills – cooking, managing money, building friendships. These changes are in progress but, as outlined earlier in this report, may take some time to impact on this particular indicator. Work is underway with LD teams to shape how a Living Well: 3 conversation model of working could be implemented across the service.

2.8.2 For older people, the measure captures a rolling annual average of the number of new admissions to permanent care. This takes out any short-term placements or temporary placements – something which we know is currently driving up our costs and activity. As we reported to Committee in October 2018, a recent sample study undertaken by the intelligence and analytics team within the Council has reconfirmed our understanding of the drivers of this demand. Dementia, a fall or the breakdown of existing support arrangements are still amongst the main/primary life changes that may lead to a residential placement. As a result of this we are beginning to see a shift between standard residential care and enhanced (dementia related) care.

2.8.3 We have followed up the original analysis work by a further close reading of the use of short-term beds. This was identified because of the number of people who, following a stay in a short-term bed, were going on to need permanent care – often in the same setting. The work highlighted the effectiveness of our short-term beds which were centrally managed and supported and used appropriately to avoid people making long-term decisions in a crisis. This was in contrast to ‘spot purchased’ short-term placements. As a result we have changed our process to ensure the best use of short-term and reablement beds across the system.

## **3. Recommendations**

3.1 **The Committee is asked to:**

- a) **Discuss and agree the overall performance position for adult social care as described in section 2 of this report**

### **Officer Contact**

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

**Officer name :** Tel No. :

Debbie Bartlett 01603 223034

**Email address :**

[debbie.bartlett@norfolk.gov.uk](mailto:debbie.bartlett@norfolk.gov.uk)



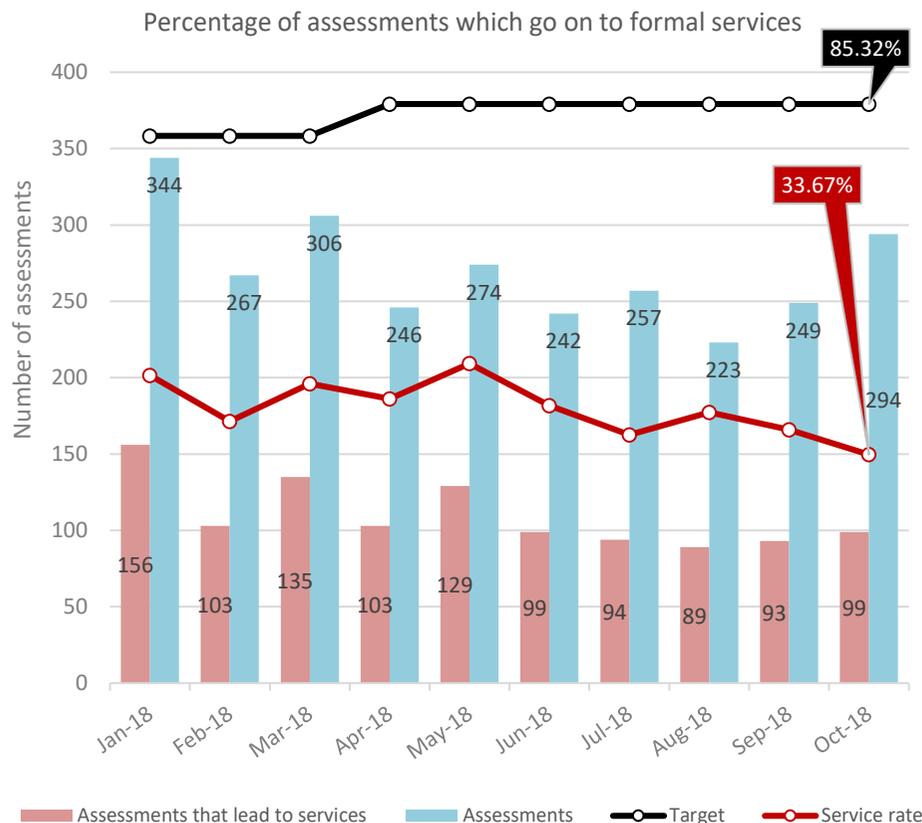
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# Percentage of assessments which go on to formal services

## Why is this important?

This indicator measures the effectiveness of arrangements for supporting and re-abling people, and of the process for determining which people need a Care Act Assessment. People that go on to receive information and advice as a result of an assessment, or who receive 'no further action', probably should not have received an assessment in the first place.

## Performance



## What is the background to current performance?

- We have recognised that we need to review this target as part of the implementation of Living Well; 3 conversations. The target was based on demand management work carried out nationally and may not reflect the practice we are seeking to implement in Norfolk.
- The indicator is based on seeing a high 'conversion' rate from assessments to formal services, based on the presumption that all other forms of informal support would have been exhausted in earlier conversations.
- Further work with social care teams is needed to understand more about practice at the front line affecting this indicator. It may be that the outcome of assessments – whilst not a formal service – is still supporting people appropriately.
- Our more local performance data also shows differences between localities, possibly reflecting the extent to which 3 conversations is embedded.

## What will success look like?

- People that go on to receive information and advice as a result of an assessment, or who receive 'no further action', probably should not have received an assessment in the first place.
- The increase suggested here may feel counter-intuitive in that it might suggest additional service provision. In fact, this increase is predicated on an overall reduction in assessments in line with the principles of the 'Three Conversations' model.

## Action required

- Continue to review and act on locality level data at monthly performance and finance board.
- Continued focus at every point of contact with people on independence
- Joint working with health to promote self-care and build resilience in communities
- Planned roll out across all teams of the Living Well model

Responsible Officers

Lead: Craig Chalmers, Director of Community Social Work

Data: Intelligence and Analytics Service

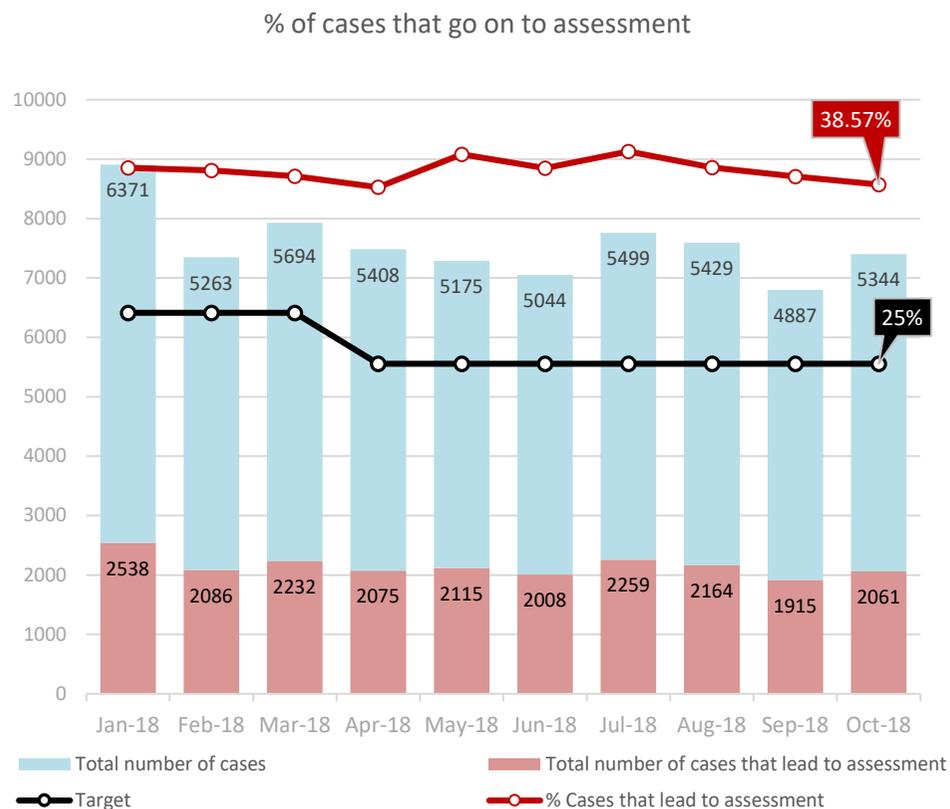
## Percentage of requests that go on to assessment

### Why is this important?

Leading practice in social care suggests that a quarter of contacts to social care should translate into a formal care act assessment. This highlights the need to expand and embed prevention and information strategies which connect people with support or advice so more people stay in control of their lives.

### Performance

### What is the background to current performance?



- There are now a suite of prevention and early intervention approaches which should be contributing towards keeping people connected to their communities and self-help. Data continues to show an improvement against this measure, suggesting early intervention, prevention and strengths-based working are all directed towards supporting people to be independent, resilient and well. The challenge will be maintaining continued improvement against this target during more intensive months of activity
- Norfolk is piloting a county-wide offer for Social Prescribing which is funded through Norfolk County Council and Public Health for two years until April 2020. Locality models are all live and have been accepting referrals from 1st August 2018
- Data up until 31st October 2018 shows 1117 referrals across the county, with the South locality being the busiest (this is expected as these services has been running significantly longer). There are high number of referrals coming through GP practices but at the time of writing fewer referrals from NCC Customer Services Centre (however training only took place in November 2018). The primary referral reason data identified 'benefit advice', 'social isolation', 'mental health' and 'financial advice' as the highest needs.
- Living Well 3 conversation model will be implemented from January onwards and rolled out to all locality teams over a 3 month period.

### What will success look like?

### Action required

- Good performance will mean a reduction in the percentage of requests for support ending with an intention to carry out assessment. Performance is therefore driven by the extent to which other options – for example community-based support – have been explored; and by the amount of requests for support.

- Thorough and effective implementation of Living Well: 3 conversations, ensuring that the fundamental drivers of the approach are not diluted by the widespread roll-out
- Effective targeting of preventive work, through a risk-stratification model
- Strengthened communication around prevention and early help services, so that teams maximise the benefits of the expanded offer.

Responsible Officers

Lead: Craig Chalmers, Director of Community Social Work

Data: Intelligence and Analytics Service

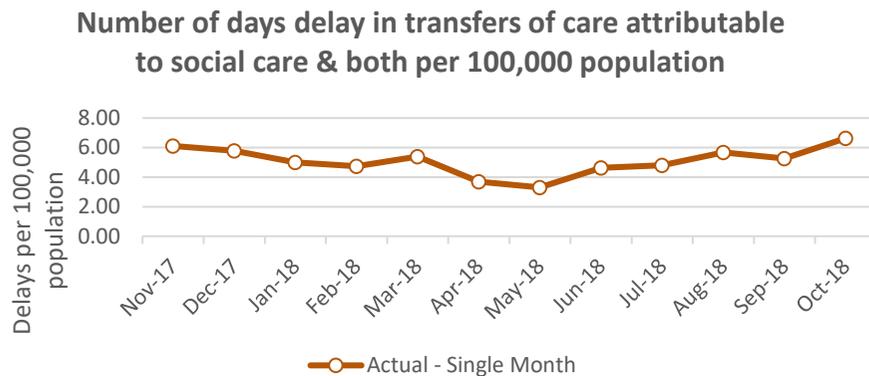
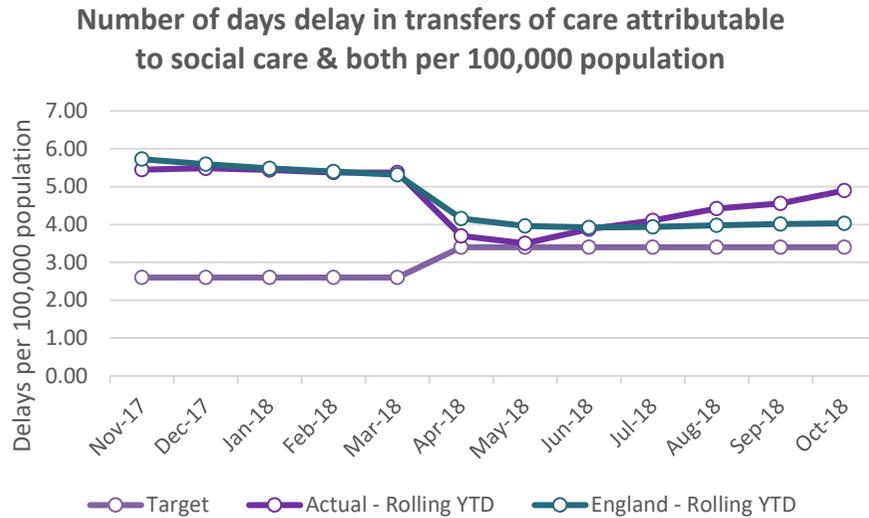
## Delayed transfers of care

### Why is this important?

Staying unnecessarily long in acute hospital can have a detrimental effect on people's health and their experience of care. Delayed transfers of care attributable to adult social services impact on the pressures in hospital capacity, and nationally are attributed to significant additional health services costs. Hospital discharges also place particular demands on social care, and pressures to quickly arrange care for people can increase the risk of inappropriate admissions to residential care, particularly when care in other settings is not available. Low levels of delayed transfers of care are critical to the overall performance of the health and social care system. This measure will be reviewed as part of Better Care Fund monitoring.

### Performance

### What explains current performance?



- There were 2709 total delayed days in October 2018, of which 1491 were attributable to Social Care. This is an increase from September 2018, where there were 1051 Social Care delays
- 55.0% of delays were attributable to Social Care, 41.4% were attributable to the NHS with 3.6% attributable to both NHS and Social Care.
- The main reason for Social Care delays was “Awaiting Residential Home Availability or Placement”. This accounted for 768 delayed days (42.6% of all Social Care delays).
- The proportion of Social Care delays occurring in acute care was 63.9%.
- Delays were verified for NCHC, NSFT & 2 out of 4 out of county trusts only. NNUH, JPUH and QEH delays were agreed at ward level. NNUH published data was not as expected from local tracking and reporting. QEH delays were at expected levels. JPUH submitted delays as expected.
- New guidance jointly from NHS England and the Association of Directors of Adult Social Care has confirmed the need for local authorities to verify numbers attributed to them before they are submitted to the national system.
- At the time of writing, there are steps to strengthen sign-off since there have been discrepancies between numbers agreed locally, and those submitted and published nationally.

### What will success look like?

### Action required

- Low, stable and below target, levels of delayed discharges from hospital care attributable to Adult Social Care, meaning people are able to access the care services they need in a timely manner once medically fit.

- Deliver against the winter resilience plan, including the use of additional monies
- Strengthen and formalise the role of the Head of Hospital Discharge in the formal verification of numbers attributable to adult social services
- Monitor, review and act on daily, weekly and monthly intelligence

Responsible Officers

Lead: Craig Chalmers, Director of Community Social Work and Lorryne Barrett, Director of Community Health and Social Care. Data: Intelligence & Analytics

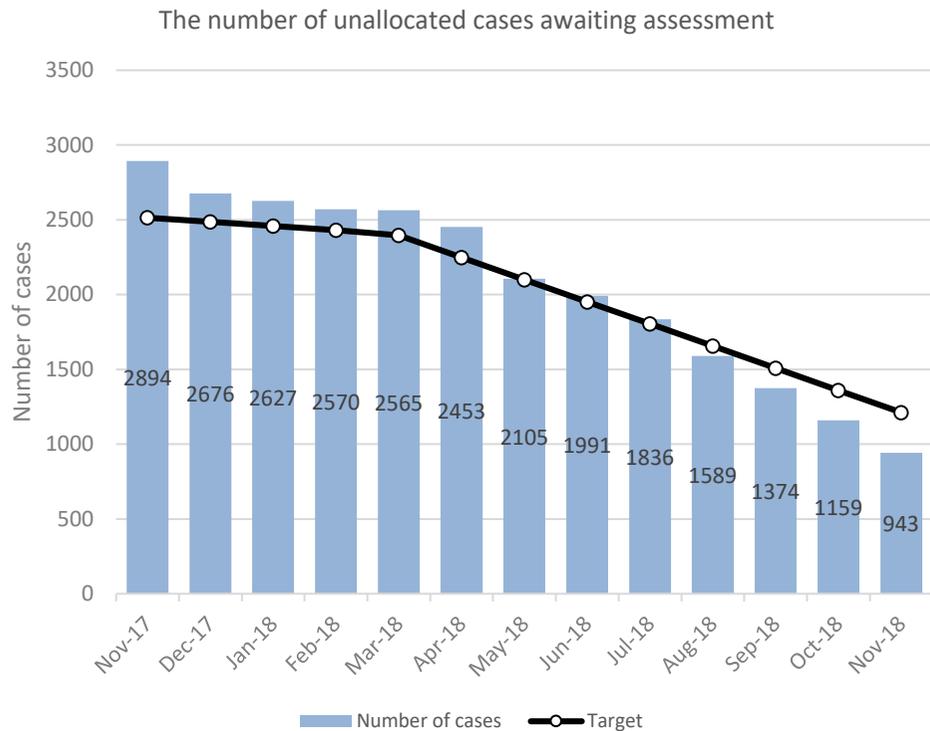
# Holding List

## Why is this important?

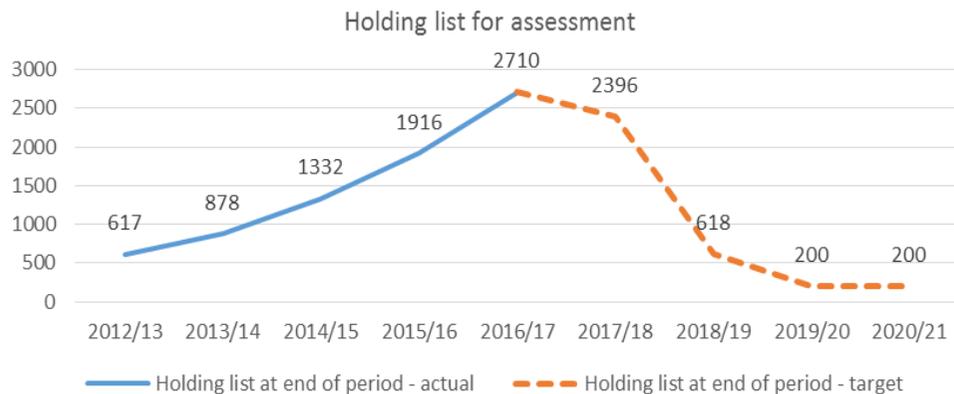
Carrying high backloads of work is having an impact of the pace of change we need to make. Delays in assessments can worsen the service users' condition, resulting in a greater need of care from the authority and potentially reducing their level independence. Monitoring of this will allow us to assess the impact of recruitment into newly created posts and allows us to monitor the performance of the 3 conversations model.

## Performance

## What is the background to current performance?



- Our 'holding' lists peaked over a year ago; since then they have been reducing
- A further reduction is reported over the last three months.
- This is a combination of different approaches by locality teams, and support across the county from the dedicated Community Care Resilience Team
- All workers are trained in strengths based practice, have an ethos in line with the Three Conversations and OT first, and have achieved their competencies to allocate low level equipment
- Early indications from Living Well innovation sites show that it is possible to minimise any holding list; the Community Care Resilience Team have been working in a three conversations model
- It is critical that teams move into the winter period with the minimum number of cases on their holding lists so they are able to respond effectively to people who need support either coming out of hospital, or to enable them to stay supported in their own homes. It is also critical to reduce holding lists to as low a level as possible as we move into the full implementation of Living Well



Action required

- Good performance will mean a reduction in the number of unallocated cases awaiting assessment. Performance is therefore driven by the success of the recruitment process to increase capacity and the further introduction of sites using the 3 conversations model

- Celebrate success and share good practice and practical support for locality teams through cross-departmental learning opportunities
- Continue to be innovative around recruitment – in the CCRT team, and in locality teams
- Consider the best skillmix and set-up of teams as part of the implementation of Living Well: 3 conversations to sustain the decrease in the holding list.

Responsible Officers

Lead: Lorraine Barrett, Director of Adult Ops and Integration – NCC and NCHC

Data: Intelligence and Analytics Service

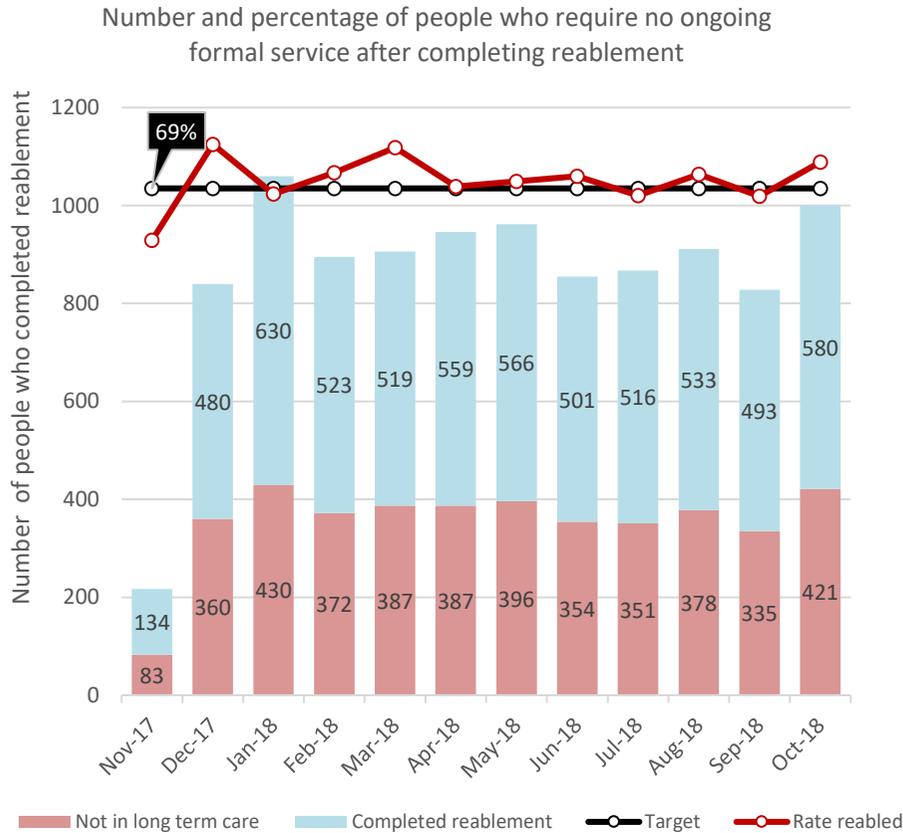
# The effectiveness of Reablement Services - % of people who do not require long term care after completing reablement

## Why is this important?

The Promoting Independence Strategy, as well as the Care Act 2014, requires that the council does all that it can to prevent or delay the need for formal or long-term care. Norfolk has provided reablement services for a number of years that help people get back on their feet after a crisis – to people leaving hospital or that have just experienced a change in their wellbeing that might require care. The success of this is important for two reasons. First, people that do not require long-term support because of reablement are more independent and tend to experience better outcomes. Secondly, avoiding long term care saves the council money.

## Performance

## What is the background to current performance?



- Due to the migration from Care First to LiquidLogic there is a gap in the data available for October, November & December 2017
- Unlike in Care First, it is not possible in LiquidLogic to see those that have been passed to NFR with long term conditions that will always require a service, such as those with palliative care needs. These people do not have the potential be reabled but the service sometimes has a duty to provide support and care if there are no other providers able to do this at that time. This means that since November 2017 the measure is now looking at all cases taken on by the reablement service, which will have an impact on the overall figure, ie the percentage reabled will appear lower than when the data was taken from Care First
- A sister indicator to this one is the number of people who have been through reablement who remain at home after 91 days. This is currently proving difficult to extract from the new system; Norfolk performs strongly on this indicator – last year consistently at 93%.
- There is a challenge for NFS in recruiting and retaining staff, as with many providers in the Health and Social Care system. NFS has looked at what else it can do attract and retain staff. The initial changes are making a difference: at the end of October there has been a significant improvement in the number of vacancies, only 8 fte reablement support worker vacancies (out of 225 ftes) across the county
- The first nine beds in Benjamin Court were opened in February 2018. Benjamin Court is the accommodation based reablement unit in Cromer run by NFS. Accommodation based reablement is for people who are well enough to leave hospital but need extra support before they can go home safely and for people who live at home but need extra support to prevent them going into residential care. The service aims to help people stay as independent as possible in their own homes and not need permanent residential care prematurely, giving better outcomes for people and saving Adult Social Services money. At the end of October 137 people had been taken into Benjamin Court: 53% then went home with home based reablement; 13% needed no further services; 18% needed to go back to

hospital; 1.5% went into Housing with Care; 5% moved to permanent residential care; 5% went home with their existing home care provider.

### What will success look like?

- The maximum proportion of people completing home based reablement not needing ongoing care
- The business case agreed by NCC and the CCGs in April 2018 for additional investment in Norfolk First Support home based reablement was based on delivering 15% more referrals. It looks as if the service is delivering this, however the service is checking the data as it appears to not include all referrals. The cost of reablement services to be significantly less than the likely cost of long term care

### Action required

- Continued monitoring of the impact of reablement, and against the targets set out in the business case for additional investment in Norfolk First Support.



### Responsible Officers

Lead: Janice Dane – Assistant Director Early Help and Prevention Data: Business Intelligence & Performance

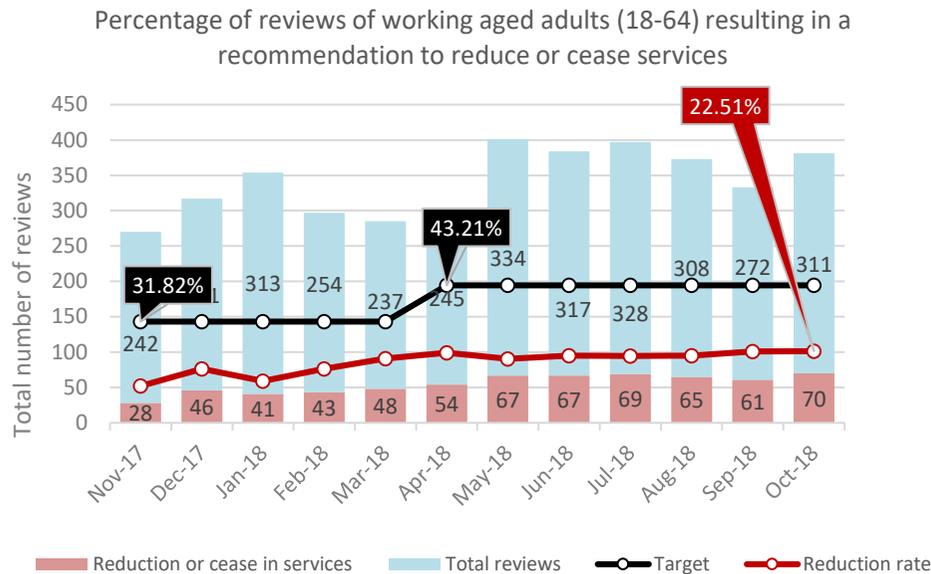
# Percentage of reviews that lead to a recommendation to reduce or cease services

## Why is this important?

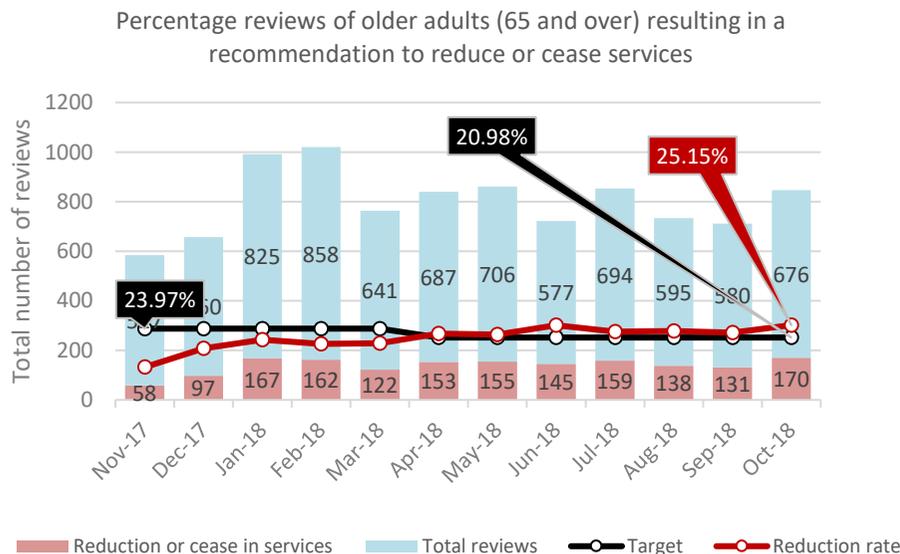
People's needs change and, under the Care Act, a review of needs has to be undertaken if there is a change in need, or if not, an annual review is required. We are currently carrying a backlog of work, much of which is made up of reviews. We have two targets associated with this measure reflecting two key groups of people – people aged 18-64, and older people (65 plus)

## Performance

## What is the background to current performance?



- It is important for the service to address what is a backlog of reviews – particularly for people with learning disabilities
- To do this, we engaged a specialist agency; however, they withdrew from the work because they were unable to recruit to the levels and skills of staff required to complete complex case reviews to the required quality
- To mitigate this, we have established a temporary Assistant Practitioner team to take on more review work. We are strengthening the oversight and supervision of the temporary Assistant Practitioner team so they can cover the more complex work
- Since May 2018, this team has undertaken 262 reviews
- High quality reviews for people with complex needs can take considerable time, and making changes for people often requires intensive support for the individual, and close working with providers of care
- Work by the Community Care Resilience Team on the holding list has included undertaking reviews of older people. Combined with the work undertaken by locality teams, this has helped to keep this measure in line with our target



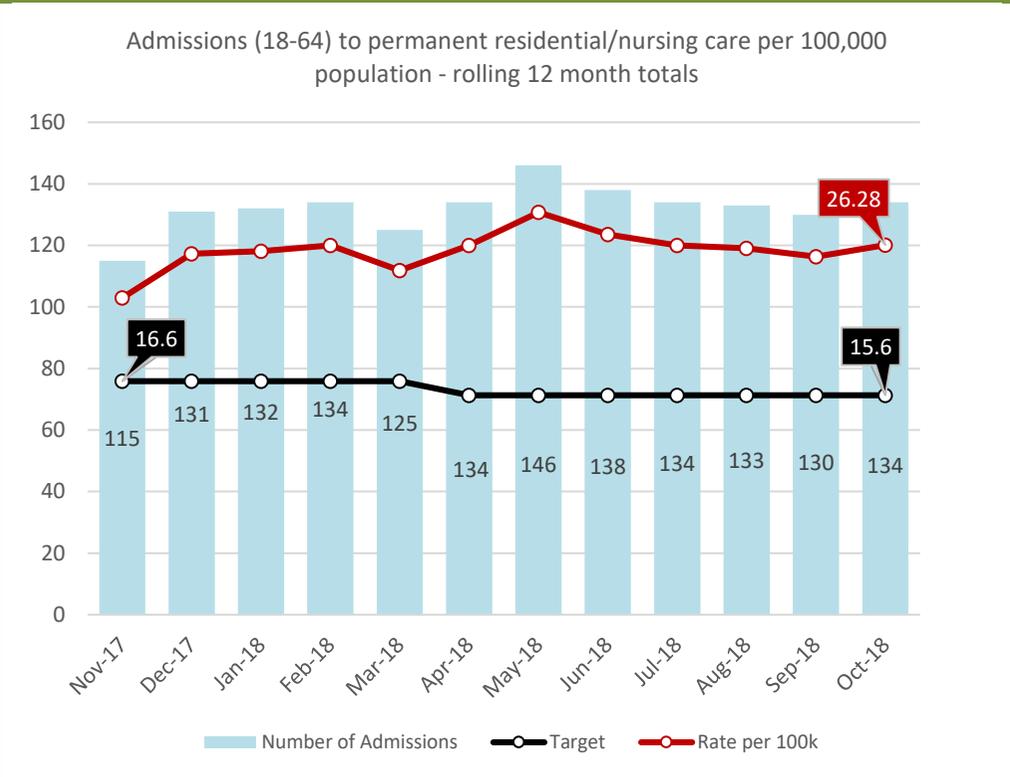
What will success look like?	Action required	
<ul style="list-style-type: none"> <li>• For older people, many of whom have entered service with long term and deteriorating health needs, there may be fewer opportunities for greater independence and reduced care packages. If long term care packages reduce in line with Promoting Independence and three Conversations principles, those remaining in long term care may have more complex needs – making the target more difficult to hit</li> <li>• For people aged 18-64, performance in this area has been relatively low – below that of reviews of people aged 65+ - and the proposed targets represent a significant change in practice and performance. This will be challenging</li> </ul>	<ul style="list-style-type: none"> <li>• Further analysis of why reviews lead to changes in service configuration</li> <li>• Additional capacity amongst practitioner teams to undertake targeted reviews of complex cases</li> <li>• Continued improved communication to front-line teams about the choices available for community based services</li> </ul>	
Responsible Officers	Lead: Craig Chalmers, Director of Community Social Work	Data: Intelligence and Analytics Service

# More people aged 18-64 live in their own homes

## Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings, and indicates the effectiveness of measures to keep people in their own homes.

## Performance



## What is the background to current performance?

- Historic admissions to residential care for people aged 18-64 were very high in Norfolk at nearly three times the family group average
- Improvements have seen year-on-year reductions but most recently, the rate has remained largely static
- Our priority focus has been to transform services for people with learning disabilities. This should see fewer people with learning disabilities in permanent residential and nursing care, because of wider choices of accommodation
- In addition, we are shifting to an enablement approach which helps people build independent living skills – cooking, managing money, building friendships
- These changes are in flight but may take some time to show impact on this indicator
- In parallel to this work, we have recognised the need to review the options that we have available for people with physical disabilities, and see what alternatives to residential care might be possible to develop

## What will success look like?

- Admissions for levels at or below the family group benchmarking average (around 13 per 100,000 population)
- Subsequent reductions in overall placements
- Availability of quality alternatives to residential care for those that need intensive long term support
- A commissioner-led approach to accommodation created with housing partners

## Action required

- Development of “enablement centres” model for service users aged 18-64 to be helped to develop skills for independent living
- Development of a Preparing for Adult Life services, across adults, children’s, education and health to support transition between children’s and adults services

Responsible Officers

Lead: Craig Chalmers, Director of Community Social Work

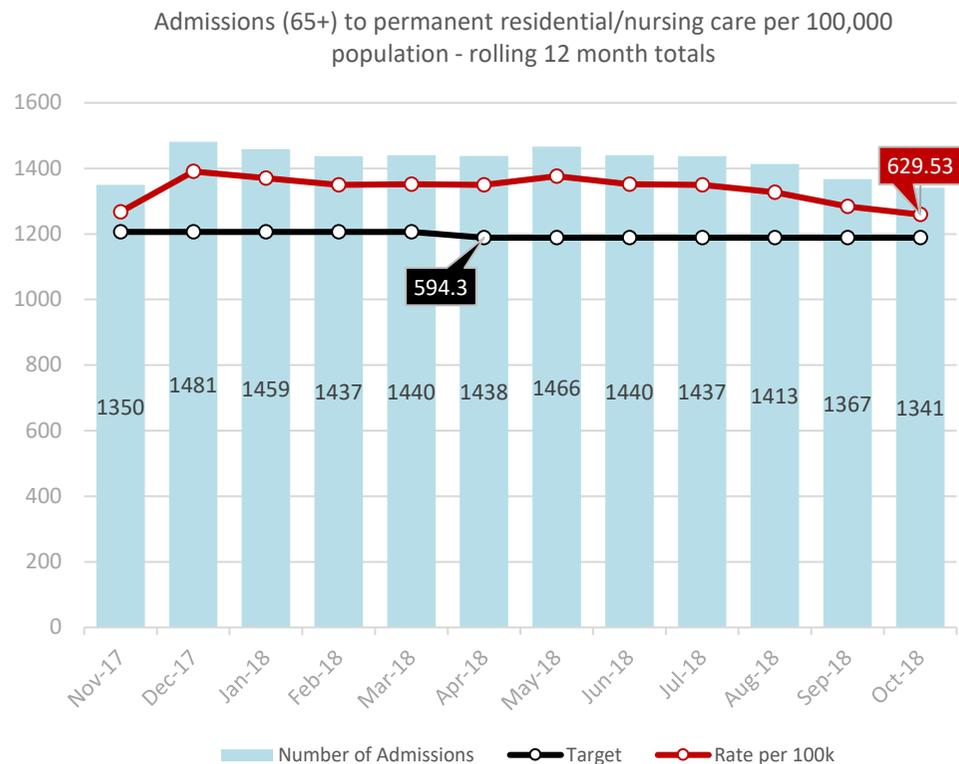
Data: Intelligence and Analytics Service

# More people aged 65+ live in their own homes for as long as possible

## Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings and indicates the effectiveness of measures to keep people in their own homes.

## Performance



## What is the background to current performance?

- Historically admissions to residential care have been higher than Norfolk's family group average
- Over the past three years the rate of admissions in Norfolk has decreased although monthly reporting of performance shows there has been a slowing down of improvement since March 2016
- The figures from Liquid Logic here need to be treated with some caution, given the trends we are seeing in high numbers of short and long-term placements as evidenced through finance and activity data
- The figures here – a rolling annual average – may look better than it is because of a known discrepancy in the transfer of information earlier in the year between old and new systems
- Work over the last three months has analysed our use of short-term placements – many of which were becoming by default permanent admissions. This is a trend which other areas of the country are reporting
- Our analysis identified the effectiveness of our short-term beds which were centrally managed and supported and used appropriately to avoid people making long-term decisions in a crisis. This was in contrast to 'spot purchased' short-term placements. As a result we have changed our process to ensure the best use of short-term and reablement beds across the system

## What will success look like?

- Admissions to be sustained below the family group benchmarking average and in line with targets
- Subsequent sustained reductions in overall placements
- Sustainable reductions in service usage elsewhere in the social care system

## Action required

- The Promoting Independence programme includes critical actions to improve this measure
- Close scrutiny at locality team level and use of strengths based approach to assessment
- Commissioning activity around accommodation to focus on effective interventions such as reablement, sustainable domiciliary care provision, crisis management and extra care accommodation options for those aged 65+ will assist people to continue live independently
- Measures to support the effective discharge of people from hospital as part of the Improved Better Care Fund programme
- Evaluation of new process to strengthen the appropriate use of short-term beds

## Responsible Officers

Lead: Lorraine Barrett, Director of Integrated Care, and  
Craig Chalmers, Director of Community Social Work

Data: Intelligence and Analytics Service

# Adult Social Care Committee

Item No .....

<b>Report title:</b>	<b>Adult Social Care Finance Monitoring Report Period 8 (November) 2018-19</b>
<b>Date of meeting:</b>	<b>14 January 2019</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## Strategic impact

This report provides Adult Social Care Committee (the Committee) with financial monitoring information, based on information to the end of November 2018. The report sets out variations from the budget, progress against planned savings and provides a summary of the use of the improved better care fund.

## Executive summary

As at the end of November 2018 (Period 8), Adult Social Services is forecasting a balanced outturn position. This is after considering known financial risks and expected achievement of savings.

<b>Expenditure Area</b>	<b>Budget 2018/19 £m</b>	<b>Forecast Outturn £m</b>	<b>Variance £m</b>
<b>Total Net Expenditure</b>	252.746	252.746	0.000

The key points for Committee to consider about the financial position for Adult Social Care are:

- There is no underlying additional pressure affecting the 2018-19 budget. The outturn position for 2017-18 was a £3.696m underspend and commitments between setting the budget in January 2018 and the start of the financial year remained largely stable and therefore did not place additional pressures on the budget from the outset
- As part of the 2017-18 financial position the Committee set up a business risk reserve of £4.500m. This was in addition to the business risk reserve agreed by Policy and Resources Committee of £2.600m using the Adult Social Services Grant announced in January 2018. This can be used to enable invest to save proposals or support the budget if additional savings cannot be delivered in full or the financial risks (set out in Section 4) not included in the budget materialise
- Plans for the use of the additional one-off social care grant, known as the improved better care fund grant (iBCF) were agreed with health partners in July 2017. As the funding was announced following the budget setting process and plans were agreed part year, not all the grant was spent in 2017-18 and a reserve was set up to enable the plans to still be implemented, with spending in both 2018-19 and 2019-20. New services such as accommodation based reablement, trusted assessors, enhanced home support and social prescribing have been implemented and projects will be closely tracked to establish the benefits to the health and social care system and whether these are financially sustainable longer term. This year the iBCF is supporting the cost of care and national living wage increases faced by care providers, as well as protection of social care budgets. Progress was reported to the October Adult Social Care Committee
- This year, Adult Social Services needs to deliver £27m savings to deliver a balanced budget. The savings programme is not without risk and this paper provides detail of specific projects, where there could be variance to the budgeted savings able to be delivered by 31 March

2019. The forecast is based on delivery of £21.753m of the 2018-19 savings target (see Section 2.7). The service is working to manage variances through alternative measures, but the forecast outturn position is based on the reduced delivery. Due to the scale of the programme this year, one of the purposes of the business risk reserve is to support shortfall due to slippage that cannot be mitigated during the year through alternative savings, but use of the reserve for this purpose is not currently planned

- e) In October, the Secretary of State for Health and Social Care announced that councils will receive additional one-off funding for social care for winter. Norfolk will receive £4.179m. The Local Government Finance Settlement, confirmed that this one-off grant will be repeated in 2019-20

Adult Social Services reserves at 1 April 2018 stood at £27.221m. The reserves at the beginning of the year included committed expenditure, which was carried forward from 2017/18. The reserves position is set out in Section 2.10 and Appendix D. In total the forecast includes an expected net use of £5.800m of reserves in this financial year, compared to £6.841m which was planned and agreed as part of the budget setting process.

The 2018-19 forecast outturn position for reserves is £21.420m. Provisions totalled £6.454m at 1 April 2018, mainly for the provision for bad debts. This is expected to have reduced to £6.042m by 31 March 2019, reflecting the recovery of some bad debts.

### **Recommendations:**

#### **Members are asked to agree:**

- a) **The forecast outturn position at Period 8 for the 2018-19 Revenue Budget of a balance position**
- b) **The planned use of reserves totalling £5.800m, which is below the original level agreed**

**Appendix A** – Table setting out the monitoring position at Period 8 for key budgets for the service (P96)

**Appendix B** – Explanation of key variances for each budget (P98)

**Appendix C** – 2018-21 Savings Programme (P102)

**Appendix D** – Reserves and Provisions (P104)

**Appendix E** – Capital Programme 2018-19 (P106)

## **1. Introduction**

1.1 The Adult Social Care Committee has a key role in overseeing the financial position of the department including reviewing the revenue budget, reserves and capital programme.

1.2 This monitoring report is based on the Period 8 (November 2018) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

## **2. Detailed Information**

### **2.1 Winter funding for social care 2018-19**

2.1.1 Last month the Secretary of State for Health and Social Care announced £240m of additional one-off funding for councils nationally, to spend on adult social care services to help councils alleviate winter pressures on the NHS. Allocations were based on the relative needs formula for adult social care, resulting in an allocation of £4.179m for Norfolk. Plans were agreed with health partners with a focus on protecting, sustaining and improving social care and in line with winter resilience plans agreed. The grant determination has since been received clarifying that funds should be spent in 2018-19, but with a subsequent announcement of the same one-off grant in 2019-20. The original plans

will therefore continue to be implemented over the two-year period, but with an increase in the use of the grant to manage demand in this financial year.

Key Area	2019-20 Expenditure £m
Protect	2.485
Sustain	0.785
Invest & Improve	0.484
<b>Total</b>	<b>4.178</b>

2.1.2 The table below summarises the forecast outturn position as at the end of November (Period 8).

2017/18			2018/19			
Actual net spend 2017/18 £m	Over/ Underspend compared to budget £m	Expenditure Area	Budget £m	Forecast Outturn £m	Variance to Budget	Variance @ P6 £m
11.659	(0.313)	Business Development	10.961	10.672	(0.289)	(0.234)
72.203	0.092	Commissioned Services	58.986	59.936	0.950	1.202
7.845	(0.093)	Early Help & Prevention	6.398	6.781	0.383	0.184
181.698	(7.573)	Services to Users (net)	199.169	200.724	1.555	0.685
(7.822)	4.190	Management, Finance & HR	(22.768)	(25.367)	(2.599)	(0.730)
<b>265.585</b>	<b>(3.696)</b>	<b>Total Net Expenditure</b>	<b>252.746</b>	<b>252.746</b>	<b>0.000</b>	<b>1.108</b>

2.1.3 As at the end of Period 8 (November 2018) the forecast revenue outturn position for 2018-19 is £252.746m, which is a balanced outturn.

2.1.4 The detailed position for each service area is shown at **Appendix A**, with further explanation of over and underspends at **Appendix B**.

2.1.5 The forecast position does not consider all the potential budget risks and opportunities for the service during 2018-19. These are set out in more detail at Section 4 of this paper.

## 2.2 Services to Users

2.2.1 The table below provides more detail on services to users, which is the largest budget within Adult Social Services:

2017/18		Purchase of Care (POC)	2018/19		
Actual net spend	Over/Under spend	Expenditure Area	Budget 2018/19	Forecast Outturn at 31 <sup>st</sup> March 2019	Variance
£m	£m		£m	£m	£m
114.65	3.481	Older People	122.179	126.835	4.656
24.095	0.866	Physical Disabilities	25.055	27.330	2.275
100.865	1.663	Learning Disabilities	101.159	107.426	6.267
14.616	0.500	Mental Health	17.576	17.853	0.277
<b>254.226</b>	<b>6.510</b>	<b>Total POC Expenditure</b>	<b>265.968</b>	<b>279.444</b>	<b>13.475</b>
-84.002	-9.148	Service User, NHS and other local authority income	-85.861	-96.137	-10.276
-4.566	-2.550	Other Income	-1.561	-2.191	-0.630
<b>-88.568</b>	<b>-11.698</b>	<b>Total POC Income</b>	<b>-87.422</b>	<b>-98.328</b>	<b>-10.906</b>
<b>165.658</b>	<b>-5.188</b>	<b>Total Net POC</b>	<b>178.547</b>	<b>181.116</b>	<b>2.569</b>
5.859	-0.813	Hired Transport	6.105	5.977	-0.128
10.181	-1.571	Care & Assessment & Other staff costs	14.517	13.631	-0.886
<b>181.698</b>	<b>-7.573</b>	<b>Total Service for users</b>	<b>199.169</b>	<b>200.724</b>	<b>1.555</b>

### 2.2.2 Key points:

- a) The number of people being supported with ongoing purchased care packages has grown since Period 6, but not significantly. This means that although demand is being managed this is not sufficient to meet the savings applied for 2018/19. Whilst work is ongoing to mitigate this, the service is currently showing an overspend in expenditure for purchase of care
- b) The department's Promoting Independence strategy continues to seek to support people to maintain their independence; where possible within their own homes and communities. This is integral to the demand management requirements embedded within the service budget. Permanent admissions to residential care – those without a planned end date – are therefore a vital area of focus for the service. As such, the 18-64 and 65+ age ranges form two of the six key metrics reported to this Committee as part of the Performance Management report. **Appendix B** provides more details on the progress and actions for this area of budget
- c) The generation of income is an important aspect of managing the budget for Adult Social Care. In addition to changes to charging agreed as part of the budget, the Council continues to ensure it offers robust financial assessments for service users and works closely with Health partners to agree shared packages of care or funding relating to people on the Transforming Care Programme pathway

## 2.3 Commissioned Services

### 2.3.1

2017/18			2018/19		
Actual net spend 2017/18 £m	Over/ Underspend compared to budget £m	Expenditure Area	Budget 2018/19 £m	Forecast Outturn at 31 <sup>st</sup> March 2019 £m	Variance £m
4.193	(0.105)	Commissioning Team	3.208	3.001	(0.207)
12.444	(0.315)	Service Level Agreements	9.010	9.162	0.152
2.102	(0.294)	Integrated Community Equipment Service	0.145	0.139	(0.006)
33.266	0.672	NorseCare	33.165	33.375	0.210
5.817	0.000	Housing related support	2.564	2.181	(0.383)
13.077	0.220	Independence Matters	9.550	10.677	1.127
1.304	(0.087)	Other Commissioning	1.345	1.402	0.057
<b>72.203</b>	<b>0.092</b>	<b>Total Expenditure</b>	<b>58.986</b>	<b>59.936</b>	<b>0.950</b>

### 2.3.2 Key points:

#### a) **NorseCare**

Despite on-going reductions in the real-terms contract costs there remains a variation between the approved budget and the contract price. This is predominately due to increased inflation above budget assumptions. Work has been undertaken to reduce this gap

#### b) **Independence Matters (IM)**

The Council and IM have been working together to review services. The scope of this work has included benchmarking and unit prices, review of usage and occupancy levels and review of contract arrangements. Plans are progressing to jointly deliver these savings, with the aim to reduce the variance during 2018/19

## 2.4 Savings Forecast

2.4.1 The department's budget for 2018/19 includes savings of £27.290m. The savings are predominately planned through the delivery programme for the Promoting Independence strategy.

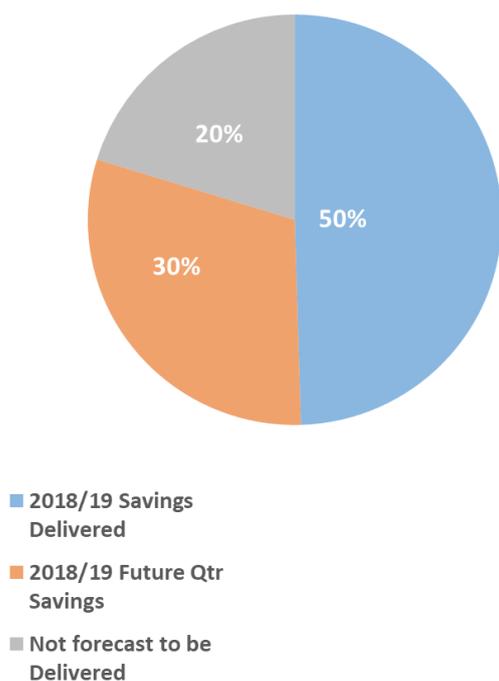
2.4.2 The savings include £17m of demand management savings, which will be delivered through various projects to help prevent, reduce and delay the need for formal social care. Some £9.2m of the savings are related to the strategy for younger adults, and £7.4m relates to projects aligned to people with learning disabilities. Some of these savings remain high risk, predominately because it requires significant changes to the social care offer, as well as helping people who currently receive services to, where appropriate, gain a higher level of independence. For some people it will enable them to live more independently and move from residential based care. Therefore, at Period 8 it is forecast

that some savings will take longer to deliver and will not be achieved in full in this financial year. The programme of work will still seek to deliver these in full.

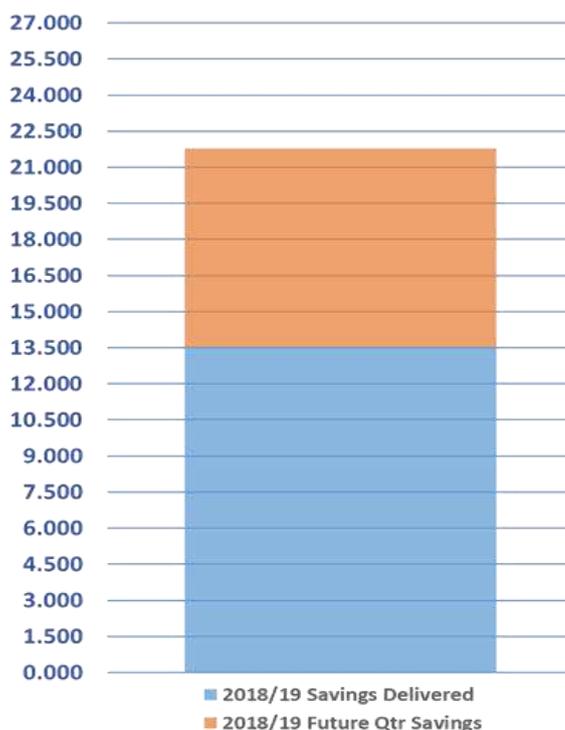
2.4.3 At period 8 the forecast is that £5.537m of savings will not be achieved by 31 March 2019. The budget position therefore reflects achievement of £21.753m in this financial year. **Appendix C** sets out the delivery status of the programme by workstream and project.

Savings	Saving 2018/19 £m	Forecast £m	Variance		Previously Reported £m
			£m	%	
Savings off target (explanation below)	-15.145	-9.608	5.537	-37%	5.537
Savings on target	-12.145	-12.145	0.000	0%	0
<b>Total Savings</b>	<b>-27.29</b>	<b>-21.753</b>	<b>5.537</b>	<b>-20%</b>	<b>5.537</b>

**Chart 1:**  
ASC Savings as a % of the requirement\*



**Chart 2:**  
ASC Savings 2018/19 – Period 8



2.4.4 A brief explanation is provided below of the key variances and, where applicable, planned recovery actions.

**Promoting Independence for younger adults (target £6.794m; forecast £4.076m; variance £2.727m).** The department has a structured programme of work to focus on our service offer for people with a Learning Disability (LD), which is held to account by an LD Steering Group and LD Partnership Board. This underpins the work required to implement the LD Strategy. The variance in savings delivery is the direct result of the time it takes to support and promote a person’s independence when they have previously been receiving a different type or level of care services. Many of the people who access our services, may well have been in receipt of these services for a significant period. With people who are currently not receiving adult services, but may be supported by Children’s or Education

services, we are working with our colleagues in Children’s services to develop a new Preparing for Adult Life service.

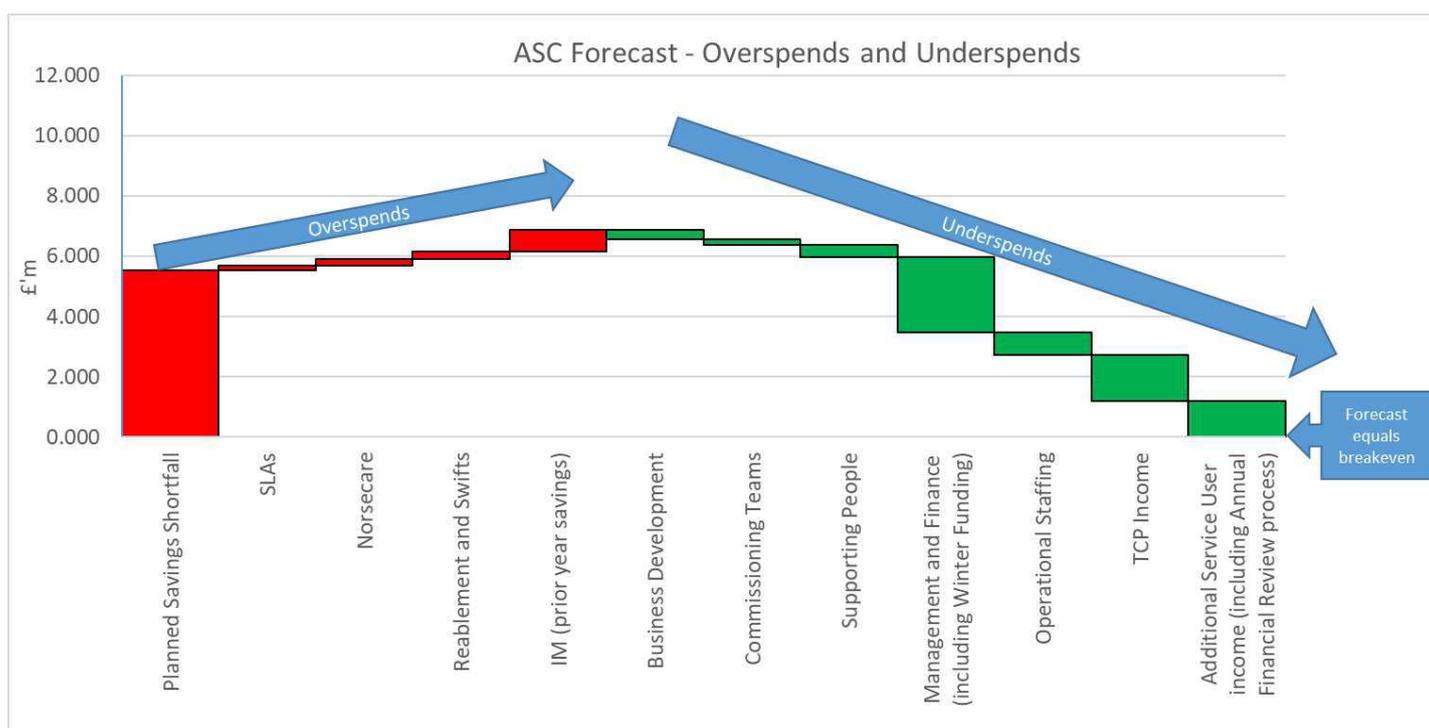
**Promoting independence for older adults (target £4.665m; forecast £4.099m; variance £0.566m).** The department is reformulating its social work offer, starting with its Community Care teams, by implementing a roll-out of the Living Well: 3 Conversations model of social work. The initial Community Innovation sites have seen promising results in terms of outcomes for people and delaying the need for formal care. The variance in savings delivery is the direct result of the time it takes to fully imbed this model and begin to realise the full benefits of the new ways of working.

**Review of day services (target £2.500m; forecast £0.843m; variance £1.657m).** As part of the LD strategy, the department will have a revised Day Services offer for people with a Learning Disability. The focus will be on community participation, targeted support (with a skills and employment focus) and locality hubs for those with complex needs. Five providers are running twelve month pilots to help reshape the offer. The variance in savings delivery is the direct result of the time it takes to evolve these services and support and enable existing people accessing the services.

**Promoting Independence - Housing with Care (target £0.500m; forecast £0.050m; variance £0.450m).** The department has developed a business case and revenue model as part of the work of its newly formed Older People Housing Board. This paper was presented at the October Committee meeting. Through work between internal officers, consultants and external partners, such as the district and borough councils, we will develop new units within Norfolk. This will provide older people in Norfolk a more independent alternative to residential care. The variance in savings delivery is again the direct result of the time it takes to develop and build these new units.

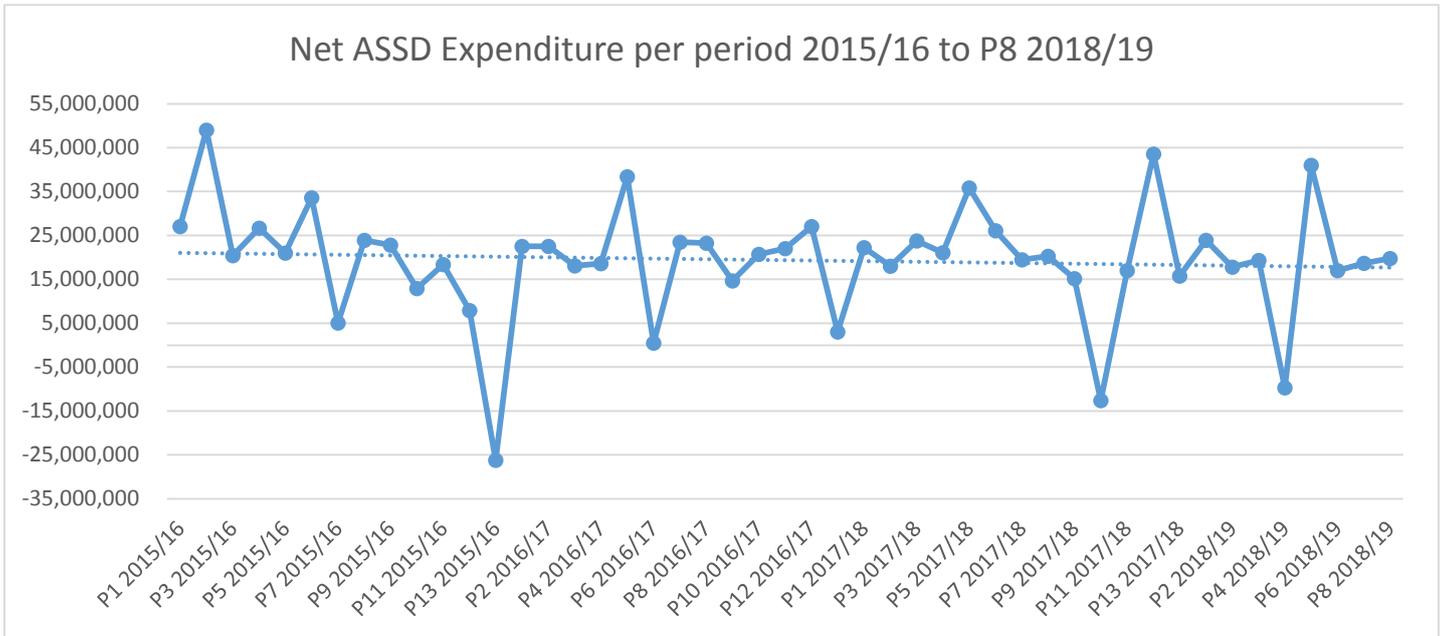
2.4.5 Whilst the service has savings items that are not planned to deliver in full within this financial year, it does have several mitigating actions that will partially close the financial gap. These areas are displayed in Chart 3.

**Chart 3:**



2.4.6 The department’s net expenditure each period is prone to fluctuations, as evidenced in chart 4, however, it continues to display a downward trajectory when compared to 2015/16.

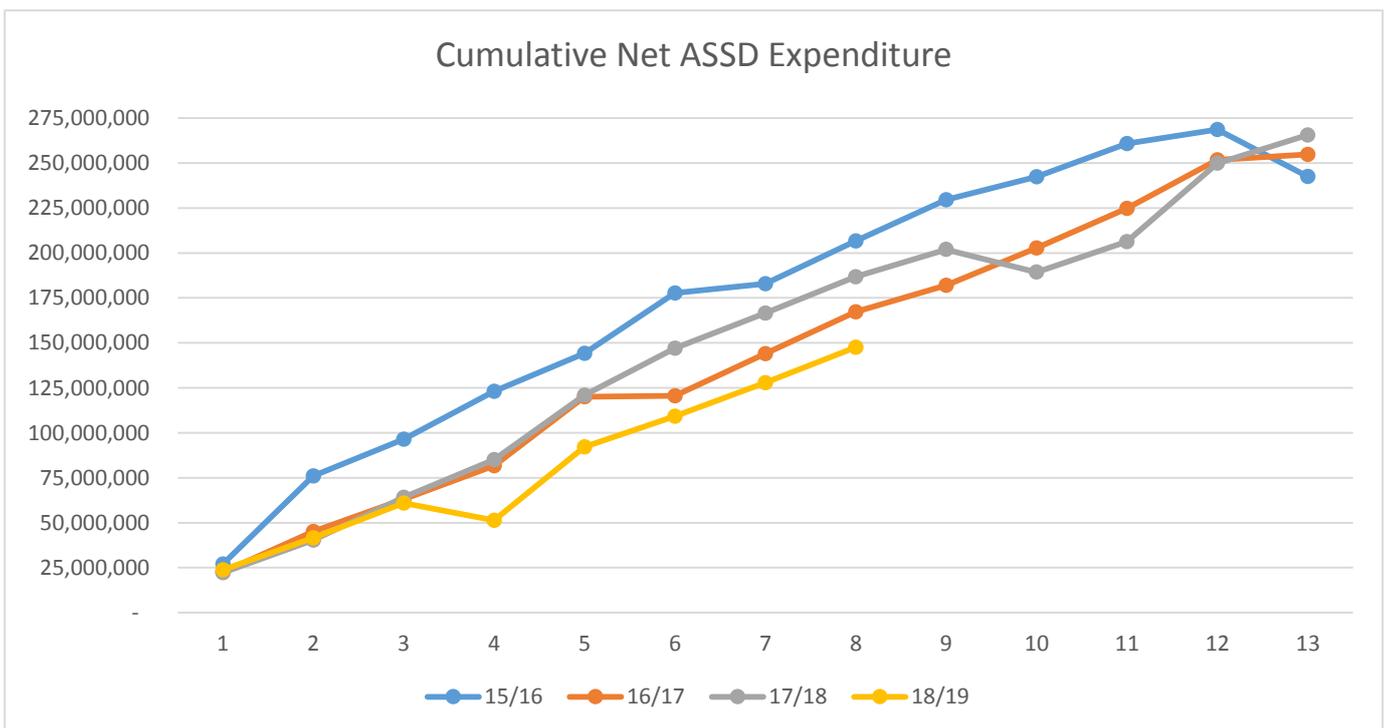
**Chart 4:**



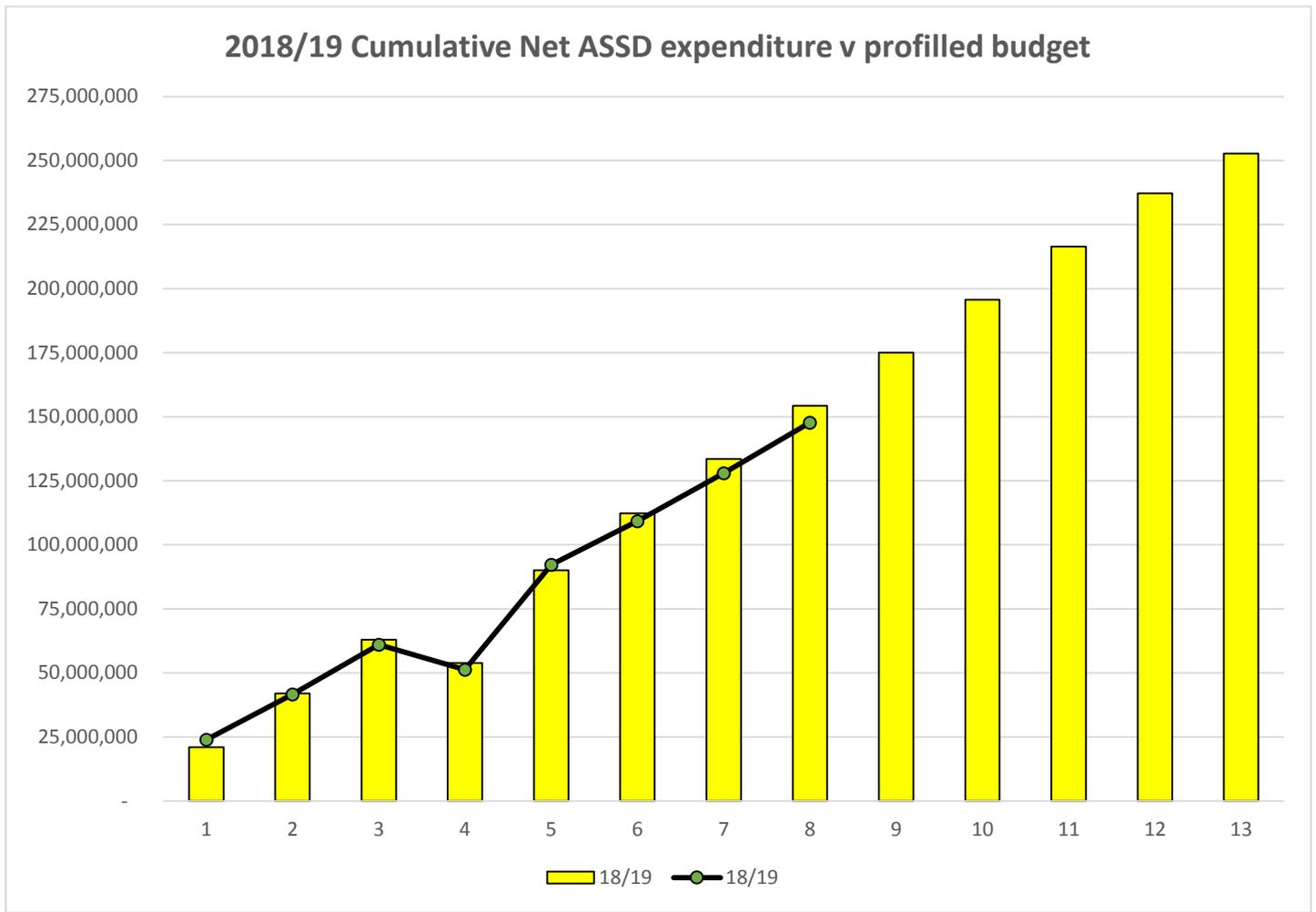
2.4.7 As we approach the middle of the financial year, our level of net spend is on a par with 2017/18 and 2016/17. Graphically, Chart 5 gives the appearance of net spend position at Period 6 more favourable to the previous financial years, however, this is due to the timing of the accounting entry relating to the BCF pooled funds. In 2017/18 this adjustment took place in period 10, whilst this financial year it has taken place in period 4. This BCF adjustment gives the department an appearance of an influx of income and significantly reduces the net spend for that period. The actual billing for the BCF is more evenly distributed and takes place within the BCF pooled accounts rather than that of the department.

2.4.8 When we initially compare actual spend to date to a considered profiled budget (chart 6), we are approximately in line with our forecast, displaying a small underspend at this point in the financial year.

**Chart 5:**



**Chart 6:**



## 2.5 Finance and Performance monitoring and recovery actions

2.5.1 Monthly performance and finance data is reviewed by the senior management team to highlight key areas of focus for monthly finance and performance board meetings. This is also a forum, which enables escalation by teams of blockages to progress and priority actions for the service. In addition, quarterly accountability meetings are held, enabling scrutiny of performance and financial issues at team level and are led by the Executive Director of Adult Social Services. Due to the current overspend within the purchase of care budgets all operational teams are implementing in-year recovery plans. These focus on areas of variation, demand management and priority actions relevant to each team, which could improve the financial position during the year. These actions are reviewed through the above monitoring process and through the Promoting Independence Programme Board.

## 2.6 Additional Social Care Funding (improved Better Care Fund)

2.6.1 As a reminder to the Committee, the Improved Better Care Fund money includes both ongoing grant and one-off grants (for the three year period 2017-20). This fund is governed by the Health and Wellbeing Board and monitored by NHS England and the Ministry of Housing, Communities and Local Government through national and local assurance and quarterly returns.

2.6.2 The Council, in setting the 2018/19 budget, reflected the delivery of these plans, including both usage of the 2018/19 grant of £27.728m and the carry forward of £15.670m of unspent grant from 2017-18. The usage of the new grant and prior year funds are reflected in the reserve forecast in this financial year.

- 2.6.3 Actions were undertaken during 2017-18 to implement the agreed plans, which in addition to funding to protect social care and support price uplifts for the care market, has led to the following projects. Detailed progress on the iBCF investment programme was reported to this Committee in October, but key actions included:
- a) Increased social work capacity
  - b) Implementation of social prescribing schemes
  - c) Implementation of accommodation based reablement schemes, including beds in the East, West Norfolk and at Benjamin Court in Central Norfolk
  - d) Enhanced home support service covering both an acute referral pathway and community referral pathway (including flexible dementia respite service and carer support)
  - e) Establishment of trusted assessment facilitators
  - f) Developing discharge to assess pathways to reduce delayed transfer of care from hospital
  - g) Step down accommodation for people discharged from hospital with mental health needs and additional out of hours capacity for mental health act assessment
- 2.6.4 Sustainability of the actions arising from this additional investment is key. Where investment in social care is evidenced to provide wider system benefits the expectation is that financial support will be sought from across health and social care to enable new ways of working to continue beyond the project timescales. Where benefits cannot be evidenced or wider financial support from the health sector is not available, it is expected that the interventions will need to be stopped at the end of the projects. The plans have therefore been careful to ensure that actions providing support to the market through funding cost of care and price increases is ongoing.
- 2.7 **Reserves**
- 2.7.1 The department's reserves and provisions at 1 April 2018 were £33.675m. Reserves totalled £27.221m.
- 2.7.2 The reserves at the beginning of the year included committed expenditure, which was carried forward in 2017/18. At Period 8 the forecast includes the expected use of £5.800m of reserves in this financial year, compared to £6.841m which was planned and agreed as part of the budget setting process. This mainly relates to the Improved Better Care Fund (iBCF) and planned projects that will be delivered during the next two years. The variation is predominately due to the carry forward of some funding at year end relating to potential cost associated with payments for sleep-ins that are no longer needed for the original purpose.
- 2.7.3 The forecast reserve position at 31 March 2019 is £21.420m.
- 2.7.4 Provisions totalled £6.454m at 1 April 2018, mainly for the provision for bad debts. This is expected to have reduced to £6.042m by 31 March 2019, reflecting the recovery of some bad debts. The projected use of reserves and provisions is shown at **Appendix D**.
- 2.7.5 As set out in section 2.9 of this report, a planned reserve is approved to enable ring fenced additional social care funding to be carried forward. This will ensure that the plans agreed as part of the Better Care Fund can be used for the agreed purposes and invest to save projects can be managed across an agreed timeframe. Plans for the use of the additional social care funding were agreed at the end of July 2017.
- 2.7.6 The outturn position for Adult Social Services in 2017/18, combined with the £2.612m ASC Support Grant, enabled a business risk reserve to be set up totalling £7.112m. This was set up to enable opportunity for investment to support the savings target and to mitigate some of the expected budget risks facing the service in future years, as set out in Section 4. Investment to support the Living Well Homes for Norfolk programme will be funded from this reserve.

## 2.8 Capital Programme

- 2.8.1 The capital programme for 2018-19 agreed within the 2018-19 budget is £4.740m. This was made up of £2.334m for Capitalisation of Equipment and £2.406m for the Social Care and Finance Information system. Subsequently, there was slippage on the Social Care and Finance Information system which meant that the amount brought forward into 2018-19 increased.
- 2.8.2 The remaining elements relate to slippage from the 2017-18 programme which are expected to be completed in the current financial year. Funding was brought forward for these and do not create an additional pressure.
- 2.8.3 The department's total capital programme for 2018-19 is £12.858m. The capital programme includes £2.276m for the social care and finance information system replacement. The priority for use of capital is development of alternative housing models for older people and younger adults. The programme includes £7.480m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG), which is passported to District Councils within the BCF. Work continues with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. Details of the current capital programme are shown in **Appendix E**. Where projects have been delayed and will slip into future, the budgets have been amended to reflect this.

## 3. Financial Implications

- 3.1 The forecast outturn for Adult Social Services is set out within the paper and appendices.
- 3.2 As part of the 2018/19 budget planning process, the Committee proposed a robust budget plan for the service, which was agreed by County Council. The 2017-18 outturn position for the service was an underspend of £3.696m after setting up a business risk reserve of £4.5m. This is in addition to the adult social care grant received by the Council, earmarked for adult social care business risk, totalling £2.6m.
- 3.3 The existing forecast does not assume use of the business risk reserve for general spend in 2018/19.
- 3.4 The planned use of the one-off funding through the improved Better Care Fund was agreed with health partners last year and reflected a three-year position.
- 3.5 The recurrent financial implications resulting from this paper should be fully considered and the impact assessed as part of the 2019-22 budget setting process. The budget planning assumptions for 2019-22 take into account the position at Period 8 and therefore include the expected recurrent overspend resulting from additional demand on the purchase of care budget. This is being managed using the winter funding grant but, does add spending pressure for 2020-21 when this funding ceases.

## 4. Issues, risks and innovation

- 4.1 This report provides financial performance information on a wide range of services monitored by the Adult Social Care Committee. Many of these services have a potential impact on residents or staff from one or more protected groups. The Council pays due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.
- 4.2 This report outlines several risks that impact on the ability of Adult Social Services to deliver services within the budget available. Financial estimates of the level of unfunded risk at Period 8 are £1.2m, this is based on risk assessment, including potential impact, likelihood and mitigating factors. These risks include the following:

- a) Pressure on services from a needs-led service where number of service users continues to increase. The number of older people age 85+ is increasing at a greater rate compared to other age bands, with the same group becoming increasingly frail and suffering from multiple health conditions. A key part of transformation is about managing demand to reduce the impact of this risk through helping to meet people's needs in other ways where possible
- b) The ability to deliver the forecast savings, particularly in relation to the demand led element of savings, which will also be affected by wider health and social care system changes
- c) The cost of transition cases, those service users moving into adulthood, might vary due to additional cases that have not previously been identified, particularly where cases are out of county. Increased focus on transition will help mitigate this risk
- d) The impact of pressures within the health system, through both increased levels of demand from acute hospitals and the impact of increased savings and current financial deficits in health provider and commissioning organisations. This risk is recognised within the service's risk register and the Council's involvement in the change agenda of the system and operational groups such as Accident and Emergency Delivery Boards and Local Delivery Groups will support the joint and proactive management of these risks
- e) The Council has outstanding debt in relation to health organisations, which could lead to increased pressures if the debt is not recovered
- f) Any delays in recording and management authorisations could result in additional packages and placements incurring costs that have not been included in the forecast
- g) In any forecast there are assumptions made about the risk and future patterns of expenditure. These risks reduce as the patterns of expenditure become more defined as the financial year progresses and the forecast becomes more accurate
- h) The ability to be able to commission appropriate home support packages due to market provision, resulting in additional costs through the need to purchase increased individual spot contracts rather than blocks
- i) The continuing pressure from the provider market to review prices and risk of challenge. In addition, the Council has seen some care home closures in the first part of the year, which can lead to increased costs especially during transition
- j) The impact of health and social care integration including Transforming Care Plans, which aims to move people with learning disabilities, who are currently inpatients within the health service, to community settings
- k) Impact of legislation, particularly in relation to national living wage

## 5 Recommendations

### 5.1 Members are asked to agree:

- a) **The forecast outturn position at Period 8 for the 2018-19 Revenue Budget of a balanced position**
- b) **The planned use of reserves totalling £5.800m, which is below the original level agreed**

## 6. Background

6.1 The following background papers are relevant to the preparation of this report.

[Finance Monitoring Report – Adult Social Care Committee November 2018](#) (p30)

[Norfolk County Council Revenue Budget and Capital Budget 2018-21 - County Council February 2018](#) (p49)

[Performance Management – Adult Social Care Committee September 2018](#) (p55)

## Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

**Officer Name:** Susanne Baldwin    **Tel No:** 01603 228843    **Email address:** [susanne.baldwin@norfolk.gov.uk](mailto:susanne.baldwin@norfolk.gov.uk)



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## Key Budget Variances at Period 8

Summary	Budget	Forecast Outturn	Variance to Budget		Variance at Period 6
	£m	£m	£m	%	£m
<b>Services to users</b>					
Purchase of Care					
Older People	122.179	126.835	4.656	3.81%	4.156
People with Physical Disabilities	25.055	27.330	2.275	9.08%	2.176
People with Learning Disabilities	101.159	107.426	6.267	6.20%	4.075
Mental Health, Drugs & Alcohol	17.576	17.853	0.277	1.58%	0.510
<b>Purchase of Care Expenditure</b>	<b>265.968</b>	<b>279.444</b>	<b>13.475</b>	<b>5.07%</b>	<b>10.916</b>
Service User Income	-85.861	-94.137	-10.276	11.97%	-8.785
Other Income	-1.561	-2.191	-0.630	40.36%	-0.630
<b>Purchase of Care Income</b>	<b>-87.422</b>	<b>-98.328</b>	<b>-10.906</b>	<b>12.48%</b>	<b>-9.415</b>
<b>Net Purchase of Care</b>	<b>178.546</b>	<b>181.116</b>	<b>2.569</b>	<b>1.44%</b>	<b>1.501</b>
Hired Transport	6.105	5.977	-0.128	-2.10%	-0.128
Staffing and support costs	14.517	13.631	-0.886	-6.10%	-0.687
<b>Services to users Total</b>	<b>199.169</b>	<b>200.724</b>	<b>1.555</b>	<b>0.78%</b>	<b>0.685</b>
<b>Commissioned Services</b>					
Commissioning	3.208	3.001	-0.207	-6.46%	-0.164
Service Level Agreements	9.010	9.162	0.152	1.69%	0.113
ICES	0.145	0.139	-0.006	-4.13%	-0.005
NorseCare	33.165	33.375	0.210	0.63%	0.445
Housing Related Support	2.564	2.181	-0.383	-14.95%	-0.383
Independence Matters	9.550	10.677	1.127	11.81%	1.127
Other	1.345	1.402	0.057	4.25%	0.069
<b>Commissioning Total</b>	<b>58.986</b>	<b>59.936</b>	<b>0.950</b>	<b>1.61%</b>	<b>1.202</b>

<b>Early Help &amp; Prevention</b>					
Norfolk Reablement First Support	2.177	2.435	0.259	11.89%	0.043
Service Development	1.153	1.150	-0.003	-0.26%	0.019
Other	3.068	3.196	0.127	4.14%	0.122
<b>Prevention Total</b>	<b>6.398</b>	<b>6.781</b>	<b>0.383</b>	<b>5.99%</b>	<b>0.184</b>

**Net Purchase of Care at specialism level (Purchase of Care less Service User Income):**

Summary	Budget	Forecast Outturn	Variance to Budget		Variance at Period 6
	£m	£m	£m	%	£m
<b>Purchase of Care</b>					
Older People – Expenditure	122.179	126.835	4.656	3.81%	4.156
Older People – Income	-66.158	-71.920	-5.762	8.71%	-4.472
<b>Older People – Net</b>	<b>56.021</b>	<b>54.915</b>	<b>-1.106</b>	<b>-1.97%</b>	<b>-0.317</b>
People with Physical Disabilities - Expenditure	25.055	27.330	2.275	9.08%	2.176
People with Physical Disabilities – Income	-5.027	-5.180	-0.153	3.04%	-0.158
<b>People with Physical Disabilities – Net</b>	<b>20.028</b>	<b>22.150</b>	<b>2.122</b>	<b>10.59%</b>	<b>2.018</b>
People with Learning Disabilities - Expenditure	101.159	107.426	6.267	6.20%	4.075
People with Learning Disabilities – Income	-11.103	-14.778	-3.675	33.10%	-3.709
<b>People with Learning Disabilities – Net</b>	<b>90.056</b>	<b>92.648</b>	<b>2.592</b>	<b>2.88%</b>	<b>0.365</b>
Mental Health, Drugs & Alcohol – Expenditure	17.576	17.853	0.277	1.58%	0.510
Mental Health, Drugs & Alcohol – Income	-5.134	-6.450	-1.316	25.62%	-1.076
<b>Mental Health, Drugs &amp; Alcohol – Net</b>	<b>12.441</b>	<b>11.403</b>	<b>-1.038</b>	<b>-8.35%</b>	<b>-0.566</b>
<b>Total Net Purchase of Care</b>	<b>178.546</b>	<b>181.116</b>	<b>2.569</b>	<b>1.44%</b>	<b>1.501</b>

## Adult Social Care 2018-19 Budget Monitoring Forecast Outturn Period 8 Explanation of variances

### 1. Business Development, forecast underspend (£0.289m)

The forecast underspend is from vacancies and secondments in some teams, with roles currently being reviewed.

### 2. Commissioned Services forecast overspend £0.950m

The main variances are:

**NorseCare**, overspend of £0.210m. Despite on-going reductions in the real-terms contract costs there remains a variation between the approved budget and the contract price. This is largely due to inflationary pressure higher than the Council's original budget assumptions.

**Service Level Agreements**, overspend of £0.152m. The pressure comes from lower than expected income and a number of one-off costs.

**Commissioning team**, underspend of (£0.207m). The underspend is due to staff vacancies.

**Housing Related Support**, underspend of (£0.383m). The underspend comes from contract review.

**Independence Matters**, overspend of £1.127m. The overspend is due to savings planned for the service that will not be delivered in 2018-19.

### 3. Services to Users, forecast overspend £1.555m

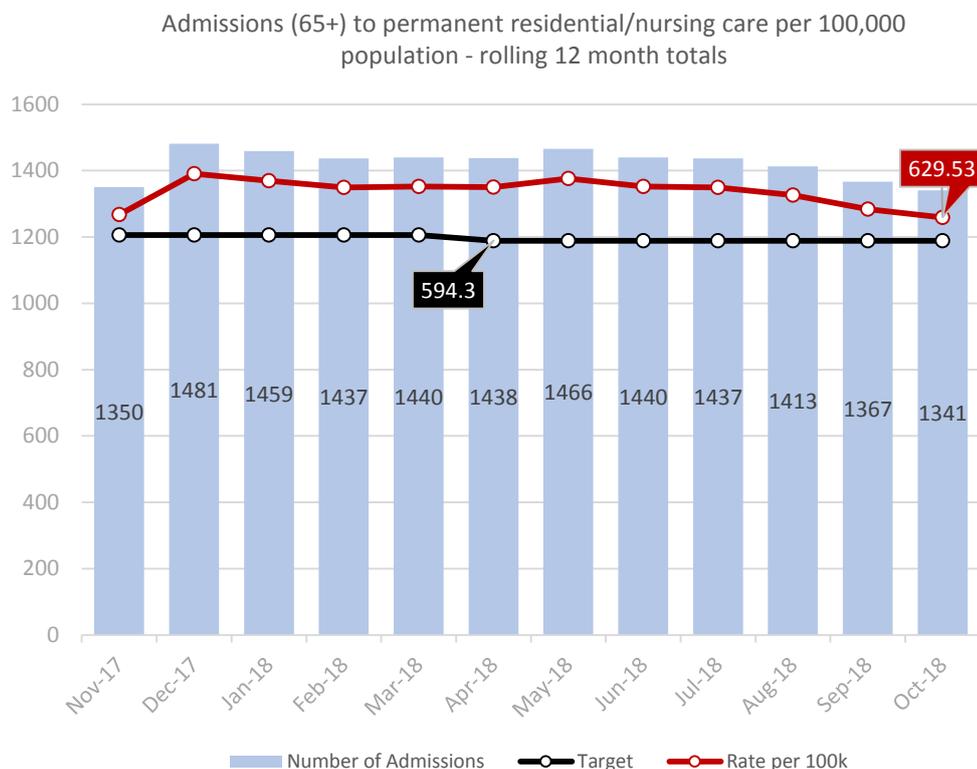
The main variances are:

#### Purchase of Care:

- Older People

The budget was based on a strategic aspiration to make a step change in the levels of support being provided in a residential/nursing care setting, with more provision being sourced to enable people to remain at home.

Progress has been made in this area over the past three years where we were a clear statistical outlier in our rate of permanent admissions per 100,000 of our population when compared to comparator local authorities. Over the last 12 months our rate has stayed consistent at this improved level but has not continued its downward trajectory as expected within the budget. Further information regarding performance is set out within the Performance Management report to this Committee.



As stated in the October 2018 Performance Management Committee paper, a recent sample study undertaken by the intelligence and analytics team within the Council has reconfirmed our understanding of the drivers of this demand. Dementia, a fall or the breakdown of existing support arrangements are still amongst the main/primary life changes that may lead to a residential placement. As a result of this we are beginning to see a shift between standard residential care and enhanced (dementia) related care.

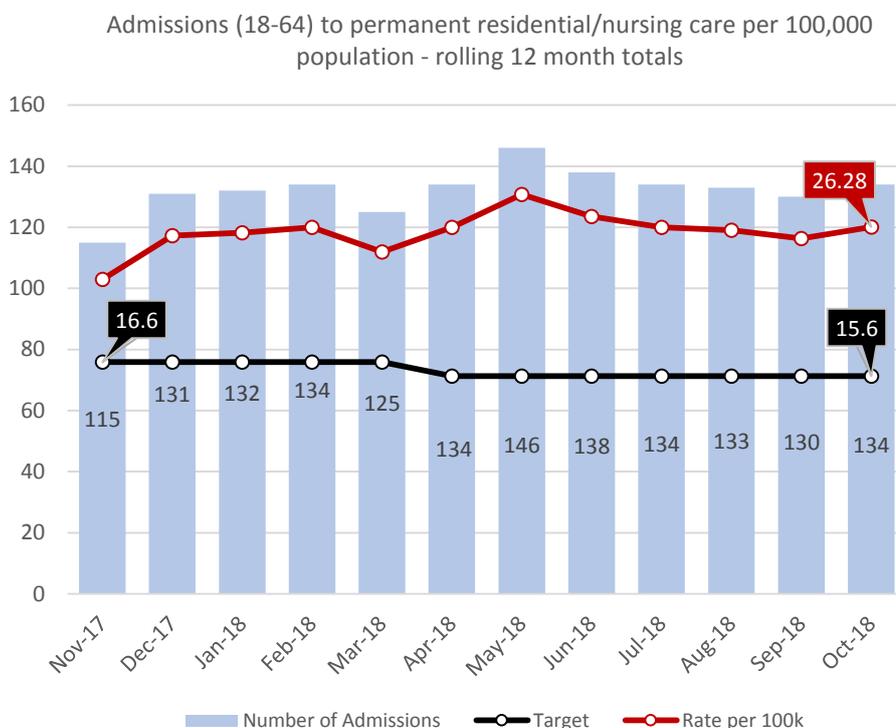
Another significant area driving permanent residential care, is in relation to discharge from hospital. The same performance management paper suggests that if a short term residential placement is made that over 50% of these placements will lead to a permanent admission, with 80% these being in the same residential home. In response, we are continuing to invest in alternative discharge pathways, including Accommodation Based Reablement. Furthermore, to enhance our response time to those supported in temporary placements, we have put in place a dedicated social work team with focus on supporting people home from their temporary accommodation.

Our level of spend relating to Home Support has not grown as much as anticipated despite our unit rates increasing as we implemented our new framework pricing model for the Central Norfolk belt. Whilst we seek to further understand and explain this trend in more detail, this movement in cost has come at a time when our preventative offer in reablement services has expanded.

The difference in the balance of our care mix for expenditure has also impacted our budgeted income levels. As residential and non-residential care operate under different charging policies, service users, on average, tend to be financially assessed as being required to make larger income contributions towards the cost of their care within a residential setting. This has led to us forecasting to exceed our income target for residential care. We have invested in our Finance Exchequer Services team to ensure every service user has their financial assessment reviewed annually, which is helping to ensuring the charging policy is consistently applied.

- Younger Adults (Physical and Learning Disabilities and Mental Health)

As with our support to Older Adults, Residential Care makes up a significant proportion of our expenditure for vulnerable younger adults. Again, benchmarking our rate of permanent admissions against other local authorities indicates we are a statistical outlier with higher levels of admissions. The recently published Learning Disabilities Strategy sets Norfolk’s vision and aspirations over the next five years with our Promoting Independence programme set up to specifically look to support the change in our reliance on residential care with a more enabling range of commissioned services being sourced.



For those people with the most complex of conditions, including those within the Transforming Care Partnership, we continue to work closely with our NHS partners agreeing shared funding arrangements as Norfolk and Waveney’s Sustainability and Transformation Plan pursues more community support arrangements.

**Staffing and Support**, underspend of (£0.886m). As we enhanced our establishment with 50 new practitioner roles and 15 team manager positions, we have seen a short-term spike in vacancies as internal applicants were successful in obtaining some of the new roles. Our NIPE cohort remains full and is our route to continue to ensure Norfolk secures talented social care staff.

#### 4. Early Help and Prevention, forecast overspend £0.383m

The main variances are:

**Reablement and Swifts**, overspend of £0.259m. This is from overtime costs to cover vacancies, together with lower than planned contributions from partners.

The remaining pressure comes from Housing with Care Tenant Meals of £0.045m in Other Services, together with pressures in N-able for equipment costs and the Care Arranging Service for staffing costs to cover project requirements.

## 5. Management, Finance and HR, forecast underspend (£2.599m)

The main variances are:

**Management and Finance**, underspend of (£1.116m). Recovery of secondment costs combines with additional deputyship income, release of bad debt provision and review of previously committed costs to deliver an underspend.

The remainder comes from identification and release of budgets that will not be required on a one-off basis in 2018-19.

## 2018-21 Savings Programme - Forecast Period 8

Saving reference	Saving	2018-19	2019-20	2020-21	2018-19 forecast	2018-19 forecast variance (shortfall) / over delivery	RAG status
		£m	£m		£m	£m	
COM040 /ASC003	Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council	-0.700	-1.000		-0.700	0.000	Green
YA ASC006 /ASC011 /ASC015	Promoting Independence for Younger Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-6.794	-5.307	-5.000	-4.067	-2.727	Amber
OP ASC006 /ASC011 /ASC015	Promoting Independence for Older Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-4.665	-3.393	-5.000	-4.099	-0.566	Amber
ASC007	Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults	-0.500			-0.500	0.000	Green
ASC008	Promoting Independence - Housing with Care - develop non-residential community based care solutions	-0.500	-0.500		-0.050	-0.450	Red
ASC009	Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced	-0.250			-0.250	0.000	Green
ASC013	Radical review of day-care services	-2.500			-0.843	-1.657	Red

ASC016-019	Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-3.400			-3.400	0.000	Green
ASC020	Remodel contracts for support to mental health recovery	-0.275			-0.275	0.000	Green
ASC029	Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-0.230			-0.630	0.000	Green
ASC032	Review charging policy to align to actual disability related expenses	-0.400					Green
ASC033	Accommodation based reablement	-0.550			-0.550	0.000	Green
ASC034	Prevent carer breakdown by better targeted respite	-0.686			-0.549	-0.137	Amber
ASC035	Investment and development of Assistive Technology approaches		-0.300	-0.500	0.000	0.000	
ASC036	Maximising potential through digital solutions	-0.049	-0.951	-2.000	-0.049	0.000	Green
ASC037	Strengthened contract management function	-0.300	-0.300	-0.200	-0.300	0.000	Green
ASC038	Procurement of current capacity through NorseCare at market value		-0.600	-1.000	0.000	0.000	
ASC039	Capitalisation of equipment spend	-2.300			-2.300	0.000	Green
ASC040	Reduction in funding for invest to save	-0.191			-0.191	0.000	Green
ASC041	One-off underspends in 2017-18 to be used to part fund 2018-19 growth pressures on a one-off basis	-3.000	3.000		-3.000	0.000	Green

<b>Adult Social Care net total</b>	<b>-27.290</b>	<b>-9.351</b>	<b>-13.700</b>	<b>-21.753</b>	<b>-5.537</b>
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## Adult Social Services - Reserves and Provisions

	2018/19 Period 8 (November)			
	Balance	Usage agreed by Feb County Council	Planned Usage	Balance
	01-Apr-18		2018/19	31-Mar-19
	£m	£m	£m	£m
Doubtful Debts provision	6.454	0.000	-0.412	6.042
<b>Total Adult Social Care Provisions</b>	<b>6.454</b>	<b>0.000</b>	<b>-0.412</b>	<b>6.042</b>
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. £0.067m remains of the funding, and is being used for prevention projects: Ageing Well and Making it Real. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members. £0.015m remains of the funding, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.082	0.000	-0.048	0.034
Repairs and renewals	0.043	0.000	0.000	0.043
Adult Social Care Workforce Grant – forecast to be used in full	0.269	0.000	-0.269	0.000
HR Recruitment Costs – earmarked at year end for specific need	0.020	0.000	-0.020	0.000
ICES Training post for 2 years – earmarked at year end for specific post	0.080	0.000	-0.080	0.040
Change Implementation - Commissioning Manager post – earmarked funding at year end for specific post	0.025	0.000	-0.025	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund Transformation in Adult Social Care – projection based on transformation programme at Period 2	1.314	0.000	-0.766	0.548
Public Health grant to support the Social Prescribing project	0.400	-0.400	-0.400	0.000

**Appendix D**

Transformation	0.475	0.000	0.000	0.475
Supporting People (MEAM and Community Model)	0.251	0.000	-0.100	0.151
Information Technology - Additional funds to be placed into reserve required for project in 2019/20	0.734	0.000	0.176	0.910
Adults Business Risk Reserve	7.112	0.000	-0.136	6.976
Improved Better Care Fund - requirement to carry forward grant to 2019/20 for committed projects	15.670	-6.340	-4.274	11.396
Vulnerable People Resettlement Programme - £0.520m relates to the Controlling Migration Fund Domestic Abuse Support scheme and £0.029m required for repatriation support	0.433	-0.101	0.269	0.702
Mental Health Underspend to be used to recruit 5 Assistant Practitioners for mental health reviews – earmarked at year end for specific purpose	0.159	0.000	-0.123	0.036
Carry forward to be used for NIPE team increased cohort to 15 students – earmarked at year end for specific purpose	0.150	0.000	0.000	0.150
AMPH Backfill Carry forward for use in 2018/19	0.005	0.000	-0.005	0.000
<b>Total Adult Social Care Reserves</b>	<b>27.221</b>	<b>-6.841</b>	<b>-5.800</b>	<b>21.420</b>
<b>Total Reserves &amp; Provisions</b>	<b>33.675</b>	<b>-6.841</b>	<b>-6.213</b>	<b>27.462</b>

## Adult Social Services Capital Programme 2018/19

Summary	2018/19		2019/20
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget
	£m	£m	£m
Supported Living for people with Learning Difficulties	0.000	0.000	0.000
Adult Care - Unallocated Capital Grant	0.000	0.000	7.149
Strong and Well Partnership - Contribution to Capital Programme	0.079	-0.011	0.000
Winterbourne Project	0.000	0.000	0.050
Care Act Implementation	0.000	0.000	0.871
Social Care and Finance Information System	2.276	1.854	1.162
Netherwood Green	0.681	0.681	0.000
Wifi Upgrade Integrated Sites	0.006	0.006	0.000
Oak Lodge Attleborough	0.120	0.120	0.000
Integrated Community Equipment (ICES)	2.209	2.209	2.505
IT Equipment	0.007	0.007	0.000
<b>TOTAL</b>	<b>5.378</b>	<b>4.859</b>	<b>11.737</b>
<i>Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils</i>	<i>7.480</i>	<i>7.480</i>	<i>tbc</i>

The Capital programme for 2018-19 was agreed at £4.740m. This was made up of £2.334m for Capitalisation of Equipment and £2.406m for the Social Care and Finance Information system. Subsequent to this being agreed, there was slippage on the Social Care and Finance Information system which meant that the amount brought forward into 2018-19 increased.

The remaining elements relate to slippage from the 2017-18 programme which are expected to be completed in the current financial year. Funding was brought forward for these and do not create an additional pressure.

Projects continue to be reviewed and the forecast amended when appropriate

# Adult Social Care Committee

Item No.....

<b>Report title:</b>	<b>Fee levels for adult social care providers 2019/20</b>
<b>Date of meeting:</b>	<b>14 January 2019</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## **Strategic impact**

Norfolk County Council (the Council) invests more than £280m a year in purchasing adult social care services from the market. The Council has legal duties under the Care Act 2014 to promote the effective and efficient operation of this market including its sustainability including setting and maintaining adequate fee levels.

## **Executive summary**

The Care Act requires the Council to promote the effective and efficient operation of the care market to secure the sustainable supply of high quality care services for adults in Norfolk. The Council purchases almost all adult social care services from the care market investing more than £280m annually. The prices that the Council pays must continue to reflect the actual cost of care having due regard to inflationary pressures to secure sustainable supply.

The Council continues to implement key strategies and approaches that directly affect the care market including Living Well, Promoting Independence and the Commissioning and Market Shaping Framework.

The Council has developed an inflationary pressures price adjustment mechanism working with the provider market. This mechanism enables prices to reflect increases in the national minimum/living wage announced in the Autumn budget statements as well as the estimate for Consumer Price Index (CPI) inflation calculated by the Office of Budget Responsibility (OBR) and actual wage rates from the National Minimum Data Set (NMDS). This means that the increases proposed are above the core price inflation included in the growth pressures for the Adult Social Care Committee (the Committee).

Additional growth pressures have been included within the budget plans for 2019/20 to manage both increase in prices arising from the cost of care exercise and impact of increases in the national living wage in 2018/19. This report sets out the recommended approach for 2019/20.

## **Recommendations**

**The Committee is recommended to consider and agree the approach to fee uplifts for the 2019/20 financial year as set out below:**

- a) In respect of contracts where an inflation index or indices are referenced an uplift is implemented to match any changes in the relevant index or indices**
- b) In respect of contracts where there is a fixed price for the duration of the contract, no additional uplift in contract prices takes place**
- c) In other contracts, where the Council has discretion in relation to inflationary uplifts, that uplifts are considered in line with those set out in this report**
- d) In the case of residential and nursing care any final uplift including other adjustments is subject to formal consultation with implementation being through the use of Chief Officer delegated powers following that process**

## 1. Proposal

- 1.1 The proposal is to implement fee uplifts for the 2019/20 financial year in accordance with specific contractual obligations where they exist and otherwise as set out in the table below:

**Table 1 Inflation Uplifts by Sector**

<b>Sector</b>	<b>2018/19</b>
Home Support spot	5.56%
Home Support framework Band 1	4.83%
Residential and Nursing older people	4.09%
Residential and Nursing working age adults (including physical disabilities)	3.79%
Day Care	3.00%
Supported Living	3.60%
Supported Accommodation	2.00%
Direct Payments*	4.83%
Carers	4.83%
Other	2.00%

\* Direct payments are proposed to be increased by 4.83%. It has been estimated that 48% of the £28.8m spend on Direct Payments is used to employ a personal assistant. An inflationary increase of 9.37%, has been allowed for this element of spend. The remaining areas of Direct Payment spend has had a CPI increase of 2.00% applied.

## 2. Evidence

### 2.1 The legal framework Care Act 2014

- 2.1.1 The Care Act places duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves or in other ways.
- 2.1.2 The ambition is for local authorities to influence and drive the pace of change for their whole market leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.
- 2.1.3 The statutory guidance to the Care Act requires local authorities to commission services having regard to cost effectiveness and value for money. The guidance also states, however, that local authorities must not undertake any actions that might threaten the sustainability of the market as a whole, that is the pool of providers able to deliver the services required to an appropriate quality - for example by setting fee levels below an amount which is not sustainable for providers in the long term. The guidance emphasises the need to ensure that fee levels are sufficient to enable providers to meet their statutory obligations to pay at least the national minimum wage and provide effective training and development of staff.

### 2.2 Contracts

- 2.2.1 The Council spends over £280m a year in securing the care services needed through a large number of contracts. These contracts contain legally binding provisions regarding fee levels and often the treatment of inflationary and deflationary pressures on the fee levels which vary from contract to contract. The various contractual requirements are described below.

2.2.2 At current usage rates the fee levels proposed in this report would add £11.2m to the value of our total investment in the care market in 2019/20. This is considered to be essential to enable the Council to continue to discharge its legal obligations as well as securing stable supply in the longer term

### 2.3 Indexation of prices

2.3.1 These contracts specify an annual variation by reference to a specific price index or indices. In these cases, the Council is contractually obliged to apply whatever the indexation requires by way of price variation.

### 2.4 Fixed prices

2.4.1 These contracts set a fixed price for the duration of the contract. The Council is not contractually obliged to adjust prices in these types of contracts.

### 2.5 Pre-agreed tendered prices

2.5.1 In these contracts the provider is required to set out in advance the prices they require over the life of the contract including their assessment of inflation with no facility for altering those prices. In these circumstances the Council is not contractually obliged to make any changes to prices but has a discretion to consider changes in wholly exceptional circumstances.

### 2.6 Prices subject to annual inflation consideration

2.6.1 These contracts typically require the Council to consider any changes in provider costs that may have occurred in the previous year and/or may occur in the forthcoming year and to make adjustments to reflect these changes at its discretion. In exercising its discretion the Council must have due regard to its market shaping duties under the Care Act. The proposed inflationary uplifts in respect of contracts where the Council is required to consider inflation each year are shown in Table 1 above.

### 2.7 Home Support

2.7.1 In 2017 an overarching framework approach was initiated to improve delivery of homecare. During this period analysis of arrangements was undertaken to determine how far the framework contributed to improving and stimulating local markets, supported sustainability and growth of the market and improved the amount of NCC's investment that actually reached carers. It is important to note that there are a variety of providers in the market which include: big national providers with a local operation, business led organisations with a focus on return on investment and smaller enterprises with low overheads. NCC recognises the need to support more efficient ways of working if the Norfolk market overall is to remain sustainable.

2.7.2 The review has highlighted that the framework approach has some very clear advantages including enabling provision to be established at pace and agreements to be formed based on service types however banded pricing has not driven the growth that is required in the market. A factor which providers are clear about is that guarantee of investment drives certainty about capacity. Hence it is proposed to make adjustments to our current strategy as follows:

#### 2.7.3 Table 2 – Home Support Framework Pricing

Contract	Hourly rate 19/20
Framework contracts	
Band 1	£18.24
Band 2 (no change)	£19.68
Band 3 (no change)	£21.72
Spots	£18.24

2.7.4 This inflation approach will support the continued development and expansion of the homecare market. As the framework approach becomes business as usual the option of guaranteed hours will facilitate growth of the sector, more collaborative working and service development and improvement. Equalising rates between the framework and spots and emphasizing the use of framework providers to drive improvements and developments will be discussed with providers in the new year and forms the next phase of the homecare strategy.

## 2.8 Independent residential and nursing care for older people

2.8.1 In the case of residential and nursing care for older people provided by the independent market the Council has undertaken a cost exercise with the market and as a result has calculated the cost of providing care as detailed in Table 3. Cost of care increases proposed are independent of any inflationary uplift.

2.8.2 The cost model, developed as part of the cost of care process for older people, was reviewed during the course of 2018/19 to enable usual prices to be determined for 2019/20 and onwards. The cost model has been developed with providers and consideration has been given to value for money, sustainability and quality. Actual costs of care were considered by applying relevant inflationary uplifts to pay and non pay elements in the cost model. Adjustments were made for potential increased staffing due to complexity and regulation among other factors.

2.8.3 For residential and nursing care there is a requirement to complete a consultation process prior to the implementation of any usual prices for 2019/20. It is intended to commence this process on 16 January 2019 closing on 13 February 2019. It is proposed that implementation of the new prices will be undertaken through the exercise of delegated powers as approved at the 29 April 2016 Committee meeting.

2.8.4 Detailed below are the proposed usual prices for residential and nursing care provided by the independent sector for older people in 2019/20, including the cost of care increase and inflationary pressures for older people. For completeness the inflationary element is also set out in Table 1 above.

**Table 3 Residential and Nursing Care – cost of care and inflationary uplift**

Older People	A	B	C	D	E
Single Room Only	2018/19 Usual Price	19/20 Cost of Care % increase	19/20 Price inflation % increase	19/20 Total % price increase	Proposed 2019/20 Usual Price
Band					
Residential - Standard	£496.61	3.79%	4.09%	8.03%	£536.49
Residential - Enhanced	£555.96	6.85%	4.09%	11.22%	£618.37
Nursing - Standard	£518.62 + FNC of £158.16 = £676.78	2.61%	4.09%	6.81%	£553.94+FNC of £158.16 = £712.10
Nursing - Enhanced	£544.96 + FNC of £158.16 = £703.12	6.00%	4.09%	10.34%	£601.30 + FNC of £158.16 = £759.46

\*1 The Funded Nursing Care (FNC) is set nationally by the Government and the figure included in the above table may be subject to change.

## 2.9 Independent residential and nursing care for working age adults (WAA)

2.9.1 Packages of care for WAA have a range of pricing structures in place and in many cases are specific to needs being met. An overarching review of all WAA care packages is being undertaken and hence current costs will be inflated with no other changes and no cost of care adjustments.

## 2.10 Day Care and Supported Living

2.10.1 The annual cost for these services has been assessed and uplifts outlined in Table 1. These uplifts are above the Office of Budget Responsibility (OBR) forecast for inflation over the next year and reflect the diversity of provision in the market and projected demand for these services going forward. Day Care and Supported living continue to be reviewed in terms of strategic relevance and cost over the coming year.

## 2.11 Approach for evaluating cost changes for 2019/20.

2.11.1 The Council introduced a provider dialogue process during 2016 and this has enabled the development of an inflation adjustment mechanism which underpins the proposed uplifts to support the Council in the exercise of its discretion as set out in Table 1 above. Dialogue has continued with providers and provides a sound basis for exploring cost pressures.

2.11.2 The basis for evaluating price changes is set out below:

**Table 4**

<b>Cost</b>	<b>Market Sector</b>	<b>Evidence</b>
Pay	All	National minimum dataset
Prices	All	Office of Budget Responsibility October estimates for inflation in 2019-20
Pensions	All	Relevant auto enrolment rate

2.11.3 The key cost drivers affecting care provision are:

- a) General inflation, is based on the County Council's financial planning forecast of 2.0%. This is considered reasonable when compared to the OBR October forecast for inflation of 2.0% in 2019 and 2.0% in 2020. The overall rate for 2019/20 is 2.0%
- b) The national living wage, which will increase from £7.83 to £8.21 from April 2019 represents a 4.85 % increase. The national minimum dataset information sets out actual pay rates which tend to be slightly above the national living wage. The Council recognises however that in order to compete in the labour market increases in pay rates in line with increases in the national minimum wage rates will be required. In addition, the council recognises that pay differentials need to be supported to aid retention of skilled and experienced staff

2.11.4 It is proposed that Direct Payments budget is increased by 4.83 %. Direct payments reflect costs relating to both services and direct employment. The increase therefore needs to enable those that directly employ staff i.e. as personal assistants, to pay in line with the national living wage. The proposal would enable the hourly rate for care to increase to £8.46. Other costs would be increased by inflation at 2.0%. In addition, other mechanisms are in place that will ensure that an individual is able to meet their assessed unmet eligible needs, including reviews of needs and support plans to ensure that they accurately reflect those needs.

- 2.12 Consideration of affordability – budget planning**
- 2.12.1 Having taken due consideration of cost pressures in the various care market sectors together with quality and sustainability the Council needs to take into consideration the level of increase that is affordable in the light of other pressures and priorities.
- 2.12.2 The financial context continues to be challenging. Overall, councils will see a reduction in central government support to local government of £16bn between 2010 and 2020, with a local impact of £218m. Independent estimates show the national social care funding gap is set to reach £2.1bn by 2020 and locally in this financial year we are targeting delivery of £27m savings with a further £38m of recurrent savings by 2022, which is due in part to £33m of potential inflationary pressures and £22.1m of expected demographic pressures over the next three years.
- 2.12.3 The Strategic and Financial Planning paper to this Committee, sets out the wider financial position and the impact of the Autumn Budget 2018 and Local Government Finance Settlement. The medium term financial strategy agreed by the County Council in February 2018 identified a funding gap of £94.7m between 2019 and 2022. As part of the revised financial strategy in September 2018, additional savings were required including an additional £11.9m of savings within adult social care, which are set out within the budget planning paper to this Committee. At October 2018, there remained an additional gap to be closed across the three year planning period of £45.980m. This figure will be revised and reported to January 2019 Policy and Resources Committee, following the budget planning process and the local government finance settlement, but is expected to increase.
- 2.12.4 The Council's plans are based on the government's spending plans.
- 2.12.5 There is no specific support for the implications of legislative changes to national living wage on provision of social care and these costs have to be met within the Council's financial means. The future financing of social care will be set out in a Green Paper, which was intended to be published in 2017, however this has now been postponed until spring 2019.
- 2.12.6 To provide additional support for social care, in 2016/17 the Government introduced the Adult Social Care precept, giving local authorities with social care responsibilities the flexibility to raise an additional 2% on council tax. For Norfolk County Council the precept is forecast to provide funding of £10.8m in 2019/20. The Council's medium term financial plans include budget assumptions for council tax increase. The Council is currently consulting on a general council tax increase of up to 2.99% for 2019/20. As the Council increased the adult social care precept by 3% in 2017/18 and 3% in 2018/19, which was the maximum increase allowed over the period 2017/18 to 2019/20, there can be no increase to the adult social care precept in 2019/20.
- 2.12.7 In addition, the Local Government Finance settlement, include announcements regarding a continuation of the winter funding for a further year totaling £4.178m and one-off funding for social care (including Children's social care) of £7.1m. Both funds are one-off and therefore use of this funding to support recurrent pressures gives rise to an increased unfunded pressure in 2020-21.
- 2.12.8 The winter funding is one off ring-fenced funding for adult social care and is subject to inclusion within the Better Care Fund and Department of Health and Social Care reporting. The purpose is to support provision of social care to alleviate pressures within the NHS.
- 2.12.9 In total the service is budgeting for additional net pressures of £20m in 2019/20.
- 2.12.10 The budget plans for 2019/20 have included growth for inflationary cost pressures for pay

and non-pay budgets (price inflation at 2.0%); legislative changes, demographic cost pressures for adult social care of £6.1m.

- 2.12.11 These plans for adult social care services require net savings to be delivered amounting to £17.9m in 2019/20 to enable services to both be delivered within reduced funding and to enable increased investment in the service to support unavoidable cost pressures.
- 2.12.12 Delivery of net savings of £17.9m, would enable a further £20.6m to be invested in the care market to cover demand, inflationary increase, the impact of the national living wage increase, and to work towards the increases identified through the cost of care review. However, there is insufficient funding to apply the cost of care increase in full. The Council's methodology has been to set its usual prices between the total operating costs level and the operating costs plus returns. Taking into account the three year financial position, uncertainty about future funding, the level of savings already required and the extent that the service is in receipt of one-off funding, it is proposed that the increase to a revised usual price should be phased over a two year period with 75% paid in 2019/20 with the remaining cost of care increase paid in 2020/21.
- 2.12.13 Despite this, the proposed level of investment enables a core inflationary increase totalling £5.4m; additional costs arising through the older people residential cost of care review of £2.9m; and an additional £5.741m to manage the impact of the national living wage.
- 2.12.14 In overall terms this enables inflationary pressures on pay, including the impact of the national minimum wage as determined by our cost model, to be funded in full.
- 2.12.15 Application of the process described in 2.11 in conjunction with factors including effective operation in the market, alternative ways of working and innovative business practice, as well as the overall affordability for the Council, have resulted in the proposed uplifts detailed in Table 1. (section 1.1)

### **3 Financial Implications**

- 3.1 The financial impact of the recommended price uplifts, excluding cost of care totals is £11.118m in 2019/20. This increase is included in the budget proposals set out to Committee elsewhere on this agenda. In addition, the budget proposals to be agreed by County Council will include a further increase in fee levels for older people residential and nursing to reflect the changes arising from the cost of care review and after taking into account affordability, as set out in this paper. These changes are included in the usual price proposals set out in Table 3 of this report. The additional cost of care increase totals £2.9m for 2019/20.

### **4. Issues, risks and innovation**

- 4.1 The Care Act requires councils with adult social care responsibilities to promote the effective and efficient operation of the market so that sustainable value for money quality services are available to care consumers. If a provider fails, the Council has specific responsibilities to ensure that services remain available to meet needs.
- 4.2 The Committee has approved a new Commissioning and Market Shaping Framework which supports the development of detailed sector-based plans that will be further developed working with providers and care consumers to realise the Promoting Independence strategy.
- 4.3 Combined with the strengths-based approach to care needs assessment and review greater effectiveness and efficiency will be secured.

## 5. Background

5.1 The Committee reports dealing with the Cost of Care considered on 29 April 2016 and 10 October 2016 are relevant to the proposals regarding uplifts in the residential and nursing care market sectors.

### 5.2 Background Papers –

[Usual price of residential and nursing care in Norfolk 29 April 2016](#) – p4

[Usual price of residential and nursing care in Norfolk 10 October 2016](#) - p55

## 6 Recommendations

6.1 The Committee is recommended to consider and agree the approach to fee uplifts for the 2019/20 financial year as set out below:

- a) In respect of contracts where an inflation index or indices are referenced an uplift is implemented to match any changes in the relevant index or indices
- b) In respect of contracts where there is a fixed price for the duration of the contract, no additional uplift in contract prices takes place
- c) In other contracts, where the Council has discretion in relation to inflationary uplifts, that uplifts are considered in line with those set out in this report
- d) In the case of residential and nursing care any final uplift including other adjustments is subject to formal consultation with implementation being through the use of Chief Officer delegated powers following that process

### Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

Officer Name:	Tel No:	Email address:
Sera Hall	01603 638353	<a href="mailto:sera.hall@norfolk.gov.uk">sera.hall@norfolk.gov.uk</a>
Susanne Baldwin	01603 228843	<a href="mailto:susanne.baldwin@norfolk.gov.uk">susanne.baldwin@norfolk.gov.uk</a>



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# Adult Social Care Committee

Item No:

<b>Report title:</b>	<b>Strategic and Financial Planning 2019-20 to 2021-22 and Revenue Budget 2019-20</b>
<b>Date of meeting:</b>	<b>14 January 2019</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## **Strategic impact**

The proposals in this report will inform Norfolk County Council's (the Council) decisions on council tax and contribute to the Council setting a legal budget for 2019-20 which sees its total resources targeted at meeting the needs of residents. Budget planning has been undertaken in the context of the Council's overarching Vision and Strategy.

The information in this report is intended to enable the Adult Social Care Committee (the Committee) to take a considered view of all the relevant issues in order to agree budget proposals for 2019-20 and the Medium Term Financial Strategy to 2021-22 and make recommendations on these to the Policy and Resources Committee. Policy and Resources will then consider how the proposals from Service Committees contribute to delivering an overall balanced budget position on 28 January 2019 before the Full Council meets on 11 February 2019 to agree the final budget and level of council tax for 2019-20.

## **Executive summary**

This report forms part of the strategic and financial planning framework for Service Committees and provides an overview of the financial issues for the Council, including the latest details of the Autumn Budget 2018 and the provisional Local Government Finance Settlement for 2019-20. It summarises this Committee's saving proposals for 2019-20, identified budget pressures and funding changes, and sets out the proposed cash-limited revenue budget as a result of these. The report also provides details of the proposed capital programme for 2019-20 to 2021-22.

In order to inform decision making, details of the outcomes of rural and equality impact assessments of the 2019-20 Budget proposals are set out in the paper, alongside the findings of public consultation in respect of specific savings proposals, where they are relevant to the Committee.

Policy and Resources Committee works with Service Committees to coordinate the budget-setting process, advising on the overall planning context for the Council. Service Committees review and advise on the budget proposals for their individual service areas. The report therefore provides an update on the Service Committee's detailed planning to feed into the final stages of the Council's budget process for 2019-20. The County Council is due to agree its budget for 2019-20, and Medium Term Financial Strategy to 2021-22, on 11 February 2019.

### **Adult Social Care Committee is recommended to:**

- a) Consider the content of this report and the continuing progress of change and transformation of Adult Social Services**
- b) Consider and agree the service-specific budgeting issues for 2019-20 as set out in section 5**

- c) Consider and comment on the Committee's specific budget proposals for 2019-20 to 2021-22, including the findings of public consultation in respect of the budget proposals set out in Appendix 1
- d) Consider the findings of equality and rural impact assessments, attached at Appendix 2 to this report, and in doing so, note the Council's duty under the Equality Act 2010 to have due regard to the need to:
  - i. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
  - ii. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
  - iii. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- e) Consider and agree any mitigating actions proposed in the equality and rural impact assessments
- f) Consider the advice of the Executive Director of Finance and Commercial Services, and recommend to Policy and Resources Committee that the Council's budget includes an inflationary increase of 2.99% in council tax in 2019-20, within the Council's tax referendum limit of 3.00% for the year
- g) Agree and recommend to Policy and Resources Committee the draft Committee Revenue Budget as set out in Appendix 3:
  - i. including all of the savings for 2019-20 to 2021-22 as set out. *Or*
  - ii. removing any savings unacceptable to the Committee and replacing them with alternative savings proposals deliverable in 2019-20 and within the Committee's remit

For consideration by Policy and Resources Committee on 28 January 2019, to enable Policy and Resources Committee to recommend a sound, whole-Council budget to Full Council on 11 February 2019.

- h) Agree and recommend the Capital Programme and schemes relevant to this Committee as set out in Appendix 4 to Policy and Resources Committee for consideration on 28 January 2019, to enable Policy and Resources Committee to recommend a Capital Programme to Full Council on 11 February 2019

**Appendix 1-** Views on our proposal to change our Adult Social Care charging policy (P137)

**Appendix 2-** Equality and rural assessments-findings and recommendations (P173)

**Appendix 3-** Budget change forecasts for 2019-22 Adult Social Care (P194)

**Appendix 4-** 2019-20 to 2021-22 Capital Budget proposals (P197)

## 1. Introduction

- 1.1 The Council's approach to medium term service and financial planning is based on the preparation of a rolling Medium Term Financial Strategy, with an annual budget agreed each year. The County Council agreed the 2018-19 Budget and Medium Term Financial Strategy (MTFS) to 2022 at its meeting on 12 February 2018, at the same time as it agreed a new Strategy for the County Council, Norfolk Futures.
- 1.2 The Council has a robust and well-established framework for strategic and financial planning which updates the MTFS position through the year to provide Members with

the latest available financial forecasts to inform wider budget setting work across the organisation.

- 1.3 Norfolk County Council is due to agree its new Budget and Medium Term Financial Strategy for 2019-20 to 2021-22 on 11 February 2019. In support, this paper sets out the latest information on the provisional Local Government Finance Settlement and the financial and planning context for the County Council for 2019-20 to 2021-22. It summarises the Committee's pressures, changes and savings proposals for 2019-20, the proposed cash limit revenue budget based on all current proposals and identified pressures, and the proposed capital programme.

## **2. County Council Strategy and Norfolk Futures**

- 2.1 Caring for our County, the vision for Norfolk, was approved by members in February 2018 and outlines the Council's commitment to:

- a) Building communities of which we can be proud
- b) Installing infrastructure first
- c) Building new homes to help young people get on the housing ladder
- d) Developing the skills of our people through training and apprenticeships
- e) Nurturing our growing digital economy
- f) Making the most of our heritage, culture and environment

- 2.2 The Council's Strategy for 2018-2021 – Norfolk Futures – was approved at the same time. It focuses our transformation plan on priority areas of Council work, delivering in a context where demand for our services is driven both by demographics and social trends, and when increasingly complex and more expensive forms of provision are becoming prevalent.

- 2.3 Norfolk Futures is guided by four core principles that will frame the transformation we will lead across all our work:

- a) Offering our help early to prevent and reduce demand for specialist services
- b) Joining up work so that similar activities are easily accessible, done once and done well
- c) Being business like and making the best use of digital technology to ensure value for money
- d) Using evidence and data to target our work where it can make the most difference

- 2.4 These four principles continue to underpin, inform and test everything that we do as an organisation.

- 2.5 The integrated transformation programme is also well underway and starting to deliver change across our critical priorities.

- 2.6 Each of the Service Committees has produced a three year forward plan setting out what will be delivered over the next three years within the resources available. These in turn are operationalised through annual Plans on a Page setting out aims and measurable objectives for each service area.

- 2.7 The alignment of our vision, to our strategy and to our service planning is shown below:

## Service planning and delivery



## How the Vision, Strategy and Service plans align

Figure 1 - Service Planning and Delivery Framework from The Council's Strategy 2018-2021

### 3. Strategic financial context

- 3.1 2019-20 represents the final year of the four-year funding allocations for 2016-17 to 2019-20. These allocations have provided the Council with a degree of certainty about core elements of funding over the period, and only minimal changes to the funding in scope of the certainty offer have been made. Nonetheless, allocations still have to be confirmed annually in the Local Government Finance Settlement. The end of the four-year settlement combined with uncertainty about the outcomes of the Comprehensive Spending Review (CSR), Fair Funding Review (FFR), and 75% Business Rates Retention Scheme (BRRS) means that the Council faces a very significant level of uncertainty about funding levels after 2019-20.
- 3.2 The Chancellor of the Exchequer, Philip Hammond, announced the **Autumn Budget 2018** on Monday 29 October 2018. The Chancellor stated that the Budget was based on planning for all eventualities in relation to the UK leaving the EU, but that in the event of material changes to economic or fiscal forecasts, there remained the possibility of upgrading the Spring Statement to a full Budget if required. In contrast to recent Budgets there were a number of announcements with implications for Local Government. Significantly for the 2019-20 Budget planning, this included additional funding for social care in 2019-20 worth £11.317m in total for Norfolk County Council broken down as follows:
- a) £4.179m Winter Pressures Grant (to be pooled into the Better Care Fund via the improved Better Care Fund (iBCF) and reported on accordingly in 2019-20. Government will confirm reporting requirements relating to the 2018-19 allocation separately)
  - b) £7.139m Social Care Support Grant (MHCLG advises that “where necessary” this should be used “to ensure that adult social care pressures do not create additional demand on the NHS” and to improve the social care offer for older people, people with disabilities and children. However, it is not ring-fenced, and there is no requirement for a specific adult or children’s share)
- 3.3 Further details of the Autumn Budget can be found in the November 2018 report to Policy and Resources Committee.
- 3.4 The **Provisional Local Government Finance Settlement 2019-20** was announced by the Secretary of State for Housing, Communities and Local Government, James Brokenshire, on 13 December 2018. The full details of the announcement can be

found [here](#)<sup>1</sup> and the Secretary of State's statement to parliament [here](#)<sup>2</sup>. Funding allocations arising from the Autumn Budget were confirmed.

The following announcements were made as part of the Provisional Settlement:

- a) Norfolk's application to become a 75% Business Rates Retention Pilot in 2019-20 was successful. This is forecast to deliver a benefit of almost £8m to Norfolk as a whole and £3.9m for Norfolk County Council individually. The financial benefits of a pilot are likely to arise in 2020-21
- b) Norfolk County Council's Settlement Funding Assessment has been confirmed as £191.233m for 2019-20 (compared with £207.151m 2018-19). Funding allocations are broadly in line with the four-year certainty offer previously announced, however this funding will now be delivered via the Business Rates Pilot. In overall terms, the Provisional Settlement indicates a cash change in the County Council's core spending power of 2.6% between 2018-19 and 2019-20. This includes Government assumptions about local decisions to raise council tax and is slightly below the national cash increase of 2.8%
- c) Additional Rural Services Delivery Grant is to be provided in 2019-20 to maintain the allocation at the same level as 2018-19. This means an additional £0.786m for the County Council, which will also be delivered through the Pilot
- d) £20m is being provided nationally to maintain the New Homes Bonus baseline at 0.4%. This will mean a lower reduction in New Homes Bonus allocations than previously assumed, providing £0.183m
- e) The Secretary of State announced plans to distribute increased growth in business rates income which has generated a surplus in the business rates levy account in 2018-19. For Norfolk this amounts to £2.340m. 2018-19 is the first year this account has been in surplus and as a result £180m is being distributed to councils. This is not technically "new money" but funding as a result of growth nationally in business rates. It has not previously been included in budget planning as councils do not know the overall position until Government announces it. Funding is due to be paid by Section 31 grant in 2018-19, but is anticipated to be available to support the 2019-20 Budget
- f) The Government also confirmed the intention to fund the issue of "negative Revenue Support Grant (RSG)" through forgone business rates. Norfolk County Council is not in a negative RSG position and so does not benefit from this decision

3.5 In respect of **council tax**, the provisional thresholds for a council tax referendum have been announced as 3.0% for the general element of council tax with discretion for a further 2% to be raised for the adult social care precept (subject to a maximum adult social care precept increase of 8% in the period 2016-17 to 2019-20). The County Council's planning assumes an increase of 2.99% in general council tax. The Council has previously taken decisions to raise the full adult social care precept across the period 2016-17 to 2018-19 and as such there can be no increase in the adult social care precept in 2019-20 and it will therefore continue at the same level as in 2018-19 (£96.05 for a Band D property). A 2.99% increase in council tax is forecast to raise approximately £11.635m. This contributes to closing the forecast 2019-20 budget gap and mitigating the gap in future years. A council tax increase of 2.99% therefore enables a substantially more robust budget for 2019-20 and reduces risks for the council over the Medium Term Financial Strategy period.

<sup>1</sup> <https://www.gov.uk/government/collections/provisional-local-government-finance-settlement-england-2019-to-2020>

<sup>2</sup> <https://www.gov.uk/government/speeches/provisional-local-government-finance-settlement-2019-to-2020-statement>

- 3.6 Alongside the usual consultation on the Provisional Settlement, the Secretary of State announced two further consultations on reforms to the business rates retention system, and the new approach to distributing funding through the Review of Relative Needs and Resources. The Council will respond to these in due course. The Government also confirmed that the long-awaited social care green paper will be published “soon”.
- 3.7 On 16 December, the Government also announced<sup>3</sup> additional funding to support children with special educational needs (SEND). The allocation of this to individual councils has now been announced and Norfolk should receive £3.605m of the £250m being provided nationally to support children and young people with complex SEND. This will be received as £1.803m in both 2018-19 and 2019-20. Government has also confirmed funding of £100m nationally for investment to create more specialist places in mainstream schools, colleges and special schools in 2019-20. The allocation of this has not yet been confirmed, but Norfolk could potentially expect approximately £1.268m if this were to be distributed on the usual basis. The additional SEND funding is expected to flow through Dedicated Schools Grant, however it is not anticipated to be sufficient to address the High Needs Block overspend position.
- 3.8 The latest estimate of the Council’s overall budget position for 2019-20 as a result of the above, and any other emerging issues, will be reported to Policy and Resources Committee in January.

## **4. 2019-20 Budget Planning**

### **4.1 2018-19 Medium Term Financial Strategy**

- 4.1.1 The current year’s Budget and Medium Term Financial Strategy (MTFS) for the period 2018-19 to 2021-22 was agreed in February 2018 including £78.529m of savings and with a remaining gap of £94.696m. The MTFS provided the starting point for the Council’s 2019-20 Budget planning activity. Full details of cost pressures assumed in the Council’s MTFS are set out in the 2018-19 [Budget Book](#).<sup>4</sup>

### **4.2 2018-19 budget position**

- 4.2.1 The latest information about the Committee’s 2018-19 budget position is set out in the budget monitoring report elsewhere on the agenda. The Council’s overarching budget planning for 2019-20 is based on the assumption that a balanced 2018-19 Budget is delivered (i.e. that all savings are achieved as planned and there are no overall overspends).
- 4.2.2 Further pressures in the forecast 2019-20 Budget have been provided for as detailed later in this report.

### **4.3 The budget planning process for 2019-20**

- 4.3.1 In July 2018, Policy and Resources Committee considered how the 2019-20 budget planning process would be aligned with the Council’s Strategy, Norfolk Futures. Policy and Resources agreed budget assumptions, budget planning principles and guidance for 2019-20 which were then communicated to Service Committees.
- 4.3.2 In September, Service Committees therefore began their detailed budget planning by discussing both their approach to savings development and any key risks for the Council’s budget process.

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<sup>3</sup> <https://www.gov.uk/government/news/new-funding-to-support-children-with-special-educational-needs>

<sup>4</sup> <https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/budget-and-council-tax/budget-book-2018-22.pdf?la=en>

4.3.3 Following further input from Policy and Resources Committee, in early October 2018, Service Committees then considered and agreed their detailed saving proposals for 2019-20, which were recommended to Policy and Resources Committee for consultation where appropriate. Policy and Resources duly considered the latest budget planning position for 2019-20 at its meeting on 29 October. This included the summary of all proposed savings from Service Committees, and a revised forecast of the remaining **budget gap for 2019-20, which at that point stood at £6.369m. Over the three year planning period, a gap of £45.980m remained to be closed.** In November, Policy and Resources was advised that following the announcements of additional funding at the Autumn Budget, it was anticipated these would assist in closing the gap identified for 2019-20, and as a result Services were not asked to seek additional savings. However, **Policy and Resources agreed that any change to planned savings or removal of proposals would require alternative savings to be identified by the relevant Service Committee.**

4.3.4 The budget position and associated assumptions are kept under continuous review. The latest financial planning position will be presented to Policy and Resources Committee in January prior to budget-setting by County Council in February. The outline budget-setting timetable for 2019-20 is set out for information later in this report.

#### 4.4 **Latest 2019-20 Budget position**

4.4.1 Since the last report to Service Committees in October 2018, a number of additional pressures have emerged, including:

- a) Pressures arising in Schools' High Needs Block budgets with a potential impact on the Council's General Fund
- b) Significant additional pressures in Children's Services budgets
- c) The addition of "Winter Pressures" funding within the Adult Social Care budget, and pressures relating to continuing support for the care market, and continued enhanced levels of social work capacity. The Adult Social Care budget makes use of some one-off funding and use of reserves
- d) Recognition of a part funded pressure in 2019-20 relating to an increase in the employer contribution rates for Fire Service pensions
- e) Final changes to inflation forecasts for 2019-20 and future years
- f) Updated council tax forecasts from Districts for tax base and collection fund which will be finalised in January 2019

4.4.2 These additional pressures have been offset by proposed changes following a thorough review of all other pressures and savings included in budget planning, and by additional funding announced in the Autumn Budget and the provisional Local Government Finance Settlement as set out in section 3. As a result, a balanced budget is therefore expected to be presented to Policy and Resources Committee for 2019-20. Details of the remaining gap over the Medium Term Financial Strategy will be confirmed to Policy and Resources in January 2019.

#### 4.5 **Budget planning assumptions 2019-20**

4.5.1 In setting the annual budget, Section 25 of the Local Government Finance Act 2003 requires the Executive Director of Finance (Section 151 Officer) to report to members on the robustness of budget estimates and the adequacy of proposed financial reserves. This informs the development of a robust and deliverable budget for 2019-20. Further details are provided below, and the full report will be included in the Budget papers for Policy and Resources Committee.

4.5.2 The Executive Director of Finance and Commercial Services' judgement on the robustness of the 2019-20 Budget is substantially based upon the following assumptions:

- a) An increase of 2.99% in council tax in 2019-20 and 1.99% in both subsequent years 2020-21 and 2021-22 based on the current amounts allowed by Government before a local referendum is required. The assumed council tax increases are subject to Full Council's decisions on the levels of council tax, which will be made before the start of each financial year. In future years there will be an opportunity to consider the required level of council tax in light of any future Government announcements relating to the Fair Funding Review and Comprehensive Spending Review
- b) In addition to an annual increase in the level of council tax, the budget assumes annual tax base increases in line with recent trends
- c) Revised assumptions about the future funding changes to be delivered through the Comprehensive Spending Review and Fair Funding Review based on recent announcements including those made at the Autumn Budget. Until now, the Council's assumptions about funding reductions have been based on the Government's stated intention to end Revenue Support Grant, with an expectation that all Revenue Support Grant would therefore cease after 2019-20. This would result in a cliff edge in 2020-21 and a budget pressure of almost £39m. Such a significant funding reduction would be out of line with recent experience and does not reflect the fact that Government has sought to provide additional levels of one-off funding for key areas such as social care. Taking all these funding sources in the round, the Council's current budget planning is therefore now based on an assumption that effectively half of the impact of the loss of Revenue Support Grant would occur in 2020-21 and half in 2021-22, although Revenue Support Grant itself may disappear. In other words, it is assumed that Government will provide alternative (potentially transitional) funding to mitigate the effect of a Revenue Support Grant cliff edge
- d) No increase in the Adult Social Care precept from the 2018-19 level
- e) 2018-19 Budget and savings will be delivered in line with current forecasts and plans (no overall overspend)
- f) Use of additional Adult Social Care funding for 2018-19 and 2019-20 as agreed with partners and in line with conditions, and that market pressures can be absorbed within existing budgets
- g) Growth pressures forecast in Children's Services relating to Looked After Children, and the overspend on High Needs Block, can be contained within the additional funding allocations
- h) Pressures forecast within waste and highways budgets can be accommodated within the additional funding allocations
- i) Revised assumptions to use an additional £5m capital receipts in 2020-21 rather than £10m (with £10m being required in 2021-22 and the balance of £5m in 2022-23 resulting in the use of an additional £20m capital receipts in total to support the revenue budget over the period 2020-21 to 2022-23)
- j) The assumed use of one-off funding including:
  - i. £1m from the Insurance Fund in 2019-20; and
  - ii. £6m from the Adult Social Care business risk reserve over the budget planning period
- k) That all the savings proposed and included for 2019-20 can be successfully achieved

## 5. Service Budget, Strategy and Priorities 2019-20

- 5.1 As part of the 2018-21 medium term planning process, Adult Social Services committed to delivery of £27m savings in this financial year and further savings of £9.351m in 2019-20; £13.700m in 2020-21 and £3.900m in 2021-21. Subsequently, the Council has needed to plan for additional savings and these have been considered as part of the budget planning and consultation process during 2018. The total savings proposed for Adult Social Care for 2019-22 are:

<b>Table 1</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>Total</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Existing savings programme	-9.351	-13.700	-3.900	-26.951
Additional savings proposals	-8.543	-3.557	-1.800	-13.900
<b>Total new savings target</b>	<b>-17.894</b>	<b>-17.257</b>	<b>-5.700</b>	<b>-40.851</b>

- 5.2 The service is currently on track in 2018-19 to deliver £22m against the planning savings, which together with alternative savings, increased service user income and use of winter funding to support increased demand, is resulting in a forecast balanced budget at Period 8. The finance monitoring report to January 2019 Committee sets out the position at the end of November 2018.
- 5.3 Our financial strategy for achieving savings continues to be focused on:
- a) investing in early intervention and targeted prevention to keep people independent for longer
  - b) investing in excellent social work which helps people regain and retain independence, and reduces, prevents and delays the need for formal social care
  - c) commissioning services which enable and re-able people so they achieve and maintain as much independence as they can and reducing the amount of formal social care they need
  - d) reducing the proportion of people who are placed in permanent residential and nursing care
  - e) leading and developing the market for social care so that it is stable and sustainable and aligns with the ambitions of Promoting Independence
  - f) working with health partners to reduce system demand and improve outcomes
  - g) increasing the use of technology to enable more people to live independently for longer
  - h) charging people appropriately for their care and providing welfare rights support
  - i) strengthening the contract management of our commissioned contracts, and pursuing efficiencies in all areas of our work
- 5.4 The strategy for Adult Social Care has embedded the core principles set out within Norfolk Futures and firmly works towards the agreed vision for Norfolk.
- 5.5 We have a clear vision – to support people to be independent, resilient and well. To achieve our vision, we have a strategy – Promoting Independence – which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. We want to move to a way of working across the service, and with our partners, which supports people earlier before their ability to manage deteriorates. In the past we recognise that we have relied heavily on formal services, focusing on what people cannot do, rather than looking at their strengths and

the existing support around them. Across health and social care, we are seeking a shared 'home first' culture which helps people keep and regain independence.

5.6 Promoting Independence has these main elements:

**Prevention and early help** – empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For our younger adults with disabilities, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.

**Staying independent for longer** – for people who are most likely to develop particular needs we will try and intervene earlier. Certain events, such as bereavement or the early stages of an illness like dementia can be a trigger for a rapid decline in someone's wellbeing, but with some early support we can stop things getting worse and avoid people losing their independence and becoming reliant on formal services. Our social care teams will look at what extra input could help people's quality of life and independence – this might be some smart technology, some adaptations to their homes to prevent falls, or access via telephone or on-line to specialist tailored advice. When people do need a service from us, we want those services to help people gain or re-gain skills so they can live their lives as independently as possible. This could mean, for example, a spell of intensive reablement after a stay in hospital to restore their confidence and their ability to do as many day to day tasks as possible.

**Living with complex needs** – for some people, there will be a need for longer term support. This might mean the security of knowing help is available for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability, so people can retain independence and control, after say a stroke or period of mental illness. For some people, moving into residential care, or to housing where there are staff close by, will be the right choice at the right time, but such decisions should be made with good information and not in a crisis.

5.7 The key focus areas will be:

- a) **Building capacity and living well** - the Living Well - 3 conversations approach and the recruitment and project activity that will provide the capacity to deliver this model and remove the backlogs
- b) **Learning disabilities** - the range of projects focused on promoting independence and delivering savings for individuals with learning disabilities
- c) **Integrated short-term support** - the establishment of schemes to deliver against the Better Care Fund and High Impact Change Model alongside other projects that are targeting reductions in Delayed Transfers of Care and improvements to the interface between Health and Social Care
- d) **Technology enabled service** - the development of the Technology Enabled Care Strategy including the future role of assistive technology will ensure that decisions to commit future savings targets to these areas are based on robust evidence
- e) **Housing** – 10 year Programme to stimulate the development of 2,842 Extra Care units, investing NCC land and capital where appropriate, to meet future forecast need and support older people to stay independent in their local communities. This is in partnership with district councils, social landlords, developers and providers.

5.8 The core four principles of Norfolk Futures are embedded in Promoting Independence:

- a) Offering our help early to **prevent and reduce** demand for specialist services – we have sustained our early help and prevention so that we engage with people sooner and because we see this as an invest to save for the future. Through social prescribing, community development workers, support for loneliness, better advice and information we are supporting people to keep their well-being and stay independent. Our reablement service is core to helping to prevent and reduce demand; we know that 61% of people who benefit from reablement need no further services from us, so investment in this service gives savings for the future as well as delivering better outcomes for people by helping them to stay in their home
- b) **Joining up** work so that similar activities and services are easily accessible, done **once and done well** – our integration and collaboration with the NHS is designed to join up skills and care for people who use our services. We have a network of schemes across Norfolk for avoiding admission to hospitals through joint working with teams of professionals from the NHS, social care and the voluntary sector
- c) Being **business-like** and making best use of **digital technology** to ensure value for money. We already have an assistive technology service which supports people to stay independent, and we see an expansion of this service – and new innovations – as critical for helping to transform care for people in the future
- d) Using evidence and data to **target our work** where it can make the most difference – working with health partners to join up evidence and exploit benefits to the wider health and social care system. For example, using public health data to target early help and prevention work within the community and primary care to reduce crisis events and admissions to hospitals

## 5.9 **Additional one-off funding for social care**

5.9.1 As referenced in 3.2 (a), the Finance Settlement confirmed that the one-off winter funding provided in 2018/19 of £4.179m would be repeated in 2019/20. It is proposed that this is utilised to support the continuation of the plan during the next financial year. In practice this will mean that actions that span the two years can be funded and recurrent costs arising through increased winter demand in 2018/19 can be funded in 2019/20. Depending upon the length of care packages this will create additional pressure in 2020/21 if funding ceases. The one-off social care fund totalling £7.139m in 2019/20 is not incorporated within the adult social care planning assumptions, due to significant pressures arising for children's social care services.

## 5.10 **Better Care Fund and Improved Better Care Fund**

5.10.1 The improved better care fund will continue to support delivery of services in line with the agreed iBCF plans, previously reported. The funding represents a mix of recurrent and one-off funding and the service has created a reserve to ensure that the agreed plans are delivered over multiple years. The adult social care budget reflects these movements and use of reserves. Detailed information for future years for the Better Care Fund, including any uplifts, is still awaited. Planning assumptions are based on a continuation of the use and level of funding.

## 5.11 **Adult Social Care precept**

5.11.1 The Council Tax includes the adult social care precept agreed in previous years. NCC agreed an increase of 3% in both 2017/18 and 2018/19, which was in line with the Government's requirement of a maximum 6% increase between 2017-20. Therefore, there is no further increase in 2019/20.

## 5.12 Pressures

- 5.12.1 The budget plans set out at Appendix 3 include cost pressures facing the service in 2019-20 and future years. The budget plans support new cost pressures for the service, totalling £29m. The net pressures for 2019/20 total £20m. These include:
- a) Staff pay – 2% and national living wage - £1.263m
  - b) Price inflation and market pressures (including national living wage) - £11.188m
  - c) Demographic growth (incl. transitions from children to adult services) - £6m
  - d) Cost of care increases - £2.903m
  - e) Pressures to manage capacity and improve delayed transfers of care (predominately invest to save across the health and social care system) - £6.714m

## 5.13 Risks for the service

- 5.13.1 In setting the budget it is not possible to make financial provision for all potential risks. The key risks for this Committee are:
- a) Pressure on services from a needs led service where the number of service users continues to increase. The number of older people age 85+ is increasing at a greater rate compared to other age bands, with the same group becoming increasingly frail and suffering from multiple health conditions. A key part of transformation is about managing demand to reduce the impact of this risk through helping to meet people's needs in other ways where possible
  - b) The ability to deliver the forecast savings, particularly in relation to the demand led element of savings, which will also be affected by wider health and social care system changes
  - c) The cost of transition cases, those service users moving into adulthood, might vary due to additional cases that have not previously been identified, particularly where cases are out of county. Increased focus on transition will help mitigate this risk
  - d) The impact of pressures within the health system, through both increased levels of demand from acute hospitals and the impact of increased savings and current financial deficits in health provider and commissioning organisations. This risk is recognised within the service's risk register and the Council's involvement in the change agenda of the system and operational groups such as Accident and Emergency Delivery Boards and Local Delivery Groups will support the joint and proactive management of these risks
  - e) The proposed budget aims to strengthen the market, but risks remain regarding market stability and the impact of closures
  - f) The impact of the UK's exit from the EU, particularly in relation to nursing and care workforce, which could result in further instability within the care market
  - g) Impact of further decisions regarding National Living Wage legislation affecting sleep ins. The budget reflects the Court of Appeal decision in the Royal Mencap Society vs Tomlinson-Blake case
  - h) The impact of health and social care integration including Transforming Care Plans, which aims to move people with learning disabilities, who are currently inpatients within the health service, to community settings
  - i) Uncertainty regarding funding for adult social care beyond 2019-20 and the increased use of one-off funding to deliver recurrent services.

## 6. Budget proposals for Adult Social Care Committee

- 6.1 Budget proposals have been developed for the service in the context of the following factors, which affect the way adult social services are planned:
- a) Adult Social Care is provided in line with legislation set out in the Care Act 2014. This sets out the Council's duties, including the national threshold to determine eligibility of needs and rights to an assessment for adults and carers
  - b) The Promoting Independence programme of work is supporting delivery of £34m savings across 2019-22, through changing the way that people's needs are met in Norfolk. Through supporting people earlier and preventing care needs and by providing care in different ways, the Council is planning to reduce the amount of care it purchases. Increased use of assistive technology and digital solutions will aim to provide new approaches to support service users and providers
  - c) Integrated social care and health teams – the service provides integration through its operational and commissioning teams, working with community health and clinical commissioning groups. The Better Care Fund is developed alongside CCGs and district councils in relation to the effective deployment of disabled facility grant, which is passported in full to district councils. The service continues to work closely with health partners within the sustainable transformation programme and particularly as the wider system works towards Integrated Care System status; the budget plans reflect priorities within the programme, including social prescribing, use of reablement, winter planning and high impact change model to improve delayed transfers of care from hospital
  - d) Use of the market – The service spends £290m each year on the purchase of care with the local care market. Rising costs from national living wage, difficulties with recruitment and an increased complexity of needs has led to pressure from providers to increase care fees. Some providers have been facing more severe financial difficulties and this has increased risks for the county council in relation to continuation of care and provision of care at usual prices
  - e) Social work capacity - the budget plans recognise the need to continue current levels of social work capacity to manage the transformation agenda and support safeguarding

6.2 The Adult Social Care Committee held in October agreed new budget savings proposals to help meet the budget shortfall. These are set out in Table 2 below, including revised savings following consultation, as set out at 7.2. This is in addition to the savings that have already been agreed amounting to £9.351m for next financial year, and further savings of £13.700m in 2020-21 and £3.900m in 2021-22.

**Table 2: Additional savings proposed**

<b>Proposal</b> Note: savings are shown as a negative figure	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2019-22 Total</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Extending accommodation based reablement offer	-1.000			<b>-1.000</b>
Extension of home based reablement offer	-2.000			<b>-2.000</b>
Extra care housing programme			-0.200	<b>-0.200</b>

Full year effect of invest to save increasing support for people to claim welfare benefits and reduce the number of people that do not make a contribution towards their care	-1.400			<b>-1.400</b>
Revise the NCC charging policy for working age adults to apply the government's minimum income guarantee amounts	-1.000	-3.000		<b>-4.000</b>
Budget review – reprofile commitments and inflation	-1.000			<b>-1.000</b>
Reducing staff travel costs	-0.100			<b>-0.100</b>
Shift to community and preventative work within health and social care system – demand and risk stratification	-1.000	-1.000	-1.000	<b>-3.000</b>
Reduction in demand due to social prescribing		-0.600	-0.600	<b>-1.200</b>
Adjustment to payment timescale for direct payment to improve cashflow in line with audit recommendations	-1.000	1.000		<b>0.000</b>
One off use of repairs and renewals reserves no longer required	-0.043	0.043		<b>0.000</b>
<b>Total new savings proposed</b>	<b>-8.543</b>	<b>-3.557</b>	<b>-1.800</b>	<b>-13.900</b>
Existing savings programme	-9.351	-13.700	-3.900	-26.951
<b>Total new savings</b>	<b>-17.894</b>	<b>-17.257</b>	<b>-5.700</b>	<b>-40.851</b>

6.3 The impact of the savings proposed is set out within the Equality Impact Assessment at Appendix 2. One saving required public consultation and the findings from the consultation that took place during Autumn 2018 are set out in Appendix 1.

## 7. Revenue Budget

7.1 The tables in Appendix 3 set out in detail the Committee's proposed cash limited budget for 2019-20, and the medium term financial plans for 2020-21 to 2021-22. These are based on the identified pressures and proposed budget savings reported to this Committee in October 2018, which have been updated in this report to reflect any changes to assumptions. The savings reflect the programme of work that has been reported to this Committee throughout 2018/19.

7.2 The only change from the position reported to October committee relates to the revised charging policy, which was part of the budget consultation. The value of the savings initially shown represented a prudent forecast, reflecting the need for full consultation. The consultation was undertaken setting out the full impact of the proposed changes to the charging policy; a forecast £5m increase in income. The responses to the consultation and the equality impact assessment identified the importance of the implementation process. In light of the consultation, the proposal put forward is based on full implementation of the charging policy, but with both a lead in time to provide

time for service users to manage the changes and a phased introduction across 2019-20 and 2020-21 to help mitigate the impact for affected service users. It also includes utilising £1m investment to support implementation and improvements to employment services, as well as access to financial information and advice. The proposed savings profile is therefore £1m in 2019-20 and £3m in 2020-21. Further work is being undertaken to refine the profile for each year and this will be updated.

- 7.3 Cost neutral adjustments for each Committee will be reflected within the Policy and Resources Revenue Budget 2019-20 to 2021-22 paper which will be presented on 28 January 2019.
- 7.4 The Revenue Budget proposals set out in Appendix 3 form a suite of proposals which will enable the County Council to set a balanced Budget for 2019-20. **As such, any recommendations to add growth items, amend or remove proposed savings, or otherwise change the budget proposals, will require the Committee to identify offsetting saving proposals or equivalent reductions in planned expenditure.**
- 7.5 As set out elsewhere in this report, the Executive Director of Finance and Commercial Services is required to comment on the robustness of budget proposals, and the estimates upon which the budget is based, as part of the annual budget-setting process. This full assessment will be reported to Policy and Resources Committee and County Council.

## 8. Capital Programme 2019-20

- 8.1 A summary of the Capital Programme and schemes relevant to this Committee can be found in Appendix 4.

## 9. Public Consultation

- 9.1 Under Section 3(2) of the Local Government Act 1999, authorities have a duty to consult representatives of a wide range of local people when making decisions relating to local services. This includes council tax payers, those who use or are likely to use services provided by the authority, and other stakeholders or interested parties. There is also a common law duty of fairness which requires that consultation should take place at a time when proposals are at a formative stage; should be based on sufficient information to allow those consulted to give intelligent consideration of options; should give adequate time for consideration and response and that consultation responses should be conscientiously taken into account in the final decision.
- 9.2 Saving proposals to bridge the shortfall for 2019-20 were put forward by Committees, the majority of which did not require consultation because they could be achieved without affecting service users.
- 9.3 Where individual savings for 2019-20 required consultation:
- a) Consultation took place between 5 November 2018 and 23 December 2018 with consultation feedback on both individual budget proposals and council tax available for Committees in January
  - b) Proposals were published and consulted on via the Council's consultation hub, Citizen Space <https://norfolk.citizenspace.com/consultation/budget2018/>
  - c) Consultation documents were made available in large print and easy read as standard, and other formats on request
  - d) The Council made extra effort to find out the views of people who may be affected by the proposals and carry out impact assessments

- e) Opportunities for people to have their say on budget proposals and council tax were promoted through the Your Norfolk residents' magazine, news releases, online publications, and social media
- f) Every response has been read in detail and analysed to identify the range of people's opinions, any repeated or consistently expressed views, and the anticipated impact of proposals on people's lives
- g) As part of the consultation process for proposals around the revised charging policy, and in addition to the steps the council has taken to promote the consultation, we have also written to all 2,776 people who are potentially affected by this proposal including a consultation feedback form and freepost address. We provided consultation materials in several formats, including Easy Read, video, large print, online, paper copies and additional language versions. We provided a consultation helpline that people could call if they had any questions. This received 246 calls from service users and agencies during the consultation period. A summary of the consultation feedback is described below

## 9.4 Summary of the consultation feedback

- 9.4.1 We received 454 responses to this consultation. Of these the overwhelming majority (401 or 88.3%) were from people responding as individuals or as family members. Of the respondents who described their relationship to the service, most were people who used Adult Social Care services (266).
- 9.4.2 We asked questions about the different elements of our proposal and how people felt that they would be affected by these.  
Most people responding, (247), disagreed or strongly disagreed with our proposal to use different rates of Minimum Income Guarantee (MIG).  
  
(17 strongly agree / 56 agree / 52 neither agree nor disagree / 54 disagree / 193 strongly disagree / 47 don't know).
- 9.4.3 When it came to our proposal to take the enhanced rate of the daily living component of the Personal Independent Payment (PIP) into account, the majority of those responding (267) disagreed or strongly disagreed.  
  
(12 Strongly agree / 47 agree / 50 neither agree not disagree / 69 disagree / 198 strongly disagree / 43 don't know).
- 9.4.4 The key issues and concerns identified were similar for each element of this proposal. Those that generally agreed with the proposals felt that it was fair that people contributed the amount that they could afford or that the thinking behind the proposals was acceptable.  
The main reasons given by people who disagreed or strongly disagreed were that they felt:
  - a) That the proposed changes would create additional financial hardship for people who already have a low standard of living / limited ability to boost their income from other sources
  - b) That age should not be the main factor in determining the amount people need to pay
  - c) That the proposal was based on flawed thinking
  - d) That the proposed changes would have a negative impact on people's wellbeing
  - e) That the proposed changes affect the most vulnerable
  - f) That those affected have had previous reductions to their income and are experiencing the cumulative effect of cuts to income and services

- g) They felt that disabled people already experienced multiple disadvantages and should not be expected to bear the burden of cost savings as well
- h) Local government is having to resolve central Government financial issues
- i) Carers and family members will be negatively affected

9.4.5 Of those responding, 391 said they felt that the proposed change would have a negative impact on them. The main impacts cited were financial hardship, decreased wellbeing and the possibility of having to reduce care. Thirty people said they thought they would not be affected.

9.4.6 We also asked what extra help and support people would need if our proposal went ahead and presented people with four options. Of those responding, 41 said 'Help to find work', 169 said 'Help with claiming benefits', 122 said 'Help with managing money' and 117 put forward other suggestions or comments. Of these other comments, the majority were general comments about the proposals rather than suggestions about any support needed.

9.4.7 Some respondents made other comments pertinent to the consultation. We received 105 comments from people suggesting that the proposed changes were potentially discriminatory and would affect some people with protected characteristics more than others or may be unfair to people with different levels of need within a protected group. We also received 128 comments about the consultation process itself, with people saying that although we had provided easy read materials they found the subject matter complex and hard to understand.

9.4.8 More generally, some people told us they lacked faith in the process and felt that a decision had already been made.

The following points were also raised:

- a) That the proposed changes would impact negatively on care providers and organisations that support disabled people
- b) That the additional help on offer is already provided by national or voluntary bodies and NCC should not be 'subsidising' these organisations
- c) Parents caring for disabled children face multiple financial disadvantages over their lifetime
- d) That more guidance and support around claiming Disability Related Expenses (DRE) would be needed
- e) That the Council should look more closely at other Councils' rationale
- f) That the reality of opportunities in the employment market needed to be acknowledged
- g) The more people paid for the care the more vital it is for the council to ensure the quality of that care
- h) Some people may suffer serious financial consequences as a result of not being able to manage their finances
- i) The proposed changes may affect people's capacity to become independent
- j) The proposed changes may lead to some people reducing their support hours and put them at risk of harm

9.4.9 Lastly, some respondents suggested ways of saving money, ways in which the proposed changes might be rolled out, or ways in which the council could operate more efficiently. These included:

- a) Creating an automated online timesheet for care
- b) Preventing duplication of benefit assessments  
Using all available evidence at assessment
- c) Using peer support
- d) Working closely with district council partners.
- e) Means testing winter fuel payments

- f) Reducing Members pay / expenses
- g) Stopping pay rises for staff
- h) Revising contracts with care providers
- i) Phasing the proposed changes in over time

9.4.10 A full summary of the consultation feedback received to the proposal(s) relevant to this Committee can be seen at Appendix 1.

## **10. Equality and rural impact assessment – findings and suggested mitigation**

- 10.1 When making decisions the Council must give due regard to the need to promote equality of opportunity and eliminate unlawful discrimination of people with protected characteristics.
- 10.2 Equality and rural impact assessments have been carried out on each of Adult Social Care Committee's 11 budget proposals for 2019/20, to identify whether there may be any disproportionate or detrimental impact on people with protected characteristics or in rural areas.
- 10.3 It is evident from this process that the Committee's proposals will primarily impact on disabled and older people and their carers – which is inevitable, because disabled and older people constitute the majority of adult social care users.
- 10.4 However, only one proposal (the proposal to make changes to the Adult Social Care charging policy) is likely to have a significant detrimental impact on disabled and older people or people in rural areas.
- 10.5 The other 10 proposals are unlikely to have a detrimental impact.
- 10.6 Broadly speaking, this is because no changes are proposed to assessment processes, eligibility of needs, service standards, quality or delivery. In addition, five of the 11 proposals will enable the Council to better promote independence for disabled and older people and increase the accessibility of housing, to enable disabled and older people to stay at home for longer. This prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being.
- 10.7 Six mitigating actions are proposed to address the detrimental impact relating to the proposal to make changes to the Adult Social Care charging policy:
- a) Consider phasing in the amount that the Council asks people to pay so that the changes are not made all at once and come in gradually
  - b) Continue to review whether individual service users (for example people with learning difficulties) face barriers to managing their spending. If so, develop actions for addressing any barriers
  - c) If a service user expresses concern about financial austerity, offer appropriate budget planning or other relevant support to make sure people are spending as effectively as possible, and ensure transition plans are established
  - d) If the proposal goes ahead, contact all service users affected, to offer guidance and advice on any steps they need to take – taking into account the particular needs of different groups of service users, such as people with learning difficulties. This will include how to complete forms and the evidence that is required, to enable their needs to be taken into account. It will also include how to ask for help and who to talk to if they are worried about how they will manage the financial impact

- e) Work with relevant stakeholders to ensure that the guidance provided is simple, clear and accessible, particularly for people with learning difficulties and people with mental health issues
- f) Ensure any new build homes meet M4(2) accessible and adaptable dwellings and/or M4(3) (wheelchair user dwellings). This will ensure build is compliant with current accessible build standards

10.8 The full assessment findings are attached for consideration at Appendix 2. Clear reasons are provided for each proposal to show why, or why not, detrimental impact has been identified, and the nature of this impact.

## 11. Budget Timetable

11.1 The Council's overarching budget setting-timetable for 2019-20 was agreed by County Council in February as part of the 2018-19 Budget. The timetable is updated as further information becomes available (for example about the timing of Government announcements). The latest version of the timetable is set out in the table below:

**Table 3: Budget setting timetable 2019-20 to 2021-22**

Activity/Milestone	Time frame
County Council agree recommendations for 2018-22 including that further plans to meet the shortfall for 2019-20 to 2021-22 are brought back to Members during 2018-19	12 February 2018
Spring Statement 2018 announced	13 March 2018
Consider implications of service and financial guidance and context, and review / develop service planning options for 2019-22	February – June 2018
Member review of the latest financial position on the financial planning for 2019-22	July 2018
Development of savings proposals 2019-22	June – September 2018
Member review of service and budget planning position including savings proposals	Committees in October 2018
Chancellor's Autumn Budget 2018	29 October 2018
Consultation on new planning proposals and council tax 2019-22	5 November to 23 December 2018
Provisional Local Government Finance Settlement	13 December 2018
Service reporting to Members of service and financial planning and consultation feedback	January 2019
Committees agree revenue budget and capital programme recommendations to Policy and Resources Committee	Mid-January 2019
Final Local Government Finance Settlement	TBC January / February 2019
Policy and Resources Committee agree revenue budget and capital programme recommendations to County Council	28 January 2019
Confirmation of District Council tax base and Business Rate forecasts	31 January 2019

County Council agree Medium Term Financial Strategy 2019-20 to 2021-22, revenue budget, capital programme and level of council tax for 2019-20	11 February 2019
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## 12. Financial implications

- 12.1 Potentially significant financial implications for the Committee's Budget, including those arising from the Autumn Budget 2018 and the Provisional Local Government Finance Settlement, are discussed throughout this report. The implications of the three changes expected to be implemented in 2020-21 remain the subject of considerable uncertainty and although they have been reflected as far as possible in the Council's 2019-20 budget planning, these impacts will need to be refined as further information is made available by Government.
- 12.2 Funding relating to adult social care services in recent years has predominately been on a one-off basis. Whilst the service has aimed to align one-off funding to one off expenditure, such as invest to save proposals, this is not always possible. In particular, use of winter funding is targeted at managing demand arising from timely discharge from hospital which predominately reflects recurrent costs. These short term funding approaches have increased the pressures arising in 2020-21 and illustrates sharply the case that continues to be made by this Council for a sustainable financial solution for adult social care.

## 13. Issues, risks and innovation

- 13.1 Significant risks, assumptions, or implications have been set out throughout the report and specifically within para 5.13.
- 13.2 Specific financial risks in this area are also identified in the Corporate Risk Register, including the risk of failing to manage significant reductions in local and national income streams (RM002) and the potential risk of failure to deliver our services within the resources available over the next three years commencing 2018-19 to the end of 2020-21 (RM006).
- 13.3 Risks relating to budget setting are also detailed in the Council's budget papers. There is a risk in relation to the Comprehensive Spending Review and the Fair Funding Review that a failure by the Government to provide adequate resources to fund local authorities could lead to a requirement for further service reductions, particularly where the Fair Funding Review results in a redistribution between authority types or geographical areas.
- 13.4 Decisions about significant savings proposals with an impact on levels of service delivery have required public consultation. As in previous years, new 2019-22 saving proposals, and the Council's Budget as a whole, have been subject to equality and rural impact assessments as described elsewhere in this report.

## 14. Recommendations

- 14.1 **Adult Social Care Committee is recommended to:**
- a) **Consider the content of this report and the continuing progress of change and transformation of Adult Social Services**
  - b) **Consider and agree the service-specific budgeting issues for 2019-20 as set out in section 5**

- c) Consider and comment on the Committee's specific budget proposals for 2019-20 to 2021-22, including the findings of public consultation in respect of the budget proposals set out in Appendix 1
- d) Consider the findings of equality and rural impact assessments, attached at Appendix 2 to this report, and in doing so, note the Council's duty under the Equality Act 2010 to have due regard to the need to:
  - i. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
  - ii. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
  - iii. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- e) Consider and agree any mitigating actions proposed in the equality and rural impact assessments
- f) Consider the advice of the Executive Director of Finance and Commercial Services, and recommend to Policy and Resources Committee that the Council's budget includes an inflationary increase of 2.99% in council tax in 2019-20, within the Council's tax referendum limit of 3.00% for the year
- g) Agree and recommend to Policy and Resources Committee the draft Committee Revenue Budget as set out in Appendix 3:
  - i. including all of the savings for 2019-20 to 2021-22 as set out. *Or*
  - ii. removing any savings unacceptable to the Committee and replacing them with alternative savings proposals deliverable in 2019-20 and within the Committee's remit

For consideration by Policy and Resources Committee on 28 January 2019, to enable Policy and Resources Committee to recommend a sound, whole-Council budget to Full Council on 11 February 2019.

- h) Agree and recommend the Capital Programme and schemes relevant to this Committee as set out in Appendix 4 to Policy and Resources Committee for consideration on 28 January 2019, to enable Policy and Resources Committee to recommend a Capital Programme to Full Council on 11 February 2019

## Background Papers

[Norfolk County Council Vision and Strategy](#)

[Norfolk County Council Revenue and Capital Budget 2018-22 \(Item 4, County Council 12 February 2018\)](#)

[Norfolk County Council Budget Book 2018-22](#)

[Strategic and Financial Planning 2019-20 to 2021-22 \(Item 10, Policy and Resources Committee, 16 July 2018\)](#)

[Strategic and Financial Planning reports to Committees in September 2018](#)

[Strategic and Financial Planning 2019-20 to 2021-22 \(Item 9, Policy and Resources Committee, 24 September 2018\)](#)

[Strategic and Financial Planning reports to Committees in October 2018](#)

[Strategic and Financial Planning 2019-20 to 2021-22 \(Item 12, Policy and Resources Committee, 29 October 2018\)](#)

[Implications of the Autumn Budget 2018 \(Item 9, Policy and Resources Committee, 26 November 2018\)](#)

## Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

<b>Officer Name:</b>	<b>Tel No:</b>	<b>Email address:</b>
James Bullion	01603 223175	<a href="mailto:james.bullion@norfolk.gov.uk">james.bullion@norfolk.gov.uk</a>
Susanne Baldwin	01603 228843	<a href="mailto:susanne.baldwin@norfolk.gov.uk">susanne.baldwin@norfolk.gov.uk</a>
Simon George	01603 222400	<a href="mailto:simon.george@norfolk.gov.uk">simon.george@norfolk.gov.uk</a>
Fiona McDiarmid	01603 223810	<a href="mailto:fiona.mcdiarmid@norfolk.gov.uk">fiona.mcdiarmid@norfolk.gov.uk</a>



If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

## Views on our proposal to change our adult social care charging policy

### Respondent information

#### Respondent Numbers

There were **454** responses to this proposal: of these, the majority (**401 people or 88.3%**) replied as individuals or as family members.

An individual / member of the public	359	79.1%
A family	42	9.3%
On behalf of a voluntary or community group	10	2.2%
On behalf of a statutory organisation	3	0.7%
On behalf of a business	1	0.2%
A Norfolk County Councillor	0	0.0%
A district or borough councillor	0	0.0%
A town or parish councillor	0	0.0%
A Norfolk County Council employee	2	0.4%
Not Answered	37	8.1%
<b>Total</b>	<b>454</b>	<b>100%</b>

Of the 453 responses we received, the majority (309 or 68.2%) were easy read feedback forms received as a result of our letter to potentially affected service users.

#### How we received the responses

Easy Read feedback form	309	68.1%
Online	112	24.7%
Email	20	4.4%
Paper feedback form	8	1.8%
Letter	5	1.1%

#### Responses by groups, organisations and businesses

**Twelve** respondents told us they were responding on behalf of a **group, organisation or business**: people who chose this option may not necessarily represent the view of their named organisation, or may chose this option but not name the organisation.

The organisations cited were:

- Chedgrave Parish Council
- I Care Service
- Motor Nerone Disease Association
- Norwich Older People's Forum
- Norfolk Older Peoples Strategic Partnership Board
- Poringland Independent Living Group
- Norwich Independent Living Group
- Norfolk Making it Real Board
- Community Action Norfolk (CAN)
- Opening Doors
- South Norfolk District Council

## Relationships

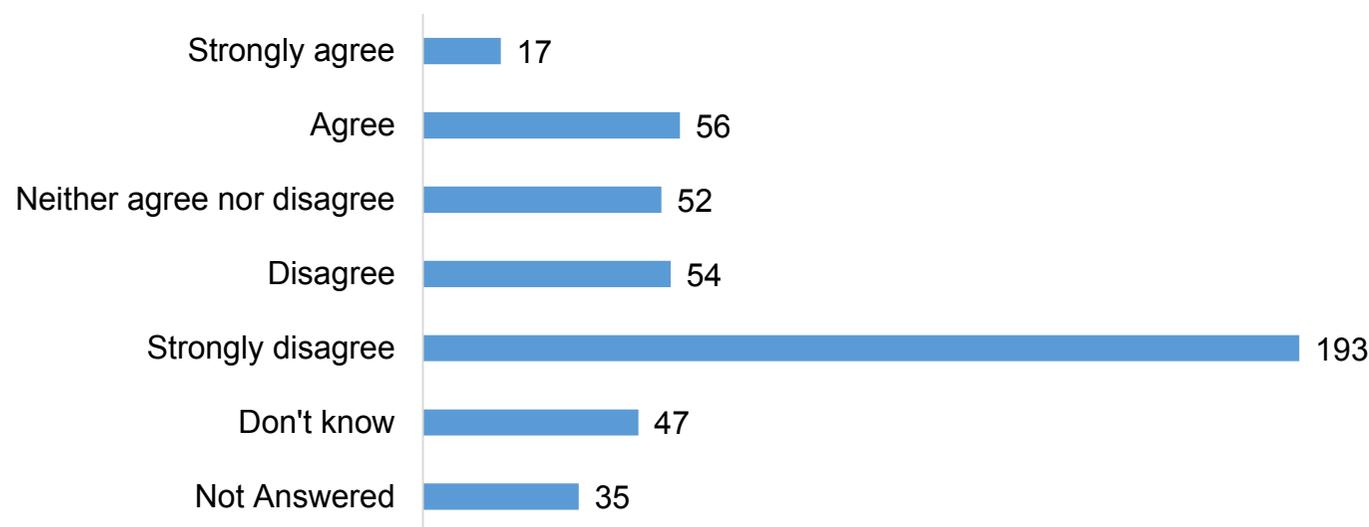
Respondents described their relationship(s) to NCC as follows:

I get care and support from the council	266
I care for someone who gets support from the council	81
My family or friends would be affected by this proposal	136
I work for an organisation that supports people who may be affected by this proposal	22
None of the above	22
Not answered	50
<b>(People could pick more than one option)</b>	<b>577</b>

## Summary of findings

### Q1: How far do you agree or disagree with our proposal to use different rates of Minimum Income Guarantee (MIG)?

419 people answered this question. The majority of people (247) disagreed or strongly disagreed with the proposal to use different rates of MIG: 73 agreed or strongly agreed. There were 99 people who neither agreed or disagreed, or did not know if they agreed or disagreed, and 34 did not answer this particular question (see below).



The **main** reasons given by people who **agreed/strongly agreed** with the proposal in Q1 were that they felt:

- it is fair for people to contribute the amount they can afford (19 comments)
- the thinking behind the proposal is correct or acceptable (18)
- some people stated their agreement in the comments box but gave no reason (9)

**(See Table 1 for analysis and comments)**

The **main** reasons given by people who **disagreed/strongly disagreed** with the proposal in Q1 were that they felt:

- the proposed change would create additional financial hardship for people who already have a low standard of living and no or limited ability to boost their income from other sources (102 comments)
- the amount of benefit should be based on, or include assessment of need, age should not be the focus (86)
- that the thinking behind the proposed change is unsound being based on flawed thinking, particularly about the needs of different age groups (81)
- the proposed change would have a negative effect on people's wellbeing and increase the risk of social isolation and loneliness (44)
- the proposed change affects the most vulnerable people in society (22)
- people have already had previous reductions to their income: they are now experiencing the cumulative effect of numerous cuts to their income and to services (21)
- it is unfair to ask people with disabilities who already face numerous daily challenges to bear additional financial burdens (15)
- local government is having to resolve central Government financial issues (14)
- carers and family members will be negatively affected (13)

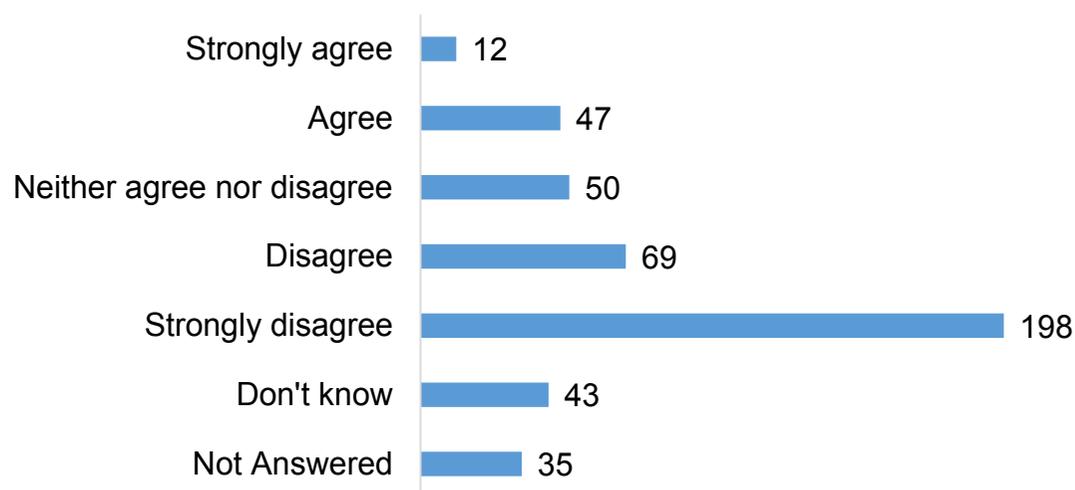
**(See Table 2 for analysis and comments)**

Comments by people who said they **neither agree nor disagree**, **don't know**, or didn't tick one of the six options and so are shown in the chart above as '**not answered**' did not reveal any new themes. People who ticked 'don't know' mostly said they did not understand the consultation: between all three categories there was general disagreement with the proposed change on the basis of existing or potential economic hardship or perceived age discrimination. One person noted that while the proposed change was acceptable in principle, the practice may be different: "the idea sounds okay but it means assessment for every individual to establish their needs and making sure they have enough money to cover their living expenses. Be honest social services are now 10 months behind with their annual reviews. The time wasted and cost involved in implementing this could exceed the amount you wish to save".

**Q2: How far do you agree or disagree with our proposal to take the enhanced rate of the daily living component of the Personal Independent Payment (PIP) into account?**

**419** people answered this question. The majority of people (267) disagreed or strongly disagreed with the proposal to use the enhanced rate of the daily living component of the Personal Independent Payment (PIP) into account: 59 agreed or strongly agreed.

There were 93 people who neither agreed or disagreed, or did not know if they agreed or disagreed, and 34 who did not answer this question (see below).



The **main** reasons given by people who **agreed/strongly agreed** with the proposal in Q2 were that they felt:

- it is fair for people to contribute the amount they can afford (16 comments)
- some people stated their agreement in the comments box but gave no reason (4)

**(See Table 3 for analysis and comments)**

The **main** reasons given by people who **disagreed/strongly disagreed** with the proposal in Q2 were that they felt:

- the proposed change would create additional financial hardship for people who already have a low standard of living and limited or no ability to boost their income from other sources (120 comments)
- the thinking behind the proposed change is flawed: as people have been assessed for the benefit it should be theirs to keep and NCC should not remove it (81)
- the proposed change would have a negative effect on people's wellbeing and increase the risk of social isolation and loneliness (53)
- people with disabilities already experience multiple disadvantages and should not be expected to bear the burden of cost savings as well (29)
- the proposed change affects the most vulnerable people in society (22)

- the amount of benefit should be based on, or include assessment of need, age should not be the focus and expenditure on household necessities (e.g. utilities) is not age related (18)
- people have already had cuts to income or services and are feeling the cumulative effects of reductions (16)
- people are not able to support themselves through work because of their disability, age, or the lack of suitable opportunities (14)
- carers and family members will be negatively affected (14)
- government bodies to increase tax not cut services and/or budget better (13)

**(See Table 4 for analysis and comments)**

Comments by people who said they **neither agree nor disagree**, **don't know**, or didn't tick one of the six options and so are shown in the chart above as '**not answered**' did not reveal any new themes. People who ticked 'don't know' mostly said they did not understand the consultation and the choice of 'neither agree or disagree' was selected by some people who felt the need for a proviso such as "depends if it is fairly implemented" / "as long as nobody is worse off after the change". Generally, over all the three categories there was disagreement with the proposed change on the basis of existing or potential economic hardship or perceived age discrimination.

### Q3: If the council went ahead with these changes how, if at all, would it affect you?

**391** people described the effects of the proposed change as being negative: no one described positive effects. The main themes were **financial hardship, decreased wellbeing, and the possibility of having to reduce care**. Thirty people said they thought they would not be affected at all or at the moment.

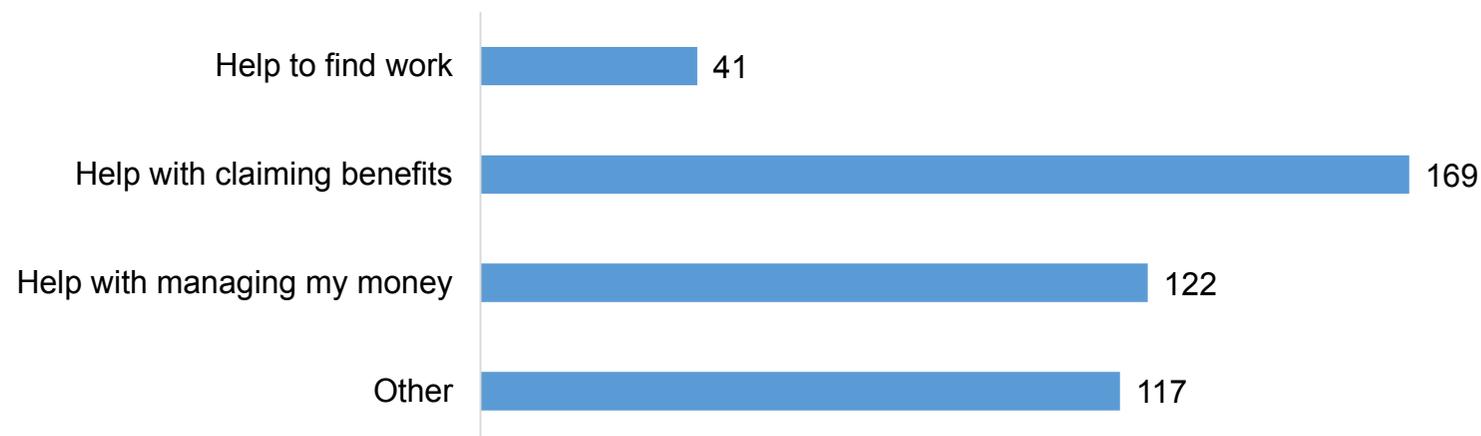
- People described how a reduction in their income would mean **less money for essential costs** such as paying housing costs household bills, personal care, travel, and day to day necessities. The **cumulative effect** of successive reductions to income were also noted. Some people said that their **family income was already low** because one person in the house was a full-time carer and this limited the ability of the household to increase their income through seeking better paid employment or working more hours. People also said that further reductions to their income could negatively affect their **physical and mental health** as they would be unable to pay for travel to health appointments, or to buy special food or complimentary therapies which improve their health. (198 comments)
- As well as describing the potential impact of the proposed change on their finances, some people also explained how the proposed change would affect their **wellbeing**. People described how further reductions to their income could limit their ability to maintain existing relationships with friends and participate in their communities, and could lead to isolation and loneliness. Constant **anxiety** created by financial worries and the wearing effect of such concerns on individuals were also described.

In addition, 17 people felt the proposed change was short-sighted as it would cost the council or its partners more money at a later date. (142)

- Some people said they would need **to stop or reduce the care** they paid for if the proposed change was to go ahead because they would no longer be able to afford to pay carers or to pay for respite care. (40)
  - The effect on carers was also noted, people said the role of **caring would become more difficult**. (32)
- (See Table 5 for analysis and comments)

#### Q4: If you would be affected by our proposal, what extra support, if any, would you need?

265 people answered this question and the number of people who chose each of the four options is shown below.



261 people made comments in the text box, but the majority were general comments about the proposals rather than an explanation of the support needed: of those that were specific about what is needed, the following types of need were identified:

- some people want help to find suitable work, but most pointed out the difficulties of finding appropriate employment or said they do not need help as they are unable to work because of their disability (33)

- more care/more money to buy care/respice care/help finding care (17)
- discussion about their finance/help with debt/help to claim benefits (17)
- support with mental health issues (8)
- help to access services/negotiate around departments/signposting (7)
- support with accessible transport and travel (5)
- help with filling out forms (4)
- help with (unspecified) mobility problems (2)
- other form of support needed included access to foodbanks (2), help with housing (2), help with life skills (2), help from Children's Services, help finding local activities, support with learning difficulties/ASD, physiotherapy, and help with funeral expenses (11).

Twelve people told us they do not need help to manage their money; they stated that they needed more money or at least no reduction in their current income: "I know I am claiming all I am entitled to. I do not need assistance "managing my money". What I need is for the council and Government to stop taking from us and expecting us to live on less and less as the cost of living rises. Just because we are disabled does not mean we deserve poverty."

It was also pointed out that the support offered (help with managing money/claiming benefits/finding work) was not relevant to some respondents, especially those with a level of disability which means they are unable to work, or for those over retirement age: "many people would not benefit from the 1 million you propose to spend on improving work opportunities because they are not fit to work". One person told us that they would receive no advantage from the proposed change because: "As I have lived with MND for 12 and a half years, gradually losing the movement in my legs, arms, hands and losing speech and affecting my swallow, I had to retire through ill health 8 and a half years ago. I am not suddenly going to be able to work or be able to have training to be able to work, so I won't need that help. The MND Association has access to a benefits advisor to help with claiming benefits, so I won't need that help. I am quite able to manage my money, which I have done all my adult life, so I won't need that help. So, I won't be able to take advantage of the savings you are making by taking my money."

## Other information

### Other information relevant to the consultation

#### Comments related to equalities

**Some respondents told us that they thought the proposed changes were potentially discriminatory and would affect some people in protected groups more than others or may be unfair to people with differing levels of need within a protected group, or those with particular medical conditions such as Motor Neurone Disease.** As the proposed changes concern people with disabilities, and involved an element of change based on age, some people felt that **people with disabilities were being treated unfairly in comparison with older people** (both with and without disabilities), or that **younger people were being discriminated against**. Although the proposed change follows central Government process, some told us that to “fix a benefit system based on age is discrimination”. There were **105** such comments plus **eight** concerning the rural nature of the county. Two people queried the legality of the proposed change. *Please refer to comments in the Tables in the ‘Analysis and Comments’ section below, particularly those concerning age.*

- A lot of living costs which are applicable to the elderly are mirrored by those with severe disabilities - why therefore should one group be penalised.
- You are penalising younger people with disabilities and you are banking on the fact they may still be living at home/with relatives.
- If you change the MIG then you are being discriminant as you can be disabled at any age and everyone should be treated the same, why should a 24 with down's syndrome be treated any different from someone with down's syndrome at 50 or someone at 65?
- Penalising young people. young disabled people have similar costs to elderly.
- If there's a minimum it should the same across the board regardless of age, younger people tend to have more commitments, more hobbies + eat more so need more money than over 65s, pricing people based on age is discrimination, which is a criminal offence.
- It would mean me paying more than I do now as I'm not 65 so it's discriminating.
- It would mean that younger people who are more likely to wish to go out and socialise will be at a disadvantage. This would be in my view direct age discrimination.

- The government still states the MIG is £189, and you are proposing major cuts in this MIG to younger disadvantage persons. You are proposing a cut in the MIG of £37.55 a week to the over 25 age group, which is a reduction of 20% of their disposable income, at a time of rising inflation in all sectors of the economy. Obviously this cut is targeted at those in the most disadvantaged in society, and I think this may amount to disability discrimination. In addition, you do not propose in your document any improvement in services for these clients.
- This is disability discrimination - the more disabled I am you want to take my money although I live at home with my parents. ... I am so disabled I receive a personal budget as I cannot be on my own at any time, so you are targeting me for being more disabled. This is derogatory, humiliating, patronising and punishing that I am very disabled.
- The enhanced rate is awarded to those who need it after being properly assessed..... I need it because I cannot do a number of tasks myself ... Without it my quality of life would be seriously degraded. To me this looks like you are punishing me for being more disabled than somebody else..
- People get enhanced rate for specific reasons, by then taking some of that away, their health/care may suffer. Agreed needs to be changed but I feel that its targeting those with extra health issues than others without, the extra money already pays towards disability/health issues.
- Again you are exempting the elderly and expecting the most vulnerable people to pick up the tab for their care, to the detriment and reduction of their own needs being met. Previous mismanagement of public money by councils and a growing elderly population does not justify compromising the support and well being (financial, psychological and physical) of younger, vulnerable adults who experience enough daily struggles already.
- ... Norfolk County Council proposes to re-invest some of the savings as a result of this policy change into initiatives to help Norfolk residents find work. It is important to note that these initiatives will be of no benefit for people living with conditions such as MND, once their condition has progressed to the point where they are no longer able to remain in work. Consequently, working age people living with MND will see a significant negative financial impact from the proposed MIG changes, while receiving no benefit from the resulting investment in many cases. The proposed policies will therefore have a disproportionately negative impact on disabled adults of working age.
- I should like to point out that since 2008 I have suffered cuts to my services, and removal of my benefits, and increases in my costs from different agencies for each of the years since; this is discrimination against me because of my disability. No other group of people has been so targeted throughout austerity, which for me is worsening, not easing. NCC is responsible for increases in my costs for three consecutive years; you have never protested to the Government when it has demanded of you that you target the disabled in reducing council costs. If you prevent me in future from leading as normal a life as possible in the community, then you will have knowingly discriminated against me.
- It [the proposed change] is also causing harm in terms of our mental wellbeing as you gradually remove autonomy and freedom and push us back into the position of people on the receiving end of care rather than people with dignity in charge of our lives. This demonstrates a basic ignorance of the right of disabled people to be equal and autonomous in the things that affect our lives so deeply.

- Minimum Income Guarantee is a very hard thing to understand. We think it is rules about how much money people have to be left with to live on after paying for care. People who are 65 and older have their money stay the same. This means these changes will affect people with learning disabilities more because lots of them are under 65. How many people will it affect? Have you checked this is fair?
- I live in a rural environment and need to access towns for shopping, my PB budget has already been reduced and I use my PIP mobility to access other locations.
- In a rural area costs are greater that in an urban area - especially travel
- The negative impacts of these proposals are further magnified by the financial challenges that living in a predominantly rural area cause. Transport costs are generally higher particularly as many journeys are not possible by public transport. Most of the bus routes are focussed on providing a service into the nearest town, whereas cross country travel either needs private transport, often requiring the family to change their car or relying on taxi firms. The local MND Association branch experience is that there are few companies operating wheelchair accessible taxis and the lack of accessible transport leaves people isolated and often incurring additional costs to carry out everyday activities like shopping or visiting their GP. Access to employment can also be limited in rural areas, which means that some families affected by MND are in low pay jobs or are unemployed. Care services are difficult to arrange and are often more expensive due to the lack of local carers.

### **Comments about the consultation**

**Comments (128) were also received about the consultation process itself.** The subject matter of this consultation was complex and people found it hard to understand, the examples did not help some people: some people said that holding a consultation over the busy Christmas period was not ideal. More generally, people told us they lacked faith in the process and felt that decisions have already been made.

- It depends on an individual's present circumstances was not able to understand example you provided
- Although you have used large print, photosymbols and emoticons, the document contains abstract ideas, complex information and mathematical calculations. This means that talking this person through all 25 pages of the document is meaningless and confusing for them. I understand that NCC needs to consult a range of individuals, but how can the most vulnerable people be genuinely included in this way?
- Cannot understand the question.

- Despite the inclusion of your “easy read version of our consultation” we are unable to make any sensible comments because the illustrations you provide make no reference to whether those who will have to pay towards their care will have the money available. The monetary explanations don’t seem to make sense to us. If the money isn’t available what will be the implications for individual’s care? ...
- It's alright saving money but to take it AGAIN from the disabled is disgraceful. Why you wasted money sending this out, in this format also, was it necessary to do this as big, also in colour? do you think people are that stupid? What was the reason you sent it, as you have obviously already made your decision, ( like the last 2 years!) Another waste of money.
- There were many parents who were not set these forms to see & complete, surely this is not fair, I had to telephone 3 times to get any response
- Why waste money on a survey – you are going to do what you want anyway!
- Again I will fill in the request forms - but in my experience the Council do not listen to people & just go ahead and charge people more - and do not take our views into account.
- You need to be more honest- your proposal is to reduce the amount of benefit to all those under the age of 65 years, there are no examples where you propose to increase payment. Therefore the use of the word 'change' should be replaced by 'reduce'.
- After giving further thought to the consultation it seems to us that because the proposals are complicated and the form sent out is very difficult for anyone to understand and therefore complete knowledgeably, the consultation is ineffective and as such is not being conducted properly. We therefore think that the proposals need to be dropped until proper, meaningful consultation is carried out. This is essential when the proposed actions will all affect at least some, probably most, of the recipients of care in a negative way.
- My opinion is these proposals will go ahead just like the changes in disabled related expenses did because people with learning difficulties are in the minority. They do not have the intelligence to fill in surveys or oppose this and lots no longer have living family to speak up for them.
- Form too difficult to understand. A total waste of money sending this out. From the examples you have given it is an unfair proposal. How are we meant to give you sensible feedback if you can't give us sensible information?
- Firstly the communication you sent was not understandable, particularly the mathematical examples, for people who have limited or no understanding of money.
- Has it been Co designed with service users e.g. Direct Payments / personal budget users?
- This is merely a cost cutting exercise and I have no faith in your assertion that it is a consultation.
- As we all know there are a disproportionate number of people in Norfolk who are illiterate. There has been no other form of consultation to enable these people to understand the content of the consultation. The consultation does not define the terms used such as: ‘care costs’, ‘disability related expenses’ and ‘benefits’. This makes it impossible to understand what the financial implications are for families. Many people whom this may affect have not received the 26 page consultation letter at all so cannot be involved in the consultation. We therefore feel that this consultation is unfit for purpose.

- I feel bamboozled by numbers.
- We do not feel this consultation is fit for purpose. Also the timing of it is atrocious. We are filling this in at 1am - the only time when we were not working, caring or preparing for Christmas.
- My daughter is never going to be able to advocate for herself. She will never protest at a council meeting or even reply to a consultation. She was able to read the 26-page easy-read consultation document you sent but in no sense able to understand it. (And by the way, it showed contempt for our young people that there were spelling errors and, I think, even a maths error in the document.) As one of the most vulnerable people in our society, should she suffer from the need to make budget cuts? Are you influenced by her lack of power to protest?

One organisation which criticised the consultation, offered to work with NCC to help people fully understand proposed changes: “ yet again, the NCC have not shown a very strong empathy and understanding of this client group in the way that they have communicated. The “easy, clearer” version was still way too long and complicated for many of our clients to have read and fully understood the implications. I think that this should have been sent as well, to the next of kin or POA or other advocates of clients. As a provider we would have been happy to have been briefed and had the carers offer an informed synopsis to those clients who may have needed it”.

### **Additional points**

#### **1. The effects of proposed changes for care providers and organisations which support people with disabilities was mentioned by some respondents:**

- “Although it will not affect older people immediately it will affect many people in the voluntary sector by adding to workload and absorbing distress and anger from those directly affected.”
- “I am looked after by Norfolk CC and my income goes to my care providers to pay for my costs, as it should do. The costs I cover are determined by NCC and the care provider between them; I have no choice, yet you have not consulted with the care provider in demanding this extra money in charge. There will not be enough to cover my current costs and your charge.”
- “I am concerned that there is too much focus on taking from the already low incomes of vulnerable individuals (particularly those who are already contributing to the costs of their care), when the Council could be much more effective at saving costs across the care providers it uses- why isn't there any mention of looking at whether Norfolk is getting value for money from the care providers it uses?”
- “Each decision should be made upon the specific needs of the individual. There is also the quality of the support given to be taken into account. If the person needs help with domestic tasks to become more confident and independent, are they receiving that support and how much does it cost? Recent reorganisation of support services in Norfolk have resulted in attempts to remove this

type of assistance and what is provided in its place is not necessarily appropriate or as effective- therefore you would be charging more for a less effective service.”

- “Given that the Adult Social Service budget was inflated in 2018 by the new increased fees for Framework providers; the powers to be might want to consider whether continuing such higher rate for band threes, exclusively to a section of provision which we have agreed is performing at a level well below the spot sector. (Using CQC ratings as a guide submitted at the HSCCF meeting 6/12/2018) is defensible. How much could be saved by moving a band three payment to band two?”

**2. Many respondents made relevant points which are not discussed in the sections relating to the four consultation questions because they did not emerge as consistent themes. However, the points made are important, and should be considered alongside the more frequently mentioned points:**

- **The additional help on offer is already provided by national or voluntary bodies and NCC should not be ‘subsidising’ these organisations:** “Help to find work appears to be NCC subsidising DWP whose responsibility this should be. Help with claiming benefits is again the responsibility of B A and advice is already provided by a number of voluntary and commercial agencies.”
- Respondents said that **parents caring for disabled children face multiple financial disadvantages over their lifetime** as they care for the dependent child through into adulthood and older age and that this should be recognised by NCC. They are often unable to work because they are the main carer for their child and so lack opportunities to boost their income or save; also, because their income is often low, or they depend on benefits, they are unable to make good financial provision for their own old age.
- **Some respondents noted knock-on effects of the proposed changes for NCC:** “This proposal will make claiming Disability Related Expenses (DRE) essential and NCC will need to provide more guidance and support about how to claim DRE. We hope that NCC will not implement this proposal or at least, if they adopt the age related MIG, then reinstate DRE at a fixed rate and do not consider DLA/PIP high care as income (even for night care) to align with other local councils.”
- **It was suggested that NCC should look more closely at other councils’ rationale:** “You say in your consultation paper “Other councils like Suffolk, Cambridgeshire and Lincolnshire have already done this” and although it may be true for the age related Minimum Income Guarantee (MIG) others do not consider all of someone’s high/enhanced rate DLA/PIP Care benefit as income, even if they have night care. Lincolnshire and Suffolk are continuing to automatically pay DRE at a fixed rate (£25/week for someone on high DLA/PIP care). If this idea is implemented it would make NCC the most mean council in East Anglia!”

- **The reality of opportunities in the employment market must be acknowledged:** “In the case of my daughter and young people like her, I would love her to have paid employment and we work towards this every day, but we need to be realistic about this. Training the young people, which is what is on offer at the moment, is only a small part of the story. My daughter, because of her cognitive development, will never be as fast or as flexible as any number of other workers. No employer will see her as an asset compared with others in need of work. And remember that these 'others' include young people with lesser learning difficulties who still need support and help but are better able to contribute to the job market. I could not blame any employer who prioritised giving someone like this 'a chance' over someone like my daughter who in economic terms will be able to add little to a company's profitability. Of course, as an advocate for young people like my daughter, I believe that they have more to offer than mere financial advantage to an employer, but in today's uncertain retail and service economy, where businesses themselves struggle to survive (of which I have personal experience), my daughter's chances of ever finding paid work are minimal.”
- **NCC has a role in monitoring quality of care:** “The cared for person is now contributing towards care, which is understandable but until recently was neither receiving the hours of care, nor the type or quality of care needed. The more people pay the more vital it is for the council to ensure that the type of care given is high quality and gives both the service user and the council value for money.”
- **People worry about potential changes to their income and some people may suffer serious financial consequences as a result of not being able to manage their finances:** “Anything to do with money is scary for people with learning disabilities. If you do not understand things then it all feels out of control. We know lots of people with learning disabilities who have got in a muddle with Equal Lives and the County Council about their money. This was not their fault. Things like changing a standing order at a bank can be very difficult for people with learning disabilities. People might leave it and get a debt. The consultation says things would change in July but people would not get the first bill until September. We think this is very bad. This could mean people end up with a big bill to pay off. When things are tight this is just too much for people. It makes people unsafe. If people get into a muddle about their money they might give up hope of getting it sorted out. This will mean they go into debt. When you have very little money it is hard to stay on a budget. People might borrow from unsafe places like a loan shark. If you owe the County Council money and are paying this back they do not count this in minimum income guarantee sums. This can mean you get less than the government says you need to live on. People who support people with learning disabilities when they are in debt need to know how to do easy read and how to explain things in a really easy way.
- **The proposed changes may affect people's capacity to become independent:** “We are being encouraged to be independent but it feels like these changes make it harder and more scary for us.”

- **The proposed changes may result in unsafe practices:** “We are very worried that people with learning disabilities will be so scared of having to pay more for care. We think they will say they can manage when they can’t. We know this has already happened. People’s social workers say they can pay less for their care if they cut down how many support hours they have. We think this is dangerous. We think this puts people with learning disabilities in Norfolk at a big risk of harm.”
- **Claiming benefits can be a barrier:** “You say about Disability Related Expenditure that people can claim. You cannot claim anything for transport from this. People with learning disabilities who have no-one to drive them around have to find the money for this. Most people with learning disabilities find it too hard to claim DRE so we are worse off again.”

**3. Some respondents suggested ways of saving money, ways in which the proposed changes might be rolled out, or ways in which the council could operate more efficiently:**

- **Paying for care:** “It would be fairer and much more sensible to have an automated system where we filled in an online timesheet monthly and were automatically invoiced for the actual number of hours used, adding a separate charge for the use of employment support and recruitment and training services if we choose to use those services. This would be much more cost effective as you would only be providing the service as needed and we would have a financial incentive to make our care provision as streamlined as possible.”
- **Preventing duplication of work:** “If a benefits ‘award’ has been granted at previous assessment for an ongoing diagnosis to a person with ongoing disabilities, is it possible to re-apply this award? This would help to reduce the stress and trauma of going through the whole process repeatedly and to reduce time spent by council staff in duplicating the work.”
- **Using available evidence:** “The stress to service users/carers of going through the assessment procedure, especially for those that have on- going mental health problems that repeatedly go through this procedure and then have to go to an appeal, could be avoided if the assessor is asked to take into account any evidence available at the outset.”
- **Using peer support:** “We understand that the Council proposes to deliver the savings and we are concerned that there is no mention of Peer Support in the budget proposals. The council’s peer support project is just starting out and we would like to see this work protected. Peer Support is a vital part of living independently. Peer support can help to fill the gaps where statutory bodies can no longer provide a service.”

- **Continuing to work closely with district council partners** including: continuing to focus on partnership approach to preventative work and to growth and investment, NCC to support District Council's Network's call for 3% prevention precept for district councils, careful consideration of the wider picture ("it is important that any cuts made do not increase pressure on services provided by the wider public-sector system"), and continuing county/district collaboration on key strategic matters through joint working on locality-based issues.
- **Means test winter fuel payments**
- **Reduce payments to Members**
- **Stop pay rises for staff**
- **Revise contracts with care providers**
- **Phase the proposed changes in over time**

Produced by the Stakeholder and Consultation / Intelligence and Analytics Teams  
[ConsultationTeam@norfolk.gov.uk](mailto:ConsultationTeam@norfolk.gov.uk) [bi@norfolk.gov.uk](mailto:bi@norfolk.gov.uk)

## Analysis and comments

**Table 1:** Analysis of main comments by people who **agree/strongly agree** with the proposal in **Q1** ‘How far do you agree or disagree with our proposal to use different rates of Minimum Income Guarantee (MIG)?’

**Table 2:** Analysis of main comments by people who **disagree/strongly disagree** with the proposal in **Q1** ‘How far do you agree or disagree with our proposal to use different rates of Minimum Income Guarantee (MIG)?’

**Table 3:** Analysis of main comments by people who **agree/strongly agree** with the proposal in **Q2:** ‘How far do you agree or disagree with our proposal to take the enhanced rate of the daily living component of the Personal Independent Payment (PIP) into account?’

**Table 4:** Analysis of main comments by people who **disagree/strongly disagree** with the proposal in **Q2:** ‘How far do you agree or disagree with our proposal to take the enhanced rate of the daily living component of the Personal Independent Payment (PIP) into account?’

**Table 5:** Analysis of main comments about Q3 ‘If the council went ahead with these changes how, if at all, would it affect you?’

<b>Table 1: Analysis of main comments by people who agree/strongly agree with the proposal in Q1 ‘How far do you agree or disagree with our proposal to use different rates of Minimum Income Guarantee (MIG)?’</b>			
<b>Theme</b>	<b>Issues</b>	<b>Number of comments</b>	<b>Comments</b>
Comments about fairness of contributions	<p>People should contribute according to what they can pay</p> <p>It is a fair way to charge</p>	19	<p>Some people get more benefits than others so people should pay accordingly to there benefits.</p> <p>Different people have different needs &amp; should be assessed on their incomings / outgoings to ensure a "fair" system.</p> <p>People should pay according to their ability to pay.</p> <p>It seems fair if you can afford to pay a bit more.</p>

			<p>Will be a fairer way for people to pay.</p> <p>If people get the right benefits the should cover their care.</p> <p>Because it's fairer.</p>
Comments about the thinking behind the proposal	Acceptance or agreement with the thinking behind the proposed change	18	<p>Given the finances it's hard to see an alternative - but it is a move towards the lowest possible standard not the best. It isn't an attractive stance to take.</p> <p>People have different needs if money is short, it should be fairly allocated.</p> <p>Because different people have different living costs, so amounts should be person and situation specific.</p>
Comments which agree with proposal	General agreement	9	<p>Seems to make sense if applied correctly.</p> <p>A better way of charging for care</p>

**Table 2: Analysis of main comments by people who disagree/strongly disagree with the proposal in Q1 'How far do you agree or disagree with our proposal to use different rates of Minimum Income Guarantee (MIG)?'**

Theme	Issues	Number of comments	Comments
Comments about the cost of living	People with disabilities have additional expenditure that people without disabilities do not have	102	<p>We don't get enough money at the moment. Any less and we won't be able to get by.</p> <p>People are struggling enough as it is</p> <p>Money is tight as it is, if I have to pay more I will have to go without other things ie (shoes, cloths) ect.</p>

	<p>People do not have enough money to live on as it is</p> <p>The cost of living is already high/rising</p> <p>People with disabilities have limited means of raising additional income</p>	<p>Because its hitting the poor once more. I will have to turn to food banks Its disgracefull</p> <p>I strongly disagree because people with chronic illnesses and disabilities need more, not less, money to enable them to have any reasonable quality of life. The amount should be based on how much a person's illness or disability prevents them from doing normal everyday activities, not by age. Doing this by age makes no sense</p> <p>Realise you need to save money but feel it unfair that vulnerable Adults are losing out. Cost of living is going up so how do you expect us to live with less money?</p> <p>The money we have coming in is all accounted for and wouldn't be able to Afford to pay any money for my wife's care. Also my wifes condition has got worse and will need more care in the future and will cost more money to look after her</p> <p>I cannot afford to pay anymore. I pay £224.28 every four weeks now. As this was decided to be the amount we need to live on. Prices are not falling, costs only ever go up and not down, so how you think you can reduce this amount, which I would say really IS a minimum amount, is beyond me. All of our costs are continuously rising, some beyond the rate of inflation, while our benefits this year, increased by 35 pence a week (for two people), which is ridiculous. Eventually we will run out of money.</p> <p>Reducing someones MIG is very wrong. You cant expect to buy the same commodities with £40 £50 reduction. People will definitely suffer hardships. Everything keeps going up and you want to reduce MIG. you are basically asking people to go form a reasonable standard of living, to a low standard.</p>
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<p>Comments about the relevance of people's age to the proposal</p>	<p>Assessment of a person's needs should not focus on their age: extent of disability and family circumstances should also be considered</p> <p>Expenditure on household necessities (eg. utilities) is not age related</p>	<p>86</p>	<p>Because people's disabilities are irrelevant to age brackets.</p> <p>Why is there some strange assumption young people deal with £200 a month less money? If someone is ill enough to be receiving enhanced PIP, they need as much money as they can. Do young people pay less for food? For bills? Is there some special 'under 24 only' deal from BT I'm unaware of?</p> <p>I am in the 25 - 64yrs bracket, will that acknowledge that I have children? Someone in their 50's - 60's in same bracket, may (impact less in household) live alone.</p> <p>I don't feel that age is the only factor when calculating a person's required living expenses-although the elderly are impacted by cold weather this is the same for any person who has severe disabilities who may have poor circulation and need a warmer environment, to prevent health problems. A lot of living costs which are applicable to the elderly are mirrored by those with severe disabilities-why therefore should one group be penalised.</p> <p>All benefits should be based on the need of the individual in your example why would Susan's situation change from being 24 yrs 11 months and 364 days old to being 25 and then having a cut in her MIG of £56 and to have the upper limit of MIG set at 65 when your own statistics show adults with LD die 14 years younger than those without and the average age at death is 63 for women and 65 for men you have clearly calculated that you will not have to pay the upper limit</p> <p>The 18-24 year olds need more money for transport to higher education, jobs etc. Its very hard starting out in life, incredibly expensive becoming independent. Their opportunities must not be hindered</p>
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			<p>Age is not relevant to a person with disabilities, a disability affects an individual regardless of the age . The reality is that most people over 64 probably have no dependents, probably have paid off mortgages whilst most working age people have the dependents /mortgages etc . There is no reasoning why over 64s require more money than people whom are younger. If a person are sufficiently disabled to preclude them from working how can you justify taking monies away from them just because they are younger</p> <p>You don't say why you think that people under 65 don't need such a high MIG. Is that because you are relying on parents to fund the difference for their adult children?</p> <p>The impacts of the condition [Motor Neurone Disease] on working-age adults are no less severe than for older adults. It is unfair and unjustifiable to reduce the level of support available to disabled people for no reason other than their age.</p> <p>Older people also have access to a wider range of social housing, specifically one bedroomed properties, which are often reserved for those over 65 (or sometimes 55). younger such as myself can find themselves having to accept larger properties (I have a two bedroom flat) because that is all that is available in my locality. As a result these younger people are more likely to have no choice but to pay an 'Under Occupancy Penalty' out of their MIG.</p> <p>Care needs are not necessarily less simply because of age. It also feeds the intergenerational sense of inequality felt by many younger people and does treat them inequally.</p>
<p>Comments about the thinking behind the proposal</p>	<p>The proposal is based on flawed thinking about the needs of different age groups</p>	<p>81</p>	<p>With household bills going through the roof, your figures are complete madness</p> <p>I disagree on principle that people should be treated differently based on their age . NCC appear to be basing a proposal on guidelines from government that simply reflect an existing ideological standpoint that young people do not need as much money as an older person.</p>

			<p>I checked with NCC officers and they confirmed there is no separate explanation from central government behind their guidelines relating to care charges i.e. they are using the an existing ideological standpoint (inherent in benefit regulations), transferring it to another scenario (care charges) without any publicly available assessment of whether this approach is appropriate, fair and/or justified .</p> <p>NCC - in considering the impact on vulnerable people - should be rigorous in properly considering the logic behind the government's 2 tier approach; if there is no justification for this they should not simply accept it. In other words - NCC should explicitly be able to answer the question "What- if any - is the justification for claiming that young people age 18 - 25 with care and support needs require a lower income than someone with care and support needs who is over 25? " The answer to this question should be publicly available, considered by elected members as part of the decision making process.</p> <p>How can you justify this and with respect how can anyone with a consience live with the idea.</p> <p>Every person/claimant is an individual. This system is putting claimants into stereotypical boxes that may/ may not be relevant to their needs The care they receive should not be dependant on whether the council needs to save money.</p> <p>For the amount of savings you are expecting the whole proposal is flawed and should be abandoned.</p>
<p>Comments about potential negative effects on people's wellbeing if the proposal goes ahead</p>	<p>People will have fewer opportunities to take part in activities that promote positive mental health</p>	<p>44</p>	<p>Think yet again disabled people are being made out to cost the government the most money if your proposal goes ahead I will cancel my care as I would not be able to live, eat, keep warm, pay for utilities.</p> <p>She will not have any money to pay outgoings and do as many supported activities, to improve her social interaction/skills. Not good for her health and wellbeing.</p>

	People may become more socially isolated and lonely		<p>The possibility of having less money would mean she would have to cut back on integrating in the community. Which may have an impact on her mental health.</p> <p>Reading through the examples it seems as if people who are paying for their care will end up with no money left for leisure and social times. This will result in them having a boring and lonely existence.</p> <p>Using different amounts of benefits would have an impact on my daily activities and not being able to have a better quality of life.</p> <p>Because any spare money is used to pay for a holiday, a carer &amp; any costs. It's the one thing that is looked forward to. rather than being trapped at home.</p>
Comments about who would be affected	The proposed change affects the most vulnerable people in society	22	<p>Realise you need to save money but strongly disagree as it always affects disabled people &amp; the most vulnerable in society.</p> <p>You are targeting the most vulnerable people in society no matter how much training I will receive I will never be able to work and this money will be the only income I will ever receive.</p> <p>The Conservative Council is asking the poorest, most vulnerable &amp; defenceless people to pay more.</p>
Comments about the cumulative effects of cuts	People have already experienced reductions to existing services and/or had their income frozen	21	<p>Disabled people have suffered enough from government cuts already.</p> <p>I would like to take this opportunity to plead with you not to go ahead with this proposal. He has had cuts to services and finance last year, I.E. D.R.E Automotive payments, Funding for Sheltered Housing Warden and Emergency Alarm System. My wife and I are very worried about what you will withdraw from him in the future.</p> <p>I think you are taking from a pot that has already been cut greatly and there are PLENTY of other ways to get the money but you prefer the easier route of taken it from the voiceless more helpless parties.</p> <p>Also you are reducing what for years the minimum income guarantee at a time when some benefits are frozen or being reduced.</p>

Comments about the unfairness of the proposal	People with disabilities already experience multiple disadvantages and should not be expected to bear the burden of savings.	15	<p>So many people with disabilities will be affected by these proposals, why choose us? Are our lives not hard enough as it is now?</p> <p>Young adults like XXX with a learning difficulties have a very difficult life, they face obstacles that most of us will never have to face as having a moderate learning difficulty and knowing that youre different in many ways is devastating for the individual.</p> <p>Disabled people are being discriminated against although its' not their fault they got in. We need support and help as life is tough as it is, don't need the worry.</p>
Comments about the role of local and central Government	Local government is having to resolve central Government financial issues	14	<p>NCC appear to be basing a proposal on guidelines from government that simply reflect an existing ideological standpoint that young people do not need as much money as an older person.</p> <p>We should not be trying to save money by penalising those who need care. Council needs to explain to government that more money needs to made available for adult social now that austerity is officially over.</p> <p>Because the government is forcing councils to reduce benefits for people with disabilities as a result of it's mismanagement of the country's finances.</p>
Comments about carers and family	The proposed change will negatively affect carers or family members	13	<p>It's almost like you live with your parents they will have to shoulder the shortfall of Norfolk county council.</p> <p>I would ask you to take into account that for some socail care is for a short day and the rest of the burdon is placed on families who give their time free of charge.</p> <p>Many young people still live at home with family and this will place an extra burden on families who are already trying to deal with having a young person who is in need of care</p>

**Table 3: Analysis of main comments by people who agree/strongly agree with the proposal in Q2 ‘How far do you agree or disagree with our proposal to take the enhanced rate of the daily living component of the Personal Independent Payment (PIP) into account?’**

Theme	Issues	Number of comments	Comments
Comments about fairness of contributions	People should contribute according to what they can pay	16	<p>If necessary I feel it would be fairest to take money from PIP to contribute towards care eg - out of enhancement rate. As this money/benefit is given to help live with disability &amp; carers enables this.</p> <p>If it is being used for the persons care then this would seem appropriate.</p> <p>As long as someone has a fair amount to live on there should be no problem</p>
Comments which agree with proposal	General agreement	4	<p>I think people should only have enough money left to live on - I gets lots of money to live on</p> <p>Seems to make sense.</p>

**Table 4: Analysis of main comments by people who disagree/strongly disagree with the proposal in Q2 ‘How far do you agree or disagree with our proposal to take the enhanced rate of the daily living component of the Personal Independent Payment (PIP) into account?’**

Theme	Issues	Number of comments	Comments
Comments about the cost of living	People with disabilities have additional expenditure that people without disabilities do not have.	120	<p>Being disabled often means a lot of extra costs, like pads, high electric bills due to a lot of laundry, machinery used in your care, special diets and similar which people rely on this money to pay for. It is awarded to the person to pay for their needs not the councils!</p>

	<p>People do not have enough money to live on as it is.</p> <p>The cost of living is already high/rising.</p> <p>People with disabilities have limited means of raising additional income.</p>	<p>People with the enhanced rate of the daily living component were given this for a very good reason, because of their high needs. When a person is totally dependent on others not everything can be covered within their personal budget. Choices have already had to be made as to whether you have carers in to get washed and dressed or you go to a centre.</p> <p>Cant manage now? taking more off would mean I starve!</p> <p>Because I can't live with anything less. The money I now get, I can't live with any decrease or anything less that what I'm getting now.</p> <p>Benefits are already awarded to people with special needs according to their need. I don't feel its up to the council to take benefit which has already been assessed as needed by the recipient. I am not aware that the cost of living has reduced.</p> <p>Strongly disagree. I think this is a very a bad idea. Benefits now are very low and people can't afford to take a cut. If Benefits Rise N.C.C. take that money off us for are care costs. this means each year we will be sores off, due to inflation. If N.C.C. change the amount of benefit we can keep, it will have a Devestating impact on my life.</p> <p>I'm struggling now to keep my head above water - This is causing me stress.</p> <p>It's not enough to live on.</p> <p>Homelessness is a real worry as how to continue paying my rent/service charge on limited means, such as Universal credit and paying out more for care, I would be devastated totally, so very much, I know I would cut heating and eating. I can't have that worry any more , really I can't.</p>
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			Because all of my money goes on essential bills food, and taxises as the direct payment stopped covering those as sometime I have more than one medical appointment and the cost is £14 per journey and I am all ready missing some medical appointments because I cannot afford to get there.
Comments about the thinking behind the proposal	<p>As people have been assessed for the benefit it should be theirs to keep – NCC should not remove it.</p> <p>The thinking behind the proposal is flawed.</p>	81	<p>The enhanced rate of PIP is given because it is recognised that that persons disability is of a sufficiently evidenced extreme nature that it clearly requires a degree of extra support. How can the council justify taking that money from an individual when it has been identified that that person requires that extra money to support their disability .</p> <p>You should be supporting us, why give us money to then take it away?</p> <p>Because the result is that a lot of people, approx 2,400, will be financially worse off and their lives will be negatively affected. For the amount of savings you are expecting the whole proposal is flawed and should be abandoned.</p> <p>People awarded the higher rate were given it as they needed for other things not to bail the county Council out, when they can't manage their money properly.</p> <p>People should be allowed to keep all their benefit its wrong to reduce it. How much more do you want to take from the poor &amp; struggling?</p> <p>Having care doesn't change the general cost of living, or bills in our home we have to fund. In my experience, when you say additional costs incurred by our disability will be taken into account, they usually aren't because a narrow minded list of what is deemed admissible extras is drawn up by yourselves. This list often (usually) doesn't take into account mental health needs.</p> <p>I really have no idea how you have come to make the decisions as too how much people get to keep to live on. I have looked at your examples and cannot make an sense as to how you have come to your decisions.</p>

			<p>Why should YOU be able to have control over people's benefits it is absolutely disgusting you have no right to help yourself to people's benefits, people who have no say in what you are doing, how would you like someone being able to help themselves to your wages you wouldn't would you.</p> <p>PIP should be protected, if you claim a benefit that the government agree an amount that's what you need, taking an enhanced rate from those that need it the most is immoral and impedes peoples way of life</p>
<p>Comments about potential negative effects on people's wellbeing if the proposal goes ahead.</p>	<p>People will have fewer opportunities to take part in activities that promote positive mental health.</p> <p>People may become more socially isolated and lonely.</p>	<p>53</p>	<p>The enhanced rate is an essential part of a disabled persons income enabling them to make small individual choices to improve their independent living and wellbeing.</p> <p>I would be come isolated within my community as I would be unable to access schemes to help me go out.</p> <p>Most claimants of disability benefits are entitled to them. Mental wellbeing caused by these cuts should be forefront on the agenda. any change however small can affect this &amp; cause isolation or stress fir the recipient.</p> <p>She will not have any money to pay outgoings and do as many supported activities, to improve her social interaction/skills. Not good for her health and wellbeing.</p> <p>A reduction in benefits for vulnerable people where they can genuinely never be able to recieve income from any other source will become even more destitute and deprived of a quality of life.</p> <p>Changing the amount of benefits would affect me to fulfil my daily activities not being able to afford a better quality of life.</p> <p>This will lead to social isolation an more mental illness.</p> <p>I would not have enough money for my pet cat who keeps me company and helps with mental health issues and relaxation.</p>

Comments about the unfairness of the proposal	People with disabilities already experience multiple disadvantages and should not be expected to bear the burden of savings.	29	<p>So many people with disabilities will be affected by these proposals, why choose us? Are our lives not hard enough as it is now?</p> <p>Everybody needs to live a life, not have to worry especially people with learning difficulties - they have a hard time as it is.</p> <p>Life is already difficult for people on disability benefits. This would just make it worse.</p> <p>Disabled folk are robbed of enough already. What do we have to pay bills with, we can't get out to earn, that is our bill money!</p>
Comments about vulnerable groups of people	Money should not be taken from the most vulnerable in society.	22	<p>Vulnerable people should not have money reduced or taken away.</p> <p>There are many other areas that NCC could save money that reduce payments to very vulnerable people like my son.</p> <p>So if you get this element it's because you must be very disabled, why take money from the most vulnerable.</p> <p>By changing the amount of benefits people can keep you are causing a vulnerable section of the population to become even more vulnerable.</p>
Comments about the relevance of people's age to the proposal	<p>People's disability is more of a factor than age.</p> <p>Expenditure on household necessities (eg. utilities) is not age related.</p>	18	<p>Because it depends on the disability and care requirements rather than persons age.</p> <p>I don't see why it should be age related. If it costs x to live then it should be the same for everyone. Some would say it costs more if you work as you have travel costs whereas those that don't must pay more to heat homes.</p> <p>Why should older people keep more money. The younger ones go out more and if they have to pay more they aren't going to be able to do this.</p>

Comments about the cumulative effects of cuts	People have already experienced reductions to existing services and/or had their income frozen	16	<p>My daughter has £272 per week to live on, the proposal could take up to £87 per week off her, a 31% cut in her money. Would you accept a 31% pay cut? Note this is on top of the transport cuts that are being made.</p> <p>Want to remain the same amount. I have already had. £500 yearly of benefits taken away over the last 3 years.</p> <p>People need benefits to live on. It is not disposable money. There will be extreme hardship to a lot of people if benefit allowances change. This is already vulnerable group who have been cut by DWP already. I think it is morally wrong.</p> <p>How much more are u going to take?</p>
Comments about employment	<p>People cannot work because of their disability.</p> <p>There are no job opportunities for people with disabilities.</p> <p>Some people are already over working age so the creation of job opportunities are not relevant</p>	14	<p>Many other organisations are trying to help disabled people find work but not everyone can work, and WHAT WORK IS AVAILABLE? Why not have a Remploy factory, for instance.</p> <p>No point giving people more, then to take it away. I am 61 and do not need training in a job as I am unable to work.</p> <p>Looking for a job is completely out of the question but I would love a job If I had different physical situation. The money I receive is the only income I have.</p> <p>As I have no plans to work due to AGE 63 and health issues. The changes will not be advantages to myself. So as I am unable to work and cuts in my weekly MIG you will possibly carry out, does not help me.</p>
Comments about carers and family	The proposed change will negatively affect carers or family members	14	<p>For our particular situation the 'income' my son receives is only just covering his needs. Taking a percentage of that places more financial pressure on the care giver.</p> <p>I am a pensioner myself with health problems , my son had 6 hours care from you, I care for him the other 18 hours and all weekend. My son is 40 and I am still caring for him , this will affect our life terribly, no treats, outings with friends etc.</p>

			If you are disabled enough to receive this payment then you need extra help and this is not all met by Adult Social Care we need help from family members as well who would not be able to support us if we did not have the money to support them!.
Comments about the role of Central and/or Local Government	Government bodies to tax not cut / budget better	13	If the Govt wants councils to help people get into JOBS then the money should come from Central Taxation & not the poorest, disable people in the country to take benefit which has already been assessed as needed by the recipient.  This payment is nothing to do with Norfolk County Council.  everyone has to tighten their belts Tis is the only social interaction for many Disabled people. DO NOT penalise them for the government errors in Budgeting.

**Table 5: Analysis of main comments about Q3 'If the council went ahead with these changes how, if at all, would it affect you?'**

Theme	Issues	Number of comments	Comments
Comments about the effect of reduced income, or of futher reductions to income	Existing low income / no spare money  People would be unable to buy essentials (housing, utilities, health)	198	My mother struggles as it is. If you take any more money from her, that DIRECTLY impacts her health. She needs heating, she needs a specialised diet. Her money has been pruned continuously every year as it is. You don't seem to appreciate, either, that PIP is a points system. 'Enhanced' rates are not a catch all. People will be caught up in this, who CANNOT EVER work. Who live on the breadline as it is - even with my financial support.  I would not afford to heat my home I have a lung condition and need to keep warm or I get pneumonia I would not afford to eat either!

	<p>People's physical and mental health would suffer.</p>		<p>I use my care component of PIP to pay for many things i need because of my disability and i can not get funding for such as certain medications not paid for by the health service and treatments such as massage which helps with mobility. Also extra heating due to my p There is also equipment to help me which i have used my PIP care money to purchase such as a helping hand used to reach and also to pick items up off the floor etc Alarm system for keeping safe which social services no longer funds etc</p> <p>I barely get enough to survive on now, so the changes would affect me.</p> <p>It would definitely affect me. My husband is my full time carer so is unable to work. He is paid £64 a week for roughly a 126 hour week. We are trying to support ourselves and our children and be as independent as possible. I work very hard to help myself and live a decent quality of life. This means trying different therapies and treatments (most of the time at my own cost). Life is already very difficult for us as a family, finances are very tight. I also have many other costs due to my illness. Putting me under more financial pressure just might be the straw to break the camels back. I'm only just keeping my head above water now, if my mental health deteriorates further it will end up costing the council when i'm hospitalised, in need of mental health support and other services to help me and my family. This would be so counterproductive.</p> <p>It would affect me a lot, it would mean giving up a course that helps and supports me with certain aspects of my mental Health. I already struggle to buy the correct "Free from" food I'm supposed eat due to health conditions simply because I cannot afford it. I feel the council charge enough with Bedroom tax and council tax payments rises, why do they need to take money from people who already struggle.</p> <p>The person I care for will have a reduction in their disposable income of 20%, but no improvement in the services they receive from the Council. Given that their income will be 20% lower than the MIG currently set by the government, this means almost certainly that they will be below the poverty threshold- directly as a result of the Councils action.</p>
<p>Comments about</p>	<p>Risk of poorer quality of life.</p>	<p>139</p>	<p>I am currently able to leave my house once a week using [Name] Door to door service to go to physiotherapy. if these changes were to go ahead I would not be able to do this and I would be house bound my entire life.</p>

<p>reduced wellbeing</p>	<p>Risk of increased social isolation.</p> <p>Risk of increased loneliness.</p>	<p>Their would be less money for me to do the things that help me become more sociable and learn life skills and keep fit. This would effect my wellbeing as I could not afford to go out. In effect you would be institutionalising me.</p> <p>My quality of life would deteriorate.</p> <p>These proposals which would limit quality of life, even not being able to afford a trip to the cinema or petrol to go shopping in our rural environment, would create mental health problems and behaviour that is difficult to handle from some with a learning disability who does not understand or has routine disrupted.</p> <p>This would mean I would be hit twice by having a lower MIG and the enhanced rate of my PIP being taken away. This would result in me losing £65 80 a week leaving me less able to access many of the activities with my peers, as I need a carer to support me constantly. This would have a knock on effect of me becoming more isolated and lonely. This is not good for a young person who is already limited to suitable activities.</p> <p>Simply.... By paying more for my non residential care I would not be able to do the other things outside of that..... This things help me lead an independently life as possible and give me some purpose... Not doing them would mean I would feel isolated... My mum and dad help me a lot in trying to lead a normal life.... Often giving up there own time, lifestyle and work, so I can have mine.... The proposed cuts don't just effect me... It effects my mum and dad and if they can't cope I would probably go to care.. How much more would that cost you..</p> <p>Daughter will be stuck at home and will not be able to attend as many supported activities - daughter also pays for her careers to attend = less money. (1-2-1 support).</p> <p>If the proposed changes went ahead and I was charged anymore for my day care I may be unable to afford to go to the [name] which has been my lifeline for the last 20yrs when I had a severe stroke which left me parylised and then became a widow shortly after [Name] have helped me through all of this &amp; if I couldn't go you will have taken everything away form me can you imagine how that could feel?</p>
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			<p>Everyday living, getting around, meeting friends, leading to loneliness &amp; the associated mental health issues of being disabled &amp; vulnerable.</p> <p>You would MAKE ME isolated no Access to the Cummmity &amp; left on my own.</p> <p>I would struggle to meet my expenses and maintain my wellbeing as my social care doesn't meet all of my needs despite my assessment saying it does</p> <p>I would have less money to spend on the basic living style that I have now. My life style would be more restricted that it is already. I would become more socially isolated and my wellbeing would be affected.</p> <p>Financially not being able to fulfil my daily needs and different activities. Not being able to integrate within the community.</p> <p>I would not be able to afford the specialist trauma counselling I currently pay for with my benefits. I would not be able to afford the nutritional supplements that help to keep me as well as possible. Life would close in around me again and I would have fewer opportunities to socialise. I would feel under financial pressure which affects my mental +physical health. I hope with counselling my mental and physical health will improve. I self - fund because it is not available on the NHS + feel I am making good use of my benefits to make the best of things + get as well as possible.</p>
Comments about people reducing their care	<p>Unable to pay for care</p> <p>Caring responsibilities will be taken up by family members.</p>	40	<p>Would have to think about stopping the care.</p> <p>Would have to choose between heating/eating and care services.</p> <p>We are two pensioners looking after our son in our home if he had to pay this money we would have to give up the care from conal and care for our son without help. we are not well off ourselves and we want to give our son as good a life as we can we couldn't do this without his money the older we get the harder it gets</p> <p>I would lose my carer as I've been told my contribution is being increased. I CANNOT afford the new contribution amount so when it comes into force - I will be giving my carer her 4 weeks notice!!</p>

	<p>Respite care for carers would be reduced.</p>		<p>On a scale from 1 to 10 9 It would cause a knock on effect. How it is currently I can continue day services which are an important part of my day, changing would mean cancelling day services putting people out of work, for them to then have to seek benefits for their income.</p> <p>We would not be able to continue having help which would mean my husband would have to pick up the shortfall and not get a break at all which I'm sure would be depermental to his health and end up with two people needing care instead of one We would not be able to continue having help which would mean my husband would have to pick up the shortfall and not get a break at all which I'm sure would be depermental to his health and end up with two people needing care instead of one.</p> <p>If these proposals go ahead, many would not be able to afford any form of respite care for the unpaid carer. This in turn could and would lead to many disabled people being left alone, with no care in any way shape or form. This could lead to falls , hunger and starvation which would be unacceptable.</p>
<p>Comments about the effect of the proposed change on carers</p>	<p>Continuing to care for people will become more difficult</p>	<p>32</p>	<p>My 23 year old daughter goes to a day centre which she loves every day.She only receives respite one weekend a month.I work around her hours for my own sanity.This means I receive no carers allowance.If she were to go into residential care it would certainly cost a whole lot more.If you keep making cuts more people will go into care!</p> <p>We would not be able to continue having help which would mean my husband would have to pick up the shortfall and not get a break at all which I'm sure would be depermental to his health and end up with two people needing care instead of one.</p> <p>We are two pensioners looking after our son in our home if he had to pay this money we would have to give up the care from conal and care for our son without help. we are not well off ourselves and we want to give our son as good a life as we can we couldn't do this without his money the older we get the harder it gets.</p>



# Norfolk County Council

## Adult Social Care budget proposals 2019-2020

# Equality and rural assessments – findings and recommendations

January 2019

Lead officer – Jo Richardson, Equality & Diversity Manager, in consultation with Susanne Baldwin, Finance Business Partner; Adult Social Services.

This assessment helps you to consider the impact of service changes on people with protected characteristics and in rural areas. You can update this assessment at any time to inform service planning and commissioning.

For more information please contact Equality & Diversity team, email: [equality@norfolk.gov.uk](mailto:equality@norfolk.gov.uk) or tel: 01603 223816.

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## The purpose of equality and rural assessments

1. The purpose of equality and rural assessments is to enable elected members to consider the potential impact of decisions on different people and communities prior to decisions being taken. Mitigating actions can be developed if detrimental impact is identified.
2. It is not always possible to adopt the course of action that will best promote the needs of people with protected characteristics or in rural areas. However, assessments enable informed decisions to be made, that take into account every opportunity to minimise disadvantage.

## The Legal context

3. Public authorities have a duty under the Equality Act 2010 to consider the implications of proposals on people with protected characteristics. The Act states that public bodies must pay due regard to the need to:
  - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act<sup>1</sup>
  - Advance equality of opportunity between people who share a relevant protected characteristic<sup>2</sup> and people who do not share it<sup>3</sup>
  - Foster good relations between people who share a relevant protected characteristic and people who do not share it<sup>4</sup>
4. [The full Act is available to read here.](#)

## The assessment process

5. This assessment comprises three phases:
  - **Phase 1** – evidence is gathered on the proposal, to examine who might be affected and how. This includes reviewing the findings of related assessments and public consultation, contextual information about local populations and other relevant data. Where appropriate, public consultation takes place
  - **Phase 2** – the results are analysed. The assessments are drafted, making sure that any potential impacts are fully assessed. If the evidence indicates that a proposal may have a detrimental impact on people with protected characteristics or in rural communities, mitigating actions are considered
  - **Phase 3** – the findings are reported to service committees, to enable any impacts to be taken into account before a decision is made

## Adult Social Care Services budget proposals 2019-2020

6. Adult Social Care Committee has put forward eleven budget proposals for 2019-2020:

	Title of proposal	Description
1.	Helping people to return home through accommodation based reablement to prevent long-term residential	<p>In line with the Council's Promoting Independence Strategy, there is an aim to maximise the independence of more people and reduce the number of people going into residential care. During the last twelve months the service has piloted two models of accommodation based reablement, which provides an alternative for people who are medically fit to be discharged from hospital but who are not well enough to go straight home and also people who are living at home but at risk of going into residential care.</p> <p>A commissioned service and in-house service has been developed. The service works with people to regain their independence in a safe environment, usually after an illness or injury and return home following the reablement programme. Previously this could have meant a stay in a residential setting and potential permanent loss of independence. The pilots were initially funded through the improved better care fund but have demonstrated a return on the investment through more people being able to return home and a reduction in needs. This proposal would see a continuation of this saving.</p> <p>The proposal is based on creating a permanent service, with a continuation of the mix of in-house and commissioned services, as well as some increase in provision in line with need.</p> <p>There has been a positive response to the accommodation based reablement services, both in relation to positive outcomes for individuals, which have led to increased numbers of people able to return home and service user feedback. The proposal will enable more people to be re-abled and stay in their own homes.</p>
2.	Helping people to stay at home through home based reablement to prevent, reduce and delay long-term home care packages	<p>Following a review of outcomes and identification of the need for increased capacity the service is expanding the in-house home based reablement service to increase capacity by 15%. The joint investment with Clinical Commissioning Groups in addition to staffing has been made in 2018-19 working with people to reduce the ongoing level of care and support required. This extra supply will enable an estimated additional 800 people to be re-abled each year, with existing outcomes suggesting that 61% of people are fully re-abled and do not require long term services or readmission to hospital, providing a saving for both health and social care. Those people who do need on going care need smaller packages.</p> <p>The proposal is for the continuation of the expansion of home based reablement service. Recruitment is ongoing and along with retention is a challenge for the service as for the whole health and social care system.</p> <p>The proposal is an invest to save and will enable more people in Norfolk to be re-abled and supported to remain independent in their home for as long as possible.</p>

	Title of proposal	Description
3.	Start of a ten-year housing development programme to develop Extra Care Housing across Norfolk to prevent need for long-term residential care	<p>The Council's priorities include a focus on housing. To help people to remain independent, the service has developed a new housing strategy for older people. This identified that there will be a shortage of extra care housing with care in Norfolk over the next ten years, with the need for an additional 2,842 units.</p> <p>Extra Care Housing is the term used nationally to describe housing for people that supplies some care provision and offers self-contained accommodation with staff available 24 hours a day. Schemes include apartments that are rented or owned by individuals who require a level of care. Individuals renting a flat may be able to claim housing benefit if eligible. Having the right type of housing options available for older people is key for helping people to remain in their own home and prevent crisis and can prevent or delay the need for residential care. Savings are generated from the prevention of spend.</p> <p>A full business case has been developed setting out the aims of the programme. The programme will work with a range of developers in the market to build schemes and has developed a business model, which will allow some financial support to enable the development of affordable homes in some areas. This is a ten-year programme and due to the lead in times for build and implementation, revenue savings will not be deliverable until 2021-22, but will increase after that with the potential for an annual £2m revenue savings by the completion of the programme.</p> <p>The proposal is to increase the number of extra care housing with care units in Norfolk. This would increase the availability of alternative housing for people who are experiencing increasing care needs or reduction in mobility and provide an earlier preventative alternative to residential care.</p>
4.	Making changes to our Adult Social Care charging policy to come in line with the national guidance	<p>In Norfolk, we have not reviewed some parts of our policy since the introduction of the Care Act in 2014 and although the Government allows there to be separate rates for different age groups, we have been using a higher rate for all groups rather than different rates based on people's age. We now need to be in line with our neighbouring councils and set the rate according to people's age.</p> <p>We have consulted on moving to the national guidance for the minimum income guarantee – this is the minimum amount that people are guaranteed to be left with each week before any charge for care can be made.</p> <p>In Norfolk we are already in line with the minimum income guarantee level for older people, but we do not follow the guidance for younger adults which sets a lower rate. We therefore propose to move to the nationally set lower rates for people aged 18-24 and 25 to pension age, but not change the rate for older people.</p> <p>We would use around £1m of the additional income to support this change, including to build up new services for working age adults.</p>

	Title of proposal	Description
		<p>This would include better support and advice. We would also invest in employment support, since we are out of step with other areas on the number of people with learning disabilities in work. As part of this charging review, we would also seek to align with Government guidance about people in receipt of Personal Independence Payments (PIP) daily living component. A change in legislation means that the Council is now able to take into account a higher level of this component – known as enhanced PIP – when calculating someone’s income. Previously, this has been excluded. The Mobility component will not be impacted by this change.</p> <p>Subject to the outcome of the consultation and final proposals, the Council would develop new services to improve financial advice and access to employment for working age adults, to enable enhanced services to be up and running prior to any changes. Some people will see no change to their charges or would continue to not contribute towards the care costs, due to their particular circumstances. However, others would see an increase in the amount that they are asked to contribute towards their care costs.</p> <p>The proposal will bring Norfolk’s charging policy more in line with other councils in the region, but would increase the amount that some service users pay towards their care costs. The proposal would enable some of the additional income to be reinvested to improve services to support working age adults into employment opportunities and to improve financial advice for individuals.</p>
5.	Full year effect of invest to save increasing support for people to claim welfare benefits and reduce the number of people who do not make a contribution towards their care	<p>As part of service improvement, adult social care has invested resources within the welfare benefits and income teams to increase capacity to ensure that our charging policy is consistently applied and to provide support for people to claim welfare benefits. This is increasing the number of people who are able to contribute towards their care costs, in line with the current charging policy.</p> <p>The invest to save is increasing the capacity of the team to provide support to individuals and ensure that assessments are completed at least annually and individuals are supported when circumstances change. The saving reflects the full year effect from this investment. The proposal supports the consistent application of the current charging policy and does not make any changes to the process or assessment.</p> <p>Initial work identified that reviewing financial assessments annually benefits service users by making sure that their circumstances are kept up to date, meaning that any contributions are fair and affordable and that service users are supported to claim any benefits to which they are entitled.</p>
6.	Review of budgets, risks, and inflation assumptions to deliver a saving	There are a number of budgets where requirements and needs have changed for the next financial year. The budget review has identified opportunities to reduce budgets and release previously allocated resources where spend is no longer needed or where

	<b>Title of proposal</b>	<b>Description</b>
	without a direct impact on services	<p>assumptions, including inflation assumptions, have been revised.</p> <p>The budget review has been completed and the adjustments can be made as part of the budget setting process. The review will not lead to a reduction in services, however, this will reduce overall flexibility to mitigate financial risks.</p>
7.	Reducing staff travel costs	The service has delivered underspend within staff travel budgets. New ways of working, use of Skype rather than travelling and use of pool cars will enable this reduction to be sustained.
8.	Shift to prevention within the health and social care system	<p>The health and social care system in Norfolk and Waveney has a clear vision for transformation. This is based around supporting people to enjoy good health for as long as possible and stay independent and in control of their lives. Key to this is strengthening primary and community services so that people can stay in their own homes and return to their usual place of residence after a stay in hospital.</p> <p>The Norfolk and Waveney Sustainable Transformation Programme (STP) is currently reviewing patterns of demand and care across the whole health and social care system. It is recognised that the balance of spend in health and social care needs to 'shift left' to reallocate funding to provide the right level of investment in communities, through social care, primary care and community health and reduce demands on hospital, which is both the most costly environment in which to support people, and also most in demand.</p> <p>There is a compelling case for investment in prevention because of the savings it can achieve across the whole system. Our work has shown that for every £1 spent on prevention there is a return of around £3.50 elsewhere in the system. This proposal therefore seeks a transfer from health spending within the Norfolk and Waveney system to social care. The proposal is a cautious view of the invest to save potential in social care to deliver savings elsewhere in the system.</p> <p>The investment could be through a number of preventative measures including building capacity, focussed work to target the people most at risk – including frailty and falls prevention and continuing to develop the preventative offer across Norfolk.</p> <p>The shift in the system is placing more pressure on social care. The proposal is seeking health investment to both protect and enhance services, with ambition to work with health partners to, in particular, focus on prevention and frailty management to reduce risk of admissions to hospital.</p>
9.	Saving resulting from impact of social prescribing, where new social	The saving represents the financial benefit being targeted from implementation of social prescribing. Social prescribing and the use of social, as well as purely medical interventions, to address the causes of ill health are increasingly recognised as part of an

	Title of proposal	Description
	<p>prescribers work with GPs to direct people to alternative preventative solutions before they require social care, helping to prevent and delay formal social care needs.</p>	<p>integrated and preventative approach to improving and transforming health provision. Social prescribing is part of the Norfolk and Waveney STP. Its aim is to build on existing community networks, working with GPs, district councils, social care and the voluntary community sector to identify resources available in a community and act as a referral pathway to housing and welfare advice, mental health support, healthy lifestyles, alcohol services, falls prevention, financial and benefits advice, befriending and community activities to support outcomes for people. The model is transferable and flexible for local needs, providing a co-ordinated range of options for health and care services to refer to, to support patients.</p> <p>The programme is being rolled out for people aged 18 years or over, registered with a GP practice and living in the Norfolk and Waveney who have specific needs – i.e. a chronic disease or long term condition, including sensory impairments, mental ill health, mild or moderate depression or anxiety; needs that challenge their independence; loneliness or social isolation or who frequently attend the GP surgery and have advice and support needs that cannot be adequately addressed by primary care, for example housing needs. Locality schemes are now in place and the pilots will be evaluated in 2019/20 after they have been up and running for a year. In addition, the Council has been successful in gaining a social impact bond through the Life Chances Fund, which will provide further financial support during implementation and evaluation of the invest to save benefits.</p> <p>The savings to the system will be derived by the reduction in demand for medical care and formal long term social care services. The expectation is that eventually 1,600 people will be seen within locality focused social prescribing services, reducing, delaying or preventing need to 300 people. The saving is forecast from 2020-21. This is because it is expected that there will be a lead in time due to the early preventative nature of the service.</p>
10.	<p>Financial adjustment to payment timescales for people in receipt of direct payments to align the income with their outgoings, following an audit recommendation</p>	<p>Where people choose to take their personal budget as a direct payment, payment is made into a direct payment account for the individual, who is then able to manage the use of the funds in line with their care and support plan – i.e. the service user may choose to pay a personal assistant to provide care services. Direct payment accounts remain County Council funds but are not available for other purposes. Currently these payments are transferred into the service user's direct payment account six weeks in advance. So, a payment to support services during the month of August would be made into the account in the middle of June. A previous audit review of direct payments highlighted that balances held within service user's direct payment accounts are higher than the level needed, based on evidence of payments and cashflow. This represented a small financial risk to the Council and did not demonstrate the best use of resources. The proposal will see funds being transferred to direct payment accounts four weeks in advance instead of the current six weeks. This provides a one-</p>

	<b>Title of proposal</b>	<b>Description</b>
		<p>off cash flow benefit to the Council, but also ensures that balances held in direct payment accounts are not unnecessarily high.</p> <p>The proposal does not change the resources available to service users to meet care needs and represents a cashflow adjustment only. The change will result in a reduction in the balances held in direct payment accounts, which will reduce financial risk and enable better use of resources. Balances that are more than what is needed can be released to spend on other cost pressures for social care.</p>
11.	One-off saving through the use of repairs and renewals reserve, which is no longer required for the original purpose.	<p>Adult Social Care has had a small amount within reserves for repairs and renewals for a number of years. The original requirement for the fund was to meet the cost of purchasing and repairing specific equipment. The need for the reserve has changed over time as equipment is procured differently via leases and larger equipment needs are capitalised. The proposal is therefore to release this funding for general revenue spend during 2019-20.</p> <p>If approved the reserve would be used towards the cost pressures for the service and reduce the need for additional savings in 2019-20.</p> <p>As a use of reserves, the benefit will be for 2019-20 only and will result in a cost pressure in the following financial year.</p>

## Who is affected?

7. These proposals will affect disabled and older people and their carers, including disabled and older people with other protected characteristics and in rural areas. Staff will also be affected:

<b>People of all ages (particularly older people)</b>	<b>YES</b>
<b>Disability</b> (all disabilities and long-term health conditions, including but not limited to people with, for example, reduced mobility; Blind and visually impaired people; Deaf and hearing impaired people; people with mental health issues; people who are neurodiverse (e.g. on the Autism spectrum); people with learning difficulties and people with dementia)	<b>YES</b>
<b>Gender reassignment</b> (e.g. people who identify as transgender)	<b>YES</b>
<b>Marriage/civil partnerships</b>	<b>YES</b>
<b>Pregnancy &amp; Maternity</b>	<b>YES</b>
<b>Race</b> (different ethnic groups, including Gypsies, Roma and Travellers)	<b>YES</b>
<b>Religion/belief</b> (different faiths, including people with no religion or belief)	<b>YES</b>
<b>Sex</b> (i.e. men/women/people who identify as intersex)	<b>YES</b>
<b>Sexual orientation</b> (e.g. lesbian, gay and bisexual people)	<b>YES</b>

## Potential impact

8. Adults budget proposals for 2019-20 will impact primarily on disabled and older people and their carers – which is inevitable, because disabled and older people constitute the majority of adult social care users.
9. However, only one of the proposals (the proposal to make changes to the Adult Social Care charging policy), is likely to have a significant detrimental impact. The reasons for this are set out on page 15.
10. The other 10 proposals are unlikely to have any significant detrimental impact on people with protected characteristics or in rural areas. Five of the 11 proposals will enable the Council to better promote independence for disabled and older people and increase the accessibility of housing, to enable disabled and older people to stay at home for longer. This prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being.
11. The reasons for this are provided below:

	<b>Title of proposal</b>	<b>Impact</b>
1.	Helping people to return home through accommodation based reablement to prevent long-term residential	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting independence strategy will guide the design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being</li> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
2.	Helping people to stay at home through home based reablement to prevent, reduce and delay long-term home care packages	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting independence strategy will guide the design and delivery of this proposal. Promoting independence</li> </ul>

	Title of proposal	Impact
		<p>strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being</p> <ul style="list-style-type: none"> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
3.	<p>Start of a ten-year housing development programme to develop Extra Care Housing across Norfolk to prevent need for long-term residential care</p>	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting Independence strategy will guide the design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being</li> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
4.	<p>Making changes to our Adult Social Care charging policy to come in line with the national guidance</p>	<p>See page 15.</p>
5.	<p>Full year effect of invest to save increasing support for people to claim welfare benefits and reduce the number of people that do not make a contribution towards their care</p>	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting independence strategy will guide the design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are</li> </ul>

	<b>Title of proposal</b>	<b>Impact</b>
		<p>critical factors in supporting well-being</p> <ul style="list-style-type: none"> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
6.	Review of budgets, risks, and inflation assumptions to deliver a saving without a direct impact on services	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because no changes are proposed to assessment processes, eligibility of needs, service standards, quality or delivery.
7.	Reducing staff travel costs	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because no changes are proposed to assessment processes, eligibility of needs, service standards, quality or delivery.</p> <p>However, it will be important to ensure that technology to facilitate more agile working is fully accessible for disabled staff or staff with long term health conditions.</p>
8.	Shift to prevention within the health and social care system	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting Independence strategy will guide the design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being</li> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
9.	Saving resulting from impact of social prescribing, where new social prescribers work with GPs to direct people to alternative preventative	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting Independence strategy will guide the</li> </ul>

	<b>Title of proposal</b>	<b>Impact</b>
	solutions before they require social care, helping to prevent and delay formal social care needs.	<p>design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being</p> <ul style="list-style-type: none"> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
10.	Financial adjustment to payment timescales for people in receipt of direct payments to align the income with their outgoings, following an audit recommendation	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• The change would not reduce any personal budgets to service users. All direct payment holders would still have the same amount available to spend monthly. The proposal will require a review of each direct payment account and for one month only, there would be a reduction in the transfer to bring in line with the new timing for payments</li> <li>• All service users would be notified in advance, with clear information and dedicated staff available to discuss any concerns and to enable any alternatives arrangements to be made in exceptional circumstances</li> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• People in rural and urban areas will receive the same standards and quality of services</li> </ul>
11.	One-off saving through the use of repairs and renewals reserve, which is no longer required for the original purpose.	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because no changes are proposed to assessment processes, eligibility of needs, service standards, quality or delivery.</p>

<b>Title of proposal:</b>	Making changes to our Adult Social Care charging policy to come in line with the national guidance
<b>Lead Officer:</b>	Jo Richardson, Equality & Diversity Manager

## Analysis of proposal & potential impact

### Summary of the proposal

1. This proposal is to make changes to the County Council's Adult Social Care charging policy to move from a single rate based on people over 65 to be in line with national guidance.
2. The technical detail of the proposal is set out in the consultation pack and the report to Adult Social Care Committee, and therefore is not replicated again here. However, a summary is provided on page 5 of this assessment.
3. In essence, we are proposing to make two changes to the charging policy:
  - (1) Proposal to use different rates of MIG
    4. Until now, the Council has used a higher rate for people aged 18 – 64. Other councils have already changed to the Government's rates. However, because Adult Social Services needs to save money it is now being proposed to change Norfolk's rates too.
    5. At the moment, the Council has only one rate for the MIG which it uses for everyone. This is £189 a week. However, the Government says that there can be different rates for people of different ages. In simple terms, it is being proposed to use the following rates:
      - 16 - 24 years old - £132.45 a week
      - 25 - 64 years old - £151.45 a week
      - 65 years old - £189 a week
    6. This rate is made up of basic MiG, PiP disability premium and PiP Enhanced Premium.
    7. The Council is **not** proposing to change the MIG for people who have reached pension credit age. This would remain at £189 a week.
    8. Rates also vary depending on whether people are single, in a couple or have children.
  - (2) Proposal to take the enhanced rate of the daily living component of Personal Independence Payment (PIP) into account
    9. The Government sets out what the Council can count as 'income' when working out how much people can afford to pay. Currently the County Council always treats the enhanced rate of daily living component of people's **PIP** as income but the Government says that this is possible.

### What would happen if the proposal goes ahead?

10. If the proposal went ahead the Council would have to work out how much to ask people to pay towards their care costs.

11. When the Council writes to people about any changes it would offer to carry out a full financial assessment for them. It would look at all the money they have coming in, how much they spend and if there are any benefits they might be entitled to that they are not already claiming.
12. If, in the future, people's financial circumstances change they can contact the Council and ask us to review the amount they will have to pay for their care.

## **Support the Council would give people if the proposal went ahead**

### **Helping people find work**

13. Disabled people who are working can keep some of their earned income whilst still receiving some benefits. Having a job and gaining some extra income can change people's lives. A major part of the Department for Work and Pensions approach is to make sure that disabled people can work wherever possible. This is consistent with the Council's status as a 'Disability Confident Leader' and our commitment to supporting disabled people into employment opportunities.
14. At the moment we provide help and support to help people find work. This is through our MATCH Service which supports employment and training across Norfolk.
15. We also offer employment opportunities through our Libraries Employment Scheme and Apprenticeship Schemes. We work very closely with Department Work and Pensions Disability Advisors to explore every private sector training and employment option available for those who would like to find work or training.
16. If our proposals went ahead, we would invest some of the savings we would make in setting up better services to help people into employment. We would increase the support we give people to find work as we expand our employment services to help all of those using our services, where possible, to look for employment or training. We would work closely with our voluntary sector providers to support more employment and training schemes.

### **Help with managing money**

17. Depending on the outcome of the consultation we could offer people a range of options to help them manage their money. For example, we could offer more help and support to people who are in debt.
18. We could also encourage more people aged 18-64 who receive Employment Support Allowance, Universal Credit, Income Support and Jobseekers Allowance to pay their care charges through a direct deduction from their benefits. This helps many people better manage their finances as they receive their benefits minus the amount that they pay for their care. This means that they do not have to worry about making arrangements to pay for their care bill.

## Help and advice with claiming benefits

19. We would offer all working age people a full benefit check to make sure that they are claiming all that they are entitled to. This would involve looking at disability benefits and seeing if they could be claimed at a higher rate. Some people may be able to receive the mobility component of PIP but are not currently claiming for this.
20. If any of the changes we propose go ahead we would not expect to make any changes to the amount people would need to pay for the care they receive until after 1 July 2019. That means we would plan to write to everyone in April 2019 to tell them what any changes mean for them. This means that people would not receive a bill in relation to the new charging policy until September 2019.

## Who is affected?

21. The proposal affects people who receive non-residential adult social care services<sup>1</sup> where Norfolk County Council pays the care providers directly. It will also affect people who receive direct payments to buy their own services. The Council currently provide chargeable non-residential adult social care services to around 7,900 people.
22. It will therefore primarily affect people with a care need, including disabled people, people with learning disabilities, people with mental health problems and those affected by substance misuse. This includes people with other protected characteristics and who live in rural areas.
23. The proposal will affect people who live in their own home and in the community including housing with care and supported living. It does not affect people who live in residential or nursing care.
24. The proposal only affects people over the age of 65 if they claimed PIP before they became 65 and still receive it.
25. Many people who receive non-residential care would not be affected by our proposal as their income would still be below the minimum amount for living expenses that we have to consider.
26. People with savings over £23,250 would still need to pay the full cost of their care.
27. If people receive a direct payment to purchase their own non-residential care they might have to change the amount they contribute to their personal direct payments account.

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<sup>1</sup> Non-residential services help meet people's social care needs in the community. These services include things like:

- help at home,
- getting meals,
- support with activities such as going on trips,
- help with education, and
- going to a day centre.

## Potential impact

28. If this proposal goes ahead, it may have a detrimental impact on some (though not all) disabled service users who receive non-residential adult social care services.
29. This is because some people might have to start paying between £1.45 and £87.01 per week more for their care. The amount that people would have to pay towards their care would depend on their income, expenses and the amount of disability related expenses they have. Some people could be affected by the proposed change to MIG, the proposed change of approach to PIP or to both.
30. Based on the current information the Council has about existing services users it is estimated that:
  - Around 4,100 people would not be affected by the proposal
  - Around 1,000 people would continue to pay nothing towards their care because their income would remain below the amount of income we would take into account
  - Around 400 people would continue to pay the same amount
  - Around 1,400 people might have to start paying for their care for the first time
  - Around 1,000 people might have to pay more for their care
31. The amount that the Council would ask people to pay would depend on whether all the changes were made at once, or whether the Council decided to phase the changes so that they came in gradually.
32. If the changes were all made at once, this could have a very significant detrimental impact on some people. The more people would have to pay towards their care, the greater the impact – such as:
  - Increased financial hardship
  - A reduction in standard of living, quality of life, physical wellbeing and independence because people have less money available to pay for day-to-day living because they have to pay more towards their care
  - Anxiety and stress (with an impact on people's emotional and mental health) due to having to live on a lower income, and deal with new expenses and tighter budgeting, alongside the need to evidence spending, fill in forms and undergo review to determine need. Many service users may be unprepared for the change in their costs, both practically and emotionally
  - Reducing people's access to services – because they have less money to spend on transport or the services themselves
  - Making people more socially isolated – because they have less money to spend on social or leisure activities
  - Increasing pressure on carers who may have to provide additional support
33. These impacts may be exacerbated for disabled people living in rural areas, where there may be a higher cost of living, less transport options (or very costly transport options, that may not be affordable) or less access to services and carer support.
34. These impacts would need to be balanced against the fact that service users will only be asked to pay based on what the Government says they can afford.

## Cumulative Impacts

35. When considering the impact of its budget proposals, the Council is required to take into account other social factors which may be impacting on residents – for example, Norfolk’s rural geography; the rising cost of living; changes to welfare reform and social issues, such as the priority of disabled residents to remain independent for as long as possible.
36. In view of this, it is pertinent to consider the challenges that many disabled service users face when seeking to maintain their independence.
37. For example:
- Over the last eight years there have been a range of changes to welfare provision. Some people will have already seen a reduction in their benefits or ability to access services, and may be finding it challenging to keep pace with this
  - A person with restricted mobility may find their ability to afford to travel independently may be very limited, due to restricted income. Even in an urban area it may be necessary to travel to access services, especially ones that can accommodate their needs. This may lead to social isolation
  - Services are increasingly moving online. A disabled person on a restricted income may be unable to afford the hardware, software and broadband needed to be able to access the internet. They may require a certain type of software to enable them to access information. This will increase the cost and there is a risk that it may not be compatible with the site they wish to access. They may also fear that any equipment you do purchase will be rapidly out of date, adding to the cost and requiring the skills and knowledge to purchase the right thing and update it when necessary
  - A service user’s health condition means they may be limited as to what time they can spend managing their finances. Certain types of health issues can make someone very tired or anxious due to the additional strain required to carry out daily routines
  - An individual may suffer from peaks and lows in their health, particularly in relation to a mental health issue. Sometimes they may find it easy to cope, at other times they may not, and they may need extra support at these times
38. As part of any re-assessment regarding changes to charging, external factors relating to benefit changes and debt should be taken into consideration and referral made for relevant guidance and support.

## Conclusions

39. There is no legal impediment to going ahead with the proposal. It would be implemented in full accordance with due process, national guidance and policy. Similar proposals have been implemented elsewhere in the UK.
40. Everyone will still receive a guaranteed income to live on. The Council would continue to encourage and support people to provide information about their disability related expenses, so that the Council can reduce the amount it asks people to pay for the care by capturing the full amount of disability related expenses they have.
41. However, it is possible to conclude that the proposal may have a detrimental impact on some groups of people, for the reasons set out in this assessment. Ultimately, the task for Adult Social Care Committee is to balance these impacts alongside the need to manage reduced resources and continue to provide essential adult social care services to those who need them most.

42. Adult Social Care Committee is therefore advised to take these impacts into account when deciding about whether the proposal should go ahead, in addition to the mitigating actions recommended below.

## Human rights implications

43. Public authorities in the UK are required to act compatibly with the Human Rights Act 1998. There are no human rights issues arising from the proposals.

## Mitigating actions

	Action/s	Lead	Date
1.	Consider phasing in the amount that the Council asks people to pay so that the changes are not made all at once and come in gradually.	Executive Director of Adult Social Care	From 1 April 2019
2.	Continue to review whether individual service users (for example people with learning difficulties) face barriers to managing their spending. If so, develop actions for addressing any barriers.	Executive Director of Adult Social Care	From 1 April 2019
3.	If a service user expresses concern about financial austerity, offer appropriate budget planning or other relevant support to make sure people are spending as effectively as possible, and ensure transition plans are established.	Executive Director of Adult Social Care	From 1 April 2019
4.	If the proposal goes ahead, contact all service users affected, to offer guidance and advice on any steps they need to take – taking into account the particular needs of different groups of service users, such as people with learning difficulties. This will include how to complete forms and the evidence that is required, to enable their needs to be taken into account. It will also include how to ask for help and who to talk to if they are worried about how they will manage the financial impact.	Executive Director of Adult Social Care	From 1 April 2019
5.	Work with relevant stakeholders to ensure that the guidance provided is simple, clear and accessible, particularly for people with learning difficulties and people with mental health issues.	Executive Director of Adult Social Care	From 1 April 2019
6	Ensure any new build homes meet M4(2) accessible and adaptable dwellings and/or M4(3) (wheelchair user dwellings). This will ensure build is compliant with current accessible build standards.	Executive Director of Adult Social Care	From 1 April 2019
7	Ensure reasonable adjustments are put in place for disabled staff to enable them to use new technology or travel solutions.	Executive Director of Adult Social Care	From 1 April 2019

## Evidence used to inform this assessment

- Norfolk budget proposals 2019/20 – consultation documents and background papers

- Business intelligence and management data, as quoted in this report
- Equality Act 2010 and Public Sector Equality Duty codes of practice

## Further information

For further information about this equality impact assessment please contact Jo Richardson, Equality & Diversity Manager, Email: [jo.richardson@norfolk.gov.uk](mailto:jo.richardson@norfolk.gov.uk)



If you need this document in large print, audio, Braille, alternative format or in a different language please contact Jo Richardson on 0344 800 8020.

### <sup>1</sup> Prohibited conduct:

Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have, or because they associate with someone who has a protected characteristic.

Indirect discrimination occurs when a condition, rule, policy or practice in your organisation that applies to everyone disadvantages people who share a protected characteristic.

Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”.

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

2 The protected characteristics are:

**Age** – e.g. a person belonging to a particular age or a range of ages (for example 18 to 30 year olds).

**Disability** - a person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

**Gender reassignment** - the process of transitioning from one gender to another.

**Marriage and civil partnership**

**Pregnancy and maternity**

**Race** - refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

**Religion and belief** - has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism).

**Sex** - a man or a woman.

**Sexual orientation** - whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

3 The Act specifies that having due regard to the need to advance equality of opportunity might mean:

- Removing or minimizing disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic;

- 
- Taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of others;
  - Encouraging people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.

4 Having due regard to the need to foster good relations between people and communities involves having due regard, in particular, to the need to (a) tackle prejudice, and (b) promote understanding.

<b>Budget change forecasts for 2019-22 Adult Social Care</b>				
<b>Reference</b>		<b>2019-20 £m</b>	<b>2020-21 £m</b>	<b>2021-22 £m</b>
	<b>OPENING BUDGET</b>	<b>252.466</b>	<b>247.945</b>	<b>262.175</b>
	<b>ADDITIONAL COSTS</b>			
	<b>Inflationary</b>			
	Basic Inflation - Pay (2% for 19-22)	1.263	0.927	0.907
	Basic Inflation - Prices	5.447	5.772	5.857
	<b>Demand / Demographic</b>			
	Demographic growth	6.000	6.100	6.100
	Leap year pressure in Adult Social Care	0.550	-0.550	
	<b>Legislative Requirements</b>			
	Pay and Price Market Pressures	5.741	6.900	
	Additional adult market pressures - Cost of Care (ASC reserve funded)	0.776	1.035	
	Additional adult market pressures - Cost of Care (iBCF funded)	2.127		
	Winter Plan actions	4.179	-2.000	
	<b>NCC Policy</b>			
	Vulnerable Persons Resettlement Scheme	-0.043		
	ASC Support Grant announced in Final Settlement to reserve	-2.612		
	Investment in social work capacity	1.973		
	Use of reserves	-0.776	0.776	
	Two posts for Social Care Systems Support	0.095		
	Use of ASC Business Risk Reserve in 2019-20	-2.000	2.000	
	Use of ASC Business Risk Reserve in 2020-21		-4.000	4.000
	Pressures previously funded by one-off measures		5.111	
	iBCF - 2019-22 Other spend adjustment	0.562	-8.541	-1.760
	iBCF - 2019-22 Grant carry forward Adjustment	-1.719	-1.760	
	iBCF - 2019-22 Reserve usage Adjustment	-1.576	9.635	1.760
	Living Well Homes for Norfolk Invest to save	0.187	-0.047	-0.140
	Living Well 3 Conversations Invest to save	0.242		-0.242
	Use of ASC Business Risk Reserve - towards invest to save	-0.429	0.047	0.382
		<b>19.988</b>	<b>21.405</b>	<b>16.863</b>
	<b>SAVINGS</b>			
ASC003	Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council	-0.800		
ASC006 /ASC011 /ASC015	Promoting Independence for Younger Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-5.307	-5.000	
ASC006 /ASC011 /ASC015	Promoting Independence for Older Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-3.393	-5.000	
ASC008	Promoting Independence - Housing with Care - develop non-residential community-based care solutions	-0.500		
COM040 /ASC003	Delay and reversal of transport savings	-0.200		

<b>Budget change forecasts for 2019-22 Adult Social Care</b>				
<b>Reference</b>		<b>2019-20 £m</b>	<b>2020-21 £m</b>	<b>2021-22 £m</b>
ASC035	Investment and development of Assistive Technology approaches	-0.300	-0.500	-0.700
ASC036	Maximising potential through digital solutions	-0.951	-2.000	-3.000
ASC037	Strengthened contract management function	-0.300	-0.200	-0.200
ASC038	Procurement of current capacity through NorseCare at market value	-0.600	-1.000	
ASC041	One-off underspends in 2017-18 to be used to part fund 2018-19 growth pressures on a one-off basis	3.000		
ASC042	Extending accommodation based reablement offer	-1.000		
ASC043	Extension of home based reablement offer	-2.000		
ASC044	Extra care housing programme			-0.200
ASC045	Full year effect of invest to save increasing support for people to claim welfare benefits and reduce the number of people that do not make a contribution towards their care	-1.400		
ASC046	Revise the NCC charging policy for working age adults to apply the government's minimum income guarantee amounts	-1.000	-3.000	
ASC047	Budget review – reprofile commitments and inflation	-1.000		
ASC048	Reducing staff travel costs	-0.100		
ASC049	Shift to community and preventative work within health and social care system – demand and risk stratification	-1.000	-1.000	-1.000
ASC050	Reduction in demand due to social prescribing		-0.600	-0.600
ASC051	Adjustment to payment timescale for direct payment to improve cashflow in line with audit recommendations	-1.000	1.000	
ASC052	One off use of repairs and renewals reserves no longer required	-0.043	0.043	
		<b>-17.894</b>	<b>-17.257</b>	<b>-5.700</b>
	<b>BASE ADJUSTMENTS</b>			
	Improved Better Care Fund	-12.544		
	Additional ASC funding announced in March 2017 Budget	-5.903		
	Reversal of one-off ASC funding	11.901	5.903	
	ASC Support Grant announced in Final Settlement	2.612		
	ASC Winter Pressures Grant 2019-20	-4.179	4.179	
		<b>-8.113</b>	<b>10.082</b>	<b>0.000</b>
	<b>COST NEUTRAL ADJUSTMENTS</b>			
	Social Care System	-0.879		
	Carefirst budget transfer from IMT	0.281		
	Depreciation transfer	0.344		
	Debt management transfer	0.001		
	Stationery budgets to Customer Services	-0.002		
	FES Direct Payments team to Finance	-0.243		
	FES staff from Adults	-0.213		
	Client affairs team to Finance	-0.048		
	Mental Health Recharge to IMT	-0.036		
	Social Care Centre of Expertise from Customer Services	2.260		
	Social work Academy post funding from HR	0.033		
		<b>1.498</b>	<b>0.000</b>	<b>0.000</b>
	<b>NET BUDGET</b>	<b>247.945</b>	<b>262.175</b>	<b>273.339</b>



## 2019-20 to 2021-22 Capital Budget Proposals

	2019/20			2020/21		2021/22	
	Borrowing	Grants and Contributions	TOTAL	Borrowing	TOTAL	TOTAL	TOTAL
	£m	£m	£m	£m	£m	£m	£m
<b>Department/Project</b>							
DoH Social Care Funding unallocated (incl. DOH grant)	2.029	5.127	7.156				7.156
Care Act Implementation		0.871	0.871				0.871
Social Care Information Systems	1.600		1.600				1.600
ICES Equipment	0.478		0.478	4.904	4.904		5.382
<b>Adult Social Care</b>	<b>4.107</b>	<b>5.998</b>	<b>10.105</b>	<b>4.904</b>	<b>4.904</b>	<b>0.000</b>	<b>15.009</b>

## ASC New and extended capital schemes

Service Area	Title	2019-20	2020-21	2021-22	2022-23+	Additional information
		£m	£m	£m	£m	
<b>ASC</b>	Living Well - Homes for Norfolk	3.000	3.000	3.000	20.000	On 29 October Policy and Resources Committee approved capital investment of up to £29m to accelerate the development of extra care housing in Norfolk with the aim of reducing unnecessary residential care admissions. Each scheme will be subject to a rigorous feasibility and financial assessment. Over the 10-year period it is estimated that the total programme could require between £17m and £29m depending on progress and grant subsidy levels.
	<b>Total ASC</b>	<b>3.000</b>	<b>3.000</b>	<b>3.000</b>	<b>20.000</b>	

## Total Programme

	2019/20	2020/21	2021/22	2022/23+	Total
	£m	£m	£m		£m
<b>Adult Social Care</b>	<b>13.105</b>	<b>7.904</b>	<b>3.000</b>	<b>20.000</b>	<b>44.009</b>